



SOUTH WEST
HEALTHCARE

SOUTH WEST HEALTHCARE ANNUAL REPORT 2004



CELEBRATING
150
YEARS
OF HEALTHCARE
IN WARRNAMBOOL



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Surgery increasingly uses video technology to minimise incision size



Physiotherapy in critical care helps maintain patients' strength and flexibility

the year in review

This year once again has been another one of significant achievement which was made more difficult by financial challenges and increasing demand for services.

It is particularly pleasing however, to point out that these challenges were met head on and that the health service has met all its key performance indicators in what has been generally regarded as a very successful year.

It is particularly pleasing to highlight that there has been continued expansion in service provision and the strong commitment to ongoing continuous improvement has been maintained.

It is also important to acknowledge that 2004 marks the 150th anniversary of the provision of healthcare in Warrnambool. It is an achievement that we believe is worth celebrating and in response to this, numerous events have been scheduled throughout the year in recognition of the rich history of an organisation such as South West Healthcare.

HIGHLIGHTS



- Celebration of 150 years of healthcare in Warrnambool
- Record number of patients treated
- Favourable outcome from ACHS accreditation survey
- Exceptional results from Patient Satisfaction survey
- Official opening of new Community Health Centre
- Launch of Barwon/South-West Regional Connectivity Project
- Sound financial result
- Completion of Five Year Strategic Plan 2004-2009

PATIENT SERVICES

PATIENT THROUGHPUT HAS REACHED A NEW HIGH WATERMARK WITH A RECORD 15,721 ACUTE INPATIENTS BEING TREATED DURING THE YEAR. This level of patient throughput has been achieved through a steady growth in service provision in addition to the recruitment of an additional orthopaedic surgeon Mr Dragomir Mladenovic and the appointment of a fourth general surgeon Mr Carl Murphy.

COMMITMENT TO QUALITY

THE ORGANISATION DEVOTES CONSIDERABLE RESOURCES TO ENSURE THAT ALL SERVICES MEET RELEVANT ACCREDITATION STANDARDS AND THAT A TRUE QUALITY CULTURE IS SUPPORTED.

As a measure of this success, the organisation underwent a periodic review during the reporting period conducted by external surveyors from the Australian Council on Healthcare Standards. It is very reassuring to report that the organisation received an extremely favourable outcome with very few recommendations being made. Furthermore, it is pleasing to note that South West Healthcare once again, performed exceptionally well in the external Patient Satisfaction survey which was conducted by the Department of Human Services. In terms of patient satisfaction, South West Healthcare is rated number two hospital in a comparative group of fifteen other regional and Base hospitals in Victoria. Most impressive is the fact that the major indicator, the Overall Care Index is significantly higher than all but one other hospital in the comparative group.

FACILITY DEVELOPMENT

NOT SURPRISINGLY, THE ONLY AREA OF DEFICIENCY MENTIONED WITHIN THE PATIENT SATISFACTION SURVEY WAS IN RELATION TO THE PHYSICAL INFRASTRUCTURE AT BOTH WARRNAMBOOL AND CAMPERDOWN WHICH IN BOTH CASES, IS IN OBVIOUS NEED OF REPLACEMENT.

In relation to this matter, the organisation has embarked upon a Service Plan and Model of Care review process to ensure that all facilities meet the patient requirements of the new century. It is anticipated that the completion of the Service Plan will flow onto a review of the Master Plan so that the project can once again be considered in the capital works allocations which are announced in the State budget in May each year.

From a facilities point of view, it is pleasing to note that new Education Resource Centre facilities on the mezzanine level, new Resident Medical Staff accommodation in Redford Street and a \$2.6 million fire risk upgrade have all been completed within the last 12 month period.

We are also keen to ensure that all our campuses have modern and up to date buildings and as a result, the organisation has undertaken substantial renovations of the Camperdown Psychiatric Services facility.

Occupational Therapy seating assessments ensure proper positioning for patient comfort



Furthermore we have detailed plans to significantly upgrade the Operating Theatre complex and Emergency Department areas at Camperdown.

The year was significant in that we hosted two official openings of new facilities. In September 2003, the Regional Director of the Department of Human Services, Mrs Jan Snell officially opened the \$1.4 million Education Resource Centre. This Centre which comprises a new library, meeting and conference facilities has been extremely well utilised and provides a teaching environment which is modern and inviting.

In May this year, the Minister for Health, Ms Bronwyn Pike officially opened the new Community Health Centre located at 279 Koroit Street. The organisation is keen to ensure that the primary care services are targeted and responsive to community needs and we are anticipating significant growth in this area.

The Minister's visit also provided an opportunity to officially launch the Barwon South West regional connectivity project given that Barwon Health has become a member of the South West Alliance of Rural Hospitals (SWARH). South West Healthcare is the lead agency of SWARH and we look forward to realising the increasing potential that is evident by using the available technology in various clinical settings throughout the region.

Major works have also been undertaken to convert the existing briquette boiler plant to gas following the inability to source briquettes after a fire in the production plant. The Briquette crisis as it became known, in many cases has provided an opportunity for the organisation to consider its future energy needs and Departmental funding has been received to replace all current plant which is to be located in an area above the existing Linen Service building. This transfer of location has enabled the organisation to develop plans to utilise the existing boiler house as the site for the new Supply Department.

FINANCE

IN THE ORGANISATION'S HISTORY, IT IS FAIR TO SAY THAT THIS WOULD HAVE TO BE ONE OF THE MOST CHALLENGING FINANCIAL PERIODS ON RECORD.

In response to very significant financial challenges, the organisation developed a structured efficiency review process and formulated a financial recovery strategy. It is extremely pleasing that a number of initiatives identified were successfully implemented. Furthermore, during the year, the Department of Human Services undertook a comprehensive pricing review which identified the deficiencies in the existing funding formula. The pricing review acknowledged the short comings of the level of funding of all hospitals throughout the state of Victoria and on the final day of the financial year, South West Healthcare received an allocation of \$829,000 in recognition of this funding anomaly.

This late influx of funding and the impact of the financial recovery strategy was sufficient for the organisation to record a moderate operating surplus. The Board is obviously extremely pleased with this achievement and is hopeful that the significant influx of funds into the health system will be sufficient to stabilise the financial position into the future.

COMMUNITY SUPPORT

A GROUP OF VERY LOYAL AND DEDICATED VOLUNTEERS AND AUXILIARIES PROVIDE ASSISTANCE TO BOTH PATIENTS AND STAFF AS WELL AS BEING INVOLVED IN FUND RAISING TO PURCHASE MUCH NEEDED MEDICAL AND NURSING EQUIPMENT. In particular, the volunteer auxiliaries have become a vital part of the patient care team.

During the year, very generous donations were received from the following auxiliaries:

Staff Auxiliary
Woolsthorpe Auxiliary
South West Healthcare Ladies Auxiliary
Camperdown Hospital Auxiliary
Camperdown Fete Committee
Camperdown Trolley Auxiliary
Cycle Relay Committee
Lismore Ladies Auxiliary

This dedicated band of supporters, together with individual donations and contributions from philanthropic trusts, have contributed more than \$170,000 to South West Healthcare during the year, which is very much appreciated.



Health promotion to the community is an increasing role at all campuses

BOARD OF MANAGEMENT

THE BOARD OF MANAGEMENT IS THE ORGANISATION'S MAJOR POLICY MAKING BODY AND ASSUMES OVERALL RESPONSIBILITY FOR THE DIRECTION AND OPERATION OF ALL SERVICES.

Of recent years, the health service has had to farewell a number of long serving and esteemed members who have decided not to seek re-appointment. In particular, Dr Keith Nunn and Mr John Wilson who were appointed in 1982 did not renominate for re-election and both of these individuals have dedicated a significant part of their working life to voluntary contributions to the Board of Management. Keith Nunn and John Wilson are both former Presidents of the organisation, Life Governors, and have left a lasting legacy for many years to come.

In addition, Mrs Dianne Daffy from Camperdown tendered her resignation earlier this year due to increasing work and family commitments.

We are extremely pleased to welcome two new faces to the Board this year in Mr Francis Broekman and Ms Mara Pacers. Both of these Board members have responded enthusiastically to the challenges of the position and their energy and commitment to the task has been warmly received.

Following the election in November, the Board appointed new office bearers including
Mr Ian Armstrong - President
Mrs Sharon Muldoon - Senior Vice President
Mr Murray Fry - Junior President
and Mr Richard Zerbe - Treasurer.

Given the extra demands associated with the President's position, it is timely to record a special note of thanks to Mr David Jellie who has so capably led the organisation as the Board President for the past two year period.

The financial year started with a major challenge as we worked through the process of appointing a new Chief Executive Officer to lead the organisation. In July 2003, Mr John Krygger commenced in the position after previously holding a similar role at the Wimmera Health Care Group in Horsham. John has approached the task with a high level of professionalism, energy and enthusiasm and has capably led the Executive team.

We also saw some changes at senior executive level, with the departure of the Director of Corporate Services, Mr Chris Scott and the Director of Psychiatric Services, Mr Ken Burnett. Both staff have received career advancement opportunities within the health industry and we thank them for their contributions and wish them every success. Our new Director of Psychiatric Services, Mrs Caroline Byrne, commenced in January 2004 and has already made a meaningful contribution to the organisation's management team.

A MAJOR UNDERTAKING OF THE BOARD THIS YEAR, HAS BEEN THE DEVELOPMENT OF A NEW STRATEGIC PLAN TO GUIDE THE ORGANISATION FOR THE NEXT FIVE YEAR PERIOD.

This development included the conduct of a number of workshops involving Board members, Executive and a number of key department heads. The Plan has now been completed and we look forward to ensuring the various strategies identified are implemented in full.



Children's ward patient Rebecca with nurse Jacinda Overden



CEO John Krygger and President Ian Armstrong, Board of Management

CONCLUSION

IT IS PARTICULARLY PLEASING TO REFLECT ON ANOTHER YEAR OF SIGNIFICANT ACHIEVEMENT FOR SOUTH WEST HEALTHCARE WHICH CONTINUES TO PROVIDE AN OUTSTANDING LEVEL OF SERVICE TO THE COMMUNITY OF SOUTH WEST VICTORIA.

From a financial, service development and quality improvement perspective, there have been significant gains in our pursuit of excellence in regional and rural health care.

May I take this opportunity of acknowledging the contribution of all staff, for their commitment and dedication to the task at hand which ultimately translates into such a high level of patient satisfaction.

I would also like to thank our elected political representatives in Dr Denis Napthine, Mr John Vogels, Mr Terry Mulder and Mr David Hawker who have so strongly supported our endeavours during the year.

We are also fortunate to have a high level of support from the Department of Human Services at both central and regional office level and this healthy working relationship continues to deliver many benefits.

IT IS PARTICULARLY HEARTENING THAT SOUTH WEST HEALTHCARE'S PIVOTAL ROLE AS THE MAJOR PROVIDER OF HEALTH SERVICES TO SOUTH WEST VICTORIA CONTINUES TO BE ENHANCED.

I am sure that the community can be extremely proud of its health service and its achievements during the past twelve month period.

It is also important that we continue to provide a high level of patient focused services so that future generations can proudly celebrate this history in anniversary years in the future.

**IAN ARMSTRONG
PRESIDENT, BOARD OF MANAGEMENT**



SOUTH WEST
HEALTHCARE

5 YEAR strategic plan 2004-2009

our VISION

To be a leader in providing innovative and quality health services

our MISSION

We are committed to provide a comprehensive range of health care services to enhance the quality of life for people in South West Victoria

our VALUES

Caring

We are caring and responsive to the needs of users of our service, their families and our staff.

Equity

We promote equity of access and service delivery sensitive to individual needs.

Excellence

We continually review and analyse performance in order to ensure best practice.

Respect

We respect individual rights and dignity.

Integrity

We are guided by the highest ethical principles in carrying out our professional responsibilities.



MAJOR GOALS

1. QUALITY SAFETY & RISK MANAGEMENT

Goal

To develop an organisational culture that supports improved performance, whilst meeting all relevant accreditation requirements including the establishment of an appropriate risk management framework

Strategies

- 1.1 Ongoing commitment to best practice for all relevant accreditation standards
- 1.2 Integrate clinical and corporate risk management and compliance programs to develop a total risk profile
- 1.3 Complete and implement a risk management plan
- 1.4 Continue to develop annual quality planning cycle throughout the organisation

2. FINANCIAL MANAGEMENT

Goal

To develop a sustainable funding base which allows the organisation to respond flexibly to the demand for health and wellbeing in the community

Strategies

- 2.1 Diversify the funding base
- 2.2 Educate and encourage department managers to investigate funding opportunities
- 2.3 Maximise opportunities for business units
- 2.4 Explore funding through philanthropic trusts and develop donor data base
- 2.5 Further develop business planning cycle throughout the organisation
- 2.6 Ensure efficient use of resources

3. HUMAN RESOURCE MANAGEMENT

Goal

To further strengthen our skilled and efficient workforce. To enhance the supportive and motivated organisational culture

Strategies

- 3.1 Develop a Human Resource Management Strategic Plan.
- 3.2 Improve communication across the organisation
- 3.3 Develop flexible and responsive workforce recruitment and management strategies
- 3.4 Provide safe work practices and a healthy working environment
- 3.5 Promote ongoing education and professional development programs

4. FACILITIES, EQUIPMENT & TECHNOLOGY

Goal

To ensure that infrastructure supports the efficient, effective and flexible operation of the health service

Strategies

- 4.1 Review and complete Service Plan
- 4.2 Review and implement Master Plan
 - Camperdown
 - Warrnambool
- 4.3 Promote the development of healthcare precinct
- 4.4 Develop annual asset replacement and acquisition plan
- 4.5 Utilise information and communications technology to enhance service provision

5. SERVICE INTEGRATION

Goal

To develop a seamless service system across the organisation which delivers high quality care responsive to consumer needs

Strategies

- 5.1 Support diversity and innovation in service provision
- 5.2 Continue the process of integration of programs throughout the organisation
- 5.3 Provide services consistent with a continuum of care model
- 5.4 Support and encourage ongoing service development

6. COMMUNITY HEALTH

Goal

To promote health in the community through a structured primary health care strategy

Strategies

- 6.1 Develop and implement a comprehensive community health plan
- 6.2 Continue engagement with the Primary Care Partnership and local government in relation to community health planning processes
 - Consumers
 - General Practitioners and Agencies and other service providers
- 6.3 Engage with the community:
 - Ensure that primary health is an integral component of the master planning infrastructure
- 6.4 Provide leadership and collaboration for "seamless service delivery"
- 6.5 Provide advocacy on key public health issues

7. COMMUNITY ENGAGEMENT

Goal

To develop collaborative and co-operative relationships with the community we serve

Strategies

- 7.1 Identify ways to encourage greater community engagement
- 7.2 Build appropriate collaborative arrangements with local government and other service providers
- 7.3 Develop and maintain an improved public profile throughout the region
- 7.4 Continue to develop community partnerships in service planning, delivery and evaluation

excellence in regional and rural healthcare

SOUTH WEST
HEALTHCARE

5 YEAR
strategic plan
2004-2009

BOARD OF MANAGEMENT



Mr Ian ARMSTRONG

Occupation: Police Senior Sergeant
Qualifications: A.P.M.
Appointment Date: Oct-97
Sub Committee: Physical Resources, Financial Performance, Audit and Risk,
Member: Quality Care

Mrs Margaret BROCK

Occupation: Lecturer in Law
Qualifications: B.A., LL.B(Hons)
Appointment Date: Feb-03
Sub Committee
Member: Quality Care

Mr Francis BROEKMAN

Occupation: Chief Executive Officer
Qualifications: Bach. Social Work
Master Social Services, Appointment
Date: Nov-03
Sub Committee: Physical Resources,
Member: Quality Care

Dr Anthony BROWN

Occupation: Medical Practitioner
Qualifications: MB, BS, Dip.
RACOG, FRACGP
Appointment Date: Oct-01

Mrs Di DAFFY

Occupation: Registered Nurse
Qualifications: Dip. Chiropody, Dip.
Nursing (RN Div 2)
Appointment Date: Nov-02
Resignation Date: Feb-04

Mr Murray FRY

Occupation: Pharmacist
Qualifications: B.Pharm.
Appointment Date: Oct-01
Sub Committee: Physical Resources,
Member: Financial Performance, Audit and Risk

Mr David JELLIE

Occupation: Solicitor
Qualifications: B.A., LL.B
Appointment Date: May-96
Sub Committee: Physical Resources
Member: Financial Performance, Audit and Risk

Ms Felicity MELICAN

Occupation: Chartered Accountant
Qualifications: B. Bus., Grad. Dip.
Ed. (Secondary)
Appointment Date: Nov-02
Sub Committee: Physical Resources,
Member: Financial Performance, Audit and Risk

Mrs Sharon MULDOON

Occupation: District Manager
Qualifications: B.A. (Soc. Sc.), Cert, Soc.
Geront., ACM
Appointment Date: Oct-00
Sub Committee: Physical Resources,
Member: Financial Performance, Audit and Risk, Multi Disciplinary Ethics

Dr Keith NUNN

Occupation: Dentist
Qualifications: L.D.S., B.D.Sc.
Appointment Date: Sep-82
Resignation Date: Oct-03

Ms Mara PACERS

Occupation: Self Employed,
Farm Manager
Qualifications: BBS, BSW, MPPM
Consultant
Appointment Date: Nov-03
Sub Committee
Member: Quality Care

BACK L to R: Barbara Piesse, Mr Murray Fry,
Ms Mara Pacers, Mr David Jellie,
Mr Ian Armstrong, Mr Francis Broekman,
Mrs Margaret Brock,
FRONT L to R: Dr Anthony Brown, Mrs Sharon Muldoon,
Ms Felicity Melican Absent: Mr Richard Zerbe

BOARD OF MANAGEMENT

THE TWELVE-MEMBER BOARD OF MANAGEMENT IS APPOINTED BY THE GOVERNOR-IN-COUNCIL, FROM NOMINATIONS RECEIVED BY THE HOSPITAL.

Board members each serve three-year terms, and may be eligible for re-nomination at the conclusion of each term.

The functions of the Board of Management are to oversee the operation of the Health Service and ensure that the services provided comply with the requirements of the Health Services Act 1988, and with the Objects of the Health Service.

Barbara PIESSE

Occupation: Lecturer in Law
Qualifications: LL.B
Appointment Date: Sep-83
Sub Committee: Financial Performance
Member: Audit and Risk, Multi Disciplinary Ethics

Mr John WILSON

Occupation: Architect
Qualifications: FRMIT, Dip Arch., ARAIA
Appointment Date: Jan-82
Resignation Date: Oct-03

Mr Richard ZERBE

Occupation: Retail Manager
Qualifications: Bachelor Ag Science,
Master of Bus. Admin
Appointment Date: Oct-00
Sub Committee: Physical Resources,
Member: Financial Performance, Audit and Risk



L to R: Dr Peter O'Brien, Mrs Sue Morrison,
Mr John Krygger, Mrs Caroline Byrne,
Mr Ian Barton

Mr John KRYGGER

Position: Chief Executive Officer
Qualifications: BHA (UNSW), MBA (Monash)
AFCHSE, CHE, AIM

Dr Peter O'BRIEN

Position: Director of Medical Services
Qualifications: MB, BS, Dip Obst, RACOG, MHA, AFCHSE,
CHE, FRACMA, FACRRM

Mrs Sue MORRISON

Position: Director of Nursing
Qualifications: RN, MBA (USQ), MHA (UNSW), BN,
Dip Nursing, Cert of Computer Business
Applications, FRCNA, AFCHSE, CHE

Mr Ian BARTON

Position: Director of Finance
Qualifications: ASA, CPA, Dip Bus (Deakin)
BHA (UNSW), AFCHSE, CHE

Mrs Caroline BYRNE

Position: Director of Psychiatric Services
Qualifications: RPN, Post Grad Dip Social Sciences
(Drug Dependence), Grad Dip Business
(Health Admin), Master Applied Science
(Innovation & Service Management)

EXECUTIVE STAFF

THE HOSPITAL'S FOUR DIVISIONAL DIRECTORS
REPORT TO THE CHIEF EXECUTIVE OFFICER AND
COLLECTIVELY FORM THE EXECUTIVE COMMITTEE.

