



SOUTH WEST  
HEALTHCARE

south west healthcare  
**ANNUAL REPORT 2005**



*excellence in regional & rural healthcare*



# CONTENTS

	PAGE
THE YEAR IN REVIEW	2
FIVE YEAR STRATEGIC PLAN	5
BOARD OF MANAGEMENT	7
EXECUTIVE	8
UNRIVALLED HEALTHCARE & SERVICE	9
RESEARCH & EDUCATION	15
QUALITY MANAGEMENT	17
LIFE GOVERNORS	21
HEALTHCARE SERVICES	22
STAFF	23
MANAGEMENT STRUCTURE	26
STATISTICAL INFORMATION	27
FINANCIAL STATEMENTS	30
DONATIONS	45
COMPLIANCE INDEX TO DISCLOSURE REQUIREMENTS	48



## FRONT COVER

Photo: South West Healthcare Theatre Technician Paul Hodgins (left) and South West Healthcare Orthopaedic Registrar Dr Raghavan Unni.

**Top right:** South West Healthcare Merindah Lodge resident Lorna Mirtschin and daughter, South West Healthcare Medical Imaging Receptionist, Margaret Clissold.

**Bottom right:** Seven-year-old Sienna Williams (daughter of Tracey and Jason Williams of Warrnambool) and South West Healthcare Children's Ward Divisional 1 Registered Nurse Jacinda Duerden.

**Top:** A new \$58,500 operating table is the pride and joy of our Camperdown Hospital Theatre Nurses, Sally Rix (left) and Jo Teal.

**Centre:** We continue to employ highly sought after specialists. Two of the eight to join our team in 2004-2005 were General Surgeon, Mr Carl Murphy, and ENT Surgeon, Dr Bridget Clancy.

**Bottom:** For the 74th year, the Nestle Sports and Social Club sent Santa to South West Healthcare.

Every patient at our Warrnambool hospital received gifts while the Warrnambool Holiday Actors sang carols. Eight-year-old Grace Paulin (the daughter of Warrnambool's Angela and Chris Paulin) was one of them. Photo: The Standard's Glen Watson.





## THE YEAR IN REVIEW

*'It is extremely pleasing to reflect on another year of significant achievement for South West Healthcare, which continues to provide an outstanding level of service to the communities of South West Victoria.'*

*'It is also reassuring to note that numerous planning studies undertaken suggest that South West Healthcare has a very bright future and an extremely important role to play in health service provision.'*

---

## HIGHLIGHTS

- Winner of the 2004 Quality of Care Reporting Award
- Completion of comprehensive Service Plan and Model of Care Report
- Significant progress against Five Year Strategic Plan
- Comprehensive review undertaken of Governance arrangements and accountability instruments
- Record number of patients treated
- Sound financial result
- Positive results from all Patient Satisfaction Surveys
- Receipt of full Aged Care Accreditation status for Merindah Lodge

---

**Photo:** South West Healthcare Chief Executive Officer, John Krygger (left), and Board of Management President, Ian Armstrong, are thrilled with South West Healthcare's achievements of the past 12 months. Here, they stand at the site of our Warrnambool campus' new \$1.2 million Supply & Boiler House redevelopment; a project regarded as essential infrastructure.

# THE YEAR IN REVIEW

*It is extremely pleasing to report to our community on the significant achievements of South West Healthcare during the financial year just completed.*

## PATIENT SERVICES

We continue to expand our range of services and have treated more patients this year than ever before. During 2004-2005 we treated a record 16,493 acute inpatients and 24,158 Emergency Department presentations. In actual fact, the level of patient throughput had to be curtailed during the year through strategic closures of operating theatres during holiday periods to avoid significantly exceeding the agreed throughput targets. The major body of work undertaken during the past 12 months was the development of a comprehensive Service Plan and Model of Care Report to guide the organisation's development over the next 10-year period. The Service Plan and Model of Care Report has been formally endorsed by the Department of Human Services and foreshadows major increases in service provision for the future. For example, the number of acute inpatients admitted to our Warrnambool campus is predicted to increase by 50% in the next 10 years. The number of same-day surgical separations is expected to increase by 59% for the same period and the number of same-day total separations is expected to increase by a staggering 84.5%.

The Service Plan and Model of Care Report made 30 recommendations in total and further supports the ongoing development of our Primary Care and Community Health Programs. The Service Plan has also reviewed the role and function of the Camperdown, Lismore and Macarthur campuses and is not suggesting any changes to the current configurations.

## FACILITY DEVELOPMENT

With the completion of the major Service Plan and Model of Care Report, the Department of Human Services has given us approval to proceed immediately to the Master Plan/Feasibility Study of our Warrnambool campus. This significant project involves new and expanded acute bed accommodation, additional Operating Theatre and Emergency Department capacity, new facilities for primary and community based services and mental health services. It is anticipated that the Master Plan/Feasibility Study will be completed by the end of October 2005 so that a full business case can be submitted to the Department of Treasury for funding in the May Budget next year.

Substantial capital works have also been undertaken at our Warrnambool campus with the construction of a new Boiler House and commencement of construction of a new Supply & Sterile Storage Facility. This \$1.2 million project is being funded through Health Service capital

reserves and is considered essential infrastructure necessary to be completed in readiness for the new Master Plan redevelopment.

**...the number of acute inpatients admitted to our Warrnambool campus is predicted to increase by 50% in the next 10 years. The number of same-day surgical separations is expected to increase by 59% for the same period and the number of same-day total separations is expected to increase by a staggering 84.5%.**

It is also extremely pleasing to point out that the Minister for Health, the Honorable Bronwyn Pike, announced a funding allocation of \$550,000 during the year to significantly upgrade the Operating Theatre and Emergency Department at our Camperdown campus.

## COMMITMENT TO QUALITY

A major quality milestone was achieved during the year with the awarding of full accreditation for Merindah Lodge by the Aged Care Standards Agency. The Nursing Home and Hostel at Camperdown achieved full compliance on all 44 outcome standards, which was a great result.

South West Healthcare also underwent a self-assessment, which was submitted to the Australian Council of Healthcare Standards. This report has been prepared in readiness for a full Accreditation survey that is scheduled to be conducted in May next year. A major highlight for the organisation during the year was the receipt of the Most Outstanding Quality of Care Report. The award was presented by the Minister for Health, Bronwyn Pike, at a gala event in Melbourne. South West Healthcare's Quality of Care Report was regarded as the best Quality of Care Report of all regional hospitals in Victoria. We received an engraved plaque and a cheque for \$10,000 in recognition of this supreme effort.

The Quality of Care Report demonstrated how we monitor the quality of services we provide and covers a range of issues including quality, safety and risk management, financial management and community engagement.



## FINANCE

In response to the development of some robust business planning principles and a strong financial discipline, we recorded a modest operational surplus for the financial year. We are grateful for the additional financial support that eventuated following the conclusion of the Price and Resource Allocation Review developed by the Department of Human Services and we look forward to consolidating our financial position as a result of the increased funds now available.

## 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 fundraising to purchase much needed medical and nursing equipment. In particular, our volunteer auxiliaries have become a vital part of our patient care team. During the year, very generous donations were received from the following auxiliaries:

- South West Healthcare Staff Auxiliary
- South West Healthcare Woolsthorpe Auxiliary
- South West Healthcare Warrnambool Ladies Auxiliary
- South West Healthcare Camperdown Hospital Auxiliary
- South West Healthcare Camperdown Fete Committee
- South West Healthcare Charity Golf & Bowls Days Auxiliaries
- South West Healthcare Lismore Ladies Auxiliary

This dedicated band of supporters, together with donations from individuals, service clubs, community groups and philanthropic trusts, have contributed more than \$150,000 to South West Healthcare during the year. This is very much appreciated.

## 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.

During the year we welcomed two new members to the Board, namely Mrs Mary Alexander and Mr Chris Logan. Both of these Board members have responded enthusiastically to the challenges associated with this demanding role.

A major undertaking of the Board this year has been a complete review of the Governance and Accountability Instruments. This has necessitated numerous meetings and a comprehensive assessment of the method in which the Board performs its important governance role. The Board's primary responsibility is to demonstrate effective

strategic leadership and to ensure that the responsibilities it has delegated are exercised effectively. The review has established effective reporting systems that should enable the Board to feel confident that its delegations are being implemented prudently and effectively.

**South West Healthcare's  
Quality of Care Report was  
regarded as the best Quality of  
Care Report of all regional  
hospitals in Victoria.**

## CONCLUSION

It is extremely pleasing to reflect on another year of significant achievement for South West Healthcare, which continues to provide an outstanding level of service to the communities of South West Victoria. It is also reassuring to note that numerous planning studies undertaken suggest that South West Healthcare has a very bright future and an extremely important role to play in health service provision.

The completion of the comprehensive Service Plan and Model of Care Report is premised on the notion that South West Healthcare is the key sub-regional health service provider for the South West region of Victoria. The acknowledgement from the Department of Human Services that our Warrnambool campus requires substantial upgrading from a physical facility point of view is an encouraging sign and gives us enormous impetus and a sense of excitement as we move forward.

There are obvious challenges which will continue to confront the organisation, however it is our belief that the community can be extremely proud of its public health service and its achievements during the past 12 month period.

May we take this opportunity to acknowledge the outstanding contribution of all staff for their dedication and professionalism, which has become a permanent feature of the culture within South West Healthcare.

**IAN ARMSTRONG**  
PRESIDENT  
BOARD OF MANAGEMENT

**JOHN F KRYGGER**  
CHIEF EXECUTIVE OFFICER



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

### GOALS

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

## 2. FINANCIAL MANAGEMENT

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

## 3. HUMAN RESOURCE MANAGEMENT

To further strengthen our skilled and efficient workforce.

To enhance the supportive and motivated organisational culture.

### STRATEGIES

- |   |  |  |
|---|--|--|
| <p>1.1 Ongoing commitment to best practice for all relevant accreditation standards.</p> <p>1.2 Integrate clinical and corporate risk management and compliance programs to develop a total risk profile.</p> <p>1.3 Complete and implement a risk management plan.</p> <p>1.4 Continue to develop annual quality planning cycle throughout the organisation.</p> | <p>2.1 Diversify the funding base.</p> <p>2.2 Educate and encourage department managers to investigate funding opportunities.</p> <p>2.3 Maximise opportunities for business units.</p> <p>2.4 Explore funding through philanthropic trusts and develop donor data base.</p> <p>2.5 Further develop business planning cycle throughout the organisation.</p> <p>2.6 Ensure efficient use of resources.</p> | <p>3.1 Develop a Human Resource Management Strategic Plan.</p> <p>3.2 Improve communication across the organisation.</p> <p>3.3 Develop flexible and responsive workforce recruitment and management strategies.</p> <p>3.4 Provide safe work practices and a healthy working environment.</p> <p>3.5 Promote ongoing education and professional development programs.</p> |
|---|--|--|

### OUTCOMES

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• All 12 recommendations from previous survey addressed.</li> <li>• Organisational self assessment completed.</li> <li>• Compliance with all 44 outcome standards. Full three-year accreditation achieved.</li> <li>• Plan addressing Australian Council of Healthcare Standards (ACHS) and National Standards on Mental Health Services (NSMHS) requirements completed.</li> <li>• Internal auditors completed organisation-wide Risk Assessment Report.</li> <li>• All clinical departments completed monthly self assessment Patient Safety Risk Audits. Data being electronically collated in preparation for development of Risk Management Plan.</li> <li>• Draft Key Performance Indicators (KPIs) for Board of Management. Several departments made good progress in this area.</li> </ul> | <ul style="list-style-type: none"> <li>• Budget surplus of 1% achieved. Current asset ratio maintained at 1.27.</li> <li>• Financial reports modified to incorporate financial analysis and commentary.</li> <li>• Successful campaign delivered to attract private election resulted in an increase of \$400,000 in fees over prior year.</li> <li>• Completed audit of patient classification yielded additional \$45,000.</li> <li>• Review of radiology and pathology charges resulted in savings of \$170,000.</li> <li>• Benchmarking audit of payroll system conducted.</li> <li>• Implementation of salary packaging software underway.</li> <li>• Completed audit of WorkCover claims yielded \$45,000 in outstanding claims.</li> <li>• Action plan for fundraising strategy developed.</li> <li>• 100% complete. All reporting timelines met.</li> </ul> | <ul style="list-style-type: none"> <li>• Human Resources Plan completed.</li> <li>• Business Plans include recommendations following previous Staff Satisfaction Surveys.</li> <li>• Continuing Nurse Education Plan for 2004/05 successfully completed.</li> <li>• Business Continuity Plan currently being reviewed by internal auditors.</li> <li>• Environmental Safety Audit program developed and performed on a monthly basis.</li> <li>• Annual Safety and Dangerous Goods Audit undertaken.</li> <li>• All Material Safety Data Sheets downloaded into Chemwatch system.</li> <li>• New Manual Handling Risk Assessment Tool developed.</li> <li>• Manual Handling Education Forms become part of Orientation Program and mandatory Staff Update Sessions.</li> <li>• Significant increase in patient throughput managed without significant increases in staffing levels.</li> </ul> |
|---|---|--|

#### 4. FACILITIES, EQUIPMENT & TECHNOLOGY

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

- 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.

- Major Service Plan and Model of Care Report completed.
- Master Plan/Feasibility Study commenced.
- Significant progress against Capital Equipment Plan.
- Steady progress against Major Capital Works Plan.
- All buildings and facilities met relevant legislative compliance with common expiry date of July 31 2005. Form 6 and Form 15 certificates received.
- Significant legislative compliance work undertaken by all departments.
- Steady progress against Information Technology Plan Benefits achieved:
  - Real time pathology ordering and results.
  - On line discharge summaries.
  - Monitoring length of stay in Emergency Department.

#### 5. SERVICE INTEGRATION

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

- 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.

- Development of dedicated web site ([www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)) and integrated intranet site.
- Positive achievement with clinical guidelines accessible via intranet.
- Multi-disciplinary and multi-campus process in place for monthly policy review/update.
- Improved management of Nursing Home Type clients.
- Psychogeriatric protocols developed with Lyndoch.
- Resident Care Policy introduced.
- Weekly communication (visits) with all local aged care agencies to discuss waiting lists established.
- Effective Discharge Committee secures external agency representation.
- All regional leadership programs maintained.
- Corangamite Managed Clinical Network utilised to develop obstetric policies.
- New arrangements in place and contract documentation completed.

#### 6. COMMUNITY HEALTH

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

- 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.
- 6.3 Engage with the community:
  - Consumers
  - General Practitioners and
  - Agencies and other service providers.
- 6.4 Ensure that primary health is an integral component of the master planning infrastructure.
- 6.5 Provide leadership and collaboration for seamless service delivery.
- 6.6 Provide advocacy on key public health issues.

- Comprehensive Community Health Plan completed in conjunction with South West Primary Care Partnerships.
- Development and integration of Health Promotion Plan across all campuses including:
  - Chronic Illness
  - Better Health Self Management
  - Healthy Families - A Balanced Approach
  - 10,000 Steps (Physical Activity Program)
  - Strength, Balance and Coordination
  - Mental Health & Social Connectedness
  - Preschool Development
  - Sun Smart
  - Asthma Friendly Schools
  - Sexual Health & Development
- Ambulatory Care Sensitive Conditions (ACSC) project an outstanding success with plans to extend program to other disease categories.
- Evaluations compiled by University of Melbourne and benchmarked across Australia show the Warrnambool program rates well above the expected benchmark. Plan to extend the program to other disease categories.