Responsible for the day-to-day operation
of specific aspects of the service, each
Director manages departmental heads
and staff within their defined division.

the benefits of a strong community health service

THE EVIDENCE IS MOUNTING TO SHOW THAT PRIMARY HEALTH CARE INTERVENTIONS INCLUDING COMMUNITY HEALTH SERVICES CAN DIRECTLY REDUCE HEALTH DIFFERENCES BETWEEN POPULATION GROUPS AND INCREASE THE REACH OF HEALTH CARE EXPENDITURE (Australian Institute of Primary Care 2004).

SOUTH WEST COMMUNITY HEALTH CENTRE

THE COMMUNITY HEALTH CENTRE IN WARRNAMBOOL WILL IMPROVE ACCESS TO A RANGE OF SERVICES THAT WILL COMPLEMENT EXISTING SERVICES.

The new centre located at 279 Koroit Street, Warrnambool will provide programs and services to support people in the community and enable people to maintain their health, prevent illness and chronic disease.

South West Healthcare provides community health services at five sites: the Warrnambool campus; Macarthur Community Health; Manifold Place and the David Newman Centre located at Camperdown and Lismore Health Centre.



Indigenous Diabetes Worker Katherine Stewart (centre) and Alzheimer's Association Counsellor Peter Punch discuss a community display with a carer of an Alzheimer's Disease patient

THE FIVE CENTRES OPERATE DIFFERENT PROGRAMS AND THE RANGE OF SERVICES INCLUDE:

Community Health Nursing	District Nursing	Adult Day Care	Personal Care
Assessment & Care Management	Community Dietitian	Counselling	Women's Health Resource Work
Youth Clinic	Chronic Illness Management	Women's Health Clinic	Podiatry
Youth Work	Indigenous Diabetes Education	Audiology	QUIT
Diabetes Education	Speech Therapy	Service Information Hub	Occupational Therapy
Memory Enhancement Program	Needle & Syringe Program	Short Break Respite Centre	Volunteer Co-ordination

THE ROLE AND FUNCTION OF THE COMMUNITY HEALTH CENTRES ARE ALSO ENHANCED BY CO-LOCATED AND VISITING SERVICES INCLUDING:

Municipal Services	Physiotherapists	Welfare Services	Alzheimer's Australia Counsellor
ASPIRE	Gambling Help	Visiting Medical Services	Accommodation services
Child Care	Employment agencies	Financial counselling	Primary Mental Health Team



From a community health perspective, the target population includes people using South West Healthcare services as well as the general community.

A principal activity for community health is to consult with local residents to determine the things that make and keep communities healthy. Community health responds to known health issues, community concerns and uses evidence in program planning to target activity to have an impact on health outcomes.

CEO John Krygger, Minister for Health the Hon. Bronwyn Pike, and vice-president Sharon Muldoon at the opening of South West Community Health

Photo: Leanne Pickett, The Standard

community health in action

South West Community Health Service program development is based on the evidence of what we know about the health in the community.

With regard to mortality we know that for males and females living in the municipalities of Warrnambool, Moyne and Corangamite, the five main causes of death are heart disease, stroke, lung cancer, colon cancer and respiratory disease.

In recognition of this information, South West Healthcare have engaged the Australian Institute of Primary Care, LaTrobe University to contribute to the development of an evidence based program to address common chronic conditions.

For these Ambulatory Care Sensitive Conditions, a planned community health program is being developed to support people living in the community.



COMMUNITY HEALTH IN ACTION – CARDIOVASCULAR DISEASE

FACT:

There is strong and consistent evidence demonstrating a link between depression, social isolation and lack of quality social supports with the cause and prognosis of heart disease. The strength of the association between these factors and heart disease is as strong as high blood fats and high blood pressure (National Heart Foundation, 2003).

COMMUNITY HEALTH CENTRE RESPONSE

The South West Community Health Centre will ensure that people accessing heart health services will be given these new facts. People could attend the Centre and ask for Heart Risk assessment with health professionals and be referred to their GP or Primary Mental Health Team when risks are identified. The Community Health staff will participate in depression risk assessment training and upgrade their expertise in depression and cardiovascular disease; people can also be referred to the Better Health Self Management Program to support people with chronic illness.

The Community Health Service will also work in partnerships to decrease the risk factors of heart disease. For example: with a goal to increase physical activity, the Community Health Services will implement the 10,000 steps program to increase incidental physical activity of all people and work with local government to support the Rail Trail innovation and the Walking School Bus Program to assist in the prevention of childhood obesity.

COMMUNITY HEALTH IN ACTION – INFLUENCING THE DETERMINANTS OF HEALTH

Working to address the health of a community group or population is based on strong evidence that factors outside the health system as well as the system itself, significantly affect health. These factors are known as the “*determinants of health*” meaning the things that make and keep us healthy. The determinants of health include factors influencing socioeconomic status; social support networks; work environment, genetic endowment and gender; lifestyle practices; child development and access to health services.

COMMUNITY HEALTH IN ACTION – MENTAL HEALTH

There is a growing body of evidence that recognises that mental health is fundamental to both individual physical health and quality of life within a community. Social connectedness, defined as a sense of belonging has been acknowledged as a key determinant of mental health (Victorian Health Promotion Foundation 1999).

THE MACARTHUR RURAL WOMEN’S LEADERSHIP PROJECT

THE EVIDENCE

This evidence linking mental health and social connectedness inspired the development of the Macarthur Rural Women’s Leadership Project. The project was developed in partnership with local government, regional women’s health and local community groups.

THE ACTION

The Macarthur Rural Women’s Leadership Project engaged women to determine barriers to their participation in community life. The project developed strategies and supportive environments that enabled women to participate in a variety of social and physical activities, to enhance their community participation and social connectedness.

THE RESULTS

The Macarthur Project enabled women to participate in many and varied projects. One of the initial barriers to participation was the lack of childcare facilities. However this was successfully addressed in the project in both the Macarthur and Hawkesdale communities through the establishment of a childcare centre, based in Macarthur and Hawkesdale.

Other outcomes of the project include the development of a variety of social groups, for example Garden club, Patterson Skirts (singing group) and the Friendship Gathering (a monthly dinner and guest speaker), just to name a few. Through such social participation women are continually learning that by working together and supporting each other they can achieve more than they can alone.

research & education

Over the past 12 months, Health Education, has contributed at a State level in the review of the Graduate Nurse Guidelines and has been involved in the evaluation of the Computer Match process for undergraduate nursing students. This has proven to be a worthwhile undertaking as it has provided an avenue for networking and benchmarking our Graduate Nurse Program with other such programs.

A sub regional funding model for Continuing Nurse Education has been introduced for the upcoming financial year. The new model incorporates aged care facilities and acute public hospitals such as South West Healthcare, Lyndoch Inc., Moyne Health Service, Koroit & District Memorial Health Service, Terang and Mortlake Health Service and Timboon Health Service. The new model allows for a range of education to be offered and enables nurses within these agencies to access education at nominal fees.

Deakin University, Regional and Rural Hospitals, (private, public and aged care) has formed a consortium to promote nursing research within the area. Presently two research projects are being proposed for the region. Individual nurses undertaking research for Masters are also being supported in their endeavours through this consortium.

Monthly Orientation days and Mandatory Occupational Health and Safety Updates have been well attended. Interesting statistics for 2003 include: -

- 70% of new employees attended an Orientation day
- 83.4% increase in attendance at Occupational Health and Safety Updates compared to 2002.

The Graduate Nurse Program continues to provide support and assistance to new nurses in the workforce in their transition from University to the clinical area. Postgraduate students in Critical Care, Peri-operative and Midwifery are well supported by Clinical Facilitators in the appropriate areas.

The 2003 Education Program encompassed many topics, including:

- Wound Management,
- Management of Peripherally Inserted Central Catheters and Long Term Tunneled Catheters
- Professional Assault Response Training (PART),
- Coronary Care Course,
- Chemical, Biological and Radiological Contamination
- Graseby Syringe Pump Train the Trainer
- Epidural Management
- Zero Tolerance
- Semi-automatic Defibrillator (SAED) Training
- Train the Trainer in SAED Defibrillators
- Education Program for Unit Secretaries
- Customer Service for Volunteers
- Drug and Alcohol Seminar
- Pain Management Symposium
- Small Group Workshop
- Atrium Oasis UWSD System

Involvement with the Royal College of Nursing Australia continues in the form of participation at the Nursing Expo, and at the Education Providers Endorsement Authorisation Course. Staff attending the latter course are approved to endorse Clinical Nurse Education points to education programs. South West Healthcare believe that all Registered Nurses should achieve 16 points (hours) of ongoing education annually.

SWARH Education Committee is eager to explore the possibilities of advertising and the co-ordination of education across the Barwon – South West Region. South West Healthcare, Warrnambool Campus will be involved in trialing the Regional – Education site to enable staff to directly enrol in courses/programs.

A RESEARCH ARTICLE ENTITLED "THE MANAGEMENT OF SUBJECTIVE QUALITY OF LIFE BY SHORT-STAY HOSPITAL PATIENTS: AN EXPLORATORY STUDY" HAD MR SHANE STORER (MANAGER, COUNSELLING & SUPPORT SERVICES) AND MS EVELYN KARLINSKI (NURSE UNIT MANAGER) AS TWO OF ITS AUTHORS. THE ARTICLE WAS PUBLISHED IN THE JOURNAL 'HEALTH QUALITY OF LIFE OUTCOMES', IN SEPTEMBER 2003.

THE A.E.W. MATTHEWS MEMORIAL TRAVELLING SCHOLARSHIP

The A.E.W. Matthews Memorial Travelling Scholarship provides up to \$7,500 to successful applicants for educational travel, such as to interstate or international conferences, clinical attachment programs, or short-term visits to centres of excellence, teaching hospitals and universities.

Awarded annually, the scholarship is named in recognition of outstanding service to Warrnambool & District Base Hospital by the late Allan Matthews, Chief Executive Officer from 1972 to 1983.

SCHOLARSHIP RECIPIENTS, 1991-2004:-

1991: Mr I. Barton, Director of Finance - Hospital visits relating to clinical costing, casemix and hospital in the home (USA, Canada)

1992: Mr L. Ryan, Chief Engineer - 12th International Congress of Hospital Engineers (Italy), hospital visits (UK, Germany, Denmark)

1993: Mrs J. Smart, Paediatric Nurse, Mrs S. Waring, Paediatric Nurse - Commitment to Care conference, hospital visits (UK)

1994: Mr M. Johnstone, Nursing Informatics Officer - Hospital visits for application of informatics to nursing (USA)

1995: Mrs D. Gedye, Midwifery Clinical Nurse Specialist - Hospital visits for managed care in obstetrics (USA)

1996: Mr T. Rayner, Chief audiologist - International Audiology Conferences (Austria, UK), audiology update course, hospital visits (UK)

1997: Ms T. Irish, Rural Psychiatric Services Manager - Organisation visits - training in psychiatric rating scales (Italy)

1998: Dr R. Brough, Drug & Alcohol Physician - Centres of Excellence for alcohol & drug rehabilitation (UK, USA)

1999: Ms J. Gibbs, Chief Occupational Therapist - Fellowship in Hand Therapy, University of Texas (USA), Clinical placement (Canada)

2000: Mrs S. Nicolson, Education/Quality Manager - ISQua Conference (Ireland), hospital visits (UK)

2001: Mrs S. Baudinette, Chief Dietitian - 17th International Congress of Nutrition (Austria), hospital visits and nutrition clinical placement (UK)

Mrs A. Morris, Diabetes Resource Nurse - Holloway University Diabetes Centre (UK)

2002: Mrs P. O'Brien, Breast Care Nurse - 3rd European Breast Cancer Conference (Spain), 3rd European Oncology Nursing Society Conference (Italy)

Mr P. Logan, Clinical Pathways Coordinator - American Medical Informatics Association Conference, universities/ hospitals visits (USA)

2003: Mr. B. Hoekstra, Chief Physiotherapist - Visits to Toronto Rehabilitation Institute and Astley Ainslie Hospital in Edinburgh and the 14th International Congress of the World Confederation for Physical Therapy in Barcelona.

Mr. S. Storer, Chief Social Worker - Attend the VIIIth European Conference on Traumatic Stress in Germany and visits in Europe and Asia.

2004: Helen Wilson - 4th International Conference on Social Work in Health and Mental Health in Quebec and has organised clinical visits at St. Paul's in Minneapolis and will be attending a summer school course at the University of Minnesota.

psychiatric services

EDUCATION

EARLY SIGNS WORKSHOPS

Dr Jo Smith Consultant Clinical Psychologist, Worcestershire Mental Health Partnership NHS Trust, Hon. Senior Lecturer, University of Birmingham and Chairperson, IRIS, UK visited the south west to conduct a series of workshops. These practical workshops instructed staff in the use of a package developed to assist individuals with psychosis to monitor for early signs of relapse. Since the training a number of clinical staff have formed the Early Signs Network to promote use of the package and educate new staff in the package.

STREAM TRAINING

The Division has introduced a service wide training program to ensure that all staff are trained in the 17 core areas prior to competency assessment. This program delivered 670 hours of training. There are plans in place to evaluate this program.

APPLIED SUICIDE INTERVENTION SKILLS TRAINING

Three staff from the Division were trained as trainers in this suicide intervention program. Two workshops have been conducted for service staff and additional workshops will be provided to staff and professionals from other departments and agencies.

INVOLVING FAMILIES IN EVIDENCED BASED PRACTICE

Robyn Gedye is a psychologist with a background in Family Behaviour Therapy and researching adherence and competence of professionals and paraprofessionals in the delivery of evidence-based treatment. Robyn ran a series of two-day workshops throughout the south west focusing on engaging families in the treatment process.

MENTAL HEALTH AND ACQUIRED BRAIN INJURY

Specialist staff from the Austin Health Community Brain Disorder Assessment and Treatment Service provided a workshop to enhance skills in the area of assessment and management of mental health problems in individuals with Acquired Brain Injury. Topics included prevalence, links between mental illness and ABI, assessment issues, and managing challenging behaviours.

EARLY INTERVENTION

Simon Dodd, Senior Clinician with ORYGEN Research Centre, ORYGEN Youth Health and Kate Hawkins, Early Intervention Clinician with the Primary Mental Health Team presented two workshops on Intervention and Early Psychosis. These practical workshops focused on providing a rationale for early intervention, identification of 'at risk' mental states, assessment, engagement and acute treatment for young people with first episode psychosis. Particular attention was paid to biological interventions and there are plans to provide further workshops focused on psychological interventions in the future.

COGNITION AND PSYCHOSIS

Neuropsychologist Dr Warrick Brewer presented a series of training sessions on the impact of cognition on psychosis and how to test cognitive function effectively. Dr Brewer is a senior lecturer in psychiatry at University of Melbourne and team leader intensive case management team at ORYGEN Youth Health.

STAFF TRAINING STATISTICS

During the year 119 staff participated in 5018 hours of training with an average of 42 hours of training per staff member.

TRAINING PROVIDED

The Primary Mental Health Team has delivered training to both specialist and primary care providers including: Ante / Postnatal Depression; ASIST (Suicide Intervention Skills Training); Basic Counselling Skills for Teachers; CBT for Depression & Anxiety in Young People; Early Psychosis; and Recognising & Responding to Anxiety and Depression in students.

RESEARCH

EARLY STRESS MANAGEMENT COURSE

The Primary Mental Health Team is conducting a research project to investigate if attending a stress management course in an adult education centre assists people to cope better with stress, reduce the number of symptoms of anxiety and depression experienced, and have an improved quality of life. Stress management courses of 6 weekly 2 hour workshops are delivered across the South West region through region wide South West TAFE campuses. The courses are promoted through South West TAFE, General Practitioners, and community agencies.

POSTNATAL DEPRESSION PROJECT

As part of the South West Postnatal Depression Project coordinated by the Primary Mental Health Team, a number of focus groups were conducted with consumers and maternal and child health nurses to identify the varying experiences of the PND related care from the different perspectives of consumer and care manager. Findings are currently being summarised.



Psychiatric Services staff revise use of a monitoring package for the early warning signs of psychosis

quality management

SOUTH WEST HEALTHCARE IS COMMITTED TO
CONTINUOUS QUALITY IMPROVEMENT AND BEST PRACTICE.

QUALITY MANAGEMENT

South West Healthcare is committed to continuous quality improvement and best practice.

For many years a Quality Management Program at South West Healthcare has been in place, and the strength of the program has ensured continuing Accreditation with the Australian Council on Healthcare Standards (ACHS) and the Aged Care Standards Accreditation Agency.

ACCREDITATION

Accreditation is an outward sign to the community that we not only demonstrate safe care but have also achieved a high standard of that care.

In May 2004 South West Healthcare underwent a Periodic Review conducted by ACHS as part of the accreditation cycle. It was the first time the organisation as a whole had been surveyed under the new EQUP program changes – Edition 3. Accreditation status was maintained with very few recommendations for the next survey, and several ratings were upgraded. Although it was a very busy schedule for the two surveyors and staff for two days, the experience was positive and reinforced the outstanding achievements in quality service delivery in every department.

RISK MANAGEMENT

Risk Management is a very complex area in health care and the process has been slowly introduced across the organisation.

A review of risk management processes has been carried out and a plan developed which recognises risk controls and residual risk to the organisation.

In addition, Senior Managers have received education related to the Risk Management policy.

CLINICAL RISK MANAGEMENT

Clinical Risk Management is an integral part of the quality management program. The multidisciplinary Clinical Risk Management Committee is responsible for monitoring clinical incidents and other areas of clinical concern for example: medication safety; the Committee provides advice and guidance to clinicians often in the form of policy reviews, audits or improvement activities.

All incidents are reviewed and acted upon as part of the Clinical Risk Management process.

COMPLAINTS MANAGEMENT

All patients and visitors are encouraged to give South West Healthcare feedback about its services. This past year, compliments have far outweighed the number of complaints received. All complaints received are monitored and actioned using the Riskman database. Reports are forwarded to the Quality Care Committee each month and South West Healthcare in line with best practice guidelines and the relevant Australian Standard 4269 undertake complaints management, with an emphasis upon improving care delivery.

INFECTION CONTROL

Considerable monitoring and evaluation of infection rates takes place at South West Healthcare, ensuring safer patient care in all services. Staff education plays a key role in providing safe practices and the Infection Control Consultant has been instrumental in developing key performance indicators to monitor infection control practices. Infection control data is submitted to VICNISS, a central data base repository responsible for monitoring the infection rates from all Victorian hospitals in key areas such as joint replacement surgery. With the benefit of this type of data collection, rates can be compared across the state and concerted efforts made to improve in areas identified as being of concern.

CONSUMER PARTICIPATION

Consumers actively participate in a range of activities, which strengthens quality patient services. From focus groups to review and improve clinical pathways, to the Community Advisory Committees across the organisation, we value the feedback received from consumers at all levels. Our consumers have assisted in the development of the Quality of Care Report for 2004 and patient information brochures on specific procedures, and with information for patients and families. Consumers willingly dedicate their time to assist the organisation improve service delivery.