#### 7. COMMUNITY ENGAGEMENT

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

- 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.

- Consumer Participation Plan further developed.
- New position of Community Relations Manager engaged.
- Significantly increased media profile.
- 'Operation Engagement' (community awareness and engagement initiative) commenced.
- Established Cultural Awareness Program within SWH Postnatal Depression Project.
- Developed process to determine whether patients' cultural needs are being met.
- Developed collaborative relationship with Warrnambool City Council in relation to its ongoing Migration to Warrnambool Program.
- SWH CASA working with numerous partners on a region-first Drink Spiking Community Awareness Project.

# BOARD OF MANAGEMENT

Our 12 member Board of Management is appointed by the Governor-In-Council from nominations received by South West Healthcare. Board Members serve a three-year term and may be eligible for re-nomination at the conclusion of that term.

The Board of Management's function is to oversee the operation of the organisation and ensure that the services provided comply with both the requirements of the Health Services Act 1988 and the objectives of South West Healthcare.

## Mrs Mary ALEXANDER

Occupation: Journalist  
 Appointment Date: November 2004  
 Sub Committee/s Member: Quality Care, Physical Resources  
 2004-2005 Attendance Record: 100%

## Mr Ian ARMSTRONG APM President

Occupation: Police Senior Sergeant  
 Appointment Date: October 1997  
 Sub Committee/s Member: Physical Resources, Financial Performance, Audit and Risk, Quality Care  
 2004-2005 Attendance Record: 100%

## Mrs Margaret BROCK

Occupation: Lecturer in Law/Consultant  
 Qualifications: B.A., LL.B., (Hons)  
 Appointment Date: February 2003  
 Sub Committee/s Member: Quality Care  
 2004-2005 Attendance Record: 73%

## Mr Francis BROEKMAN

Occupation: Chief Executive Officer  
 Qualifications: Bach. Social Work, Master Social Services  
 Appointment Date: November 2003  
 Sub Committee/s Member: Physical Resources, Quality Care  
 2004-2005 Attendance Record: 45%

## Dr Anthony BROWN

Occupation: Medical Practitioner  
 Qualifications: MB, BS, Dip. RACOG, FRACGP  
 Appointment Date: October 2001  
 Retirement Date: October 2004

## Mr Murray FRY

Occupation: Pharmacist  
 Qualifications: B.Pharm.  
 Appointment Date: October 2001  
 Sub Committee/s Member: Physical Resources, Financial Performance, Audit and Risk  
 2004-2005 Attendance Record: 82%

## Mr David JELLIE

Occupation: Solicitor  
 Qualifications: B.A., LL.B  
 Appointment Date: May 1996  
 Sub Committee/s Member: Physical Resources, Financial Performance, Audit and Risk  
 2004-2005 Attendance Record: 91%



**Photo:** South West Healthcare's Board of Management (front row, from left): Richard Zerbe, Sharon Muldoon, Ian Armstrong, Mara Pacers, (back row, from left) Murray Fry, Mary Alexander, David Jellie, Barbara Piesse and Margaret Brock. Absent are Felicity Melican, Chris Logan and Francis Broekman

## Mr Christopher LOGAN

Occupation: Western Area Manager  
 Appointment Date: November 2004  
 Sub Committee/s Member: Quality Care, Physical Resources  
 2004-2005 Attendance Record: 86%

## Ms Felicity MELICAN

Occupation: Chartered Accountant  
 Qualifications: B. Bus., Grad. Dip. Ed. (Secondary)  
 Appointment Date: November 2002  
 Sub Committee/s Member: Physical Resources, Financial Performance, Audit and Risk  
 2004-2005 Attendance Record: 91%

## Treasurer

## Mrs Sharon MULDOON

Occupation: State Manager  
 Qualifications: B.A. (Soc. Sc.), Cert. Soc. Geront., ACM  
 Appointment Date: October 2000  
 Sub Committee/s Member: Physical Resources, Financial Performance, Audit and Risk, Multi Disciplinary Ethics 2004-2005

## Senior Vice President

Attendance Record: 91%

## Ms Mara PACERS

Occupation: Self Employed Farm Manager  
 Qualifications: BBSc, BSW, Masters of Public Policy and Management (MPPM)  
 Appointment Date: November 2003  
 Sub Committee/s Member: Quality Care  
 2004-2005 Attendance Record: 73%

## Mrs Barbara PIESESE

Occupation: Lecturer in Law  
 Qualifications: LL.B  
 Appointment Date: September 1983  
 Sub Committee/s Member: Financial Performance, Audit and Risk, Multi Disciplinary Ethics  
 2004-2005 Attendance Record: 73%

## Mr Richard ZERBE

Occupation: Marketing and Business Development Leader  
 Qualifications: Bachelor Ag Science, Master of Bus. Admin  
 Appointment Date: October 2000  
 Sub Committee/s Member: Physical Resources, Financial Performance, Audit and Risk  
 2004-2005 Attendance Record: 82%

Note: In March 2005 the Financial Performance, Audit and Risk Sub Committee assumed responsibility for the functions of the Physical Resources Sub Committee.



# EXECUTIVE



**Photo:** South West Healthcare's Executive (from left), Dr Peter O'Brien, Sue Morrison, John Krygger, Caroline Byrne and Ian Barton.

South West Healthcare's four Divisional Directors and the Chief Executive Officer form the Executive Team. Each is responsible for the day-to-day operations of specific aspects of the organisation.

---

## **Mr John KRYGGER**

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

---

## **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)

---

## **Mrs Sue MORRISON**

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

---

## **Dr Peter O'BRIEN**

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

---

## UNRIVALLED HEALTH CARE AND SERVICE DELIVERY

South West Healthcare's strong leadership has led to the development and implementation of a number of history-making initiatives this year. Productive collaborative partnerships have allowed us to continue to address the very unique needs of the 100,000 people in our catchment area.

**South West Healthcare opened an exciting initiative in February when Warrnambool's three paediatricians moved into a purpose-designed building on the grounds of our Warrnambool campus to provide the region with a paediatric one-stop specialist shop.**

This innovative arrangement means families are now reaping the benefits of 60 collective years of paediatric experience because Dr Nick Thies, Dr Greg Pallas and Dr Christian Fiedler are under the one roof.

The unique development also means improved continuity of care because of the accessibility to on-the-spot second opinions and shared-access to files; quicker attendance when called to an emergency by virtue of the fact the three specialists are based just 50 metres from South West Healthcare's Warrnambool Emergency Department; and time for conference leave, ensuring South West Victoria isn't left behind when it comes to latest medical knowledge and best-practice developments.

It ends professional and social isolation that comes with being a sole practitioner; marks the beginning of new research opportunities (Dr Fiedler's developing new policies for community health); increases opportunities to incorporate video conferencing in the daily management of their young patients (the building next door to them houses the award-winning South West Alliance of Rural Health team and its state-of-the-art IT equipment); and has the ability to provide paediatric outreach services to Camperdown, Portland, Hamilton and Horsham.

Dr Pallas says it's exceptional to have three paediatricians in the one rural location, let alone under the one roof, because so many paediatricians don't want to work in the country. 'That's why we believe the hospital has been so creative to have come up with such an innovative solution,' he explains.

South West Healthcare Medical Services Director, Dr Peter O'Brien, is thrilled to have three paediatricians 'of such superb calibre' practicing on-campus. He says the initiative will provide specialist paediatric care for hundreds of rural children.



This is not the first time Dr Pallas and Dr Thies have been involved in such a groundbreaking development. Having practiced as paediatricians for the past 18 and 30 years respectively, their commitment to looking at clever ways to address unique rural needs has been proven many times over. Nearly two decades ago, for example, the pair established what today is still a thriving Paediatric Diabetes Clinic at South West Healthcare, after realising local children were having to travel to Melbourne for diabetes education.

**An amazing year's work has been consolidated and celebrated with the signing off of a unique protocol to improve the coordination of emergency services for people experiencing mental health issues who are in crisis.**

Led by South West Healthcare's Residential Services Manager, Chris Healey, Warrnambool-based psychiatric and emergency services organisations have shared their knowledge and expertise to develop a rural-specific coordinated response.

The 2005 Psychiatric and Emergency Services Protocol is a collaborative plan between South West Healthcare, Rural Ambulance Victoria and Victoria Police. It defines each organisation's roles and responsibilities and comes with three objectives: to effectively manage service delivery to

people with high-risk behaviours; to clarify the working relationship between psychiatric and emergency service providers; and to promote linkages between psychiatric and emergency service providers. The outcome is a 24-page document that will efficiently and compassionately assist South Western Victorians in their most dire moments of need.

SWH Psychiatric Services Division Director, Caroline Byrne, describes the protocol as dynamic and says its completion is perfect timing, given Health Minister Pike's recent announcement of funding to establish more private areas in public hospital Emergency Departments for people experiencing mental health problems.

**Well before a South West baby is even a twinkle in its parents' eyes, another group of rural experts has their sights set on the health and happiness of the family it will be born into.**

In a first-ever coordinated approach aimed at enhancing the resilience and wellbeing of soon-to-be parents, an innovative South West Postnatal Depression Project has developed a Victoria-first educators' module to help support antenatal educators preparing families for the reality of parenthood, and a booklet for couples to help guide them through the parenthood maze.

No other place in Victoria has implemented such a coordinated model that examines and promotes resilience and wellbeing right across the perinatal phase (from pregnancy to a year after a baby is born).

South West Postnatal Depression Project Manager, Louise Ryan - a psychologist who specialises in perinatal health - says the task of early parenting is demanding and constant and impacts on parents physically, emotionally and socially. There's a web of things to work through. Not least of which are issues many couples may not have thought to talk about.

The parents' guide - given to all first-time parents during their antenatal course - has a run down of the issues that should be discussed, such as when should mum-to-be finish up at work; how much, and when, should her partner take leave; what, and how realistic, are the couple's expectations about the baby's delivery; are there strong feeding preferences (breast versus formula); how will the couple each get routine time out for themselves; and how involved will the partner be on the childcare front? And then there's the often-touchy subject of differing parenting styles.

The guide covers pregnancy, preparing for parenthood, motherhood, fatherhood, the telltale signs of depression in pregnancy and early parenthood and treatment options. Nationally, one in seven women will experience some sort of postnatal depression. Anecdotally, Louise suspects that in parts of Western Victoria that statistic could be higher.

Based on the development of the region's first South West Perinatal Emotional Health Model - again, courtesy of the South West Postnatal Depression Project - this coordinated approach sees midwives, antenatal educators, GPs, Maternal & Child Health Nurses and the Primary Mental Health Team working side by side.

**Right:** South West Healthcare led the development and signing off of a dynamic protocol to improve psychiatric and emergency services service delivery with the development and signing off of a dynamic protocol. From left, Victoria Police Senior Sergeant Louise Bryant, South West Healthcare's Emergency Department Unit Manager Kate Sloan and Residential Services Manager Chris Healey, and Rural Ambulance Victoria Area Manager Pat McKenzie.

**Opposite page:** South West Healthcare opened the new paediatric centre in February when Warrnambool's three paediatricians, (from left) Dr Nick Thies, Dr Greg Pallas and Dr Christian Fiedler, joined forces on-site.



**In line with the educators' module, the projects responsible for the implementation of antenatal screening in every hospital across thousands of square kilometres of land bordered by the Shires of Southern Grampians, Moyne, Corangamite and Glenelg and the City of Warrnambool.**



**In another Victorian first, a collaborative partnership between a rural hospital and a rural council is ensuring a rural community keeps skilled workers.**

South West Healthcare's Camperdown campus is the only hospital in country Victoria to have an on-site Family & Community Services-funded 'in venue' centre. For mothers such as Theatre Unit Manager, Nikki Delaney, and Support Services Manager, Jeannine Creely, it's made all the difference to them being able to return to work.

Run by the Children's Services Unit of Corangamite Shire Council, its hours are totally nursing-shift friendly (6.30am to 4 pm weekdays), its on site location makes breastfeeding a breeze, and you couldn't be closer to medical back-up if you tried.

**Photo:** Some of the innovative steering committee members responsible for a history-making project now helping new parents: (from left) South West Healthcare Primary Mental Health Team Manager, Nicholas Place; SWH Maternity Service Enhancement Strategy Program Coordinator, Kathy Culkin; Frances Hewett Community Centre (Hamilton) Postnatal Depression Counsellor, Evelyn Jack; SWH Postnatal Depression Project Worker, Marianne Weddell; Gunditjmara Aboriginal Co-operative Maternal & Child Health Worker Georgie Taylor and South West Postnatal Depression Project Manager, Louise Ryan.

## **YOUR HEALTH. YOUR COMMUNITY HEALTH CENTRE.**

**Five dynamic community health centres make their mark on the 10,323 square-kilometres South West Healthcare calls home.**

Warrnambool Community Health, Lismore Community Health, Macarthur Community Health, Camperdown's Manifold Place Community Health and David Newman Adult Day Activity Centre provide a unique range of custom-designed services, activities and programs to help keep the 63,000 people who live in our local communities healthy and happy.

They are also helping to keep our communities strong. There is no doubt the activities of these centres are providing participants - many of them rurally-dispersed - with social connectedness; an ingredient essential to a community's health.



**Above:** Macarthur Community Health Centre District Nurse, Christina Freckleton, takes Macarthur Senior Citizens through their paces. Tunnel ball is one of many exercises provided weekly as part of the centre's Falls Prevention Program aimed at improving coordination and balance.

**Below:** Lismore's Bob Young says South West Healthcare dietitian, Tess Griensmith, has dramatically helped him to manage his diabetes. Based at our Warrnambool campus, Tess takes her dietary knowledge to the Lismore Community Health Centre monthly. Photo: Western District Newspapers.



2004 – 2005

## AEW MATTHEWS MEMORIAL TRAVELLING SCHOLARSHIP

SWH Child & Adolescent Mental Health Service Manager and Senior Clinician, Rebecca Knapp, was the recipient of the 2004-2005 AEW Matthews Memorial Travelling Scholarship. It allowed her to study assessment and treatment practices at specialist infant mental health programs in San Francisco and New Orleans.

The assessment procedures experience she gained included the Working Model of Child Interview (which evaluates a parent's expectations, beliefs and attitudes in relation to their child) and the Crowell procedure (which provides a structured play setting involving both the caregiver and their young child, in which the dad's interactions can be observed and analysed). Relationship based treatments she observed and received training in included infant-parent psychotherapy and interaction guidance.

Rebecca plans to utilise these skills and knowledge to develop capacity within South West Healthcare's Child & Adolescent Mental Health Service to provide specialist assessment and therapeutic interventions for the region's most troubled infants and young children, and their caregivers.



SWH Child & Adolescent Mental Health Service Manager and Senior Clinician Rebecca Knapp was the recipient of the 2004-2005 AEW Matthews Memorial Travelling Scholarship.