Quality management software consolidates reporting and allows analysis of trends

POLICY REVIEW

During the last year, South West Healthcare has invested much time and resources into an intensive review of every clinical policy used in the organisation. Policies and procedures (including Clinical Guidelines) form the framework for organisations to conduct services, and in health care, these guide clinical practice which in many circumstances are directed by legislation. To ensure safe care and up to date practice, this organisation has reviewed and rewritten all policy manuals based on Information Mapping. This approach has been shown to improve reader recognition of key points, which is essential for busy clinicians. All policy manuals are stored on the internal intranet, which enhances staff access across all campuses.

PUBLICATIONS

South West Healthcare's quality project "Improving Safety – Outpatient Exercise Program" was submitted by the Physiotherapy Department as an entry in the Seventh Annual ACHS quality improvement awards.

QUALITY OF CARE REPORT 2004

The annual Quality of Care Report for 2004, which incorporates quality management actions and outcomes, is printed in conjunction with this Annual Report. Feedback regarding the Quality of Care Report is encouraged; to ensure that we are meeting the information needs of the community.

The Quality of Care Report informs the community about key performance areas of South West Healthcare.

celebrating 150 years of healthcare in warrnambool

2004 IS A SIGNIFICANT MILESTONE YEAR FOR SOUTH WEST HEALTHCARE AS WE CELEBRATE THE 150TH YEAR OF HEALTH SERVICE PROVISION IN WARRNAMBOOL.

The research into the history of the organisation indicates that in 1854, the Villiers and Heytesbury Hospital and Benevolent Society commenced operating, moving to its present Ryot Street site in 1861.

In recognition of this milestone anniversary, a small working party has been formed and developed a calendar of events to periodically reinforce the celebratory nature of this milestone year.



IN RECOGNITION OF THE RICH HISTORY OF THE ORGANISATION, A TIME CAPSULE HAS ALSO BEEN PURCHASED AND WILL BE PLANTED IN THE HOSPITAL GROUNDS FOR OPENING IN 2054.

history

SOUTH WEST HEALTHCARE
DRAWS ON TRADITIONS OF
HIGH-QUALITY HEALTH CARE
IN PLACE SINCE THE
MID-19TH CENTURY.

Formed in 1999 from the amalgamation of Warrnambool & District Base Hospital and Corangamite Regional Hospital Services, and joined in 2000 by Macarthur & District Community Health, South West Healthcare's formative years have seen the rapid development of a cohesive health service offering a large range of services to the community of south west Victoria.

Leading-edge networking between campuses, developed as part of the South West Alliance of Rural Health (SWARH) information technology strategy, has greatly assisted the rapid integration of services and departments across the organisation's ten campuses and offices.

Progressive policies introduced by South West Healthcare have included the Smoke-Free policy at all campuses, which effectively bans smoking in campus grounds as well as inside buildings.

The development of extensive plans for redevelopment of the Warrnambool Campus, and replacement of the Camperdown Campus, have also marked the organisation's early years.

South West Healthcare draws on traditions of high-quality health care in place since the mid-19th century. The progressive establishment of hospitals in the south-west district, and their eventual amalgamation into a large regional organisation, reflects the changing historical needs of health care, governed by distance, transport methods, and hospital financing.

WARRNAMBOOL

In 1854, the Villiers and Heytesbury Hospital and Benevolent Asylum was formed in Warrnambool to provide both hospital services and benevolent accommodation for the poor. Moving to the current Ryot Street site in 1861 (the building being largely financed by a very successful bazaar), the hospital began the first of a continuing series of expansions in 1869, with the addition of four more wards, an operating theatre, boardroom, staffrooms and dining room. The main revenue sources were Benevolent Society membership fees, court fines and donations, both monetary and in-kind.

1925 marked the end of benevolent care at Warrnambool, the hospital closing accommodation services and continuing its development as a medical and surgical centre, including the provision of nursing training. Continuing to expand its services and ward facilities, Base Hospital status was gained in the 1940's, reflecting the increasing role of providing healthcare to the district and support services to surrounding rural hospitals.

In 1957, after many years of public debate, the first two wards of Brierly Mental Hospital opened in Warrnambool, growing to five wards by 1961, capable of accommodating over two hundred people. The hospital site, including staff residences, occupied 26 hectares of land on Warrnambool's northern fringe.

The 1960's also saw the completion of a four-storey ward and services block, new operating theatres, emergency department and intensive care unit at Warrnambool & District Base Hospital. Warrnambool Base also managed two nursing homes – Alveston House and Corio House.

The 1970's and 1980's brought further building developments at both the Base Hospital and Brierly, with the growth of paramedical services and specialist nursing as the Base Hospital developed into a sub-regional referral centre, and the development of Lewana Clinic at Brierly for the treatment of psychiatric disorders.

Operating as Glenelg Psychiatric Services, Brierly began to shift away from institutional care, and in 1992 amalgamated with the Base Hospital to form a psychiatric services division. The development of a short-term acute psychiatric ward at the Base Hospital and extensive community-based psychiatric services in Warrnambool and three other district centres led to the decommissioning of the large Brierly Hospital site, and its eventual sale.

Building projects in the 1990's provided a large allied health block, new operating theatres, new emergency department and a new health information services department, giving greatly-improved facilities for modern work practices.

Discussions with Corangamite Regional Hospital Services brought the formation of South West Healthcare in 1999, with Warrnambool continuing to provide base hospital services and the largest inpatient facility in the organisation.

CAMPERDOWN

Sixty-six kilometres to the east of Warrnambool, the township of Camperdown established a hospital in 1907, through the generous donation of a two-storey residence by the sons of district pioneer John Manifold. Renovated with funds originally held for the Queen's Diamond Jubilee, the eight-bed 'Camperdown District Hospital (Manifold Queen Victoria Jubilee Gift)' opened to patients in 1909, treating conditions ranging from influenza to gunshot wounds.

As the only hospital between Warrnambool and Colac, Camperdown soon expanded, growing to 15 beds by 1918, and 22 beds by 1926. In 1931, with a total of 40 beds, Camperdown became Victoria's first community hospital. Building expansions in the 1930's provided more beds and new operating facilities, and by the completion of more building works in 1957 the hospital was a 48-bed centre.

In the 1970's, the growing need for aged care accommodation brought the development of a 23-bed nursing home, Merindah Lodge, on the hospital site. Submissions for a completely new and modern hospital were, however, unsuccessful.

Funding difficulties in the 1980's and 1990's were keenly felt in the district, and in 1995 Camperdown amalgamated with Lismore & District Hospital and the Derrinallum Nursing Home Society to form Corangamite Regional Hospital Services. Merindah Lodge was expanded to 28 beds, and with the transfer of hostel facilities from Lismore in 1997 became the Merindah Lodge/Tooliorook Aged Care facility, with 36 beds.

Main entrance of Warrnambool District Hospital, 1920s



IN 1998, THE BOARD OF MANAGEMENT COMMENCED DISCUSSIONS WITH A NUMBER OF NEARBY ORGANISATIONS, LEADING TO AMALGAMATION WITH WARRNAMBOOL & DISTRICT BASE HOSPITAL IN 1999 TO FORM SOUTH WEST HEALTHCARE.

Inpatient and aged care facilities are still operated at Camperdown, providing surgical, medical, and midwifery care, as well as nursing home/hostel accommodation. A day centre and primary care shopfront provide additional services to Camperdown town and surrounds.

LISMORE

North of Camperdown, the need for local midwifery services in the Lismore and Derrinallum district was addressed by local builder John Ingles, who opened a six-bed private maternity hospital in 1911, shortly after the arrival of the town's first doctor. Ingles' wife Jane, an experienced midwife, ran the service with the assistance of their daughter.

The hospital was bought from the Ingles in 1925 by the Lismore community, being leased through a board of trustees to matron Margaret Bott as a medical, surgical and midwifery hospital.

Lismore converted from a private hospital to a Bush Nursing Hospital in 1930, with building extensions being undertaken in 1939 and 1946. By 1958 Lismore was a 14-bed hospital, with midwifery continuing to be a major service.

In the mid-1960's the hospital was incorporated as the Lismore District Hospital, and came under the management of the Ballarat & District Base Hospital. The 1970's saw the establishment of district nursing services and meals-on-wheels.

Acute services gradually declined, with surgery ending in 1985, also the year that the last baby was born at the hospital. An increased emphasis on aged care brought funding for six nursing-home beds in 1989, and a four-bed hostel in 1992.

Funding restrictions finally forced the closure of acute and nursing home services, with Lismore amalgamating with Camperdown Hospital in 1995, taking on a new role as a community health centre, and increasing its hostel facility to eight beds. However, continued funding pressure forced the transfer of all hostel functions to Camperdown in 1997.

With the formation of South West Healthcare, Lismore continues to provide a range of primary care functions, district nursing and meals-on-wheels, while the provision of video-conferencing equipment has allowed small-scale emergency facilities to be maintained with direct video supervision by medical staff in Warrnambool.

MACARTHUR

To the north west of Warrnambool, the mostly soldier-settlement community of Macarthur opened the eight-bed Macarthur Memorial Hospital in 1960, to provide medical, surgical and midwifery services to the surrounding farming district. A doctor's residence was also built.

A change of doctors in 1974 resulted in the loss of the hospital's surgical services, but community aspects of care increased, with the introduction of meals-on-wheels in 1977, and completion of a day centre in 1983.

A new sunroom for patients was completed in 1986, with district nursing services being established in the same year. The increasing need for aged care in the district was answered by converting four beds from acute care to nursing home use in the late 1980's, with a replacement day centre being built in 1990.

Following the 1996 release of a report on the role of small rural hospitals, the Board of Management decided to convert the hospital to a community health centre, and the Macarthur & District Community Outreach Service commenced in January 1994 after the closure of all inpatient facilities.

One of the services offered by the service was visiting medical consultations, and renovations in 1996 enlarged the waiting area for the doctor's surgery, as well as altering the entrance area and enlarging the sunroom to provide more space for community meetings and activities.

In 1999, the newly-formed South West Healthcare began providing management services to Macarthur, and a service plan was undertaken to review the future direction of the community health service.

The plan recommended that Macarthur amalgamate with a larger organization, and in July 2000 the service became part of South West Healthcare with the title Macarthur Community Health.

As well as a range of primary care functions, Macarthur also continues district nursing and meals-on-wheels services, with an active day centre, regular medical clinics and frequent visits by allied health staff.

occupational health & safety

A considerable amount of work has been done by key departments...

SOUTH WEST HEALTHCARE IS COMMITTED TO MAINTAINING THE HIGHEST POSSIBLE STANDARD OF HEALTH, SAFETY AND WELL BEING FOR ALL EMPLOYEES, CONTRACTORS, VOLUNTEERS, PATIENTS, CUSTOMERS AND VISITORS.

The importance of integrating the continuous improvement of health and safety into all organisational activities is recognised by South West Healthcare and is achieved through effective consultation and cooperation between management, employees, employee organisations and representatives.

A considerable amount of work has been done by key departments through ongoing hazard identification, policy development and staff education to ensure that the organisation remains a safe place to work and a regional employer of choice.



Far left: Fire and alarm monitoring, Warrnambool Campus
Left: South West Linen

Below: Use of Arjo 'Stedy' patient transfer frames is part of the 'no lift' policy to increase occupational safety

WORKCOVER: HOURS LOST & CLAIMS

HOURS LOST TO INJURY OR ILLNESS 2002/03 2003/04

Acute Services:		
Nursing	2817.00	3990.00
Support Services/Administration	376.00	3173.00
Medical/Allied Health	1976.00	1976.00
Psychiatric Services:	400.00	355.00

Linen Service: 3192.00 2144.00

CAMPERDOWN CAMPUS:

Nursing	344.00	1496.00
Support Services/Administration	1976.00	1970.00
Medical/Allied Health	129.00	

LISMORE CAMPUS:

MACARTHUR CAMPUS:

TOTAL: 11210.00 15104.00

NUMBER OF NEW CLAIMS 2002/03 2003/04

Acute Services:		
Nursing	6	1
Support Services/Administration		
Medical/Allied Health		
Psychiatric Services:	2	1

Linen Service:

CAMPERDOWN CAMPUS:

Nursing	1	1
Support Services/Administration	1	
Medical/Allied Health		

LISMORE CAMPUS:

MACARTHUR CAMPUS:

TOTAL: 10 3



healthcare services

South West Healthcare provides extensive medical, nursing, psychiatric and allied health services to a large community. Support services and resources are also provided for other hospitals and health-related organisations in the sub-region.

Acute Care	Ear, Nose & Throat Surgery	Koorie Health Programs	Podiatry
Aged Care	Emergency Services	Library	Post Acute Care
Anaesthetics	Endoscopy	Medical Education	Pre-admission Clinic
Audiology	Environmental Services	Medical Imaging	Primary Care Partnerships
Biomedical Engineering	Exercise Stress Testing	Medical Management	Prosthetics
Blood Bank	Facilities & Supply Department	Midwifery	Psychiatric Services:
Breast Cancer Support	Family Planning & Education	Neonatal Special Care	- Aged Persons
Cancer Support Team	Finance	Nursing Education	- Child & Adolescent
Cardiac Rehabilitation Nursing	Food Services	Nursing Management	- Community-Based
Centre Against Sexual Assault	Fracture Clinic	Nutrition	Services
Clinical Risk Management	Gastroenterology	Obstetrics & Gynaecology	- Extended Care
Community Rehabilitation Centre	General Administration	Occupational Health & Safety	- Inpatient
Continence Advisory Service	General Medicine	Occupational Therapy	- Residential Rehabilitation
Coronary Care	General Surgery	Oncology	Rehabilitation
Counselling & Support Service	Geriatric Medicine	Operating Theatre & Recovery Ward	South West Linen
Day Surgery	Haemodialysis	Ophthalmology	Speech Pathology
Dentistry	Health Education	Orthodontics	Stomal Therapy Nursing
Dermatology	Health Information Services	Orthopaedics	Telemetry
Diabetes Education & Resources	Health Promotion	Outpatient Clinics	Urology
- Sub-Agent Diabetes Aust. (Vic.)	Home Care Program (paediatrics)	Paediatrics / Adolescent Care	Volunteer Service
Displan	Hospital in the Home	Paediatric Surgery	Young Women's Pregnancy & Parenting Service
District Nursing Services	Human Resources	Palliative Care	
Domiciliary Midwifery	Infection Control Consultant	Pathology	
Drug & Alcohol Withdrawal & Support:	Information Technology Services	Payroll Services	
- Inpatient	Intensive Care/Critical Care	Pharmacy	
- Outpatient		Physiotherapy	

INPATIENT SOURCES

Most inpatients to the acute care campuses at Warrnambool and Camperdown live in the city/town area serviced by each campus, or in the surrounding district; however, in nearly nine per cent of cases, inpatients are from other areas in Victoria, interstate, or overseas.

This reflects the organisation's wide catchment area in south west Victoria, serving over 110,000 residents, plus a significant tourist population throughout the year.

Warrnambool	57.25%
Koroit	5.87%
Dennington	2.72%
Port Fairy	2.72%
Portland	2.57%
Mortlake	2.07%
Terang	1.92%
Allansford	1.62%
Cobden	1.62%
Camperdown	1.48%
Hamilton	1.14%
Other Western District	10.28%
Other Victoria,	8.73%
Other States & International	

BED ANALYSIS

(A) WARRNAMBOOL CAMPUS

Ward	Ward Service	Beds
Acute Services (155 Registered Beds)		
1	Day Procedure	12
	Haemodialysis	3
	Endoscopy	4
2	Short Stay	26
3	Child & Adolescent	14
4	Intensive Care/Critical Care	6
5	Medical/Surgical	20
6	Medical/Surgical	26
	Palliative Care	3
7	Midwifery	16
	Neonatal Special Care	4
8	Rehabilitation	15
	Withdrawal & Support	4
12	Emergency Department	2

Psychiatric Services (25 Registered Beds)

9	Acute	15
	Extended Care	6
	Rehabilitation	4
TOTAL BEDS (WARRNAMBOOL CAMPUS):		180

(B) CAMPERDOWN CAMPUS

Ward	Ward Service	Beds
Acute Services (31 Registered Beds)		
	Medical/Surgical	20
	Obstetrics	6
	Paediatrics	3
	Coronary Care	1
	Palliative Care	1

Aged Care Services (36 Registered Beds)

	Nursing Home	28
	Hostel	8
TOTAL BEDS (CAMPERDOWN CAMPUS):		67

TOTAL BEDS 247

south west healthcare life governors

INCLUDING CAMPERDOWN, LISMORE & MACARTHUR

Mrs Jan Aitken	G Elliot	S Lee	Miss K O'Leary	Mrs Stuart Swinton
Dr BS Alderson	Mr PV Emery	Sen A W R Lewis	JR Oman	Mr D N Symons
Mrs BS Alderson	Mr W Ferguson	Mr PE Lillie	Mr L O'Rourke	Mrs NM Tapp
Mr Lyell	Mr J Finch	Mr S A Lindsay	Mr W Owens	Mrs D Taylor
Mr A L Anderson	Mr ER Ford	Mr F G Lodge	Mr William Pallister	Mrs Robbie Taylor
Mrs G I Anderson	Mrs J Foster	Mrs H Lodge	Mr K Parker	Miss K Taylor
Mrs Isabel Anderson	Mrs C E Fraser	Mr RW Lucas	Mrs T J Parker	Mr F Taylor
Mrs J F Anderson	BD French	Mrs Wendy Ludeman	Mrs G R Parsons	Mr HC Taylor
Mrs J Askew	R Gellie	Mrs A G Lumsden	Mrs M E Paterson	Miss Y Teale
Mr R Baker	Mrs FM George	Mrs P Luxton	Mr DR Patterson	Mrs A Thorpe
FH Baker	Mr MW George	Dr E Lyon	Mrs P Peart	Mr JT Thorton
Mrs V G Balmer	Mrs M M Gibbs	Mrs R Macdonald	Dr Ian Pettigrew	Mrs AJ Trotter
Mr NI Bamford	Mrs N Gilbert	Mr ID Macdonald	Mr W Phillpot	Mr SW Waldron
Mrs H Barker	Mrs Shirley Goldstraw	Mrs ID Macdonald	Mrs B Piesse	Mr J B Walker
WT Barr	Mrs Margaret Good	Mrs M MacFarlane	Mrs G Pike	Mrs H Wallace
Mrs M Baulch	Mrs Joan Goodacre	Mrs AF MacInnes	Mrs L Price	Mrs R J Wallace
Mr W R Beetham	Mrs E Goodwin	S Mack	Mrs Gloria Rafferty	Mrs E Watson
Mrs B P Bell	Mrs L Gordon	MC Mack	Mrs Margaret Richardson	RJ Webster
Mrs S Bell	Mrs P Grace	Mrs L Maher	Mr D M Ritchie	Mrs D Wedge
Mrs JA Bell	HT Grimwade	Mr WG Manifold	Mrs Phillip Ross	RV Wellman
Mr GB Bennett	Mrs M Guyett	Mr NS Marshall	Mr NJ Rowley	Mr A C Whiffen
Mrs Iris M Bickley	Mrs Sheila Habel	Mrs Norma Marwood	Mr Peter Roysland	Mrs J Whitchurch
Miss Helen Bishop	Miss M Haberfield	Mrs M Mathison	Mr J C Rule	Mrs J C Whitehead
Mr RJ Borbidge	Mr C Hallowell	Mrs D McConnell	Mrs Gladys Russell	Mr G Whiteside
Mrs Gwen Boyd	Mr RE Harris	Mrs Arthur McCosh	Mr Leo Ryan	Mr J Wilkinson
Mr NC Boyd	Mrs Joy Hartley	Mrs L McCosh	Mrs Sue Sambell	Mrs June Williams
Mr C G Boyle	Mr AJ Hartley	Mrs R McCrabb	Mr John Samon	Mrs R Williams
Mr N Bradley	Mrs A Havard	Mr John McGrath	Mr RG Sampson	Mrs Zelda Williams
Mr D Bradshaw	Mrs M Hayes	Mr Peter McGregor	Mrs E Savery	Mrs G J Wilson
Dr J Brookes	Mr P Heath	Mr Ernie McKenna	Mr A E Scott	Mr J E Wilson
Mr GN Brown	Mrs Mavis Heazlewood	Mrs Mary McKenna	Mr L Sedgley	Mrs N T Wines
Mrs I V Bruce	Dr Les Hemingway	Mrs Judy McKenzie	Mr TT Shaw	Mr W J Wines
LG Buchholz	Mrs Joan Henderson	Mrs Nola McKenzie	Mrs A B Smart	Mrs Edna Wynd
Mr T Buckley	Mr O V Henry	Mr Trevor McKenzie	Mr M Small	Mrs G Young
Mr CW Burgin	Mrs P Hill	Mrs Judy McKenzie	Mrs Ann Smith	
Mrs L Burleigh	Mr AJ Hill	Mrs H McLaren	Michelle Smith	
L Burnham	Mrs DM Hill	Mrs Shirley McLean	Mr Ron Sproles	
Mrs Jean Byron	Mr GL Hill	Mr C McLeod	Miss J Stewart	2003-2004
Mr J Caple	Mr J Hill	Mrs W McWhinney	Mr GC Sullivan	APPOINTMENTS
Mr S Carroll	Miss L Hill	Dr John Menzies	Mrs B Surkitt	Mr John Clark
Mrs V Carroll	AK Hirth	Dr J Menzie	Mrs N Swinton	Mr Don McRae
Mrs P Chadwick	Mr W Hocking	JE Meyer		
Mrs EC Chaffey	Mrs Ivy Hollingsworth	Mrs B Millard		
ML Charles	Mrs A Holmes	Mr J Miller		
Mrs F A J Chislett	Mr J Holmes	Mr Andrew Miller		
Mrs Helen Chislett	Mr W Holmes	Mr Ivan Mirtschin		
Mr D Chittick	HJ Holmes	Miss M I Mitchell		
Mrs Diane Clanchy	Mr WJ Holton	Mrs C Moore		
Mr Alistair C Cole	Mrs A Hooton	Mrs J P Moore		
Mrs SE Cole	GN Hornsby	Mr R Moore		
LJ Collins	JS Hosking	Mr F Moore		
Mrs J Conlin	Mr L Howard	Mr J P Moran		
Mrs F Coupe	Mrs E Howell	Mr J Morris Jnr		
Mrs M Cox	Mrs Sharon Huf	Mr W Morris		
Mr R A Crothers	Mrs Mary Hutchings	Mrs I Mulligan		
Mrs M Cuzens	Mr R Hyde	AE Murdock		
Mr J P Daffy	Mrs Winnie Hynes	Mrs G Mutton		
Ms Joan Davidson	Mr D A Jenkins	Nestle Sports & Social Club		
Mrs R C Dawson	Mrs Doris Johnson	Mrs Sheryl Nicolson		
Mr A DeGaris	Mr Barry Johnson	Mr AW Noel		
Mr S DeGaris	Mrs M Johnson	Mrs HW Norman		
Mrs G Dickson	Mr Rex Johnson	Mrs A Northeast		
Mrs M Doherty	Mrs I Jones	Mr E R Northeast		
Miss Judy Donnelly	Mr HT Jones	Mr J B Norton		
Miss H Douglas	Mr AE Kelly	Mrs Helen Nunn		
Mr GW Dowling	Mr DJ Lafferty	Dr K Nunn		
Mrs L Dowling	Mrs Helen Laidlaw	Mrs Barbara O'Brien		
Mr EA Dupleix	Mrs Val Lang	Mrs Ian Officer		
Mrs Veronica Earls	Mr GA Larsen	Mrs M Officer		
Mrs A Elliot	Mrs B Layther	Mrs Judy O'Keefe		

VALE - ETHEL MAUDE DAWSON

In February this year, community service stalwart Ethel Maude Dawson passed away aged 93 after a short illness.

Mrs Dawson, or Maude as she was known to most, performed voluntary work for many Warrnambool organisations throughout her life including the Red Cross, Girl Guides, School Councils and the RSL Ladies Auxiliary.

Most importantly, Maude was President of the Warrnambool Base Hospital Senior Ladies Auxiliary for half a century.

Maude was a Life Governor of the organisation and despite the late onset of blindness, she was still crocheting baby rugs for the maternity ward at the hospital up until 10 months prior to her death.

Our condolences are extended to the Dawson family.

staff 2003-2004

CHIEF EXECUTIVE OFFICER

Mr J. Krygger, B.H.A., M.B.A., A.F.C.H.S.E., C.H.E., A.I.M.

MEDICAL SERVICES

VISITING MEDICAL OFFICERS – WARRNAMBOOL CAMPUS

CHAIRPERSON, MEDICAL STAFF ASSOCIATION (WARRNAMBOOL CAMPUS)

Dr. G. Pallas*, B. Med., F.R.A.C.P. (Paediatrics)
Dr. K. Braniff, M.B.B.S., F.R.A.N.Z.C.O.G.

ANAESTHETISTS

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Dr. M. Koo, M.B.B.S., F.A.N.Z.C.A.
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Dr. C. Cugadasan, B.Sc. (Hons.), B.D.Sc.
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Dr. D. Geryga, B.D.Sc.
Dr. M. Johns, B.D.S.
Dr. M. Palam, B.D.Sc., B.Sc.
Dr. R.J. Sanderson, B.D.S.
Dr. S.W. Wilde, B.D.S. (Liverpool)

DRUG AND ALCOHOL PHYSICIAN

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Dr. D. Richards, M.B.Ch.B., F.A.Ch.A.M. R.A.C.P.

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Dr. A. Chow, M.B.B.S., F.R.A.C.G.P.
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Dr. M. Grave, B.Sc., M.B.B.S., F.R.A.C.G.P., Cert. Man. Med. (R.A.C.G.P), Grad. Dip. Fam. Med. (Monash), Cert. Man. Med. (Paris), Dip. Phys. Med. (Sydney)
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Dr. M.G. Quinn, M.B.B.S.
Dr. F. Reid, M.B.Ch.B., D.A.M.F.A.R.C.S.
Dr. J.M. Rounsevell, M.B.B.S.
Dr. N. Ryan, M.B.B.S., D.A., F.R.A.C.G.P.
Dr. T. Slattery, M.B.B.S.
Dr. S.W. Smith, M.B.B.S., D.R.A.C.O.G., F.A.C.R.R.M.
Dr. P. Viney, M.B.Ch.B., D.R.A.N.Z.C.O.G.
Dr. A. Waldron, M.B.B.S., Dip. (Obst.) R.A.C.O.G., F.R.A.C.G.P.
Dr. C.W. Walters, B. Med. Sc., M.B.B.S.

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Mr. P. Gan, M.B.B.S., F.R.A.C.S.
Mr. S. Mackay, M.B.B.S., F.R.A.C.S.
Mr. B. Mooney, M.B.Ch.B., B.A.O. (Hons.), B.Sc. (Anat.) (Hons.), M.Ch., F.R.C.S.I., F.A.C.R.R.M., F.R.A.C.S.

VISITING NEUROLOGIST

Dr. T. O'Brien, M.B.B.S., F.R.A.C.P.

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Dr. K. Braniff, M.B.B.S., F.R.A.N.Z.C.O.G.
Dr. E. Uren, M.B.B.S., F.R.A.N.Z.C.O.G.

OPHTHALMOLOGISTS

Mr. G. Hunter, M.B.B.S., F.R.C.S., F.R.A.C.S., F.R.A.C.O.
Mr. J. Sanlaureano, M.B.B.S., B.Sc., M.Med. (Ophth.), F.R.A.N.Z.C.O.

ORTHOPAEDIC SURGEONS

Mr. D. Mladenovic, M.D. (Belgrade), Spec. Dip. Ortho. (Novi Sad)
Mr. N.A. Sundaram, M.B.B.S., L.R.C.P., M.R.C.S., F.R.A.C.S. M.Ch. (Orth.), F.R.C.S. (Edin. & London), F.R.C.S. (Orth.).

VISITING OTO-RHINO-LARYNGOLOGIST

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Mr. L. Ryan, M.B.B.S., F.R.C.S., F.R.A.C.S., D.L.O.

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Dr. G. Pallas, B. Med., F.R.A.C.P. (Paediatrics)

Dr. N. Thies, M.B.B.S., D.C.H. (London), F.R.A.C.P. (Paediatrics)

PAEDIATRIC SURGEON

Mr. A. Woodward, M.B.B.S., F.R.C.S., F.R.A.C.S.

PATHOLOGIST

Dr. R. Juska*, M.B.B.S., F.R.C.P.A.

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Dr. C. Charnley, M.B.B.S., F.R.A.C.P.
Dr. J. Hounsell, B.Sc., M.B.B.S., F.R.A.C.P., F.R.C.P.A.
Dr. C. Lewis, M.B.B.S., F.R.A.C.P.
Dr. B. Morphett, M.B.B.S., F.R.A.C.P.
Dr. S. Nagarajah, M.B.B.S., F.R.A.C.P.

PSYCHIATRISTS

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Dr. G. Ridley, M.B.Ch.B., M.R.C.Psych., F.R.A.N.Z.C.P.

RADIOLOGISTS

Dr. D. Boima, M.B.B.S., F.C. (Rad.) S.A.
Dr. D. Bold, M.B.Ch.B. (Otago), F.R.A.C.R.
Dr. M. Bennett, M.B.B.S., F.R.A.C.R.
Dr. P. Tauro, M.B.B.S., F.R.A.C.R.
Dr. P.C. Thorfinnson, M.D., B.A., D.M.R., F.Diag.Rad.
Dr. P. Walker, M.B.Ch.B. (Otago), C.R.C.P., F.R.C.P., D.D.U.
Dr. R. White, M.B.B.S., F.R.A.C.R.
Dr. S. Woodward, M.B.B.S., Dip. Med. Rad., M.R.A.C.R., Dip. Diag. US., Grad. Dip. Epid. Biostat.

VISITING RENAL PHYSICIAN

Dr. H. Gock, M.B.B.S., F.R.A.C.P.

UROLOGIST

Mr. B. Mooney, M.B.Ch.B., B.A.O. (Hons.), B.Sc. (Anat.) (Hons.), M.Ch., F.R.C.S.I., F.A.C.R.R.M., F.R.A.C.S.

VISITING MEDICAL OFFICERS – CAMPERDOWN CAMPUS

CHAIRPERSON, MEDICAL STAFF ASSOCIATION (CAMPERDOWN CAMPUS)

Dr. E.G. Lyon, M.B.Ch.B.

VISITING DENTAL OFFICER

Dr. A.H. Wigell, B.Sc. (Hon), L.D.S. (Vic)
Dr. K. Selvarajah, B.D.S. (N.Z.)

GENERAL PRACTITIONERS

Dr. A.K. Baird, M.A., M.B.Ch.B., D.R.C.O.G. (U.K.), F.R.A.C.G.P., D.A. (Anaes).
Dr. A.L. Brown, M.B.B.S., Dip. Obst. R.A.C.O.G., Adv. Cert. Sports Med., F.R.A.C.G.P.
Dr. J.M. Brown, M.B.B.S., Dip. Obst. R.A.C.O.G., F.R.A.C.G.P.
Dr. M.D. Brownstein, M.B.B.S., D.R.A.N.Z.C.O.G., F.R.A.C.G.P.
Dr. T.R.C. Fitzpatrick, M.B.B.S.
Dr. A. Griffiths, M.B.B.S., B.Sc. (Hon.), D.R.C.O.G., Dip. Obst. R.A.C.O.G.
Dr. E.G. Lyon, M.B.Ch.B.
Dr. S.J. Menzies, M.B.B.S., M. Med., F.R.A.C.G.P., D.R.A.N.Z.C.O.G., F.A.C.R.R.M.
Dr. S. Richardson, M.B.B.S.
Dr. R.A. Stewart, M.B.B.S., D.R.A.N.Z.C.O.G., F.A.C.R.R.M.
Dr. J. van Leerdam, M.B.Ch.B., M.R.C.G.P., M.A.C.N.M., D.A., D.R.C.O.G.
Dr. A. Wong, M.B.B.S., F.R.A.C.G.P., D.R.A.C.O.G., Dip. Rur. Med.

GENERAL SURGEONS

Mr. S. Eaton, M.B.B.S., F.R.A.C.S.

STAFF NUMBERS (EFFECTIVE FULL TIME)

	JUNE 2003			JUNE 2004		
	OPERATING EFT	NON OP. EFT	TOTAL EFT	OPERATING EFT	NON OP. EFT	TOTAL EFT
Medical	30.04	-	30.04	33.98	-	33.98
Nursing	341.15	-	341.15	352.39	-	352.39
Medical/Support	115.07	0.12	115.19	113.48	0.15	113.63
Hotel/Allied	108.68	19.12	127.80	105.09	19.20	124.29
Admin/Clerical	104.81	0.95	105.76	104.15	1.74	105.89
TOTAL	699.75	20.20	719.95	709.09	21.09	730.18

OBSTETRICIANS AND GYNAECOLOGISTS

Dr. C. Beaton, M.B.Ch.B. (Edin), F.R.A.N.Z.C.O.G., F.R.C.O.G.

Dr. K. Braniff, M.B.B.S., F.R.A.N.Z.C.O.G.

Dr. I.G. Pettigrew*, M.B.B.S., F.R.A.N.Z.C.O.G., F.R.C.O.G.

Dr. E. Uren, M.B.B.S., F.R.A.N.Z.C.O.G.

ORTHOPAEDIC SURGEON

Mr. J.W. Skelley, M.B.Ch.B. (Otago), F.R.A.C.S., F.A.Orth.A.

PAEDIATRICIAN

Dr. N. Thies, M.B.B.S., D.C.H. (London), F.R.A.C.P. (Paediatrics).

PHYSICIANS

Dr. N. Bayley, M.B.B.S., F.R.A.C.P.

Dr. C. Charnley, M.B.B.S., F.R.A.C.P.

Dr. J. Hounsell, B.Sc., M.B.B.S., F.R.A.C.P., F.R.C.P.A.

Dr. C. Lewis, M.B.B.S., F.R.A.C.P.

Dr. S. Nagarajah, M.B.B.S., F.R.A.C.P.

UROLOGIST

Mr. L. Dodds, M.B.B.S., F.R.A.C.S. (Urol).

MEDICAL DEPARTMENTAL OFFICERS**DIRECTOR OF MEDICAL SERVICES**

Dr. P. O'Brien, M.B.B.S., Dip. Obst. R.A.C.O.G., M.H.A., A.F.C.H.S.E., C.H.E., F.R.A.C.M.A., F.A.C.R.R.M.

DIRECTOR OF EMERGENCY SERVICES

Dr. S. Tsipouras, M.B.B.S., F.A.C.E.M.

MEDICAL SERVICES COORDINATOR

Mr. Peter Martin, Cert. App. Sc.

DIRECTOR OF ANAESTHETICS

Dr. K. Prest, M.B.B.S., F.A.N.Z.C.A.

CHIEF DENTAL OFFICER

Dr. R.W. Robertson*, L.D.S., B.D.Sc.

DIRECTOR OF CRITICAL CARE UNIT

Dr. N. Bayley, M.B.B.S., F.R.A.C.P.

DIRECTOR OF PALLIATIVE CARE

Dr. E. Fairbank, M.B.B.S., D.P.H.C., F.R.A.C.G.P., F.A.Ch.P.M.

DIRECTOR OF SURGICAL SERVICES

Mr. S. Fischer, M.B.B.S., F.R.A.C.S.

HOSPITAL IN THE HOME MEDICAL OFFICER

Dr. E. Fairbank, M.B.B.S., D.P.H.C., F.R.A.C.G.P., F.A.Ch.P.M.

REGIONAL SUPERVISOR GRADUATE MEDICAL EDUCATION

Dr. B. Oppermann, M.B.B.S., M.Sc. (Anat.), D. (Obst.) R.A.C.O.G.

ALLIED HEALTH**CHIEF AUDIOLOGIST**

Ms. J. Quarterman*, B.Sc., M. Aud. St, M. Aud.S.A. (CCP)

CHIEF BIOMEDICAL ENGINEER

Mr. D. Stewart, B. Eng. (Elec.), I.B.M.E.

CHIEF DIETITIAN

Ms. S. Baudinette, B.Sc. (Nutrition), Grad. Dip. (Dietetics)

CHIEF MEDICAL IMAGING TECHNOLOGIST

Mr. L. Pontonio, M.I.R., Dip. App. Sc. (Med. Radiography) (Warrnambool campus)

Ms. A. Gibson, Dip. Radiography (Camperdown campus)

CHIEF OCCUPATIONAL THERAPIST

Ms. J. Gibbs, B. App. Sc. (O.T.)

CHIEF PHYSIOTHERAPIST

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CHIEF SPEECH PATHOLOGIST

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Mr. J. Mifsud

MANAGER, HEALTH INFORMATION SERVICES

Ms. M. Atkinson, Ass. Dip. (M.R.A.), R.M.R.A.

MANAGER, COUNSELLING AND SUPPORT SERVICES

Mr. S. Storer, B.A., B.S.W.

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Mr. C. Fraser, B.Prof.Orth., Dip. App. Sc. (P&O)

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WARD 2

Mrs J.Rowe, R.N., Certificate in Workplace Leadership., Dip Business

WARD 3

Mrs S.Marsh, R.N., Cert. of Computer Business Applications, M.R.C.N.A.

WARD 4

Ms M.Beard, R.N., Master of Nursing (Critical Care), B.N., Grad.Dip.Critical Care (RMIT).

WARD 5

Ms J. Hallinan, R.N.

WARD 6

Mr J. Quinlivan, R.N., R.P.N., B.N., Dip.Fine Arts., Cert. of Computer Business Applications.

WARD 7

Mr P. Logan, R.N., R.M., Grad Dip Public Health

WARD 8/WITHDRAWAL & SUPPORT SERVICE

Mrs D.Burrows, R.N. (Acting until 17/10/03)

Mrs K.McCarthy, R.N., Cert. Rehabilitation (Return to position 12/10/03).

DISTRICT NURSING SERVICE

Mrs K.McCarthy, R.N., Cert.Rehabilitation (Acting until 11/10/03)

Mrs L. Brooks, RN., RM., MNS., BN., Grad.Dip.Adv.Nurs.Ed. (Return from Leave of Absence 12/10/03)

EMERGENCY DEPARTMENT

Ms K.Sloan, R.N., M.N.P (Emergency)., R.M., Coronary Care Cert, B.Nurs, Grad Dip Health Serv.Management, M.R.C.N.A., M.C.E.N.A.

OPERATING THEATRE

Ms R.Piper, R.N., R.M., Cert.Perioperative Nursing

PSYCHIATRIC SERVICES**DIRECTOR OF PSYCHIATRIC SERVICES**

Mrs C. Byrne, Grad.Dip.Social Sc. (Drug Dependence), Grad.Dip.Bus. (Health Admin), M.A.S. (Innovation & Service Man. R.M.I.T.)

Mr K. Burnett* B.A. (Deakin), B.S.W. (Melb), M.H.A. (U.N.S.W.), A.A.M.C., A.A.S.W.

ACTING DIRECTOR OF CLINICAL SERVICES

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QUALITY COORDINATOR

Ms I. Purcell B.S.W.