---

***The AEW Matthews Memorial Travelling Scholarship provides up to \$7,500 to South West Healthcare employees with an insatiable appetite to learn latest techniques, treatments and approaches.***

---

Awarded annually, the scholarship is named in recognition of outstanding service to the Warrnambool & District Base Hospital (now known as South West Healthcare Warrnambool) by the late Allan Matthews. Allan was Chief Executive Officer from 1972 to 1983.

---

***Since 1991 the AEW Matthews Memorial Travelling Scholarship has seen the following 19 worthy recipients travelling the globe in search of new knowledge:***

---

2005: Ms R Knapp, Child & Adolescent Mental Health Service Manager and Senior Clinician – visits to specialist infant mental health programmes (San Francisco and New Orleans) to study assessment and treatment practices.

2004: Mrs H Wilson, Centre Against Sexual Assault Director – 4<sup>th</sup> International Conference on Social Work in Health and Mental Health (Quebec), clinical visits to St Paul's (Minneapolis) and Summer School at the University of Minnesota.

2003: Mr B Hoekstra, Chief Physiotherapist – 14<sup>th</sup> International Congress of the World Confederation for Physical Therapy (Barcelona) and visits to Toronto Rehabilitation Institute and Astley Ainslie Hospital (Edinburgh).

2003: Mr S Storer, Chief Social Worker – VIII<sup>th</sup> European Conference on Traumatic Stress (Germany) and site visits (Europe and Asia).

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

2002: Mr P Logan, Clinical Pathways Coordinator – 2002 Medical Record Association of America's Towards the Electronic Patient Record Conference (Seattle) and visits to the University of Washington Medical Centre and the Evergreen Hospital (US).

2001: Mrs S Baudinette, Chief Dietician – 17<sup>th</sup> International Congress of Nutrition (Austria) and hospital visits and nutrition clinical placement (UK).

2001: Mrs A Morris, Diabetes Resource Nurse – Holloway University Diabetes Centre (UK).

2000: Mrs S Nicholson, Education/Quality Manager – ISQua Conference (Ireland) and hospital visits (UK).

1999: Mrs J Gibbs, Chief Occupational Therapist – Fellowship in Hand Therapy, University of Texas (US) and clinical placement (Canada).

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

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

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

1995: Mrs D Gedye, Midwifery Clinical Nurse Specialist – Hospital visits re managed care in obstetrics (US).

1994: Mr M Johnstone, Nursing Informatics Officer – Hospital visits re application of informatics to nursing (US).

1993: Mrs J Smart, Paediatric Nurse – Commitment to Care Conference and hospital visits (UK).

1993: Mrs S Waring, Paediatric Nurse – Commitment to Care Conference and hospital visits (UK).

1992: Mr L Ryan, Chief Engineer – 12<sup>th</sup> International Congress of Hospital Engineers (Italy) and hospital visits (UK, Germany and Denmark).

1991: Mr I Barton, Director of Finance – Hospital visits re clinical costing casemix and Hospital In The Home programs (US and Canada).

# AWARDS, ACCREDITATIONS & ACCOLADES

*South West Healthcare has stolen the limelight many times throughout 2004/2005 for 'dux-ing the class' in health service delivery.*

## QUALITY OF CARE REPORTING AWARD

South West Healthcare's ongoing commitment to quality service provision was recognised at the highest level in November when, at a gala event in Melbourne, Health Minister Bronwyn Pike presented SWH Director of Nursing, Sue Morrison, with a 2004 Quality of Care Reporting Award.

The prestigious award recognises the calibre of our 2004 Quality of Care Report; judged by an independent panel to be the best of all Victorian regional base hospitals. The 25-page document demonstrates how South West Healthcare monitors the quality of the services it offers against industry standards, covering a range of issues including quality safety and risk management, financial management and community engagement.

Minister Pike commended the report for demonstrating a high standard across all assessment criteria and a commitment to improving the quality and safety of healthcare for consumers.

A \$10,000 grant came with the accolade. It's being utilised to support ongoing South West Healthcare quality-related initiatives by employing the organisation's first Stroke Liaison Project Worker. This position, developed in response to both locally and regionally identified needs, will promote a more coordinated approach to stroke care in line with the National Clinical Guidelines for Acute Stroke Management. South West Healthcare is a member of the Rural Organisation of Acute Stroke Teams (ROAST) that aims to improve patient care by fostering the development of well educated teams of health professionals capable of becoming the backbone of rural stroke units.

**Right:** SWH Director of Nursing Sue Morrison (left) accepts a prestigious 2004 Quality of Care Reporting Award from Health Minister Bronwyn Pike.



**Left:** SWH's Terry Swanson (left) celebrates her status as Australia's first Wound Management Nurse Practitioner with Health Minister Bronwyn Pike at the 2004 State Nursing Excellence and Commitment Awards.

## 2004 VICTORIAN ALCOHOL & DRUG AWARD FOR EXCELLENCE

Colleagues and peers of South West Healthcare Alcohol & Drug Services Director, Dr Rodger Brough, acknowledged his significant contribution to the development of rural-based alcohol and drug services by presenting him with a Rural Victorian Alcohol & Drug Award for Excellence in August.

Rodger has spent more than 20 years helping treat, and advocate for, rural people with alcohol and drug-related issues. Highly regarded for being attuned to the needs of patients, their families and their rural communities, he's a co-founder of the Western Region Alcohol & Drug Centre (WRAD) and the founder of the Australian Rural Centre for Addictive Behaviours (ARCAB); the country's first rural-specific addictive behaviours centre.



**Left:** SWH Alcohol & Drug Services Director, Dr Rodger Brough, with his 2004 Rural Victorian Alcohol & Drug Award for Excellence. Photo: The Standard's Glen Watson.

## ENDORSEMENT OF AUSTRALIA'S FIRST WOUND MANAGEMENT NURSE PRACTITIONER

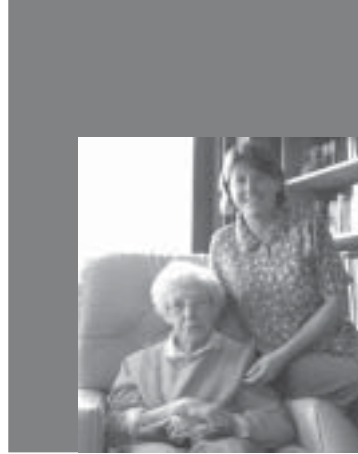
At the 2004 State Nursing Excellence and Commitment Awards in Melbourne, Health Minister Pike endorsed Australia's first Wound Management Nurse Practitioner, South West Healthcare's Terry Swanson.

Having been SWH Wound Management Consultant since 1997, Terry's new Wound Management Nurse Practitioner status is a major shift in how things are done. Until now, on the wounds-management front, only registered doctors have been legally allowed to prescribe medications, order diagnostics, admit and discharge patients, write sick certificates and refer to other health professionals. For a patient, this is significant. The time saved by the streamlining of the above-mentioned processes means a wound will have every chance of healing quicker, by virtue of the fact it can be assessed, dressed and treated quicker.

## BABY FRIENDLY ACCREDITATION

Our hospitals at Warrnambool and Camperdown were successfully reaccredited as 'baby friendly' this year. The Baby Friendly Hospital Initiative (BFHI) is a hospital-based program designed to provide health professionals with a framework that promotes, protects and supports breastfeeding.

Health professionals involved with the care of mothers and their babies have always recognised the value of breastfeeding but have long been criticised for inconsistent advice and assistance. The BFHI is a program designed to address these issues by providing a framework (10 successful steps to breastfeeding) for health professionals to use to promote and educate families about breastfeeding within their communities. It recognises the importance of giving women accurate and up to date information about breast and formula feeding, especially during the antenatal period.



**Left:** The care, responsiveness and compassion shown by SWH Camperdown Merindah Lodge Divisional 2 Registered Nurse Kim Helmore (left) and her colleagues towards residents including Audrey Patterson (right) contributed to the aged care facility's perfect accreditation score.

## AGED CARE ACCREDITATION

Merindah Lodge, South West Healthcare's aged care facility at Camperdown, received a perfect accreditation score in June. Full compliance was reached on all 44 outcome standards. The independent surveyors were particularly impressed with the staff at Merindah Lodge. They described them as 'caring, responsive and compassionate'. These dedicated healthcare workers were commended for their 'high level of documentation and excellent activity programs'. The surveyors said the pursuit of continuous improvement was apparent in the high level of care being provided.

# OCCUPATIONAL HEALTH & SAFETY

South West Healthcare is committed to maintaining the highest standards of health, safety and wellbeing for our employees, contractors, volunteers, patients, customers and visitors.

**Right:** Manual handling injuries in our laundry, South West Linen, are kept to a minimum with the use of an Electrodrive Tug, operated here by Assistant Kelvin Hovey.

**Below:** Exposure to detergents and hot water is reduced for Food Services Assistants, Helen Greene (left) and Debbie McKane, with the use of an automated dishwasher.



## WORKCOVER: HOURS LOST & NEW CLAIMS

HOURS LOST TO INJURY OR ILLNESS	2004/05	2003/04
<b>WARRNAMBOOL CAMPUS</b>		
Acute Services		
Nursing	2716	3990
Support Services/Administration	4830	3173
Medical/Allied Health	1976	1976
Psychiatric Services	1046	355
LINEN SERVICE	1976	2144
<b>CAMPERDOWN CAMPUS</b>		
Nursing	1408	1496
Support Services/Administration	1976	1970
Medical/Allied Health	0	0
LISMORE CAMPUS	0	0
MACARTHUR CAMPUS	0	0
<b>TOTAL</b>	<b>15928</b>	<b>15104</b>
NUMBER OF NEW CLAIMS	2004/05	2003/04
<b>WARRNAMBOOL CAMPUS</b>		
Acute Services		
Nursing	3	1
Support Services/Administration	2	0
Medical/Allied Health	0	0
Psychiatric Services	1	1
LINEN SERVICE	0	0
<b>CAMPERDOWN CAMPUS</b>		
Nursing	1	1
Support Services/Administration	0	0
Medical/Allied Health	0	0
LISMORE CAMPUS	0	0
MACARTHUR CAMPUS	0	0
<b>TOTAL</b>	<b>7</b>	<b>3</b>

# RESEARCH & EDUCATION

South West Healthcare recognises the vital role research has in progressing health care. Research projects are actively promoted and supported, and to ensure they are in the best interests of patients and staff, must be approved by the Ethics Committee prior to commencement.

## DEAKIN RESEARCH CONSORTIUM GROUP

South West Healthcare has joined forces with Deakin University to promote more regional and rural nursing research. This regional-based group has identified issues faced by regional and rural health services when dealing with people presenting with psychological conditions. A conference paper is being prepared for presentation.

The consortium group, now developing a research project investigating medication errors in hospitals, also supports individual nurses undertaking research for Masters degrees. South West Healthcare's Perioperative Education Clinical Facilitator, Paula Touzeau, has investigated operating theatre experience and its ability to provide knowledge and skills in post-operative nursing care while Quality Management Projects Nurse, Leanne McCann, has investigated people's perceptions of their care and treatment following a stroke. Both projects were awarded a High Distinction at Masters level.

## PSYCHIATRIC SERVICES DIVISION RESEARCH

The Division's Primary Mental Health Team is investigating whether 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 six-weekly, two-hour workshops are being delivered across the South West through region wide South West TAFE campuses. The courses are promoted through South West TAFE, General Practitioners and community agencies.

The Chronic Illness and Depression Project undertaken on behalf of the South West Primary Care Partnership (PCP) by the Primary Mental Health Team seeks to build skills and contribute to improved chronic disease management systems in South West Victoria; evaluate the acceptability of supportive interventions to identified patients with cardio-vascular disease; and examine the content of the counselling provided relevant to the assessed needs of the individual.

Three Psychiatric Services Division staff have been awarded Primary Health Care Research, Evaluation & Development (PHC RED) Individual and General

Practitioner (GP) Research Bursaries respectively by Greater Health (Greater Green Triangle University Department for Rural Health). Kate Hawkins will use her bursary to evaluate the Primary Mental Health Team's Stress Management Course; Melissa Ferrier will apply hers to investigate Maternal Post Partum Adjustment; and Nicholas Place will apply his to the joint South West Primary Care Partnership/Primary Mental Health Team Chronic Disease and Depression Project.

## NURSING EDUCATION

### APPOINTMENT OF CLINICAL RESOURCE NURSES

Mick Edwards and Vikki Hoy commenced in their new roles in February 2005 to support and educate graduate nurses, new staff and nurses undertaking supervised practice. Both workers are proving to be an invaluable resource to all staff.

### CONTINUING NURSE EDUCATION

An extensive education program for South West Sub Region 3 (this includes Warrnambool, Camperdown, Lismore, Macarthur, Port Fairy, Terang and Mortlake, Koroit, Lyndoch and Timboon) resulted in 950 nurses accessing formal education.

In-service education has focused on the introduction of new technology including new glucometers, and key issues such as pressure areas.

### HIGHLIGHTS OF THE EDUCATION PROVIDED

- Medication Management Workshops
- Certificate IV in Workplace Training and Assessment
- Cardio Pulmonary Resuscitation (CPR) Train the Trainer Course
- Hand, Foot and Face Massage
- Understanding Depression
- Professional Assault Response Training (PART)
- Latest Trends in Care of the Critically Ill Patient
- Dementia Competency
- Standards and Accreditation for Aged Care

South West Healthcare Chief Dietitian, Susan Baudinette, had two research articles published this year. *Healthy Eating and Physical Activity - Implications for Child Health* was published by the Victorian Branch of the Australian Council for Health, Physical Education and Recreation (Health Education Australia Journal Vol 4/No 1 2004) while the *International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy* published *Food Cost and Availability in a Rural Setting in Australia*.



## **PSYCHIATRIC SERVICES EDUCATION**

### **TRAINING STATISTICS**

During the year 109 staff participated in 3,029 hours of training with an average of 27 hours of training per staff member.

### **TRAINING EVALUATION PROJECT**

In August 2004 a project was undertaken to evaluate our Psychiatric Services Division Training Program and determine future training needs. A survey was sent to 85 clinical staff. Approximately 53% were returned for collation. The training assessed by staff to be most useful included: Early Warning Signs; Risk Assessment and Management; PART (Professional Assault Response Training); involvement of families in evidence based practice; Applied Suicide Intervention Skills; and the Early Intervention workshops. Future training identified included: motivational interviewing; substance use and its effects; early psychosis; working with families in crisis; and running psychotherapeutic groups. A training calendar has been developed to meet the needs identified in the survey.

### **ACUTE NURSES STUDY DAY**

A one-day workshop was provided to nurses and other interested health professionals on the management of depression in the acute healthcare setting. Topics included information on the incidence, clinical features and treatment of depression; risk assessment and management; specific issues for aged and young patients; and a consumer perspective. A pre and post-test was administered and results showed a significant increase in knowledge and confidence when dealing with depressed patients in the acute setting. Participant evaluations were very positive and there are plans for future workshops on bipolar disorder and personality disorders.