STAFF DEVELOPMENT

Ms J. Punch R.P.N., Cert IV Workplace Training & Assessment (TAFE)

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Mr C. Healey R.P.N.

WARRNAMBOOL COMMUNITY PSYCHIATRIC SERVICES

Mr T. Reading B.App.Sc. (O.T.)

WARRNAMBOOL PSYCHIATRIC SERVICES

Mr M. Struth* R.P.N., PostGrad. Dip. Hlth. Sci. (HSM), M.H.S.(C.S.U.)

AGED PERSONS MENTAL HEALTH

Mr R. Porter B.A., R.P.N.

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Ms R. Knapp B.Sc., B.A.(Hons) Psychology, M.Psych. (Ed. & Dev.)

RURAL COMMUNITY PSYCHIATRIC SERVICES

Mrs T. Irish R.N., R.M., R.P.N.

PRIMARY MENTAL HEALTH

Mr N. Place B.A., B.S.W.

STAFF BY GENDER & EMPLOYMENT STATUS

	JUNE 2003	JUNE 2004
FEMALE:		
Full Time	214	216
Part Time	468	472
Casual	77	78
(SUB-TOTAL)	759	766
MALE:		
Full Time	162	158
Part Time	39	40
Casual	15	9
(SUB-TOTAL)	216	207
TOTAL	975	973

PSYCHIATRIC MEDICAL SERVICES

PSYCHIATRISTS

Dr J. Herur M.B., B.S., M.D.(India)
 Dr A. Bajpai M.B., B.S., M.D. (India) D.P.M.
 Dr S. Baruah M.B., B.S., M.D.(India), D.P.M.
 Dr T. Praveen M.B., B.S., M.D.(India)
 Dr W. Atkin M.B., B.S., F.R.A.N.Z.C.P.
 Dr C. Seetha M.B., B.S., M.D.(India), D.R.M., D.N.B.

CORPORATE SERVICES

DIRECTOR OF CORPORATE SERVICES

Mr C. Scott* B.H.S.(Mgt), M.Bus., A.F.C.H.S.E.,
 A.I.M.M., C.H.E.

FOOD SERVICES MANAGER

Mr D. Church Cert.Catering, F.I.H.C., A.F.C.I.A.

FACILITIES & SUPPLY MANAGER

Mr W. Hall Cert. Hospital Supply Management
 (Mayfield)

GENERAL SERVICES MANAGER

Mr D. Miller Adv.Cert.Management (TAFE).

MACARTHUR COMMUNITY HEALTH

MANAGER, MACARTHUR COMMUNITY HEALTH

Mrs C. Loria, R.N., R.M., Cert. CCU, Cert.
 Oncology, Grad. Dip. Community Health

CAMPERDOWN/LISMORE CAMPUSES

MANAGER, PATIENT CARE SERVICES

Mr M. Oates R.N., R.M., G.N.C.(QEGC), B.N.,
 Grad. Dip. Hlth, Admin.

MANAGER SUPPORT SERVICES

Mrs J. Creely B.S. Business (Acctg) (USA).

UNIT MANAGER ACUTE SERVICES

Mrs M. Gay* R.N., R.M., B.N.
 Mrs J. Leadbetter R. Comp N., Cert. Critical Care

UNIT MANAGER, AGED CARE FACILITY

Mrs D. Doyle* R.N., Cert. Mgt.
 Mrs J. Riches R.N., B.N.

OPERATING THEATRE/ EMERGENCY DEPARTMENT CO-ORDINATOR

Mrs E. Munro* R. N., (Acting until 28/03/04)
 Mrs N. Delaney R.N., Grad. Dip. Peri-Operative
 Nursing Cert. 3 Sterilisation/Technician
 (Return from Leave of Absence 29/3/04)

PRIMARY CARE CO-ORDINATORS

Mrs J. Hirth R.N., R.M., Women's Health Nurse.
 DCP Test Provider (Lismore)
 Ms R. Leske R.N. (Lismore)
 Mrs C. Shannon R.N., R.M., B. Sc., Grad. Dip.
 Ed., Grad. Dip. Mid. (Camperdown)

CHEFS-IN-CHARGE

Mr S. McCann Trade Cert. (Catering)
 Ms E. Gould Trade Cert. (Catering)

DAY CENTRE SUPERVISOR

Mrs J. White R.N., Cert. Diversional Therapy

CHIEF RADIOGRAPHER

Ms A. Gibson M.I.R.

QUALITY/INFECTION CONTROL CO-ORDINATOR

Mrs B. Vagg R.N., R.M., B.N.

DISTRICT NURSING SERVICES

Mrs K. Bell R.N., R.M., (Camperdown)
 Mrs J. Zedaitis R.N. (Lismore)

ADMINISTRATIVE SERVICES

HUMAN RESOURCES MANAGER

Mr G. Mitchell B.Ec. (Monash), B.H.A.(U.N.S.W.)

DEPUTY HUMAN RESOURCES MANAGER

Mrs C. Rose, Adv.Cert.Mgt (SWTAFE), Cert.3 OH&S
 (Mayfield)

OCCUPATIONAL HEALTH & SAFETY MANAGER
 Mr D. Brown R.N., B.N., Crit. Care Cert., Grad. Dip.
 OH&S, Cert Structural Firefighting & HAZMAT (CFA)

MANAGER COMMUNITY HEALTH

Ms. J. Nichols, M.H.A., M.B.A., M.Sc., Grad.
 Cert. Diet. Ed., Post. Grad. Dip. Diet & Nut.

CHIEF INFORMATION OFFICER, SWARH

Mr G. Druitt Bsc.(Sydney), B.Ec(Deakin)

CLINICAL DEVELOPMENT CO-ORDINATOR, SWARH

Mr M. Johnstone R.N., B.Bus.(Accounting)

I.T. SERVICES MANAGER, SWARH

Mr G. Hall B.Bus.(Computing)(Deakin)

FINANCE

DIRECTOR OF FINANCE

Mr I. Barton A.S.A., C.P.A., Dip.Bus.(Deakin),
 B.H.A.(UNSW), A.F.C.H.S.E., C.H.E.

DEPUTY DIRECTOR OF FINANCE

Mr D. McLaren B.Bus.(Deakin), A.S.A.

ASSISTANT DIRECTOR OF FINANCE

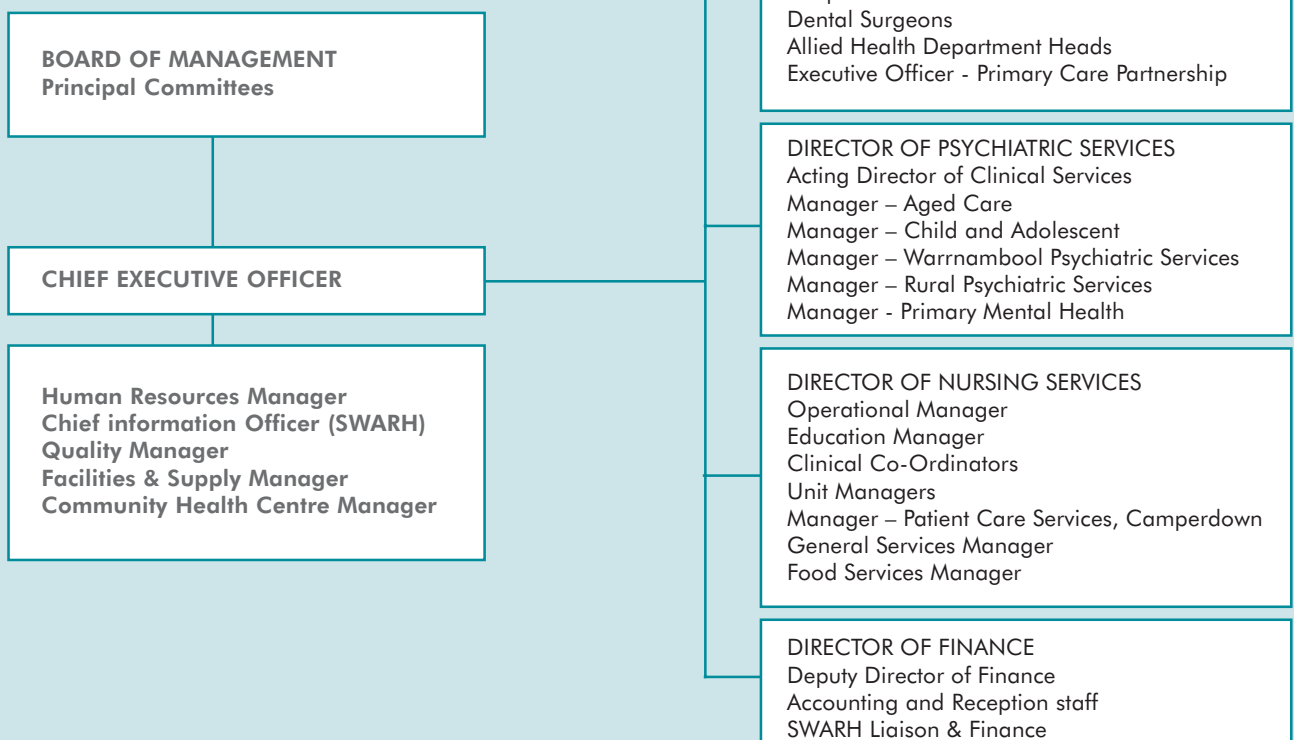
Ms L. Bramich B.Bus.(Deakin), A.S.A., C.P.A.

*Resigned during the Report Year



New kitchen facilities at
 Camperdown Campus

MANAGEMENT STRUCTURE



statistical information

ACUTE HOSPITAL - WARRNAMBOOL CAMPUS

	2003/04	2002/03	2001/02	2000/01	1999/00
Accommodation - Registered Beds	155	155	155	155	155
INPATIENT SEPARATIONS					
Public - No Charge	12,373	12,378	11,592	11,516	11,784
Private/Third Party	1,088	1,006	1,068	936	871
Nursing Home Type	8	5	2	3	1
Total Inpatient Separations	13,469	13,389	12,662	12,455	12,656
INPATIENT SEPARATIONS BY PATIENT TYPE					
Emergency	5,191	4,765	4,403	4,124	4,291
Elective	7,262	7,463	7,211	7,129	7,145
Obstetric	1,016	1,161	1,048	1,202	1,220
Total Patients Treated	13,469	13,389	12,662	12,455	12,656
TOTAL PATIENT DAYS IN HOSPITAL					
Public - No Charge	42,534	41,148	39,499	40,998	43,307
Private/Third Party	5,426	5,358	5,181	4,441	4,446
Nursing Home Type	438	78	26	224	92
Total Patient Bed Days	48,398	46,584	44,706	45,663	47,845
Daily Average of Occupied Beds	123.8	122.4	116.8	116.4	119.3
% Occupancy on Registered Beds	79.9	79.0	75.4	75.1	76.9
% occupancy on Staffed Beds	90.8	87.7	83.9	83.6	90.3
Average Length of Stay	3.5	3.4	3.5	3.6	3.7
Births (Number of deliveries)	474	515	468	512	532
Theatre Operations	4,210	4,295	4,880	4,698	4,523
Endoscopy Patients	1,582	1,435	1,600	1,302	1,354
Total Operations	5,792	5,730	6,480	6,000	5,877
Day Case Surgery in Theatre	2,811	2,669	2,421	2,100	2,139
NON INPATIENT SERVICES					
Number of Attendances:					
Emergency Department	21,250	20,476	19,562	19,147	19,866
Medical/Surgical Clinics	7,263	7,151	9,033	9,619	9,247
Pathology	4,635	4,252	3,069	2,122	2,088
Medical Imaging	5,138	4,449	3,846	3,569	3,895
Pharmacy	10,471	10,167	11,093	16,228	17,885
Allied Health	15,226	17,193	15,973	15,140	17,353
Dental Unit	863	2,211	3,914	4,908	4,249
Other Programs	7,018	6,883	6,057	4,491	3,365
Total Non Inpatient Attendances	71,864	72,782	72,547	75,224	77,948
Community Rehabilitation Centre (Places)	2,730	2,297	2,489	2,095	1,799
District Nursing - Care Hours	15,759	14,292	13,333	12,893	12,556
Meals - Number of 'Fresh Deliver' Meals	33,764	34,468	32,041	25,665	28,632
- Total Number of Meals Served	254,106	264,257	252,236	244,013	248,958
Group Sessions - Community Rehab Centre	382	352	475	455	419
Community Health Attendances	2,454				

statistical information (cont.)

CAMPERDOWN/LISMORE CAMPUSES

	2003/04	2002/03	2001/02	2000/01	1999/00
Accommodation - Registered Beds	67	67	67	67	67
INPATIENT SEPARATIONS BY PATIENT TYPE					
Emergency	675	615	626	485	573
Elective	995	1164	1175	1,145	1,057
Obstetrics	95	132	132	134	155
Total Inpatient Separations	1,765	1,911	1,933	1,764	1,785
Public Separations (Acute)	1,421	1,521	1,534	1,373	1,396
Total WIES	1,214	1,376	1,487	1,282	1,308
Average Inlier Equivalent DRG Weight	0.6888	0.7257	0.7703	0.7296	0.7526
Acute Bed Days	5,500	6,308	6,753	5,962	5260
Aged Care Bed Days	12,650	12,889	12,918	12,935	12785
Total Bed Days (Acute plus Aged Care)	18,150	19,197	19,671	18,897	18,045
% Occupancy on Available Beds					
Acute	70.67	79.34	85.84	75.81	66.66
Aged Care	96.01	98.09	98.31	98.42	97.15
Average Length of Stay					
Acute	3.14	3.27	3.49	3.39	3.15
Births	48	52	60	61	77
Operations Performed	566	649	640	622	631
Day Case Surgery in Theatre	448	500	485	455	538
NON INPATIENT SERVICES					
Emergency Department	2,824	2,647	2,759	2,612	2,408
Outpatient Attendances	2,343	2,225	2,520	1,739	2,308
District Nursing Visits	5,657	5,913	8,278	7,754	5,773
Community Health-Contacts	3,176	3,147	2,763	3,062	
Community Health-Group Session Attendances	6,302				
Day Care Attendances	3,121	2,863	2,719	2,467	2,786
Meals on Wheels Prepared	11,844	9,315	7,599	9,025	9,971
Total Non Inpatient Activity	35,267	26,110	26,638	26,659	23,246

MACARTHUR CAMPUS

	2003/04	2002/03	2001/02	2000/01
District Nursing/Personal Care Visits	3,228	2,054	1,784	2,324
Community Health Contacts	1,077	1,338	923	1,158
Community Health Groups	1,112	108	29	28
Day Care session Attendances	1,397	1,273	1,285	1,129
HACC Groups	148	204	44	30
Meals on Wheels Prepared	1,305	1,139	1,463	1,832
Volunteer Contacts	1,529	1,220	1,238	1,207

2003/04 TOTAL - ALL CAMPUSES

ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
SEPARATIONS					
Same Day	6,687	0	37		6,724
Multi Day	8,063	484	451	52	9,050
Total Separations	14,750	484	488	52	15,774
Emergency	5,866		488		6,354
Elective	7,773	484		52	8,309
Maternity	1,111				1,111
Total Separations	14,750	484	488	52	15,774
Public Separations	13,354	430			13,784
Total WIES	10,639				10,639
Separations per Available bed	107	27	33	1	
Total Bed Days	47,766	6,132	4,350	12,889	71,137
NON ADMITTED PATIENTS					
Emergency Medicine Attendances	25,130		2,105		27,235
Outpatient Services - occasions of services	47,328	13,046	92,551		152,925
Other Services - District Nursing Care Hours				19,786	19,786
Residential Bed Days			1,475		1,475

statistical information (cont.)

PSYCHIATRIC SERVICES

	2003/04	2002/03	2001/02	2000/01	1999/00
Statistics					
Number of Inpatient Separations	488	469	420	416	419
Bed Days	4,350	4,291	4,371	3,849	3,883
Daily Average Inpatients Accommodated	11.89	11.76	11.97	10.54	10.61
Percentage Occupancy (%)	79.24	78.37	79.84	70.27	70.73
Average Inpatient Length of Stay (days)	8.92	9.15	10.41	9.25	9.27
Number of Outpatient Contacts	94,656	96,767	84,226	75,329	83,011
Number of Residential Bed Days	1,475	1,289	1,460	1,095	868
Central Linen Service					
Kilograms Produced	680,058	708,853	701,381	681,862	742,073
Average cost per kilogram (cents)	165.93	160.84	156.23	148.64	144.61

Accreditation Status Fully Accredited. Next organisation-wide survey due May 2006.

SERVICE, ACTIVITY AND EFFICIENCY MEASURES

Statistical Comparison to Previous Years

	Actual 2003/04	Actual 2002/03	Actual 2001/02	Actual 2000/01	Actual 1999/00
Warrnambool Campus					
Weighted Inlier Equivalent Separations	9,425	9,299	9,192	9,353	10,109
Average Inlier Equivalent DRG Weight	0.7264	0.7212	0.7558	0.7752	0.8287

Statistical Indicators

% Public (Medicare) Patients Treated	92.0%	92.5%	91.6%	92.5%	93.4%
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Revenue Indicators - All Campuses

	2003/04	2002/03
Average Days to Collect		
Private Inpatient Fees	51.30	61.01
TAC Inpatient Fees	60.97	77.50
VWA Inpatient Fees	86.91	205.85

Debtors Outstanding as at 30th June 2004

	Over 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2004	Total 2003
Private Inpatients	109,441	42,248	26,360	10,386	188,435	52,898
TAC Inpatients	3,960	0	0	0	3,960	
VWA Inpatients	16,788	10,329	17,768	4,655	49,540	41,287
	130,189	52,577	44,128	15,041	241,935	94,185

Note: 'TAC' means Transport Accident Commission
'VWA' means Victorian Workcover Authority

CONSOLIDATED FINANCIAL RESULTS - SOUTH WEST HEALTHCARE

	2003/04	2002/03
	\$'000's	\$'000's
Total Revenue	73,899	69,765
Total Expenses	74,608	69,889
Operating Surplus (Deficit)	-709	-124
Retained Earnings (Accumulated Losses)	201	910
Total Assets	80,797	81,495
Total Liabilities	15,423	15,412
Net Assets	65,374	66,083
Total Equity	65,374	66,083

financial statements

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2004

	Note	2003/2004 \$000	2002/2003 \$000
REVENUE FROM ORDINARY ACTIVITIES	2,2a	73,899	69,364
EXPENSES FROM ORDINARY ACTIVITIES			
Employee Benefits		45,601	42,678
Fee for Service Medical Officers		6,043	5,803
Supplies & Consumables		7,480	6,504
Share of Net Result of Associates & Joint Ventures for using Equity Model	13	110	260
Depreciation and Amortisation	3	3,641	3,184
Other Expenses From Ordinary Activities		11,733	11,058
	2b	74,608	69,487
NET RESULT FROM ORDINARY ACTIVITIES		-709	-124
Net Increase/(Decrease) in Asset Revaluation Reserve	20a		16,805
TOTAL REVENUES, EXPENSES AND VALUATION ADJUSTMENT RECOGNISED DIRECTLY IN EQUITY		-709	16,681
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM CHANGES IN CONTRIBUTED CAPITAL		-709	16,681

This Statement should be read in conjunction with the accompanying notes

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2004

	Note	2004 \$000	2003 \$000
ASSETS			
Current Assets			
Cash Assets	16	10,445	13,362
Receivables	6	1,206	910
Inventory	7	1,540	1,455
Prepayments	19	99	172
Other Assets	11	127	28
Total Current Assets		13,417	15,927
Non Current Assets			
Receivables	6	1,456	1,356
Other Financial Assets	8	22	22
Property, Plant & Equipment	5	65,902	64,190
Total Non-Current Assets		67,380	65,568
TOTAL ASSETS		80,797	81,495
LIABILITIES			
Current Liabilities			
Payables	9	4,684	4,953
Interest Bearing Liabilities	22	12	6
Employee Benefits	10	5,208	5,478
Other Liabilities	11	127	28
Total Current Liabilities		10,031	10,465
Non Current Liabilities			
Employee Benefits	10	5,371	4,932
Interest Bearing Liabilities	22	21	15
Total Non-Current Liabilities		5,392	4,947
TOTAL LIABILITIES		15,423	15,412
NET ASSETS		65,374	66,083
EQUITY			
Contributed Capital	20b	48,346	48,346
Asset Revaluation Reserve	20a	16,805	16,805
Restricted Specific Purpose Reserve	20a	22	22
Accumulated Surpluses / (Deficits)	20c	201	910
TOTAL EQUITY	20d	65,374	66,083

This Statement should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2004

	Note	2003/2004 \$000	2002/2003 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Government grants		62,597	58,964
Capital Grants		2,811	1,695
Patient Fees		3,005	3,060
Private Practice Fees		227	183
Donations and Bequests		218	186
Other		10,517	10,510
Total Receipts		79,375	74,598
Payments			
Employee Benefits		-45,248	-42,260
Other		-31,418	-28,011
Total Payments		-76,666	-70,271
NET CASH FLOWS FROM OPERATING ACTIVITIES	17	2,709	4,327
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Properties, Plant & Equipment		-7,296	-6,564
Proceeds from Sale of Properties, Plant & Equipment		1,670	1,623
NET CASH USED IN INVESTING ACTIVITIES		-5,626	-4,941
NET INCREASE IN CASH HELD		-2,917	-614
CASH AT 1 JULY 2003		13,362	13,976
CASH AT 30 JUNE 2004	16	10,445	13,362

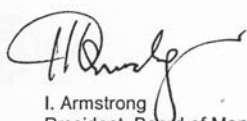
This Statement should be read in conjunction with the accompanying notes

Accountable officer's, chief finance & accounting officer's and member of responsible body's declaration

We certify that the attached financial statements for South West Healthcare have been prepared in accordance with Part 4.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian accounting standards and other mandatory professional reporting requirements.

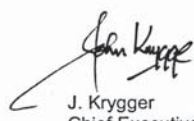
We further state that, in our opinion, the information set out in the statement of financial performance, statement of financial position, statement of cash flows and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2004 and financial position of the Hospital as at 30 June 2004.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.



I. Armstrong
President, Board of Management
IAN ARMSTONG

Warrnambool
06 September 2004



J. Krygger
Chief Executive Officer
JOHN F. KRYGGER

Warrnambool
06 September 2004



I. Barton
Chief Finance & Accounting Officer
IAN BARTON

Warrnambool
06 September 2004

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

The general purpose financial statements of the hospital have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued jointly by the Institute of Chartered Accountants in Australia and CPA Australia and other mandatory professional reporting requirements, (Urgent Issues Group Consensus Views) They have been prepared on the historical cost basis whereby assets are recorded at purchase price plus costs incidental to the acquisition and do not take into account changing money values nor the current cost of non current assets (unless specifically stated).

a) Receivables

Revenues are recognised when they are controlled. Trade debtors are carried at nominal amounts due and are due for settlement within 30 days. Collectability of debts is reviewed on an ongoing basis. A provision for doubtful debts is raised where doubt as to collection exists.

b) Payables

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are Net 30 days.

c) Goods and Services Tax

Revenues, expenses and assets are recognized net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows in accordance with Accounting Standard AAS 28.

d) Rounding Off

All amounts shown in the financial statements are expressed to the nearest \$1,000.

e) Other Financial Assets

Other financial assets are valued at cost and are classified between current and non-current assets based on the Hospital Board of Management's intentions at balance date with respect to timing of disposal of each investment. Interest revenue from investments is brought to account when it is earned.

f) Depreciation

Fixed assets of the Hospital with value in excess of \$1,000 are capitalised and depreciation has been provided over their estimated useful lives using the straight-line method. Useful lives of fixed assets are reviewed annually. This depreciation charge is not funded by the Department of Human Services. The following table indicates the expected useful lives of non current assets on which the depreciation charges are based.

	2003/04	2002/03
Buildings	Up to 25 years	Up to 25 years
Plant & Equipment	Up to 20 years	Up to 20 years
Furniture & Fittings	Up to 20 years	Up to 20 years

g) Inventories

Inventories are stated in the Statement of Financial Position at average cost. This method assigns weighted average costs arrived at by means of a continuous calculation.

h) Employee Benefits

Based on pay rates expected to apply when the obligation is settled. On costs such as Workcover and superannuation are included in the calculation of leave provisions.

Long Service Leave

The provision for long service leave is determined in accordance with AASB 1028. The liability for long service leave expected to be settled within 12 months of the reporting date is recognised in the provision for employee benefits as a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's services to date.

Salaries & Wages, Annual Leave and Accrued Days Off

Liabilities for wages and salaries, annual leave and accrued days off are recognised, and are measured as the amount unpaid at the reporting date in respect of the employee's services up to the reporting date and are measured as the amounts expected to be paid when the liabilities are settled.

i) Inter-segment Transactions

Transactions between segments within the Hospital have been eliminated to reflect the extent of the Hospital's operations as a group.

j) Fund Accounting

The Hospital operates on a fund accounting basis and maintains three funds Operating, Specific Purpose and Capital Funds. The Hospital's Capital and Specific Purpose Funds comprise unspent capital donations, receipts from fund-raising activities and funds generated from business activities conducted solely in respect of these funds

k) Donations

Donations are recognised as revenue when the cash is received.

l) Health Services Agreement/Budget Sector and Services supported by Hospitals and Community initiatives.

Activities classified as Services Supported by Health Services Agreement are substantially funded by the Department of Human Services while the Hospital and Community Initiatives are funded by the Hospitals own activities or local initiatives.

m) Leased Property and Equipment

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Where a non-current asset is acquired by means of a finance lease, the minimum lease payments are discounted at the interest rate implicit in the lease. The discounted amount is established as a non-current asset at the beginning of the lease term and is amortised on a straight line basis over its expected economic life. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense. Operating lease payments are representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

n) Revenue Recognition

Revenue is recognised in accordance with AAS 15. Income is recognised as revenue to the extent they are earned, should there be unearned income at reporting date, it is reported as income in advance

Government Grants

Grants are recognised as revenue when the Hospital gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant

Indirect Contributions

- Insurance is recognised as revenue following advice from the Department of Human Services
- Long Service Leave - Revenue is recognised monthly upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 13/2001.

Patient Fees

Patient fees are recognised as revenue at the time invoices are raised.

Private Patient Fees

Private Patient fees are recognised as revenue at the time invoices are raised.

o) Revaluations of Non-Current Assets

Subsequent to the initial recognition as assets, non-current physical assets, other than plant and equipment, are measured at fair value. Plant and equipment are measured at cost. Revaluations are made with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at the reporting date.

Revaluations are assessed annually and supplemented by independent assessments, at least every three years. Revaluations are conducted in accordance with the Victorian Government Policy Paper *Revaluation of Non-Current Physical Assets*.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised at an expense in net result, the increment is recognised immediately as revenue in net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited to the asset revaluation reserve.

Revaluation increments and decrements are offset against one another within a class of non-current assets.

p) Adoption of International Financial Reporting Standards (IFRS)

For periods beginning on or after 1 January 2005, all Australian reporting entities are required to adopt the financial reporting requirements of the Australian equivalents to International Financial Reporting Standards (IFRSs). South West Healthcare has taken the following steps in managing the transition to Australian Equivalents to IFRSs:

- established a committee for the oversight of the transition to and implementation of the Australian equivalents to IFRSs;
- commenced activities to identify key issues and the likely impacts resulting from the adoption of Australian equivalents to IFRSs;
- began an education process for all stakeholders to raise awareness of the changes in reporting requirements.

South West Healthcare has identified a number of changes to the existing accounting policies that may have a material impact on South West Healthcare's financial position and future financial performance on the adoption of the requirements of the Australian equivalents to IFRSs.

These include:

· **Valuation of Assets.**

In accordance with the Victorian Government Policy – Revaluation of Non Current Physical Assets, South West Healthcare currently measures its non-current physical assets, other than plant, equipment and vehicles, at fair value subsequent to initial recognition. Plant, equipment and vehicles are measured on a cost basis. Revaluations are assessed annually and supplemented by independent assessments at least every three years. The new standard continues to offer a choice for measuring each class of non-current physical assets either at cost or at fair value. However, non-current assets measured at fair value will only be required to be revalued at least every three to five years and all assets in a class must be revalued at the same time. The Victorian government has not yet concluded whether it will make any changes to the valuation basis of any class of asset or the methodology or frequency at which revaluations are performed. The financial effects of any such changes are unknown.

· **Impairment of assets.**

Under the new standards, an asset will be required to be assessed for impairment each year. If indicators of impairment exist, the carrying value of an asset will need to be assessed to ensure that the carrying value does not exceed its recoverable amount, which is the higher of its value-in-use and fair value less costs to sell. For South West Healthcare, value-in-use of an asset is its depreciated replacement cost. Other than inventories, financial assets and assets arising from construction contracts, impairment testing will apply to all assets regardless of whether they are measured on a cost or fair value basis. Where the carrying value of an asset exceeds its recoverable amount, the difference will be written-off as an impairment loss to the statement of financial performance except to the extent that the write-down can be debited to an asset revaluation reserve amount applicable to that asset. Any impairment losses at transition date will be adjusted against the accumulated funds.

· **In addition, a number of other changes in requirements have been identified which are expected to lead to changes in methodology or processes, increased disclosures and possibly changes in measurement of assets or liabilities. The changes are not expected to have a material impact.**

NOTE 2: REVENUE

	HSA 2003/04 \$000	HSA 2002/03 \$000	Non HSA 2003/04 \$000	Non HSA 2002/03 \$000	Total 2003/04 \$000	Total 2002/03 \$000
Revenue from Operating Activities						
Recurrent						
Government Contributions						
- Department of Human Services	60,166	57,716	-	-	60,166	57,716
- Commonwealth Government	-	-	546	613	546	613
Indirect Contributions by Human Services	1,797	1,061	-	-	1,797	1,061
Patients and Resident Fees (refer note 2c)	3,126	2,966	-	-	3,126	2,966
Private Practice Fees	-	-	227	183	227	183
Other	212	205	2,498	2,509	2,710	2,714
Capital Purpose Income						
State Government Capital Grants						
- Equipment and Infrastructure	-	-	2,507	1,461	2,507	1,461
Commonwealth Government Capital Grants	-	-	122	-	122	-
Donations and Bequests	-	-	176	137	176	137
Sub-Total Revenue from Operating Activities	65,301	61,948	6,076	4,903	71,377	66,851
Revenue from Non-Operating Activities						
Interest	-	-	558	640	558	640
Property Income	-	-	294	250	294	250
Proceeds from Sale of Non-Current Assets (refer note 2d)	-	-	1,670	1,623	1,670	1,623
Sub-Total Revenue from Non-Operating Activities	-	-	2,522	2,513	2,522	2,513
Total Revenue from Ordinary Activities (refer note 2a)	65,301	61,948	8,598	7,416	73,899	69,364

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE

	Acute Care 2003/04 \$000	Aged & Home Care 2003/04 \$000	Residential Aged Care 2003/04 \$000	RAC Mental Health 2003/04 \$000	Mental Health 2003/04 \$000	Primary Health 2003/04 \$000	Other 2003/04 \$000	Total 2003/04 \$000	Total 2002/03 \$000
Revenue from Services Supported by Health Service Agreement									
Government Grants									
- Department of Human Services	42,911	1,629	532	49	9,982	1,117	3,946	60,166	57,716
Indirect Contributions by Human Services									
- Insurance	1,697	-	-	-	-	-	-	1,697	991
Long Service Leave	122	5	-	-	(42)	3	12	100	70
Patient and Resident Fees refer Note 2 (c)	1,336	263	1,418	-	-	25	17	3,059	2,920
Other	203				9			212	205
Sub-Total Revenue from Services Supported by Health Services Agreement	46,269	1,897	1,950	49	9,949	1,145	3,975	65,234	61,902

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE CONT.

Indirect contributions by Human Services

Department of Human Services makes insurance payments on behalf of the Hospital. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

	Aged &		RAC		Primary Health	Other	Total	Total
	Acute Care	Home Care	Residential Aged Care	Mental Health				
	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2002/03
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000

Revenue From Services Supported by Hospital and Community Initiatives

Business Units

Catering & Commissions							370	316
Sales							1,299	1,355
Training & Staff Development							28	42
Fundraising							75	81
Linen Service							595	589
Other							131	126
Total							2,498	2,509

Revenue From Other Sources

Government Contributions - Commonwealth Government							546	613
Residential Accommodation Payments							67	46
Private Practice Fees							227	183
State Government Capital Grants								
- Equipment and Infrastructure Maintenance							2,507	1,461
Commonwealth Government Capital Grants							122	-
Donations and Bequests							176	137
Interest							558	640
Property Income							294	250
Proceeds from Sale of Non Current Assets							1,670	1,623
Sub Total Revenue From Other Sources							6,167	4,953
Total Revenue from All Sources							73,899	69,364

NOTE 2B: ANALYSIS OF EXPENSES BY SOURCE

	Aged &		RAC		Primary Health	Other	Total	Total
	Acute Care	Home Care	Residential Aged Care	Mental Health				
	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2002/03
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000

Services Supported by Health Services Agreement

Employee Entitlements

Salaries & Wages	26,704	1,082	1,511	35	6,733	649	2,472	39,186	36,697
Workcover	296	12	158	1	105	7	27	606	211
Long Service Leave	504	20	11	-	62	12	47	656	831
Superannuation	2,681	109	131	3	600	65	248	3,837	3,676
Fee for Service Medical Officers	6,043	-	-	-	-	-	-	6,043	5,804

Supplies & Consumables

Drug Supplies	1,489	-	3	-	154	-	552	2,198	1,847
Medical & Surgical Supplies	3,168	336	38	-	96	193	454	4,285	3,762
Food Supplies	281	36	261	-	81	21	23	703	658

Other Expenses

Domestic Services	692	61	46	-	73	35	46	953	958
Fuel Light Power & Water	485	39	41	1	68	22	27	683	634
Repairs & Maintenance	803	75	15	5	158	43	129	1,228	1,258
Maintenance Contracts	282	23	-	-	-	13	-	318	290
Postal & Telephone	339	34	9	1	175	20	67	645	510
Motor Vehicles	215	15	-	1	164	9	11	415	464
Administrative Expenses	2,126	69	70	2	1,338	40	251	3,896	3,076
Patient Transport	600	-	-	-	6	-	-	606	640
Audit Fees Auditor-General	24	1	-	-	5	1	-	31	30
Total	46,732	1,912	2,294	49	9,818	1,130	4,354	66,289	61,346

NOTE 2B: ANALYSIS OF EXPENSES BY SOURCE CONT

	Acute Care	Aged & Home Care	Residential Aged Care	RAC Mental Health	RAC Mental Health	Primary Health	Other	Total	Total
	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	2002/03
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Hospital and Community Initiatives									
Employee Entitlements									
Salaries & Wages							1,149	1,149	1,090
Workcover							3	3	14
Long Service Leave							36	36	30
Superannuation							128	128	129
Supplies & Consumables									
Medical & Surgical Supplies							322	322	366
Food Supplies							257	257	256
Other Expenses									
Domestic Services							59	59	209
Fuel Light Power & Water							59	59	64
Repairs & Maintenance							433	433	544
Motor Vehicles							42	42	11
Administrative Expenses							423	423	418
Audit Fees Auditor-General							1	1	1
							2,912	2,912	3,132
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	46,732	1,912	2,294	49	9,818	1,130	7,266	69,201	64,478
Share of Net result of Associates & Joint Ventures for using Equity Model (refer note 13)							110	110	260
Depreciation and Amortisation (refer note 3)							3,641	3,641	3,184
Written Down Value of Assets Sold (refer note 2d)							1,656	1,656	1,565
Total Expenses from Ordinary Activities	46,732	1,912	2,294	49	9,818	1,130	12,673	74,608	69,487

NOTE 2C: PATIENTS FEES

Commonwealth Nursing Home inpatients benefits are included in patient fee revenue.
The Hospital charges fees in accordance with the Department of Human Services directives.

Patient Fees Raised		Total 2003/04 \$000	Total 2002/03 \$000
Recurrent:			
Acute	- Inpatient	1,004	923
	- Outpatient	458	443
Sub Acute	- Inpatient Rehabilitation	154	115
Aged Care & Primary Health	- Nursing Home	1,418	1,417
	- Primary Care	25	22
Total Recurrent		3,059	2,920
Capital Purpose:			
Residential Accommodation Payments		67	46
Total Capital		67	46

NOTE 2D: SALE OF NON CURRENT ASSETS

	2003/04 \$000	2002/03 \$000
Plant & Equipment		
Proceeds from disposal	7	28
Less: Written Down Value of Assets Sold	3	39
Net Gains / (Losses) on disposal	<u>4</u>	<u>(11)</u>
Furniture & Fittings		
Proceeds from disposal	-	-
Less: Written Down Value of Assets Sold	-	2
Net Gains / (Losses) on disposal	<u>-</u>	<u>(2)</u>
Land & Buildings		
Proceeds from disposal	-	42
Less: Written Down Value of Assets Sold	-	-
Net Gains / (Losses) on disposal	<u>-</u>	<u>42</u>
Motor Vehicles		
Proceeds from disposal	1,663	1,553
Less: Written Down Value of Assets Sold	1,653	1,524
Net Gains / (Losses) on disposal	<u>10</u>	<u>29</u>
Total	\$000	\$000
Proceeds from disposal	1,670	1,623
Less: Written Down Value of Assets Sold	1,656	1,565
Net Gains / (Losses) on disposal	<u>14</u>	<u>58</u>

NOTE 2E: ANALYSIS OF EXPENSES BY BUSINESS UNITS FOR SERVICES SUPPORTED BY HOSPITAL & COMMUNITY INITIATIVES

	Aged &	RAC			Primary	Other	Total	Total
	Acute	Home	Residential	Mental	Mental	Health	2003/04	2002/03
	Care	Care	Aged Care	Health	Health	Health	2003/04	2002/03
	2003/04	2003/04	2003/04	2003/04	2003/04	2003/04	\$000	\$000
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses								
Business Units								
Catering & Commissions							357	299
Retail Outlets							1,214	1,270
Training & Staff Development							28	70
Fundraising							12	16
Private Practice							316	302
Linen Services							488	508
Property Expenses							130	129
IT Expenses							299	295
Other							68	243
Total							2,912	3,132

NOTE 3: DEPRECIATION

	Total 2003/04 \$000	Total 2002/03 \$000
Buildings	1,898	1,571
Plant & Equipment	962	903
Furniture and Fittings	420	360
Motor Vehicles	361	350
Sub-total as per Statement of Financial Performance	3,641	3,184
Share of Joint Venture Depreciation	299	276
Total	3,940	3,460

NOTE 4: SEGMENT REPORTING

	Hospital Warrnambool Campus		Hospital Camperdown Campus		Linen Service		Mental Health		Macarthur		Eliminations		Consolidated	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
Segment Revenue														
from outside	54,293	50,026	7,543	7,481	669	616	10,896	10,640	498	600	-	-	73,899	69,363
Intersegment revenue	-	-	-	-	524	524	-	-	-	-	(524)	(524)	-	-
Share of net result from joint venture (110)	(260)		-	-	-	-	-	-	-	-	-	-	(110)	(260)
Total Revenue	54,183	49,766	7,543	7,481	1,193	1,140	10,896	10,640	498	600	(524)	(524)	73,789	69,103
Allocated Segment expenses	50,690	46,988	7,952	7,457	1,032	1,058	10,656	10,056	527	484	-	-	70,857	66,043
Intersegment expenses	524	524	-	-	-	-	-	-	-	-	(524)	(524)	-	-
Depreciation	2,683	2,290	312	308	117	108	496	441	33	37	-	-	3,641	3,184
Total Expenses	53,897	49,802	8,264	7,765	1,149	1,166	11,152	10,497	560	521	(524)	(524)	74,498	69,227
Net result from ordinary activities	286	(36)	(721)	(284)	44	(26)	(256)	143	(62)	79	-	-	(709)	(124)
Segment assets	63,601	64,003	4,377	4,193	1,868	1,821	9,395	9,814	866	924	-	-	80,107	80,755
Share of assets from SWARH	690	740	-	-	-	-	-	-	-	-	-	-	690	740
Total Assets	64,291	64,743	4,377	4,193	1,868	1,821	9,395	9,814	866	924	-	-	80,797	81,495
Total Liabilities	10,818	11,396	2,373	1,808	244	243	1,895	1,877	93	88	-	-	15,423	15,412
Acquisition of property, plant & equipment	5,357	4,827	453	388	136	123	1,219	1,138	143	108			7,308	6,584

The major products/services from which the above segments derive revenue are:

Business Segments:

Hospital
Linen Service
Mental Health
Community Health Service (Macarthur)

Services:

Acute and Rehabilitation Inpatient and Non Inpatient Health Services
Linen/Laundry Services
Acute Psychiatric Inpatient and Community Services
Primary and Community Health Services

GEOGRAPHICAL SEGMENT

South West Healthcare operates predominantly in South West Victoria.