### **MOTIVATIONAL INTERVIEWING**

A four-day Train-the-Trainer program was delivered to 12 staff across the Division on Motivational Interviewing. This treatment approach has been developed specifically for working with people with substance misuse however it can also be applied to many other situations including treatment compliance. This upskilling was provided by Melbourne's Turning Point Alcohol and Drug Centre and has now been delivered to most staff.

### **DUAL DIAGNOSIS: ASSESSMENT AND MANAGEMENT**

Professor Doug Sellman MBChB PhD FRANZCP, Director of the National Addiction Centre at the Christchurch School of Medicine and Health Science, provided a workshop on the assessment and management of co-existing substance use and mental health disorders.

### **MENTAL HEALTH ACT AMENDMENTS**

Significant amendments to the Mental Health Act implemented in December 2004 necessitated a comprehensive education program throughout the region. Staff from the Department of Human Services Legal and Forensic Policy Team provided a half-day workshop in Warrnambool that was then repeated by senior staff to all teams. An information pack was also distributed to all GPs outlining the key changes to the legislation.

### **EARLY PSYCHOSIS: CBT AND INPATIENT ISSUES-ORYGEN**

ORYGEN Youth Health Clinicians, Primary Mental Health Team Early Intervention Clinician Kate Hawkins and Ward 9 Clinical Nurse Consultant Jon Farr presented two workshops around the management of early psychosis. These practical workshops focused on providing a rationale for early intervention; identification of 'at risk' mental states; and assessment, engagement and acute treatment for young people with first episode psychosis. Particular attention was paid to non-pharmacological interventions. An advanced workshop is planned for late 2005 to further build on this.

### **PSYCHIATRIC ASSESSMENT OF THE ELDERLY PERSON**

Associate Professor Anne Hassett from Melbourne University's North West Aged Persons Mental Health Program provided a teleconference on the psychiatric assessment of older clients. This session provided information for staff undertaking emergency assessment of this client group.

### **ASIST TRAINING**

ASIST training (a suicide intervention program) is provided by staff from the Psychiatric Services Division both internally i.e. to new Psychiatric Services Division staff, and externally i.e. a range of primary care agencies. Building on this, our Primary Mental Health Team has offered to a number of secondary schools the related Suicide Aware Program (an abridged suicide awareness program developed by Living Works) and anticipates an expansion of the delivery of this program.

### **OTHER TRAINING PROVIDED**

The Primary Mental Health Team delivered training to both specialist and primary care providers in multiple subject areas including Ante/Postnatal Depression; ASIST (Suicide Intervention Skills Training) & Suicide Aware; Basic Counselling Skills for Teachers; CBT for Depression & Anxiety in Young People; Early Psychosis; Stress Management for Professionals; and Recognising & Responding to Anxiety and Depression in Students.

# QUALITY MANAGEMENT

## **STRIVING FOR EXCELLENCE IN PATIENT CARE**

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. The strength of the program has ensured continuing Accreditation with the Australian Council on Healthcare Standards (ACHS), the Aged Care Standards Accreditation Agency, compliance with the National Standards for Mental Health, accreditation with the Department of Veteran's Affairs and with the Department of Human Services' Home and Community Care. It is also responsible for our recent Baby Friendly Hospital accreditations at our Warrnambool and Camperdown campuses.

## **PATIENT FOCUS: WE WORK WITH PATIENTS, CARERS AND OTHERS TO IMPROVE THEIR EXPERIENCE AS USERS OF OUR SERVICE**

### **PATIENT SURVEYS**

South West Healthcare continuously surveys all inpatients in an ongoing manner in order to receive timely feedback. Many of our wards and departments carry out annual patient or customer satisfaction surveys. The survey results are used to make improvements to, for example, patient information. With the assistance of consumers, we have this year reviewed our patient information brochure to make it even more user-friendly. We have improved the way in which our information is written and the way in which we describe medical procedures.

The Psychiatric Services Division Inpatient Unit reviewed and updated its patient satisfaction questionnaire with the assistance of consumers and carers in early 2005. This has made the questionnaire more patient-relevant. Results from the first six months of 2005 tell us that the inpatients' rate of satisfaction overall is 100%.

A year-round external survey is also carried out. This is conducted under the auspices of the Department of Human Services. South West Healthcare, in its category, consistently ranks among Victoria's top three facilities.

### **COMPLAINTS MANAGEMENT**

All patients and visitors are encouraged to give us feedback about our services. This year compliments have far outweighed the number of complaints received. All complaints received are monitored and actioned. Reports are disseminated to the Quality Care Committee and other management committees each month. Complaints received have increased from 74 in 2003 to 200 in 2004.

This is as a result of improved reporting from every department at South West Healthcare. In 2004 we received 717 compliments. During the first half of 2005 we have received 562 compliments.

### **CONSUMER PARTICIPATION**

Consumers actively participate in a range of activities which strengthen quality patient services. From focus groups that 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 2005 Quality of Care Report and patient information brochures on specific procedures, as well as with information for patients and families. Consumers willingly dedicate their time to assist the organisation to improve service delivery.

## **PROCESSES FOR QUALITY IMPROVEMENT: WE STRIVE TO ENSURE OUR SERVICES ARE SAFE, EFFECTIVE AND OF THE HIGHEST CLINICAL QUALITY**



### **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 and maintained our accreditation status.

In April 2005, our Merindah Lodge aged-care facility at Camperdown underwent a two-day accreditation review with the Aged Care Standards Agency and maintained its accreditation status for another three years. Baby Friendly accreditation status has also been awarded to both our Warrnambool and Camperdown campus' midwifery units.



**Opposite page:** One of our skilled surgical teams at work: (from left) Registered Nurse, Jenny Lukeis; Surgeon, Mr Stephen Fischer, Dr Ian Richardson, Registered Nurse, Linda Said; and Dr Judith Tan.

**Left:** In the first 11 weeks of 2005 our Camperdown Hospital experienced a baby boom of unprecedented proportions. Of the 16 bundles of joy born, 14 were to first-time mums. Four of the midwives who assisted with these deliveries are (from left) Jan Ellis, Cheryl Gray, Jenny Place and Sharyn Spicer. They're pictured with 12 of the 16 babies: Harrison Bennett, Tahli May Benson, Holly-May Bentley-Hill, Joshua Colman, Ruby Conheady, William Ingram, Archie Rees, Henry Robertson, Saxon Royal, Noah Sinnott, Jessica Wilson and Oliver Wright.

## RISK MANAGEMENT

South West Healthcare has commenced embedding risk management into the routine work of the organisation in an integrated manner. This has involved a planned top-down and bottom-up approach to risk assessment that is both proactive and reactive. A review of risk management processes has been carried out to develop a plan that recognises risk controls and residual risk to the organisation.

## 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, such as medication safety. As part of the committee's work this year, it has successfully driven the review and removal of all ampoules of the potentially dangerous drug, potassium chloride, from all clinical areas.

The number of clinical incidents reported by staff has risen 78% over the last two years, with an average of 82 incidents being reported per month. Raising staff awareness about the importance of reporting incidents and near misses has brought about this increase. All staff attend training and education around clinical risk management.

## INFECTION CONTROL

Infection control impacts on all aspects of healthcare delivery. Right from planning a new facility to beyond facility care, the infection control system is actively involved in reducing the risk of infection to both patients and staff. 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 evaluates key performance indicators that monitor infection control practices. This is also achieved with up-to-date, evidence-based policies and timing and targeting of advice that is crucial to infection control. Even though the number of patients being treated at South West Healthcare has increased in the last two years, our MRSA (methicillin-resistant staphylococcus aureus) rate has not increased.

## USING CLINICAL INFORMATION TO IMPROVE THE QUALITY OF CARE

Scores of quality improvement projects are carried out across the organisation annually as part of our never-ending commitment to improving the quality of care patients receive. These include clinical documentation audits, carried out regularly by Health Information Services staff, by Nursing Education teachers, by the Quality Department and clinicians themselves.

Excellence in clinical documentation about a patient's clinical condition and care is fundamental to good clinical practice because it ensures patients receive effective and safe care.

Documentation audits are routinely and regularly carried out across our departments to ensure compliance with our own policies. More recently, South West Healthcare has procured an on-line audit tool - the Joanna Briggs Institute Practical Application of Clinical Evidence System (PACES) - to make it easier for staff to conduct audits. This is a hand-held software device onto which audit results are entered then uploaded to a main database, where audit results can be compared to other organisations. Action plans can then be developed to address deficits. Clinical evidence is just a click away by placing all of our clinical guidelines on the intranet. Clinicians all over the organisation can, just by using a mouse, access our own up-to-date clinical policies as well as those of other organisations, like the Royal Children's Hospital for example.

## QUALITY OF CARE REPORT

The annual Quality of Care Report for 2005, 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 we are meeting the information needs of our local communities. The Quality of Care Report informs readers about South West Healthcare's key performance areas.

**We are proud to inform the community that our Quality of Care Report for 2004 won a major Victorian award for its category and the organisation received \$10,000. This has been put back into a clinical improvement project focusing on the care of stroke patients.**



# 150 YEARS OF HEALTHCARE

*South West Healthcare's Warrnambool Hospital turned 150 in 2004. In recognition of this milestone anniversary a small working party developed an impressive Calendar of Events that included a sell-out 150<sup>th</sup> Ball and the well attended historical exhibition, Wellbeing in Warrnambool.*



South West Healthcare's Campuses

South West Healthcare's Warrnambool Hospital turned 150 in 2004. In recognition of this milestone anniversary a working party developed an impressive calendar of events that included a sell-out 150<sup>th</sup> Ball and the well attended historical exhibition, Wellbeing in Warrnambool.

The September exhibition was the brainchild of a collaborative partnership between South West Healthcare and the Warrnambool Art Gallery. Held in the Gallery's George Lance space, photographs and memorabilia took centre stage to refresh memories of the Warrnambool hospital's long and critical role in the region.

## THE PAST, THE PRESENT, THE FUTURE

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.

Today South West Healthcare draws on traditions of high-quality healthcare that have been in place since the mid 19th Century. The progressive establishment of



**Above:** SWH Operational Manager/Nursing, Karen McKinnon and SWH Chief Physiotherapist, Bore Hoekstra, step back in time at the Wellbeing in Warrnambool exhibition that celebrated our Warrnambool Hospital's 150<sup>th</sup> birthday.



**Above:** SWH Librarian Judy Dalton (left) and SWH Diabetes Resource Nurse Ann Morris revisit 150 years of South West Healthcare happenings. Photos: The Standard's Angela Milne.

hospitals in the South West district, and their eventual amalgamation into a large regional organisation, reflects the changing historical needs of healthcare, governed by distance, transport methods and hospital financing

## HOW IT ALL BEGAN OUR WARRNAMBOOL CAMPUS

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 was largely financed by an incredibly 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.

### OUR CAMPERDOWN CAMPUS

66 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.

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.

Today, inpatient and aged care facilities continue to operate 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 and surrounds.

### OUR LISMORE CAMPUS

40 kilometres 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. Mr Ingles' wife Jane, an experienced midwife, ran the service with the assistance of their daughter.

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

With the formation of South West Healthcare, Lismore today continues to provide a range of primary care functions, district nursing and meals-on-wheels, while the provision of videoconferencing equipment has allowed small-scale emergency facilities to be maintained with direct video supervision by medical staff 100 kilometres away at Warrnambool.



**Above:** South West Healthcare Diabetes Educator, Maree Boyle (left), and Macarthur Community Health Centre Youth Worker, Vicki Jackson.

### OUR MACARTHUR CAMPUS

74 kilometres northwest 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.

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. The Macarthur & District Community Outreach Service commenced in January 1994 after the closure of all inpatient facilities.

In 1999, the newly formed South West Healthcare began providing management services to Macarthur. A service plan was undertaken to review the future direction of the community health service. The plan recommended that Macarthur amalgamate with a larger organisation, 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, today Macarthur Community Health continues to provide district nursing and meals-on-wheels services. It runs an active day centre and regular medical clinics and hosts frequent visits from allied health workers from other South West Healthcare campuses.

South West Healthcare's next milestone celebration is just around the corner. Our Camperdown Hospital turns 100 in 2008. A working party will form shortly to develop an exciting list of celebratory events.

# LIFE GOVERNORS

Mrs Ian Aitken  
 Dr BS Alderson  
 Mrs BS Alderson  
 Mr Lyell Allen  
 Mr A L Anderson  
 Mrs G I Anderson  
 Mrs Isabel Anderson  
 Mrs J F Anderson  
 Mrs J Askew  
 Mr R Baker  
 FH Baker  
 Mrs V G Balmer  
 Mr NI Bamford  
 Mrs H Barker  
 WT Barr  
 Mrs M Baulch  
 Mrs B P Bell  
 Mrs S Bell  
 Mrs JA Bell  
 Mr GB Bennett  
 Mrs Iris M Bickley  
 Miss Helen Bishop  
 Mr RJ Borbidge  
 Mr NC Boyd  
 Mr C G Boyle  
 Mr N Bradley  
 Mr D Bradshaw  
 Dr J Brookes  
 Mr GN Brown  
 Mrs I V Bruce  
 LG Buchholz  
 Mr T Buckley  
 Mr CW Burgin  
 Mrs L Burleigh  
 Mrs Lorna  
 Mrs Jean Byron  
 Mr J Caple  
 Mr S Carroll  
 Mrs V Carroll  
 Mrs P Chadwick  
 Mrs EC Chaffey  
 ML Charles  
 Mrs F A J Chislett  
 Mrs Helen Chislett  
 Mr D Chittick  
 Mrs Diane Clanchy  
 Mr John Clark  
 Mr Alistair C Cole  
 Mrs SE Cole  
 LJ Collins  
 Mrs J Conlin  
 Mrs F Coupe  
 Mrs M Cox  
 Mrs Marjorie Crothers  
 Mr R A Crothers  
 Mr J P Daffy  
 Ms Joan Davidson  
 Mrs R C Dawson  
 Mr A DeGaris  
 Mr S DeGaris  
 Mrs G Dickson  
 Mrs M Doherty  
 Miss Judy Donnelly  
 Miss H Douglas  
 Mr GW Dowling  
 Mrs L Dowling  
 Mr EA Dupleix  
 Mr Tony Dupleix  
 Mrs Veronica Earls  
 Mrs A Elliot  
 G Elliot