NOTE 5: PROPERTY, PLANT & EQUIPMENT

	Gross Cost/ Valuation 2004 \$000	Gross Cost/ Valuation 2003 \$000	Accum. Deprec. 2004 \$000	Accum. Deprec. 2003 \$000	Net Assets at 2004 \$000	Net Assets at 2003 \$000
Land at valuation	8,408	8,408	-	-	8,408	8,408
Buildings at valuation	47,278	47,278	1,891	-	45,387	47,278
Subtotal	55,686	55,686	1,891	-	53,795	55,686
Buildings at cost	4,442	876	302	209	4,140	667
Plant & Equipment at cost	13,321	12,834	8,933	8,244	4,388	4,590
Furniture & Office Equipment at cost	4,831	4,066	3,688	3,074	1,143	992
Motor Vehicles at cost	2,764	2,666	328	411	2,436	2,255
Subtotal	25,358	20,442	13,251	11,938	12,107	8,504
Total	81,044	76,128	15,142	11,938	65,902	64,190

The valuations of land and buildings were conducted by Landlink Property Group in June 2003. The valuer was Mr. Eddie Northeast FAPI (Val) Dip. Ag. CPA Certified Practising Valuer.

NOTE 5A: PROPERTY, PLANT & EQUIPMENT

	Land \$000	Buildings \$000	Plant & Equipment \$000	Furniture & Fittings \$000	MV \$000	Total \$000
2004						
Carrying amount at start of year	8,408	47,945	4,590	992	2,255	64,190
Additions	-	3,565	778	770	2,195	7,308
Disposals	-	-	3	-	1,653	1,656
Revaluation increments / (decrements)	-	-	-	-	-	0
Depreciation/amortisation expense (note 3)	-	1,983	977	619	361	3,940
Carrying amount at end of year	8,408	49,527	4,388	1,143	2,436	65,902
2003						
Carrying amount at start of year	3,958	34,320	4,567	845	2,136	45,826
Additions	-	2,905	980	706	1,994	6,585
Disposals	-	-	39	2	1,525	1,566
Revaluation increments / (decrements)	4,450	12,355	-	-	-	16,805
Depreciation/amortisation expense (note 3)	-	1,635	918	557	350	3,460
Carrying amount at end of year	8,408	47,945	4,590	992	2,255	64,190

NOTE 6: RECEIVABLES

	2003/04 \$000	2002/03 \$000
Current		
Acute - Inpatient	242	142
Acute - Outpatient	121	85
Aged Care - Nursing Home	37	14
Regional Institutions	421	482
Linen Service Debtors	59	65
Accrued Government Grants	283	71
Interest	78	56
Total	1,241	915
Less Provision for Bad Debts	-35	-5
Total Current Receivables	1,206	910
Non Current		
Accrued Government Grants	1,456	1,356
Total Non Current Receivables	1,456	1,356

NOTE 7: INVENTORIES

	2003/04	2002/03
	<u>\$000</u>	<u>\$000</u>
Pharmaceuticals	251	221
Medical & Surgical	288	284
Stationery	129	97
Domestic & Maintenance	57	62
Food Supplies	25	22
Kiosk & Healthcare Shop Supplies	136	133
Bulk Linen Store - Linen Service	201	192
Linen in Use	453	444
Total	<u>1,540</u>	<u>1,455</u>

NOTE 8: OTHER FINANCIAL ASSETS

	Endowment	Total	Total
	Fund	2003/04	2002/03
		<u>\$000</u>	<u>\$000</u>
Non Current:			
Interest Bearing Term Deposit	22	22	22
Total	<u>22</u>	<u>22</u>	<u>22</u>

NOTE 9: PAYABLES

	2003/04	2002/03
	<u>\$000</u>	<u>\$000</u>
Creditors	3,148	3,723
Grant Recall	862	691
Audit Fee	19	20
GST Payable	655	519
TOTAL	<u>4,684</u>	<u>4,953</u>

NOTE 10: EMPLOYEE BENEFITS

	2003/04	2002/03
	<u>\$000</u>	<u>\$000</u>
Current		
Long service leave	655	994
Accrued wages and salaries	1,078	1,078
Annual leave	3,390	3,304
Accrued days off	85	102
Total Current	<u>5,208</u>	<u>5,478</u>
Non-Current		
Long service leave	5,371	4,932
Total	<u>10,579</u>	<u>10,410</u>
Movement in Long Service Leave:		
Balance July 1	5,926	5,861
Provision made during the year	694	873
Settlement made during the year	594	808
Balance June 30	<u>6,026</u>	<u>5,926</u>

NOTE 11: OTHER LIABILITIES

	2003/04	2002/03
	<u>\$000</u>	<u>\$000</u>
Patient Trust	124	26
Equipment Deposits	3	2
Total	<u>127</u>	<u>28</u>

Represented by the following assets:

Cash Assets	127	28
Total	<u>127</u>	<u>28</u>

NOTE 12: SUPERANNUATION LIABILITY

All eligible employees contributed to the Hospital's Superannuation Fund established under Section 10 of the Hospital Superannuation Act 1965 (refer Regulation 32).

As a result of the 3% Productivity National Award decision all employees from 1 July 1988 automatically became entitled to the Basic Benefit Superannuation package. The Hospital contributed a 9% benefit based on the salaries of each employee, directly to Health Super Pty. Ltd. on a monthly basis.

The following two contributory scheme options are also available to basic benefit members who commenced employment before 1 January 1994:

- a) Employee Contribution 3% and Hospital Contributions 4%
- b) Employee Contribution 6% and Hospital Contribution 10% based on the ordinary salary of the employee.

The outstanding liability for the year ending 30 June, 2004 is nil and contributions were as follows:

	2003/04	2002/03
	<u>\$000</u>	<u>\$000</u>
Contributions		
Hospital	2,805	2,690
Linen Service	72	71
Psychiatric Services	603	561
Camperdown Campus	462	466
Macarthur Campus	23	19
Total	<u>3,965</u>	<u>3,807</u>

Contributions are paid in accordance with the Hospital Superannuation Act 1988 and the State Superannuation Act 1988.

The notional unfunded superannuation liability in respect to members of the Health Super Pty.Ltd. defined benefit scheme, and the unfunded amount of the State Superannuation Scheme are shown as a liability separately by the Department of Treasury and Finance.

NOTE 13: S.W.A.R.H. ALLIANCE

The hospital has 26.11% interest in the SWARH Alliance whose principal activity is the implementing and processing of an information technology system and an associated telecommunication service suitable for use by each member hospital.

The hospitals share of assets, liabilities and operating result is:

	Total 2003/04	Total 2002/03
	<u>\$000</u>	<u>\$000</u>
CURRENT ASSETS		
Cash at bank	289	-
Receivables	33	47
Prepayments	99	172
	421	219
NON-CURRENT ASSETS		
Buildings	581	666
Plant and Equipment	-313	-99
	268	567
TOTAL ASSETS	<u>689</u>	<u>786</u>
CURRENT LIABILITIES		
Bank Overdraft	-	47
Payables	148	78
Employee Entitlements	34	44
	182	169
TOTAL LIABILITIES	<u>182</u>	<u>169</u>
NET ASSETS	<u>507</u>	<u>617</u>
CONTRIBUTION TO OPERATING PROFIT/(LOSS)	<u>-110</u>	<u>-260</u>

NOTE 14: CAPITAL COMMITMENTS

The hospital had outstanding commitments at 30 June, 2004 for the supply of works, services and materials to the value of \$1,053,987. This is South West Healthcare's contribution to information technology expenditure for the South West Alliance of Regional Hospitals.

NOTE 15: CONTINGENT LIABILITIES & CONTINGENT ASSETS

South West Healthcare is unaware of any contingent liabilities or assets in existence.

NOTE 16: RECONCILIATION OF CASH

For the purpose of this statement of cash flows, cash includes cash on hand and at call deposits with banks or financial institutions, net of bank overdrafts.

	2003/04	2002/03
	\$000	\$000
Cash on Hand/(Bank Overdraft)	38	605
Deposits at Call	10,407	12,757
Cash at End of Reporting Period	10,445	13,362

NOTE 17: RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES TO OPERATING RESULT

	2003/04	2002/03
	\$000	\$000
Entity Surplus /(Deficit) for the year	-709	-124
NON CASH MOVEMENTS		
Depreciation	3,940	3,460
(Increase) / Decrease in Receivables	-191	-83
Increase / (Decrease) in Payables	-440	853
Increase /(Decrease) in Employee Entitlements	110	53
(Increase)/Decrease in Other Current Assets	13	226
Net (Revenue) / Cost on Sale of Assets	-14	-58
NET CASH PROVIDED BY OPERATING ACTIVITIES	2,709	4,327

NOTE 18: RESPONSIBLE PERSON-RELATED DISCLOSURES

a) Responsible Persons

The following were responsible persons during 2003/04 - Snr Sgt I. Armstrong, Mrs S. Muldoon, Ms B. Piesse Mr F. Broekman, Mrs M. Brock, Dr. A. Brown, Mr. M. Fry, Mr D. Jellie, Ms. F. Melican, Ms. M. Pacers, Mr. R. Zerbe, Mrs D. Daffy, Mr J. Wilson, Dr K. Nunn, and The Hon. B. Pike.

	2003/04	2002/03
	\$000	\$000
b) Remuneration of Responsible Persons Remuneration received or due and receivable by Responsible Persons from the reporting entity in connection with the management of the reporting entity	0	0
c) Retirement Benefits of Responsible Persons Retirement benefits paid by the reporting entity in connection with the retirement of Responsible Persons during the year.	0	0
d) Other Transactions of Responsible Persons and their Related Entities		
Mr. D.Jellie - Provision of Legal/Consultancy Services	2	3
Mrs. D.Daffy (Resigned February 2004) - Employee	17	10
Dr. A. Brown - Fee for Service Medical Officer	63	68
Mr. M. Fry - Retail Services	1	1
e) Other Receivables from and Payables to Responsible Persons and their Related Parties Aggregate amounts payable at balance date	0	0
f) Remuneration of Executive Officers		
Number of Executive Officers with remuneration between 230,000 - 240,000	1	2
Number of Executive Officers with remuneration between 190,000 - 200,000	1	-
Number of Executive Officers with remuneration between 130,000 - 140,000	2	-
Number of Executive Officers with remuneration between 120,000 - 130,000	2	3
Number of Executive Officers with remuneration between 110,000 - 120,000	-	1
Total Remuneration	944,285	973,575

Remuneration includes Superannuation Guarantee Levy, Employer Superannuation contributions, deemed value of motor vehicle and all non-cash

benefits.

NOTE 19: FINANCIAL INSTRUMENTS

(a) Interest Rate Risk Exposure

The Hospital's exposure to interest rate risk and effective weighted average interest rate by maturity periods is set out in the following timetable. For interest rates applicable to each class of asset or liability refer to individual notes to the financial statements. Exposure arises predominantly from assets and liabilities bearing variable interest rates.

Interest rate exposure as at 30/06/2004

	Floating Interest Rate \$000	1 year or less \$000	1 to 5 years \$000	Non Interest Bearing \$000	Book Value 2003/04 \$000	Net Fair Value 2003/04 \$000
Financial Assets						
Cash at bank	10,445	-	-	-	10,445	10,445
Trade debtors	-	-	-	845	845	845
Other receivables	-	-	-	1,817	1,817	1,817
Deposits	-	127	-	-	127	127
Prepayments	-	-	-	99	99	99
Other financial assets	-	-	2	-	22	22
Total Financial Assets	10,445	127	22	2,761	13,355	13,355
Financial Liabilities						
Trade creditors and accruals	-	-	-	4,684	4,684	4,684
Advances	-	127	-	-	127	127
Borrowings	-	12	21	-	33	33
Total Financial Liabilities	-	139	21	4,684	4,844	4,844
Net Financial Asset/Liabilities	10,445	-12	1	-1,923	8,511	8,511

Weighted Average Interest Rate = 2.66% 5.09%

Interest rate exposure as at 30/06/2003

	Floating Interest Rate \$000	1 year or less \$000	1 to 5 years \$000	Non Interest Bearing \$000	Book Value 2002/03 \$000	Net Fair Value 2002/03 \$000
Financial Assets						
Cash at bank	13,362	-	-	-	13,362	13,362
Trade debtors	-	-	-	785	785	785
Other receivables	-	-	-	1,481	1,481	1,481
Deposits	-	28	-	-	28	28
Prepayments	-	-	-	172	172	172
Other financial assets	-	-	22	-	22	22
Total Financial Assets	13,362	28	22	2,438	15,850	15,850
Financial Liabilities						
Trade creditors and accruals	-	-	-	4,953	4,953	4,953
Advances	-	28	-	-	28	28
Borrowings	-	6	15	-	21	21
Total Financial Liabilities	0	34	15	4,953	5,002	5,002
Net Financial Asset/Liabilities	13,362	-6	7	-2,515	10,848	10,848

Weighted Average Interest Rate = 2.00% 4.84%

*Net fair values are capital amounts

(Net fair values of financial instruments are determined on the following bases:

- Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost which approximates net market value
- Interest bearing liabilities amounts are based on the present value of expected future cash flows discounted at current market interest rates quoted for trade Treasury Corporation of Victoria.)

(b) Credit Risk Exposure

Credit risk represents the loss that would be recognised if counterparties fail to meet their obligations under the respective contracts at maturity. The credit risk on financial assets of the entity have been recognised on the statement of financial position, as the carrying amount, net any provisions for doubtful debts.

(c) Net Fair Value of Financial Assets and Liabilities

The net fair value of on-balance sheet financial assets and liabilities are not materially different to the carrying value of the financial assets liabilities.

NOTE 20: EQUITY & RESERVES

	2003/04 \$000	2002/03 \$000
(a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	16,805	-
Increase in Land & Buildings during the year	-	16,805
Balance at the end of the reporting period	16,805	16,805
Specific Purpose Reserve		
Balance at the beginning of the reporting period	22	22
Balance at the end of the reporting period	22	22
Total Reserves	16,827	16,827
(b) Contributed Capital		
Balance at the beginning of the reporting period	48,346	48,346
Balance at the end of the reporting period	48,346	48,346
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	910	1,034
Net Result for the Year	-709	-124
Balance at the end of the reporting period	201	910
(d) Equity		
Total Equity at the Beginning of the reporting period	66,083	49,402
Total Changes in Equity Recognised in the Statement of Financial Performance	-709	16,681
Total Equity at the end of the reporting period	65,374	66,083

NOTE 21: REMUNERATION OF AUDITORS

	2003/04 \$000	2002/03 \$000
Audit fees paid or payable to the Victorian Auditor-General's Office for audit of the Hospital's financial report		
Paid as at 30 June 2004	31	31
Payable as at 30 June 2004	31	31

NOTE 22: LEASE LIABILITIES

	2003/04 \$000	2002/03 \$000
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Not later than one year	15	7
Later than one year but not later than 2 years	15	7
2 to 5 years	12	12
Minimum Lease Payments	42	26
Less Future Finance Charges	(9)	(5)
TOTAL	33	21
Representing Lease Liabilities		
Current	12	6
Non-Current	21	15
TOTAL	33	21



AUDITOR GENERAL
VICTORIA

AUDITOR-GENERAL'S REPORT

To the Members of the Parliament of Victoria, responsible Ministers and Members of the Board of South West Healthcare

Audit Scope

The accompanying financial report of South West Healthcare for the financial year ended 30 June 2004, comprising statement of financial performance, statement of financial position, statement of cash flows and notes to the financial statements, has been audited. The Members of the Board are responsible for the preparation and presentation of the financial report and the information it contains. An independent audit of the financial report has been carried out in order to express an opinion on it to the Members of the Parliament of Victoria, responsible Ministers and Members of the Board as required by the *Audit Act 1994*.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of South West Healthcare's financial position, and its financial performance and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of South West Healthcare as at 30 June 2004 and its financial performance and cash flows for the year then ended.

MELBOURNE
8 September 2004



J.W. CAMERON
Auditor-General

donations

ALLANSFORD COUNTRY WOMENS ASSOCIATION	\$100	HARVARD SURGICAL	\$500	ROCHE PRODUCTS P/L	\$500
ALCOHOLICS ANONYMOUS	\$110	HARWOOD, Valda	\$10	ROSENBLATT, Dr Jill	\$50
ANGLICANS WOMENS GUILD	\$1,500	McDONALDS FAMILY RESTAURANT	\$2,500	RYAN, Mary	\$100
ANTONYSEN Dale	\$10	HAYDEN, Julie & Ian	\$2,100	RYAN, Stephanie	\$10
ANZ BANK	\$500	HENDERSON, Sally Ann	\$50	SCOTT, Peter	\$50
APPLIED CHEMICALS P/L	\$500	HILLMAN, Jenny	\$20	SEFTON, D.	\$10
ATHERTON & SONS P/L	\$200	HOTKER, P.J. & A.T.	\$200	SHAW, Laurie	\$50
AUST. UNITY PORT FAIRY LODGE	\$100	HOY, Terry	\$290	SHAW, Pat	\$10
BARBECK, Rod	\$10	JC CUTBUSH & Co.	\$50	SHEA, Paul	\$10
BELL, Russell	\$10	JOHNSTONE, Dianne	\$10	SHEPPARD, Hendricks	\$100
BENNETT, Mr	\$100	JONES, John	\$50	SIMMONDS, A	\$250
BENZING, Brigitte	\$100	KELLY, Tony	\$280	SINNOTT, Billy	\$10
BLACKMORE, Keith	\$10	KERR, Damien	\$10	SMITH, Keitha	\$250
BISHOP, Di	\$25	KING, Peter	\$370	SMITH, Judy	\$104.15
BONE, Alan	\$20	LARSON, David	\$10	SMITH, S.W. & J.M.	\$200
BONE, Dean	\$10	LARSON, Betty	\$30	SMITHYMAN, Steve	\$10
BONE, Andrew	\$10	LEVITON VOICE & DATA	\$500	SOUTH WEST COUNSELLING SERVICE	\$100
BOONZAAGER, Kess & Barbara	\$50	LEWJAC P/L	\$1,410	SOUTH WEST PANELS	\$200
BORSTEL, J.	\$50	LIONS CLUB OF CAMPERDOWN	\$1,680	SPORTING SHOOTERS ASSOCIATION OF AUST	\$1,500
BRADFORD, Robert	\$20	LOVING, Michael	\$100	STRAW, Warren	\$10
BRENNAN, Raymond	\$100	LYONS, Peter	\$10	SURGICARE P/L	\$500
BRITTON, Mark	\$10	MACARTHUR CRAFT GROUP	\$100	TEAL, Lindsay	\$10
BROWN, Sylvia - Gold Country Scurry	\$8,668.09	MACARTHUR CWA	\$10	TERUMO	\$300
BRYCE, Florence	\$100	MACARTHUR SENIOR CITIZENS	\$50	THE RUBBER BAND	\$696.10
BURNS, Peter	\$50	MACEY'S CARPETS	\$500	TIM BOYLE PANELS	\$100
CALLAGHAN MOTORS	\$500	MAJOR, Paul	\$10	TOBIN, Camille	\$20
CAMPERDOWN CWA	\$150	MANNING, P.	\$20	TOUZEAU, Paula	\$336
CLARK, Mr John	\$100	McCONNELL, Doug	\$460	TRAKHEALTH	\$500
CONDON, Ben	\$10	MCCORMACK, Steve	\$10	TUOHY, Steve	\$40
CRICHTON PLUMBING	\$500	MCDOUGALL, Steve	\$10	TYCO HEALTHCARE	\$500
DAFFODIL DANCE	\$2,000	MC GEEHAN, Brendan	\$250	UNITING CHURCH EVENING FELLOWSHIP	\$700
DARCY, Lucy	\$10	MCKENZIE, Olive	\$10	WALKER, Kim	\$200
DEAKIN UNIVERSITY WARRNAMBOOL CAMPUS	\$150.90	MCLAREN, David & Narelle	\$50	WARRNAMBOOL CO-OPERATIVE SOCIETY	\$76
DEVICE TECHNOLOGIES AUSTRALIA	\$500	MCLAUGHLIN, R.	\$10	WARRNAMBOOL FIELD NATURALISTS	\$20
DOUGLAS, K.J.	\$16	MCLENNON, Andrew	\$10	WARRNAMBOOL UNITING CHURCH	\$2,000
DRISCOLL, Peter	\$10	MCNAUGHT, Rebecca	\$10	WARRNAMBOOL WOMENS SERVICE	\$100
DUGUESILIN, Phillip	\$20	MEDTRONICS	\$500	WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION	\$5,500
DUNN, G.A.	\$650	MERRI KINDERGARTEN	\$52	WARRNAMBOOL DISTRICT CALEDONIAN SOCIETY	\$100
EDDY, Steve	\$20	MILLER, Paul	\$25	WARRNAMBOOL MASONIC LODGE	\$500
ELLEMOR, John & Gwenth	\$100	MORRISON, Phyllis	\$1,000	WEST FRIDGE	\$900
ESTATE OF AUDREY MERLE WHITE	\$500	MOORE, J.P. & N.G.	\$50	WHITE, Maz	\$20
ESTATE OF BETTY BROWN	\$79,758.51	MURPHY, Nicole	\$200	WILDMAN	\$10
ESTATE OF FREDERICK BALLINGER	\$2,000	MURRAY GOULBURN CO-OP	\$50	WILLS, N.	\$10
ESTATE OF JEAN MILNE	\$12,445.80	NAROGHID HALL TRUST	\$25,000	WINTER, Elenor	\$213
ESTATE OF JOHN FREDRICK GORDON	\$1,184.36	NORDIN, Alf & Bernice	\$80	WRIGHT, Ben	\$230
ESTATE OF LOIS ROGERS	\$100	NRMA INSURANCE	\$500	WYETH AUSTRALIA	\$100
ESTATE OF THELMA DIPALO	\$20,000	O'BRIEN, Michael & Lauren	\$1,259.80		
FATUROS, A&F	\$150	O'BRIEN, L.	\$20		
FINLAY, Barbara	\$60	O'BRIEN CONTRACTING	\$500		
FITZGERALD, Kelvin	\$20	OLD TIME COUNTRY MUSIC DANCE GROUP	\$1,090		
FRIENDS OF PALLIATIVE CARE	\$90	OLD TIME DANCE CLUB	\$548		
FRY, Cecelia	\$25	OSBOURN, Roger	\$10		
GARDEN DAY COLLECTIONS	\$24	PAGE, Mark	\$130		
GARDINER, Stu	\$20	PARRY, C.	\$250		
GRANT, Cath	\$10	PASCOE, Charlie	\$180		
GRAYWOOD RIDGE P/L	\$100	PASCOE, Jeremy	\$50		
GRIBBLES PATHOLOGY	\$500	PATON, Kaz	\$10		
GRIFFITHS, Sam	\$10	POWELL, Mrs Margaret	\$70		
GUNN, Rosemary	\$20	PRICE, R.J.	\$250		
HANEL, Graeme	\$20	PRICE, L.M.	\$150		
HARRIS, Sue	\$10	PROGRAMMED MAINTENANCE SERVICES	\$500		
		RICHIE'S IGA	\$751.99		

AUXILIARIES / SWH GROUPS

Camperdown & District Hospital Auxiliary	\$16,022
Lismore Ladies Auxiliary	\$6,821
Trolley Auxiliary	\$650
Cycle Relay Committee	\$4,000
Staff Auxiliary	\$5,000
SWH Ladies Auxiliary	\$5,000
Woolsthorpe Auxiliary	\$5,000

memorial donations

IN MEMORY OF AILSA BYRNE

BRUCE, W.E. & N.	\$30
DUDAS, Mr & Mrs S.	\$50
GEE, Norma	\$10
LUMSDEN, Rae & John	\$5
MOLONEY, Nancy & Jack	\$5
SCHRAMA, John & Mavis	\$50
YATES, Ann	\$20

IN MEMORY OF WILLIAM "LEO" CROWE

BAYLEY, Evelyn	\$25
CROWE FAMILY	\$100

IN MEMORY OF JOAN MAGILTON \$315

IN MEMORY OF IRENE HOSE \$20

IN MEMORY OF ENA SHARROCK

SHARROCK family	\$130
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IN MEMORY OF BRYANT HOSKIN

ATKINS, Stacey	\$30
Bill, Theresa & Family,	\$80
SMITH, Peta & Peter	\$9
SPURLING, Kaye & Rod	\$50
ST PIUS SCHOOL	\$30
VALLENCE Family	\$20
WICKHAM, John	\$30

IN MEMORY OF KEVIN WHITE

ANDERSON, N.R. & S.F.	\$50
ANDREW Family	\$20
ARMSTRONG & BANNAR Family	\$10
AUSTRALIAN STOCK HORSE SOCIETY	\$25
CAIRNS FAMILIES, R. & K.	\$70
DWYER, Mrs V.	\$10
EALES, Val & Lyal	\$40
GREENE, Merle & Roma	\$20
HAKETT Family	\$30
LAWRENCE, R. & S.	\$10
LEVAY, J. & H.	\$50
LOWEN, G. & ATKINSON, N.	\$20
MAILORS FLAT HALL COMMITTEE	\$30
McLEOD, Keith	\$10

PARKER FAMILY,	\$10
RYAN FAMILY,	\$50
SAVAGE & HOSE Families	\$10
TZOTZIS, Neil	\$10
WHITE FAMILY, J. C.	\$25
WHITE, Lesley & family	\$21
Zoe, Joe & Family	\$5

IN MEMORY OF JOHN ELLEMOR

ELLEMOR, D. & J.	\$5
NEWHAM, Bob & Rosalie	\$20
PITT, D. & G.	\$50
BAMFORD, Ros	\$250

IN MEMORY OF NEVILLE CLARKE

CLARKE, Kassie, Linda & John	\$60
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IN MEMORY OF PETER McWHINNEY

BOWDEN, Mrs A	\$50
BOYD, A.J.	\$50
CRAIG, Michael	\$40
CROWE, Scott	\$40
DANDIE, Alan	\$100
DINGLE, Dr.I. & Mrs.J	\$30
DWYER, Mrs V.	\$10
KEMPTON, E. T.	\$20
LAIDLAW, Mrs Florence	\$20
NERRINYERIE, David & Elizabeth	\$25
PHILLIPS, David & Judi	\$25
ROBINSON, Jim & Sue	\$50
HALLAM, N. & T.	\$5
HALMARICK, Diana	\$30
JELLIE, Margaret & Robert	\$20
Pam & Russell,	\$10
THWAITES, D.	\$5
WHITEHEAD, G. & R.Y., J.	\$60

IN MEMORY OF HARRY PAPPAS

AMIRIDIS, Alex	\$20
HONTEEAS, Yvonne	\$20
JOHNSTONE, William	\$20
PALIOURAS & NIAKOLAS Families	\$15

IN MEMORY OF KEITH CONVEY

CONVEY, Peter	\$10
DEPPLERS	\$5

IN MEMORY OF T.CLANCEY

CLANCEY, Margaret	\$1,000
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IN MEMORY OF MOLLY DUNCAN

OGG, Helen & Robert	\$50
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IN MEMORY OF JACK McDONALD

HABERFIELD, I., HARROLD, B. & Families	\$50
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IN MEMORY OF TERRI BOUWMAN

NEWNHAM, Rosalie	\$10
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IN MEMORY OF ALAN MORSE

ANDISSON, Jeannie & Geoff	\$20
HEATHCOTE, Jill	\$20
MAHOOD, Marion	\$20
MORSE, David & Lois	\$20
SAMBELL, John & Sue	\$20
W'BOOL FIELD NATURALIST CLUB	\$20

IN MEMORY OF MEIN HERMANS

PROUF, D. & SPIKEN, M.	\$10
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IN MEMORY OF ALAN SPIKEN

ABRAHAM, Diana & Jim	\$25
ARMSTRONG, R. & P.	\$50
BUICK, R. & B.	\$20
CAMERON, Don & Hilda	\$30
CAMERON, Nancy, John, Naomi, John	\$50
DUMESNY, Max	\$10
FRESHWATER CAFÉ,	\$10
HOLMES, Gloria & Charles	\$50
IRVINE, R.C. & L.,	\$20
LAVNEY, Sue & John	\$10
MARCUS, W. & H.	\$5
McNALLY, Robert	\$20
MURPHY, Ray & Helen	\$50
OIL DRILLING & EXPLORATION P/L	\$100
SPIKIN'S ENGINEERING PTY LTD	\$250
WATT, K. & D.	\$10



Othotics manufacture for podiatry patients



Miniature diabetic insulin pump



Sophisticated patient monitoring equipment at Lismore Community Health

compliance index to disclosure requirements

The Annual report of the Entity is prepared in accordance with the Financial Management Act 1994 and the Directions of the Minister for Finance. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

CLAUSE	DISCLOSURE	PAGE NO'S
Report of Operations		
Charter & Purpose		
9.1.3 (i) (a)	Manner of establishment and Relevant Minister	42
9.1.3 (i) (b)	Objectives	5
9.1.3 (i) (c)	Services provided and persons or sections of community served	16
Management & Structure		
9.1.3 (i) (d) (i)	Names of governing board members, Audit Committee & Chief Executive	6, 7
9.1.3 (i) (d) (ii)	Names of senior office holders and brief description of each office	7
9.1.3 (i) (d) (iii)	Chart setting out organisational structure	20
Financial and other information		
9.1.3 (i) (e)	Workforce data and application of merit & equity principles	15, 18, 19
9.1.3 (i) (f)	Application and operation of FOI Act 1982	42
9.1.3 (ii) (b)	Summary of significant changes in financial position	2, 23, 24, 25, 27, 28, 35
9.1.3 (ii) (c)	Operational objectives for the year and performance against those objectives	3
9.1.3 (ii) (d)	A financial analysis of operating revenues and expenses	31
9.1.3 (ii) (e)	Major changes or factors affecting achievement of objectives	3
9.1.3 (ii) (g)	Number and total cost of consulting engagements, each costing < \$100,000	42
9.1.3 (ii) (h)	Extent of compliance with Building Act 1993	42
9.1.3 (ii) (i)	Statement that information listed in Part 9.1.3 (iv) is available on request	42
9.1.3 (ii) (j)	Statement on implementation and compliance with National Competition Policy	42
FINANCIAL STATEMENTS		
Statement of Financial Operations		
9.2.3 (ii) (a)	Operating revenue by class	27, 28
9.2.3 (ii) (c)	Other material revenue by class including sale of non-goods, assets and contributions of assets	29
9.2.3 (ii) (d)	Material revenues arising from exchanges of goods or services	27, 28
9.2.3 (ii) (e)	Depreciation, amortisation or diminution in value	30
9.2.3 (ii) (f)	Bad and doubtful debts	32
9.2.3 (ii) (i)	Audit expense	28
Statement of Financial Position		
9.2.3 (iii) (a) (i)	Cash at bank or in hand	24, 25
9.2.3 (iii) (a) (ii)	Inventories by class	33
9.2.3 (iii) (a) (iii)	Receivables, including trade debtors, loans and other debtors	32
9.2.3 (iii) (a) (iv)	Other assets, including prepayments	32, 33
9.2.3 (iii) (a) (vi)	Property, plant & equipment	32
9.2.3 (iii) (b) (i)	Overdrafts	Not Applicable
9.2.3 (iii) (b) (iii)	Trade and other creditors	33
9.2.3 (iii) (b) (v)	Provisions, including employee entitlements	33
Statement of Cashflows		
9.2.2 (i) (c)	A statement of cash flows during the year	25
Notes to the Financial Statements		
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9.2.3 (iv) (d)	Government grants received or receivable	25, 27
9.2.3 (iv) (e)	Employee superannuation funds	34
9.4	Transactions with Responsible Persons and their related parties	35

FREEDOM OF INFORMATION REQUESTS

Requests for documents in the possession of South West Healthcare are directed to the Freedom of Information Manager, and all requests are processed in accordance with the Freedom of Information Act 1982. A fee is levied for this service, based on the time involved in retrieving and copying the requested documents.

The Hospitals Part II publication, which details publication requirements of the Freedom of Information Act, is available from the Health Information Services Department, for perusal by the general public during weekday office hours.

A total of 154 requests under the Freedom of Information Act were processed during the 2003/2004 financial year.

South West Healthcare's nominated officers under the Freedom of Information Act:

Principal Officer:

Mr J.F. Krygger, Chief Executive Officer.

Medical Principal Officer:

Dr P. O'Brien, Director of Medical Services.

Freedom of Information Manager:

Miss M. Roache, Health Information Administrator.

REPORTING REQUIREMENTS

In accordance with the requirements of the Directions of the Minister for Finance part 9.1.3(iv) under the Financial Management Act 1994 the following information has been prepared and is available upon request, where applicable:

- declarations of pecuniary interest;
- details of publications produced;
- details of changes in fees, charges and rates charged by the entity;
- details of any major external reviews;
- details of overseas visits;
- details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and the services it provides;
- details of assessments and measures undertaken to improve the occupational health and safety of employees;
- general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved.

CONSULTANCIES

Six consultancies at a total cost of \$195,116 were conducted during the report year.

BUILDING ACT 1993 COMPLIANCE

The Building Services Agency was commissioned to undertake a Buildings Standards and Condition assessment of specified facilities under its control.

The assessments were undertaken to meet the requirements of the Minister for Finance guideline 'Standards for publicly-owned buildings.' Work has been carried out according to the assessments of the Building Services Agency.

COMPETITIVE NEUTRALITY POLICY STATEMENT

In April 1995, the Council of Australian Governments (COAG) agreed to implement a National Competition Policy.

The Victorian State Government has supported this initiative by issuing, in 1996, a Competitive Neutrality Policy of its own, which applies to organisations including public hospitals and associated facilities.

South West Healthcare has implemented competitive neutral pricing principles for all new contracts for services provided to the private sector, to ensure a level playing field.

BOARD OF MANAGEMENT ATTENDANCE RECORD

1 JULY 2003 - 30 JUNE 2004

Name	Total No of Eligible	Total No Attended	% Attendance
Meetings			
ARMSTRONG, I.	11	11	100%
BROCK, M.	11	11	100%
BROEKMAN, F.	7	6	86%
BROWN, T.	11	7	64%
FRY, M.	11	10	91%
JELLIE, D.	11	10	91%
MELICAN, F.	11	8	73%
MULDOON, S.	11	7	64%
NUNN, K.	4	3	75%
PACERS, M.	7	6	86%
PIESSE, B.	11	9	82%
WILSON, J.	4	2	50%
ZERBE, R.	11	11	100%

RESPONSIBLE MINISTER

The Responsible Minister for South West Healthcare is the Victorian Minister for Health.

During 2003-04 the Responsible Minister was The Hon. Bronwyn Pike.

COMMERCIAL APPOINTMENTS

Auditors: Coffey Hunt & Co.

Bankers: Australian & New Zealand Banking Group Ltd.

Where appropriate, declarations of pecuniary interest have been lodged by members of the Board of Management and senior management staff for the year under review.

WHISTLEBLOWERS PROTECTION ACT (2001)

South West Healthcare has policies and procedures in place to enable total compliance with the Act and which provide a safe environment in which disclosures can be made, people are protected from reprisal and the investigation process is clear and provides a fair outcome. The privacy of all individuals involved in a disclosure is assured of protection at all times. South West Healthcare is committed to the principles of the Act and at no time will improper conduct by the Service or any of its employees be condoned. A copy of the policy is available upon request.

Disclosures

Since the introduction of the Act in 2002 there have been no disclosures received and no notification of disclosures to the Ombudsman or any other external agency. Disclosures will be received by Mr John Krygger, Chief Executive Officer, South West Healthcare or the Ombudsman, Level 22, 459 Collins Street, Melbourne Victoria 3000. Telephone 1800 806 314.

MANNER OF ESTABLISHMENT

South West Healthcare is an incorporated body under, and regulated by, the Health Services Act 1988.



Comprehensive material and neonatal services



District nurses provide community-based care to clients of all ages.



WARRNAMBOOL CAMPUS
 Ryot Street, Warrnambool 3280
 Ph: (03) 5563 1666 Fax: (03) 5563 1660

LISMORE CAMPUS
 High Street, Lismore 3324
 Ph: (03) 5558 3000 Fax: (03) 5596 2265

PSYCHIATRIC SERVICES: WARRNAMBOOL
 Bohan Place, Lava Street, Warrnambool 3280
 Ph: (03) 5561 9100 Fax: (03) 5561 3813

MACARTHUR COMMUNITY HEALTH
 12 Ardonachie Street, Macarthur 3286
 Ph: (03) 5552 2000 Fax: (03) 5576 1098

CAMPERDOWN CAMPUS
 Robinson Street, Camperdown 3260
 Ph: (03) 5593 7300 Fax: (03) 5593 2659

PSYCHIATRIC SERVICES: PORTLAND
 63 Julia Street, Portland 3305
 Ph: (03) 5522 1000 Fax: (03) 5523 4212

PSYCHIATRIC SERVICES: CAMPERDOWN
 64 Scott Street, Camperdown 3260
 Ph: (03) 5593 6000 Fax: (03) 5593 2403

PSYCHIATRIC SERVICES: HAMILTON
 12 Foster Street, Hamilton 3300
 Ph: (03) 5551 8418 Fax: (03) 5571 1995