Mr PV Emery  
 Mr W Ferguson  
 Mr J Finch  
 Mr ER Ford  
 Mrs J Foster  
 Mrs C E Fraser  
 BD French  
 R Gellie  
 Mrs FM George  
 Mr MW George  
 Mrs M M Gibbs  
 Mrs N Gilbert  
 Mrs Shirley Goldstraw  
 Mrs Margaret Good  
 Mrs Joan Goodacre  
 Mrs E Goodwin  
 Mrs L Gordon  
 Mrs P Grace  
 HT Grimwade  
 Mrs M Guyett  
 Mrs Sheila Habel  
 Miss M Haberfield  
 Mr RE Harris  
 Mrs Joy Hartley  
 Mr AJ Hartley  
 Mrs A Havard  
 Mrs M Hayes  
 Mr P Heath  
 Mrs Mavis Heazlewood  
 Dr Les Hemingway  
 Mrs Joan Henderson  
 Mr O V Henry  
 Mrs P Hill  
 Mr AJ Hill  
 Mrs DM Hill  
 Mr GL Hill  
 Mr J Hill  
 Miss L Hill  
 AK Hirth  
 Mr W Hocking  
 Mrs Ivy Hollingsworth  
 Mrs A Holmes  
 Mr J Holmes  
 Mr W Holmes  
 HJ Holmes  
 Mr WJ Holton  
 Mrs A Hooton  
 GN Hornsby  
 JS Hosking  
 Mr L Howard  
 Mrs E Howell  
 Mrs Sharon Huf  
 Mrs Mary Hutchings  
 Mr R Hyde  
 Mrs Winnie Hynes  
 Mr D A Jenkins  
 Mrs Doris Johnson  
 Mr Barry Johnson  
 Mrs M Johnson  
 Mr Rex Johnson  
 Mrs I Jones  
 Mr HT Jones  
 Mr AE Kelly  
 Mr DJ Lafferty  
 Mrs Helen Laidlaw  
 Mrs Val Lang  
 Mr GA Larsen  
 Mrs B Layther  
 S Lee  
 Sen A W R Lewis  
 Mr PE Lillie  
 Mr S A Lindsay

Mr F G Lodge  
 Mrs H Lodge  
 Mr RW Lucas  
 Mrs Wendy Ludeman  
 Mrs A G Lumsden  
 Mrs P Luxton  
 Dr E Lyon  
 Mrs R Macdonald  
 Mr ID Macdonald  
 Mrs ID Macdonald  
 Mrs AF MacInnes  
 S Mack  
 MC Mack  
 Mrs L Maher  
 Mr WG Manifold  
 Mr NS Marshall  
 Mrs Norma Marwood  
 Mrs M Mathison  
 Mrs D McConnell  
 Mrs Arthur McCosh  
 Mrs L McCosh  
 Mrs R McCrabb  
 Mr John McGrath  
 Mr Peter McGregor  
 Mr Ernie McKenna  
 Mrs Mary McKenna  
 Mrs Judy McKenzie  
 Mrs Nola McKenzie  
 Mr Trevor McKenzie  
 Mrs Judy McKenzie  
 Mrs H McLaren  
 Mrs Shirley McLean  
 Mr C McLeod  
 Mr Don McRae  
 Mrs W McWhinney  
 Dr John Menzies  
 Dr J Menzie  
 JE Meyer  
 Mrs B Millard  
 Mr J Miller  
 Mr Andrew Miller  
 Mr Ivan Mirtschin  
 Miss M I Mitchell  
 Mrs C Moore  
 Mrs J P Moore  
 Mr R Moore  
 Mr F Moore  
 Mr J P Moran  
 Mr J Morris Jnr  
 Mr W Morris  
 Mrs I Mulligan  
 AE Murdock  
 Mrs G Mutten  
 Nestle Sports & Social Club  
 Mrs Sheryl Nicolson  
 Mr AW Noel  
 Mrs HW Norman  
 Mrs A Northeast  
 Mr E R Northeast  
 Mr J B Norton  
 Mrs Helen Nunn  
 Dr K Nunn  
 Mrs Barbara O'Brien  
 Mrs M Officer  
 Mrs Judy O'Keefe  
 Miss K O'Leary  
 JR Oman  
 Mr L O'Rourke  
 Mr W Owens  
 Mr K Parker  
 Mrs T J Parker  
 Mrs G R Parsons

Mrs M E Paterson  
 Mr DR Patterson  
 Mrs P Peart  
 Dr Ian Pettigrew  
 Mr W Phillpot  
 Mrs B Piesse  
 Mrs G Pike  
 Mrs L Price  
 Mrs Gloria Rafferty  
 Mrs Margaret Richardson  
 Mr D M Ritchie  
 Mr Ric Robertson  
 Mrs Phillip Ross  
 Mr NJ Rowley  
 Mr Peter Roysland  
 Mr J C Rule  
 Mrs Gladys Russell  
 Mr Leo Ryan  
 Mrs Sue Sambell  
 Mr John Samon  
 Mr RG Sampson  
 Mrs E Savery  
 Mr A E Scott  
 Mr L Sedgley  
 Mr TT Shaw  
 Mrs A B Smart  
 Mr M Smill  
 Mrs Ann Smith  
 Michelle Smith  
 Mr Ron Sproles  
 Miss J Stewart  
 Mr GC Sullivan  
 Mrs B Surkitt  
 Mrs N Swinton  
 Mrs Stuart Swinton  
 Mr D N Symons  
 Mrs NM Tapp  
 Mrs D Taylor  
 Mrs Robbie Taylor  
 Miss K Taylor  
 Mr F Taylor  
 Mr HC Taylor  
 Miss Y Teale  
 Mrs A Thorpe  
 Mr JT Thorton  
 Mrs AJ Trotter  
 Mr SW Waldron  
 Mr J B Walker  
 Mrs H Wallace  
 Mrs R J Wallace  
 Mrs E Watson  
 RJ Webster  
 Mrs D Wedge  
 RV Wellman  
 Mr A C Whiffen  
 Mrs J Whitchurch  
 Mrs J C Whitehead  
 Mr G Whiteside  
 Mr J Wilkinson

Mrs June Williams  
 Mrs R Williams  
 Mrs Zelda Williams  
 Mrs G J Wilson  
 Mr J E Wilson  
 Mrs N T Wines  
 Mr W J Wines  
 Mrs Edna Wynd  
 Mrs G Young

## 2004-2005 APPOINTMENTS

Mrs Marjorie Crothers  
 Mr Tony Dupleix

Our condolences are extended to the families and friends of the following Life Governors who have passed away since the production of our last Annual Report: Mr R G Bennett, Mrs J Horwood, Mrs Sylvia Huf, Mrs M MacFarlane, Mrs Ian Officer and Mr William Pallister.

# HEALTHCARE SERVICES

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

## BED ANALYSIS

### 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 AVAILABLE BEDS

(WARRNAMBOOL CAMPUS) **180**

### 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 AVAILABLE BEDS

(CAMPERDOWN CAMPUS) **67**

### TOTAL AVAILABLE BEDS

**247**

## INPATIENT SOURCES

RESIDENCE	%	INPATIENT AGES	%
Warrnambool	54.78	0 to 9 years	9.06
Camperdown	8.75	10 to 19 years	5.31
Koroit	5.08	20 to 29 years	9.94
Cobden	3.19	20 to 39 years	11.42
Port Fairy	3.07	40 to 49 years	11.95
Mortlake	2.47	50 to 59 years	11.97
Portland	2.26	60 to 69 years	12.00
Allansford	2.11	70 to 79 years	17.68
Terang	2.06	80 to 89 years	9.04
Other Western Victoria	13.07	90 and over	1.63
Other Victoria	3.17		

# STAFF 2004 - 2005

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

### ANAESTHETISTS

Dr P Arnold M.B.B.S., F.A.N.Z.C.A.  
Dr A Cain M.B.B.S., F.A.N.Z.C.A.  
Dr K Cronin M.B.B.S., F.A.N.Z.C.A.  
Dr A Dawson M.B.B.S., F.A.N.Z.C.A.  
Dr G Kilminster M.B.B.S., F.A.N.Z.C.A.  
Dr M Koo M.B.B.S., F.A.N.Z.C.A.  
Dr K Prest M.B.B.S., F.A.N.Z.C.A.

### VISITING DENTAL OFFICERS

Dr E Carlsson D.D.S. (Stockholm)  
Dr C Cugadasan B.Sc. (Hons.), B.D.Sc.  
Dr T Davies B.D.Sc.  
Dr D Geryga B.D.Sc.  
Dr M Johns B.D.S.  
Dr M Palam B.D.Sc., B.Sc.  
Dr RJ Sanderson B.D.S.  
Dr SW Wilde B.D.S. (Liverpool)

### DRUG & ALCOHOL PHYSICIANS

Dr RJ Brough M.B.B.S., D. (Obst.) R.C.O.G.,  
A.P.S.A.D. Cert., F.A.C.R.R.M., F.A.Ch.A.M.  
Dr D Richards M.B.Ch.B., F.A.Ch.A.M.

### GENERAL PRACTITIONERS

Dr A Baldam M.B.B.S., B.Sc., Dip. Av. Med.,  
A.F.O.M. (R.C.P.), D.R.C.O.G.  
Dr IT Barratt B.Sc., M.B.B.S., D.R.C.O.G.  
Dr WJ Bateman M.B.B.S., D.R.C.O.G.,  
F.R.A.C.G.P.  
Dr A Chow M.B.B.S., F.R.A.C.G.P.  
Dr T Cimpoesu M.B. (Rom.), F.R.A.C.G.P.  
Dr J Duffy M.B.B.S.  
Dr A Dumbar M.B.Ch.B., M.R.C.P. (UK), F.R.C.P.  
(Edin), Dip. Trav. Med.  
Dr M Dunkley M.B.B.S., D.R.A.N.Z.C.O.G.,  
F.R.A.C.G.P.  
Dr EC Fairbank M.B.B.S., D.P.H.C., F.R.A.C.G.P.,  
F.A.Ch.P.M.  
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).  
Dr K Gunn M.B.B.S., D.(Obst.) R.A.C.O.G.  
Dr P Hall M.B.B.S., D. (Obst.) R.A.C.O.G., D.A.  
(London), F.A.C.R.R.M.  
Dr GG Irvine M.B.B.S., D. (Obst.) R.A.C.O.G.  
Dr BF Kay M.B.B.S., D. (Obst.) R.A.C.O.G.,  
F.A.C.R.R.M., F.R.A.C.G.P.  
Dr S Killackey M.B.B.S., D.R.A.N.Z.C.O.G.  
Dr S King M.B.B.S., F.R.A.C.G.P.  
Dr C Loy M.B.B.S., B.Med.Sc., D.R.A.N.Z.C.O.G.,  
F.R.A.C.G.P., M.A.I.C.D.  
Dr J Manderson B.Sc.(Hons.), PhD, M.B.B.S.,  
F.R.A.C.G.P.  
Dr C Mooney M.B.Ch.B., M.R.C.S., L.R.C.P.,  
D.R.C.O.G.  
Dr J Oleson M.B.B.S.  
Dr P Oliver M.B.B.S., F.A.C.R.R.M.

Dr B Oppermann M.B.B.S., M.Sc. (Anat.), D.  
(Obst.) R.A.C.O.G., F.A.C.R.R.M.  
Dr MR Page M.B.B.S., D. (Obst.) R.A.C.O.G.,  
F.A.C.R.R.M.  
Dr JD Philpot M.B.B.S.  
Dr MG Quinn M.B.B.S.  
Dr F Reid M.B.Ch.B., D.A.M.F.A.R.C.S.  
Dr A Robson M.B.B.S. (Hons).  
Dr JM 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 SW 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 CW Walters B. Med. Sc., M.B.B.S.

### GENERAL SURGEONS

Mr S Fischer M.B.B.S., F.R.A.C.S.  
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.  
Mr C Murphy M.B.Ch.B., F.R.A.C.S., F.R.C.S.  
(Glasgow), F.R.C.S.I.

### VISITING NEUROLOGIST

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

### OBSTETRICIANS & 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 E Uren M.B.B.S., F.R.A.N.Z.C.O.G.

### ONCOLOGIST

Dr T Hayes M.B.B.S. (Hons.), B. Med. Sci. (Hons.),  
F.R.A.C.P.

### 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 NA 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

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

### PAEDIATRICIANS

Dr C Fiedler M.D., F.R.A.C.P. (Paediatrics).  
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.  
Dr A Sharard M.B.Ch.B., M.D. (Path.).

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

### PSYCHIATRISTS

Dr MG Ivers M.B.B.S., F.R.A.N.Z.C.P.  
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 Boldt M.B.Ch.B. (Otago), F.R.A.C.R.  
Dr M Bennett M.B.B.S., F.R.A.C.R.  
Dr P Touro M.B.B.S., F.R.A.C.R.  
Dr PC 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 RWhite 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 EG Lyon M.B.Ch.B.

### VISITING DENTAL OFFICERS

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

### GENERAL PRACTITIONERS

Dr AL Brown M.B.B.S., Dip. Obst. R.A.C.O.G.,  
Adv.Cert.Sports.Med., F.R.A.C.G.P.  
Dr JM Brown M.B.B.S., Dip. Obst. R.A.C.O.G.,  
F.R.A.C.G.P.  
Dr MD Brownstein M.B.B.S., D.R.A.N.Z.C.O.G.,  
F.R.A.C.G.P.  
Dr TRC Fitzpatrick M.B.B.S.  
Dr E Grambas M.B.B.S., Grad. Dip. Comp.  
(MIT).  
Dr A Griffiths M.B.B.S., B.Sc. (Hon.), D.R.C.O.G.,  
Dip. Obst. R.A.C.O.G.  
Dr EG Lyon M.B.Ch.B.  
Dr SJ 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 RA 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.

**OBSTETRICIANS & 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 E Uren M.B.B.S., F.R.A.N.Z.C.O.G.

**ORTHOPAEDIC SURGEON**

Mr JW 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 Q Sukabula M.B.Ch.B., (Otago).

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

**MEDICAL SERVICES COORDINATOR**

Mr P Martin Cert. App. Sc.

**DIRECTOR OF ANAESTHETICS**

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

**CHIEF DENTAL OFFICER**

Dr S Koshy\* M.D.S. (Otago), M.B.A., B.D.S., B.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 BIOMEDICAL ENGINEER**

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

**CHIEF DIETITIAN**

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

**SWH STAFF NUMBERS (EFFECTIVE FULL TIME/EFT)**

	June 2005			June 2004		
	OPERATING EFT	NON OP. EFT	TOTAL EFT	OPERATING EFT	NON OP. EFT	TOTAL EFT
Medical	32.57	-	32.57	33.98	-	33.98
Nursing	360.29	-	360.29	352.39	-	352.39
Medical/Support	110.86	0.22	111.08	113.48	0.15	113.63
Hotel/Allied	107.49	19.01	126.50	105.09	19.20	124.29
Admin/Clerical	105.20	2.96	108.16	104.15	1.74	105.89
<b>TOTAL</b>	<b>716.41</b>	<b>22.19</b>	<b>738.60</b>	<b>709.09</b>	<b>21.09</b>	<b>730.18</b>

**CHIEF MEDICAL IMAGING TECHNOLOGIST**

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

**CHIEF OCCUPATIONAL THERAPIST**

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

**CHIEF PHYSIOTHERAPIST**

Mr B Hoekstra Dip. Psyche (Neth.), Dip. Physiotherapy (Neth.), B. Psych (Neth.), M. Phys. (Uni. Melb.), M.A.P.A

**CHIEF PODIATRIST**

Ms K Harris B.Pod. (Hons).

**CHIEF SPEECH PATHOLOGIST**

Ms K Brown B. App. Sc. (Speech Pathology).

**CO-ORDINATOR, CENTRE AGAINST SEXUAL ASSAULT**

Mrs H Wilson B. Commerce, Dip. Soc. Studies

**DIRECTOR OF PHARMACY**

Mr B Dillon B. Pharm., Grad. Dip. Hosp. Pharm.

**LIBRARIAN**

Ms JG Dalton T.P.T.C., A.L.A.A.

**MANAGER, ABORIGINAL HEALTH PROGRAMS**

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.

**PRIMARY CARE PARTNERSHIPS - EXECUTIVE OFFICER**

Mr C Fraser B.Prof.Orth., Dip. App. Sc. (P&O). *To March 25.*

Ms H Steenberg B. App. Sc. (H.M.).

**NURSING SERVICES****DIRECTOR OF NURSING**

Mrs S Morrison R.N., M.B.A. (U.S.Q), M.H.A (U.N.S.W.), B.N.,

Dip. Nursing, Cert. of Computer Business Applications, F.R.C.N.A., A.F.C.H.S.E., C.H.E.

**DEPUTY DIRECTOR OF NURSING**

Mrs K McKinnon R.N., M.A. (Health Studies) R.M., Cert. Post Basic Theatre, Cert. Infant Welfare, B.Ed., Dip Technical Teaching, Cert. Technical Teaching, Cert. Microcomputing Applications, M.R.C.N.A.

**QUALITY MANAGER**

Mrs K Harrison R.N., M.H.S.M. (CSU), O.N., B.N., Grad Cert. (Advanced Nursing), M.R.C.N.A., A.F.C.H.S.E., C.H.E.

**EDUCATION MANAGER**

Mrs J Smart R.N., M.P.E.T., Bachelor of Management:Employment Relations (U.S.A.), Cert. IV Workplace Training & Assessment, M.R.C.N.A.

**PERIOPERATIVE SERVICES MANAGER**

Mr A Kelly R.N., Grad.Dip.Health & Information Systems, Cert.Perioperative Nursing

**UNIT MANAGERS****WARD 1**

Mrs E Karlinski R.N., R.M., Adv.Dip.Mgt

**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), Cert. IV Workplace Training & Assessment.

**WARD 5**

Ms J Hallinan R.N., Certificate in Workplace Leadership, Dip. Business.

**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., B.N., R.M., Grad. Dip. Public Health

**WARD 8/WITHDRAWAL & SUPPORT SERVICE**

Mrs K McCarthy R.N., Cert. Rehabilitation, Certificate in Workplace Leadership, Dip. Business.

**DISTRICT NURSING SERVICE/HOSPITAL IN THE HOME**

Mrs L Brooks R.N., R.M., M.N.S., B.N.,  
Grad.Dip.Adv.Nurs.Ed.

**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 R.P.N. Grad Dip Social Sc. (Drug  
Dependence), Grad Dip Bus. (Health Admin),  
M.A.S. (Innovation & Service Man., R.M.I.T.)

**ACTING DIRECTOR CLINICAL SERVICES**

Dr D Chinnasamy\* M.B., B.S., M.D. (India) D.P.M.,  
M.R.A.C.M.A.

**DIRECTOR CLINICAL SERVICES**

Dr R Chau\* M.B., B.S., F.R.A.N.Z.C.P., Dip. Psych.  
Med., Dip. Crim.

**QUALITY COORDINATOR**

Mrs J Bateman B.Sc. (Hons), M.A.P.S.  
Ms I Purcell B.A. (Hons), B.S.W. *Until April 15.*

**STAFF DEVELOPMENT**

Mrs J Punch R.P.N., Cert IV Workplace Training  
and Assessment (TAFE)

**MANAGERS, PSYCHIATRIC SERVICES****RESIDENTIAL SERVICES**

Mr C Healey R.P.N.

**WARRNAMBOOL COMMUNITY****PSYCHIATRIC SERVICES**

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

**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.)

**REGIONAL COORDINATOR**

Ms I Purcell B.A. (Hons), B.S.W. *From April 18.*

**RURAL COMMUNITY PSYCHIATRIC SERVICES**

Ms T Irish\* R.N., R.M., R.P.N.

**PRIMARY MENTAL HEALTH**

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

**PSYCHIATRIC MEDICAL SERVICES****PSYCHIATRISTS**

Dr J Herur\* M.B., B.S., M.D. (India)  
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.P.  
Dr C Seetha M.B., B.S., M.D. (India), D.R.M., D.N.B  
A/Prof R Harvey M.D., M.R.C. Psych,  
F.R.A.N.Z.C.P.  
Dr M Atkins M.R.C. Psych, F.R.A.N.Z.C.P.  
Dr MG Ivers M.M.B.S., F.R.A.N.Z.C.P.  
Dr G Ridley M.B. Ch.B., M.R.C. Psych, F.R.A.N.C.P.

**CORPORATE/ADMINISTRATIVE SERVICES****FOOD SERVICES MANAGER**

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

**FACILITIES MANAGER & SUPPLY MANAGER**

Mr W Hall Cert. Hospital Supply Management  
(Mayfield)

**GENERAL SERVICES MANAGER**

Mr D Miller Adv.Cert.Management (TAFE)

**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.Management (TAFE),  
Cert.3 OH&S (Mayfield)

**OCCUPATIONAL HEALTH & SAFETY MANAGER**

Mr D Brown\* R.N., Crit.Care Cert., Grad. Dip.  
OH&S, Cert Structural Firefighting & HAZMAT  
(CFA)  
Ms A Hilton B.A., (Deakin University)

**MANAGER COMMUNITY HEALTH**

Ms J Nichols\* M.H.A., M.B.A., M.Sc., Grad. Cert.  
Diet. Ed., Post. Grad. Dip. Diet & Nut.  
Mr C Fraser B. App. Sc (P&O) *From March 28.*

**MANAGER COMMUNITY RELATIONS**

Ms S Morey FIA

**SOUTH WEST ALLIANCE OF RURAL HEALTH (VIC)****CHIEF INFORMATION OFFICER**

Mr G Druiitt BSc.(Sydney), BEc(Deakin)

**PATIENT & CLIENT SYSTEMS MANAGER**

Mr M Johnstone R.N., BBus.(Accounting)

**ADMINISTRATIVE MANAGER**

Mr R Quantrelle DipT(Deakin), BEd(Deakin),  
Grad Dip Admin(Deakin)

**ICT SERVICES MANAGER**

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

**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.(Q.E.G.C.), B.N.,  
Grad. Dip. Hlth Admin.  
Mrs J Leadbetter (Acting) R.Comp N., Cert.  
Critical Care.

**MANAGER SUPPORT SERVICES**

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

**UNIT MANAGER ACUTE SERVICES**

Mrs J Leadbetter R.Comp N., Cert. Critical Care.

**SWH STAFF BY GENDER & EMPLOYMENT STATUS**

	June 2005	June 2004
<b>FEMALE</b>		
Full time	235	216
Part time	485	472
Casual	81	78
<b>SUB TOTAL</b>	<b>801</b>	<b>766</b>
<b>MALE</b>		
Full time	154	158
Part time	39	40
Casual	12	9
<b>SUB TOTAL</b>	<b>205</b>	<b>207</b>
<b>TOTAL</b>	<b>1006</b>	<b>973</b>

**UNIT MANAGER AGED CARE FACILITY**

Mrs J Riches R.N., B.N., Grad. Dip. Aged Service  
Management.

**OPERATING THEATRE/EMERGENCY DEPARTMENT COORDINATOR**

Mrs N Delaney R.N., Grad. Dip. Peri-Operative  
Nursing, Cert. III Sterilisation/Technician.

**PRIMARY CARE COORDINATORS**

Mrs J Hirth R.N., R.M., Women's Health Nurse,  
DCP Test Provider (Lismore)  
Ms R Leske R.N., (Lismore).

**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 MEDICAL IMAGING TECHNOLOGIST**

Ms A Gibson M.I.R.

**QUALITY INFECTION CONTROL COORDINATOR**

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).

**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.*



**Top Left:** Under the watchful eye of Captain Starlight, Warrnambool Campus Children's Ward Unit Manager, Sue Marsh, and Daniel Buck test their skills on a \$10,000 entertainment centre donated by the Starlight Children's Foundation. Photo: The Standard's Glen Watson.



**Top Right:** Three of our youngest Camperdown Campus Meals on Wheels volunteers are (from left) St Patrick Primary School's Mitchell Carrigan-Walsh, Rachel Hickey and Daniel Broombly.

**Right:** Our Warrnambool Community Health Centre opened a one-stop Information Hub in July to provide locals with up-to-date information on existing health and welfare services. More than 20 local services helped develop this South West Primary Care Partnership project. SWPCP Consumer Reference Group Member, Rob Amos, was one of the first to check it out with SWH Community Health Nurse, Jane Meiklejohn. Photo: The Standard's Leanne Pickett.



SOUTH WEST  
HEALTHCARE

# MANAGEMENT STRUCTURE

## BOARD OF MANAGEMENT

Principal Committees

## CHIEF EXECUTIVE OFFICER

Human Resources Manager  
Chief information Officer (SWARH)  
Quality Manager  
Facilities & Supply Manager  
Community Health Centre Manager  
Community Relations Manager

## DIRECTOR OF MEDICAL SERVICES

Director of Emergency Services  
Visiting Medical Staff  
Medical Department Directors  
Drug and Alcohol Physicians  
Hospital Medical Officers  
Dental Surgeons  
Allied Health Department Heads  
Executive Officer – Primary Care Partnership

## DIRECTOR OF PSYCHIATRIC SERVICES

Director of Clinical Services  
Manager – Aged Care  
Manager – Child and Adolescent  
Manager – Warrnambool Psychiatric Services  
Regional Coordinator – Psychiatric Services

## DIRECTOR OF NURSING SERVICES

Operational Manager  
Education Manager  
Clinical Co-ordinators  
Unit Managers  
Manager – Patient Care Services, Camperdown  
General Services Manager  
Food Services Manager

## DIRECTOR OF FINANCE

Deputy Director of Finance  
IT Services Manager

# STATISTICAL INFORMATION

## ACUTE HOSPITAL - WARRNAMBOOL CAMPUS

	2004/05	2003/04	2002/03	2001/02	2000/01
Accommodation - Registered Beds	155	155	155	155	155
<b>INPATIENT SEPARATIONS</b>					
Public - No Charge	13,038	12,373	12,378	11,592	11,516
Private/Third Party	1,255	1,088	1,006	1,068	936
Nursing Home Type	18	8	5	2	3
<b>Total Inpatient Separations</b>	<b>14,311</b>	<b>13,469</b>	<b>13,389</b>	<b>12,662</b>	<b>12,455</b>
<b>INPATIENT SEPARATIONS BY PATIENT TYPE</b>					
Emergency	5,676	5,191	4,765	4,403	4,124
Elective	7,613	7,262	7,463	7,211	7,129
Obstetric	1,022	1,016	1,161	1,048	1,202
<b>Total Patients Treated</b>	<b>14,311</b>	<b>13,469</b>	<b>13,389</b>	<b>12,662</b>	<b>12,455</b>
<b>TOTAL PATIENT DAYS IN HOSPITAL</b>					
Public - No Charge	40,956	42,534	41,148	39,499	40,998
Private/Third Party	5,772	5,426	5,358	5,181	4,441
Nursing Home Type	1,012	438	78	26	224
<b>Total Patient Bed Days</b>	<b>47,740</b>	<b>48,398</b>	<b>46,584</b>	<b>44,706</b>	<b>45,663</b>
Daily Average of Occupied Beds	124.5	123.8	122.4	116.8	116.4
% Occupancy on Registered beds	80.3	79.9	79.0	75.4	75.1
% Occupancy on Staffed beds	92.4	90.8	87.7	83.9	83.6
Average Length of Stay	3.3	3.5	3.4	3.5	3.6
Births (Number of deliveries)	490	474	515	468	512
Theatre Operations	4,926	4,210	4,295	4,880	4,698
Endoscopy Patients	1,695	1,582	1,435	1,600	1,302
<b>Total Operations</b>	<b>6,621</b>	<b>5,792</b>	<b>5,730</b>	<b>6,480</b>	<b>6,000</b>
Day Case Surgery in Theatre	3,129	2,811	2,669	2,421	2,100
<b>NON INPATIENT SERVICES</b>					
Number of Attendances:					
Emergency Department	21,793	21,250	20,476	19,562	19,147
Medical/Surgical Clinics	8,439	7,263	7,151	9,033	9,619
Pathology	4,873	4,635	4,252	3,069	2,122
Medical Imaging	5,595	5,138	4,449	3,846	3,569
Pharmacy	8,672	10,471	10,167	11,093	16,228
Allied Health	13,598	15,226	17,193	15,973	15,140
Dental Unit	760	863	2,211	3,914	4,908
Other Programs	7,216	7,018	6,883	6,057	4,491
<b>Total Non Inpatient Attendances</b>	<b>70,946</b>	<b>71,864</b>	<b>72,782</b>	<b>72,547</b>	<b>75,224</b>
Community Rehabilitation Centre (Attendances)	6,978	8,438	6,323	5,202	5,298
District Nursing • Care Hours	13,459	15,759	14,292	13,333	12,893
Meals • Number of 'Fresh Deliver' Meals	32,435	33,764	34,468	32,041	25,665
• Total Number of Meals Served	266,652	254,106	264,257	252,236	244,013
Community Health Attendances	3,029	2,454			



# STATISTICAL INFORMATION

## CAMPERDOWN/LISMORE CAMPUSES

Accommodation - Registered Beds

	2004/05	2003/04	2002/03	2001/02	2000/01
	67	67	67	67	67

## INPATIENT SEPARATIONS BY PATIENT TYPE

Emergency	609	675	615	626	485
Elective	975	995	1164	1175	1,145
Obstetrics	129	95	132	132	134

### Total Inpatient Separations

	1,713	1,765	1,911	1,933	1,764
--	-------	-------	-------	-------	-------

Public Separations (Acute)	1,369	1,421	1,521	1,534	1,373
Total WIES	1,196	1,214	1,376	1,487	1,282
Average Inlier Equivalent DRG Weight	0.6986	0.6888	0.7257	0.7703	0.7296
Acute Bed Days	5,260	5,500	6,308	6,753	5,962
Aged Care Bed Days	12,668	12,650	12,889	12,918	12,935
Total Beddays (Acute plus Aged Care)	17,928	18,150	19,197	19,671	18,897
% Occupancy on Available Beds					
Acute	70.97	70.67	79.34	85.84	75.81
Aged Care	96.41	96.01	98.09	98.31	98.42
Average Length of Stay					
Acute	3.05	3.14	3.27	3.49	3.39
Births	60	48	52	60	61
Total Operations	492	566	649	640	622

Day Case Surgery in Theatre (Incl above)

	375	448	500	485	455
--	-----	-----	-----	-----	-----

## NON INPATIENT SERVICES

Emergency Department	2,819	2,824	2,647	2,759	2,612
Outpatient Attendances	2,236	2,343	2,225	2,520	1,739
District Nursing Visits	5,881	5,657	5,913	8,278	7,754
Community Health - Contacts	2,231	3,176	3,147	2,763	3,062
Community Health - Group Session Attendances	4,318	6,302			
Day Care Attendances	2,555	3,121	2,863	2,719	2,467
Meals on Wheels Prepared	12,221	11,844	9,315	7,599	9,025

### Total Non Inpatient Activity

	32,261	35,267	26,110	26,638	26,659
--	--------	--------	--------	--------	--------

## MACARTHUR CAMPUS

	2004/05	2003/04	2002/03	2001/02	2000/01
District Nursing/personal care visits	2,346	3,228	2,054	1,784	2,324
Community Health contacts	986	1,077	1,338	923	1,158
Community Health groups	1,511	1,112	108	29	28
Day Care session attendances	1,265	1,397	1,273	1,285	1,129
HACC Groups	138	142	204	44	30
Meals on Wheels Prepared	1,189	1,305	1,139	1,463	1,832
Volunteer contacts	1,290	1,529	1,220	1,238	1,207

## 2004/05 TOTAL - ALL CAMPUSES

### ADMITTED PATIENTS

	Acute	Sub Acute	Mental Health	Aged Care	Total
--	-------	-----------	---------------	-----------	-------

### SEPARATIONS

Same Day	7,362	0	47		7,409
Multi Day	8,088	574	422	27	9,111

### Total Separations

	15,450	574	469	27	16,520
--	--------	-----	-----	----	--------

Emergency	5,848		469		6,317
Elective	8,451	574		27	9,052
Maternity	1,151				1,151

### Total Separations

	15,450	574	469	27	16,520
--	--------	-----	-----	----	--------

Public Separations	13,924	498			14,422
Total WIES	10,993				10,993

Total Bed Days	45,474	7,526	3,957	12,668	69,625
----------------	--------	-------	-------	--------	--------

## NON ADMITTED PATIENTS

	Acute	Sub Acute	Mental Health	Aged Care	Total
Emergency Medicine Attendances	24,612		2,152		26,764
Outpatient Services - occasions of services	45,327	6,978	93,371		145,676
Other Services - District Nursing Care Hours				17,113	17,113
Residential Bed Days			1,618		1,618

# STATISTICAL INFORMATION

## PSYCHIATRIC SERVICES

### Statistics

	2004/05	2003/04	2002/03	2001/02	2000/01
Number of Inpatient Separations	469	488	469	420	416
Bed Days	3,957	4,350	4,291	4,371	3,849
Daily Average Inpatients Accommodated	10.84	11.89	11.76	11.97	10.54
Percentage Occupancy (%)	72.27	79.24	78.37	79.84	70.27
Average Inpatient Length of Stay (days)	8.44	8.92	9.15	10.41	9.25
Number of Outpatient Contacts	95,523	94,656	96,767	84,226	75,329
Number of Residential Bed Days	1,618	1,475	1,289	1,460	1,095

### Central Linen Service

Kilograms Produced	709,583	680,058	708,853	701,381	681,862
Average cost per kilogram (cents)	175.29	165.93	160.84	156.23	148.64

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

## SERVICE, ACTIVITY AND EFFICIENCY MEASURES

### Statistical Comparison to Previous Years

	Actual 2004/05	Actual 2003/04	Actual 2002/03	Actual 2001/02	Actual 2000/01
<b>Warmambool Campus</b>					
Weighted Inlier Equivalent Separations	9,797	9,425	9,299	9,192	9,353
Average Inlier Equivalent DRG Weight	0.7132	0.7264	0.7212	0.7558	0.7752

### Statistical Indicators

% Public (Medicare) Patients Treated	91.4%	92.0%	92.5%	91.6%	92.5%
--------------------------------------	-------	-------	-------	-------	-------

### Revenue Indicators - All Campuses

	2004/05	2003/04
<b>Average Days to Collect</b>		
Private Inpatient Fees	65.94	51.30
TAC Inpatient Fees	203.76	60.97
VWA Inpatient Fees	47.40	86.91

### Debtors Outstanding as at 30th June 2005

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2005	Total 2004
Private Inpatients	145,684	84,938	8,199	27,565	266,386	188,435
TAC Inpatients	34,040	0	0	0	34,040	3,960
VWA Inpatients	10,125	12,060	0	0	22,185	49,540
	<b>189,849</b>	<b>96,998</b>	<b>8,199</b>	<b>27,565</b>	<b>322,611</b>	<b>241,935</b>

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

## CONSOLIDATED FINANCIAL RESULTS SOUTH WEST HEALTHCARE

	2004/05 \$'000's	2003/04 \$'000's	2002/03 \$'000's	2001/02 \$'000's	2000/01 \$'000's
Total Revenue	77,761	73,899	69,765	66,044	62,581
Total Expenses	79,873	74,608	69,889	64,601	61,253
<b>Operating Surplus (Deficit)</b>	<b>-2,112</b>	<b>-709</b>	<b>-124</b>	<b>1,443</b>	<b>1,328</b>
<b>Retained Earnings (Accumulated Losses)</b>	<b>-1,911</b>	<b>201</b>	<b>910</b>	<b>1,034</b>	<b>-409</b>
Total Assets	79,714	80,797	81,495	63,557	61,022
Total Liabilities	14,748	15,423	15,412	14,155	13,063
<b>Net Assets</b>	<b>64,966</b>	<b>65,374</b>	<b>66,083</b>	<b>49,402</b>	<b>47,959</b>
<b>Total Equity</b>	<b>64,966</b>	<b>65,374</b>	<b>66,083</b>	<b>49,402</b>	<b>47,959</b>

# FINANCIAL STATEMENTS

## STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2005

	Notes	2004/05 \$000	2003/2004 \$000
<b>REVENUE FROM ORDINARY ACTIVITIES</b>	2,2a	<b>77,761</b>	73,899
<b>EXPENSES FROM ORDINARY ACTIVITIES</b>			
Employee Benefits		49,092	45,601
Fee for Service Medical Officers		6,398	6,043
Supplies & Consumables		8,515	7,480
Share of Net Result of Associates & Joint Ventures for using Equity Model	13	226	110
Depreciation and Amortisation	3	3,706	3,641
Other Expenses From Ordinary Activities		11,936	11,733
	<b>2b</b>	<b>79,873</b>	<b>74,608</b>
<b>NET RESULT FOR THE YEAR</b>		<b>-2,112</b>	<b>-709</b>
Net Increase/(Decrease) in Asset Revaluation Reserve	20a	1,704	-
<b>TOTAL REVENUES, EXPENSES AND VALUATION ADJUSTMENT RECOGNISED DIRECTLY IN EQUITY</b>		<b>-408</b>	<b>-709</b>
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM CHANGES IN CONTRIBUTED CAPITAL</b>		<b>-408</b>	<b>-709</b>

This Statement should be read in conjunction with the accompanying notes

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2005

	Notes	2005 \$000	2004 \$000
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash Assets	16	8,402	10,445
Receivables	6	1,076	1,206
Inventory	7	1,497	1,540
Prepayments		7	99
Other Assets	11	21	127
<b>Total Current Assets</b>		<b>11,003</b>	<b>13,417</b>
<b>Non Current Assets</b>			
Receivables	6	2,039	1,456
Other Financial Assets	8	22	22
Property, Plant & Equipment	5	66,650	65,902
<b>Total Non-Current Assets</b>		<b>68,711</b>	<b>67,380</b>
<b>TOTAL ASSETS</b>		<b>79,714</b>	<b>80,797</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	9	3,209	4,684
Interest Bearing Liabilities	22	12	12
Employee Benefits	10	5,421	5,208
Other Liabilities	11	21	127
<b>Total Current Liabilities</b>		<b>8,663</b>	<b>10,031</b>
<b>Non Current Liabilities</b>			
Employee Benefits	10	6,077	5,371
Interest Bearing Liabilities	22	8	21
<b>Total Non-Current Liabilities</b>		<b>6,085</b>	<b>5,392</b>
<b>TOTAL LIABILITIES</b>		<b>14,748</b>	<b>15,423</b>
<b>NET ASSETS</b>		<b>64,966</b>	<b>65,374</b>
<b>EQUITY</b>			
Contributed Capital	20b	48,346	48,346
Asset Revaluation Reserve	20a	18,509	16,805
Restricted Specific Purpose Reserve	20a	22	22
Accumulated Surpluses/(Deficits)	20c	(1,911)	201
<b>TOTAL EQUITY</b>	20d	<b>64,966</b>	<b>65,374</b>

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

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2005

CASH FLOWS FROM OPERATING ACTIVITIES	Note	2004/2005 \$000	2003/2004 \$000
<b>Receipts</b>			
Government Grants		72,918	69,495
Capital Grants		1,023	2,811
Patient Fees		3,635	3,005
Private Practice Fees		322	227
Donations & Bequests		103	218
GST recovered from ATO		2,722	2,804
Other		4,029	3,619
<b>Total Receipts</b>		<b>84,752</b>	<b>82,179</b>
<b>Payments</b>			
Employee Benefits		-45,520	-45,248
Fee for service medical officers		-6,398	-6,043
Supplies and Consumables		-8,772	-7,917
GST paid to ATO		-7,126	-6,898
Other		-15,765	-13,364
<b>Total Payments</b>		<b>-83,581</b>	<b>-79,470</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	17	<b>1,171</b>	<b>2,709</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of Properties, Plant & Equipment		-5,084	-7,296
Proceeds from Sale of Properties, Plant & Equipment		1,870	1,670
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		<b>-3,214</b>	<b>-5,626</b>
<b>NET DECREASE IN CASH HELD</b>		<b>-2,043</b>	<b>-2,917</b>
<b>CASH AT 1 JULY 2004</b>		10,445	13,362
<b>CASH AT 30 JUNE 2005</b>	16	<b>8,402</b>	<b>10,445</b>


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 2005 and financial position of the Hospital as at 30 June 2005.

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 ARMSTRONG

Warrnambool  
25 August 2005



J. Krygger  
Chief Executive Officer  
JOHN F. KRYGGER

Warrnambool  
25 August 2005



I. Barton  
Chief Finance & Accounting Officer  
IAN BARTON

Warrnambool  
25 August 2005



**NOTE1 STATEMENT OF ACCOUNTING POLICIES**

The general purpose financial report has been prepared on an accrual basis in accordance with the Financial Management Act 1994, Australian Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group Consensus Views.

It is prepared in accordance with the historical cost convention, except for certain assets and liabilities which, as noted, are at valuation. The accounting policies adopted, and the classification and presentation of items, are consistent with those of the previous year, except where a change is required to comply with an Australian Accounting Standard or Urgent Issues Group Consensus View, or an alternative accounting policy permitted by an Australian Accounting Standard is adopted to improve the relevance and reliability of the financial report. Where practicable, comparative amounts are presented and classified on a basis consistent with the current year.

**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.

	2004/05	2003/04
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 valued 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.

**j) 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 (A-IFRSs).

South West Healthcare established a project team to manage the transition to A-IFRSs, including training staff and system and internal control changes necessary to gather all the required financial information.

The project team has analysed all of the A-IFRS and A-IFRS Financial Reporting Directions to identify the accounting policy changes that will be required.

The known or reliably estimable impacts on the financial report for the year ended 30 June 2005 had it been prepared using A-IFRS are set out in Note 4.

## NOTE 2: REVENUE

	HSA 2004/05 \$000	HSA 2003/04 \$000	Non HSA 2004/05 \$000	Non Total 2003/04 \$000	Total 2004/05 \$000	Total 2003/04 \$000
<b>Revenue from Operating Activities</b>						
Recurrent						
Government Contributions						
• Department of Human Services	63,608	59,921	-	-	63,608	59,921
• Commonwealth Government	934	245	62	546	996	791
Indirect Contributions by Human Services	2,405	1,797	-	-	2,405	1,797
Patients and Resident Fees (refer note 2c)	3,695	3,126	-	-	3,695	3,126
Private Practice Fees	-	-	334	227	334	227
Other	305	212	2,656	2,498	2,961	2,710
<b>Capital Purpose Income</b>						
State Government Capital Grants						
• Equipment and Infrastructure	-	-	855	2,507	855	2,507
Commonwealth Government Capital Grants	-	-	-	122	0	122
Donations and Bequests	-	-	103	176	103	176
<b>Sub-Total Revenue from Operating Activities</b>	<b>70,947</b>	<b>65,301</b>	<b>4,010</b>	<b>6,076</b>	<b>74,957</b>	<b>71,377</b>
<b>Revenue from Non-Operating Activities</b>						
Interest	-	-	604	558	604	558
Property Income	-	-	330	294	330	294
Proceeds from Sale of Non-Current Assets (refer note 2d)	-	-	1,870	1,670	1,870	1,670
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>-</b>	<b>-</b>	<b>2,804</b>	<b>2,522</b>	<b>2,804</b>	<b>2,522</b>
<b>Total Revenue from Ordinary Activities</b> (refer note 2a)	<b>70,947</b>	<b>65,301</b>	<b>6,814</b>	<b>8,598</b>	<b>77,761</b>	<b>73,899</b>

## NOTE 2A: ANALYSIS OF REVENUE BY SOURCE

	Acute Care 2004/05 \$000	Aged & Home Care 2004/05 \$000	Residential Aged Care 2004/05 \$000	RAC Mental Health 2004/05 \$000	Mental Health 2004/05 \$000	Primary Health 2004/05 \$000	Other 2004/05 \$000	Total 2004/05 \$000	Total 2003/04 \$000
<b>Revenue from Services Supported by Health Service Agreement</b>									
Government Grants									
Department of Human Services	45,536	1,604	553	-	10,735	1,182	3,998	63,608	59,921
• Commonwealth Government	838	-	35	61	-	-	-	934	245
Indirect Contributions by Human Services									
Insurance	1,741	-	-	-	-	-	-	1,741	1,697
• Long Service Leave	494	19	-	-	90	13	48	664	100
Patient and Resident Fees (refer Note 2 c)	1,756	331	1,464	-	-	17	25	3,593	3,059
Other	293	-	-	-	12	-	-	305	212
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>50,658</b>	<b>1,954</b>	<b>2,052</b>	<b>61</b>	<b>10,837</b>	<b>1,212</b>	<b>4,071</b>	<b>70,845</b>	<b>65,234</b>

### 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.

	Acute Care 2004/05 \$000	Aged & Home Care 2004/05 \$000	Residential Aged Care 2004/05 \$000	RAC Mental Health 2004/05 \$000	Mental Health 2004/05 \$000	Primary Health 2004/05 \$000	Other 2004/05 \$000	Total 2004/05 \$000	Total 2003/04 \$000
<b>Revenue From Services Supported by Hospital and Community Initiatives</b>									
<b>Business Units</b>									
Catering & Commissions								355	370
Sales								1,406	1,299
Training & Staff development								40	28
Fundraising								71	75
Linen Service								679	595
Other								105	131
<b>Total</b>								<b>2,656</b>	<b>2,498</b>

### Revenue From Other Sources

Government Contributions - Commonwealth Government								62	546
Residential Accommodation Payments								102	67
Private Practice Fees								334	227
State Government Capital Grants									
• Equipment and Infrastructure Maintenance								855	2,507
Commonwealth Government Capital Grants								0	122
Donations and Bequests								103	176
Interest								604	558
Property Income								330	294
Proceeds from Sale of Non Current Assets								1,870	1,670
<b>Sub Total Revenue From Other Sources</b>								<b>4,260</b>	<b>6,167</b>
<b>Total Revenue from All Sources</b>								<b>77,761</b>	<b>73,899</b>

## NOTE 2B: ANALYSIS OF EXPENSES BY SOURCE

	Acute Care 2004/05 \$000	Aged & Home Care 2004/05 \$000	Residential Aged Care 2004/05 \$000	RAC Mental Health 2004/05 \$000	Mental Health 2004/05 \$000	Primary Health 2004/05 \$000	Other 2004/05 \$000	Total 2004/05 \$000	Total 2003/04 \$000
<b>Services Supported by Health Services Agreement</b>									
Employee Entitlements									
Salaries & Wages	28,971	1,162	1,614	42	7,443	697	2,356	42,285	39,186
Workcover	240	10	139	1	82	6	19	497	606
Long Service Leave	933	37	11	-	136	23	76	1,216	656
Superannuation	2,922	117	137	3	644	70	238	4,131	3,837
Fee for Service Medical Officers	6,395	-	3	-	-	-	-	6,398	6,043
Supplies & Consumables									
Drug Supplies	1,854	-	3	-	140	-	615	2,612	2,198
Medical & Surgical Supplies	3,576	313	37	-	73	188	480	4,667	4,285
Food Supplies	291	35	270	-	92	21	22	731	703
Other Expenses									
Domestic Services	812	57	51	-	88	34	3	1,045	953
Fuel Light Power & Water	479	36	42	1	50	22	3	633	683
Repairs & Maintenance	1,006	69	21	9	159	41	100	1,405	1,228
Maintenance Contracts	313	22	-	-	3	13	-	351	318
Postal & Telephone	396	32	5	3	134	19	43	632	645
Motor Vehicles	203	14	-	8	172	8	35	440	415
Administrative Expenses	2,412	64	34	3	1,236	38	168	3,955	3,896
Patient Transport	584	-	-	-	12	-	-	596	606
Audit Fees Auditor-General	26	1	-	-	4	1	-	32	31
<b>Total</b>	<b>51,413</b>	<b>1,969</b>	<b>2,367</b>	<b>70</b>	<b>10,468</b>	<b>1,181</b>	<b>4,158</b>	<b>71,626</b>	<b>66,289</b>

**NOTE 2B: ANALYSIS OF EXPENSES BY SOURCE (CONT'D)**

	Acute Care 2004/05 \$000	Aged & Home Care 2004/05 \$000	Residential Aged Care 2004/05 \$000	RAC Mental Health 2004/05 \$000	Mental Health 2004/05 \$000	Primary Health 2004/05 \$000	Other 2004/05 \$000	Total 2004/05 \$000	Total 2003/04 \$000
<b>Services Supported by Hospital and Community Initiatives</b>									
Employee Entitlements									
Salaries & Wages								848	1,149
Workcover								2	3
Long Service Leave								23	36
Superannuation								90	128
Supplies & Consumables									
Medical & Surgical Supplies								270	322
Food Supplies								234	257
Other Expenses									
Domestic Services								126	59
Fuel Light Power & Water								63	59
Repairs & Maintenance								254	433
Motor Vehicles								13	42
Administrative Expenses								383	423
Audit Fees Auditor-General								1	1
								<b>2,307</b>	<b>2,912</b>
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	<b>51,413</b>	<b>1,969</b>	<b>2,367</b>	<b>70</b>	<b>10,468</b>	<b>1,181</b>	<b>4,158</b>	<b>73,933</b>	<b>69,201</b>
Share of Net result of Associates & Joint Ventures for using Equity Model (refer note 13)								226	<b>110</b>
Depreciation and Amortisation (refer note 3)								3,706	<b>3,641</b>
Written Down Value of Assets Sold (refer note 2d)								2,008	<b>1,656</b>
<b>Total Expenses from Ordinary Activities</b>	<b>51,413</b>	<b>1,969</b>	<b>2,367</b>	<b>70</b>	<b>10,468</b>	<b>1,181</b>	<b>4,158</b>	<b>79,873</b>	<b>74,608</b>

**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.

	Total 2004/05 \$000	Total 2003/04 \$000
<b>Patient Fees Raised</b>		
<b>Recurrent:</b>		
<b>Acute</b>		
• Inpatient	1,220	1,004
• Outpatient	557	458
Sub Acute	335	154
Aged Care & Primary Health	1,464	1,418
• Inpatient Rehabilitation		
• Nursing Home		
• Primary Care	17	25
<b>Total Recurrent</b>	<b>3,593</b>	<b>3,059</b>
<b>Capital Purpose:</b>		
Residential Accommodation Payments	102	67
<b>Total Capital</b>	<b>102</b>	<b>67</b>

**NOTE 2D: SALE OF NON CURRENT ASSETS**

<b>Plant &amp; Equipment</b>		
Proceeds from disposal	10	7
Less: Written Down Value of Assets Sold	75	3
Net Gains / (Losses) on disposal	<b>(65)</b>	<b>4</b>
<b>Furniture &amp; Fittings</b>		
Proceeds from disposal	34	-
Less: Written Down Value of Assets Sold	32	-
Net Gains / (Losses) on disposal	<b>2</b>	<b>-</b>
<b>Motor Vehicles</b>		
Proceeds from disposal	1,826	1,663
Less: Written Down Value of Assets Sold	1,901	1,653
Net Gains / (Losses) on disposal	<b>(75)</b>	<b>10</b>
<b>Total</b>	<b>\$000</b>	<b>\$000</b>
Proceeds from disposal	1,870	1,670
Less: Written Down Value of Assets Sold	2,008	1,656
Net Gains / (Losses) on disposal	<b>(138)</b>	<b>14</b>



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

	Acute Care	Aged & Home Care	Residential Aged Care	RAC Mental Health	Mental Health	Primary Health	Other	Total	Total
	2004/05	2004/05	2004/05	2004/05	2004/05	2004/05	2004/05	2004/05	2003/04
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Expenses</b>									
<b>Business Units</b>									
Retail outlets								1,023	1,214
Private Practice								274	316
Linen Services								556	488
Other								454	894
<b>Total</b>								<b>2,307</b>	<b>2,912</b>

**NOTE 3: DEPRECIATION AND AMORTISATION**

	Total	Total
	2004/05	2003/04
	\$000	\$000
<b>Recurrent:</b>		
Buildings	2,013	1,898
Plant & Equipment	851	962
Furniture and Fittings	466	420
Motor Vehicles	376	361
<b>Sub-total as per Statement of Financial Performance</b>	<b>3,706</b>	<b>3,641</b>
Share of Joint Venture Depreciation	313	299
<b>Total</b>	<b>4,019</b>	<b>3,940</b>

**NOTE 4: IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS**

Following the adoption of Australian equivalents to International Financial Reporting Standards (A-IFRS), the Agency will report for the first time in compliance with A-IFRS when results for the financial year ended 30 June 2006 are released.

It should be noted that under A-IFRS, there are requirements that apply specifically to not-for-profit entities that are not consistent with IFRS requirements. The Agency is established to achieve the objectives of government in providing services free of charge or at prices significantly below their cost of production for the collective consumption by the community, which is incompatible with generating profit as a principal objective. Consequently, where appropriate, the Agency applies those paragraphs in accounting standards applicable to not-for-profit entities.

An A-IFRS compliant financial report will comprise a new statement of changes in equity in addition to the three existing financial statements, which will all be renamed. The Statement of Financial Performance will be renamed as the Operating Statement, the Statement of Financial Position will revert to its previous title as the Balance sheet and the Statement of Cash Flows will be simplified as the Cash flow Statement. However, for the purpose of disclosing the impact of adopting A-IFRS in the 2004-2005 financial report, which is prepared under existing accounting standards, existing titles and terminologies will be retained.

With certain exceptions, entities that have adopted A-IFRS must record transactions that are reported in the financial report as though A-IFRS had always applied. This requirement also extends to any comparative information included within the financial report. Most accounting policy adjustments to apply A-IFRS retrospectively will be made against accumulated surplus/(deficit) at the 1 July 2004 opening balance sheet date for the comparative period. The exceptions include deferral until 1 July 2005 of the application and adjustments for:

- AASB 132 *Financial Instruments: Disclosure and Presentation*;
- AASB 139 *Financial Instruments: Recognition and Measurement*;
- AASB 4 *Insurance Contracts*;
- AASB 1023 *General Insurance Contracts (revised July 2004)*; and
- AASB 1038 *Life Insurance Contracts (revised July 2004)*.

The comparative information for transactions affected by these standards will be accounted for in accordance with existing accounting standards.

The Agency has taken the following steps in managing the transition to A-IFRS and has achieved the following scheduled milestones:

- established a steering committee to oversee the transition to and implementation of the A-IFRS;
- established an A-IFRS project team to review the new accounting standards to identify key issues and the likely impacts resulting from the adoption of A-IFRS and any relevant Financial Reporting Directions as issued by the Minister for Finance;
- Finance staff participated in an education and training process for South West Healthcare to raise awareness of the changes in reporting requirements and the processes to be undertaken; and
- initiated reconfiguration and testing of user systems and processes to meet new requirements.

This financial report has been prepared in accordance with Australian accounting standards and other financial reporting requirements (Australian GAAP). A number of differences between Australian GAAP and A-IFRS have been identified as potentially having material impact on the Agency's financial position and financial performance following the adoption of A-IFRS. The following table outlines the estimated significant impacts on the financial position of the Agency as at 30 June 2005 and the likely impact on the current year result had the financial statements been prepared using A-IFRS.

The estimates disclosed below are the Agency's best estimates of the significant quantitative impact of the changes as at the date of preparing the 30 June 2005 financial report. The actual effects of transition to A-IFRS may differ from the estimates disclosed due to:

- change in facts and circumstances
- ongoing work being undertaken by the A-IFRS project team;
- potential amendments to A-IFRS and Interpretations; and
- emerging accepted practice in the interpretation and application of A-IFRS and UIG Interpretations.

#### NOTE 4: IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS (CONT'D)

**Table 1: Reconciliation of Total Liabilities**

	As at 30 June 2005 Consolidated S'000
Total current liabilities under Australian GAAP	8,663
<u>Estimated A-IFRS impact on liabilities</u>	<u>(873)</u>
<b>Total current liabilities under A-IFRS</b>	<b>7,790</b>
<b>Total non current liabilities under Australian GAAP</b>	<b>6,085</b>
<u>Estimated A-IFRS impact on liabilities</u>	<u>873</u>
<b>Total non current liabilities under A-IFRS</b>	<b>6,958</b>

#### 1. Employee Benefits.

Under existing Australian accounting standards, employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at their nominal amount regardless of whether they are expected to be settled within 12 months of the reporting date. On adoption of A-IFRS, a distinction is made between short-term and long-term employee benefits and AASB 119 *Employee Benefits* requires liabilities for short-term employee benefits to be measured at nominal amounts and liabilities for long-term employee benefits to be measured at present value. AASB 119 defines short-term employee benefits as employee benefits that fall due wholly within twelve months after the end of the period in which the employees render the related service. Therefore, liabilities for employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at present value where they are not expected to be settled within 12 months of the reporting date. The effect of the above requirement on the Agency's Statement of Financial Position as at 30 June 2005 will be an estimated decrease in employee benefits current liability of \$873,000 and an increase in non-current liability of \$873,000.

#### NOTE 5: PROPERTY, PLANT & EQUIPMENT

	Gross Cost/ Valuation 2005 S'000	Gross Cost/ Valuation 2004 S'000	Accum. Deprec. 2005 S'000	Accum. Deprec. 2004 S'000	Net Assets at 2005 S'000	Net Assets at 2004 S'000
Land at valuation	10,112	8,408	-	-	10,112	8,408
Buildings at valuation	47,278	47,278	3,782	1,891	43,496	45,387
<b>Subtotal</b>	<b>57,390</b>	<b>55,686</b>	<b>3,782</b>	<b>1,891</b>	<b>53,608</b>	<b>53,795</b>
Buildings at cost	5,468	4,442	492	302	4,976	4,140
Plant & Equipment at cost	13,796	13,321	9,288	8,933	4,508	4,388
Furniture & Office Equipment at cost	5,193	4,831	4,112	3,688	1,081	1,143
Motor Vehicles at cost	2,818	2,764	341	328	2,477	2,436
<b>Subtotal</b>	<b>27,275</b>	<b>25,358</b>	<b>14,233</b>	<b>13,251</b>	<b>13,042</b>	<b>12,107</b>
<b>Total</b>	<b>84,665</b>	<b>81,044</b>	<b>18,015</b>	<b>15,142</b>	<b>66,650</b>	<b>65,902</b>

The valuations of buildings were conducted by Landlink Property Group in June 2003. The valuer was Mr. Eddie Northeast CPV.

Land was revalued by Landlink Property Group in June 2005. The Valuer was Mr. Les Speed AAPI 1250.

#### NOTE 5A: PROPERTY, PLANT & EQUIPMENT

	Land S'000	Buildings S'000	Plant & Equipment S'000	Furniture & Fittings S'000	MV S'000	Total S'000
<b>2005</b>						
Carrying amount at start of year	8,408	49,527	4,388	1,143	2,436	65,902
Additions	-	1,049	1,060	622	2,317	5,048
Disposals	-	-	75	10	1,900	1,985
Revaluation increments/(decrements)	1,704	-	-	-	-	1,704
Depreciation/amortisation expense (note 3)	-	2,104	865	674	376	4,019
Carrying amount at end of year	<b>10,112</b>	<b>48,472</b>	<b>4,508</b>	<b>1,081</b>	<b>2,477</b>	<b>66,650</b>
<b>2004</b>						
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	<b>8,408</b>	<b>49,527</b>	<b>4,388</b>	<b>1,143</b>	<b>2,436</b>	<b>65,902</b>

**NOTE 6: RECEIVABLES**

	2004/05	2003/04
	\$000	\$000
<b>Current</b>		
Acute • Inpatient	345	242
Acute • Outpatient	85	121
Aged Care • Nursing Home	23	37
Regional Institutions	422	421
Linen Service Debtors	67	59
Accrued Government Grants	117	283
Interest	40	78
<b>Total</b>	<b>1,099</b>	<b>1,241</b>
Less Provision for Bad Debts	-23	-35
<b>Total Current Receivables</b>	<b>1,076</b>	<b>1,206</b>
<b>Non Current</b>		
Accrued Government Grants	2,039	1,456
<b>Total Non Current Receivables</b>	<b>2,039</b>	<b>1,456</b>

**NOTE 7: INVENTORIES**

	2004/05	2003/04
	\$000	\$000
Pharmaceuticals	285	251
Medical & Surgical	252	288
Stationery	100	129
Domestic & Maintenance	56	57
Food Supplies	17	25
Kiosk & Healthcare Shop Supplies	106	136
Bulk Linen Store - Linen Service	207	201
Linen in Use	474	453
<b>Total</b>	<b>1,497</b>	<b>1,540</b>

**NOTE 8: OTHER FINANCIAL ASSETS**

	Endowment Fund	Total 2004/05	Total 2003/04
		\$000	\$000
<b>Non Current:</b>			
Interest Bearing Term Deposit	22	22	22
<b>Total</b>	<b>22</b>	<b>22</b>	<b>22</b>

**NOTE 9: PAYABLES**

	2004/05	2003/04
	\$000	\$000
Creditors	2,648	3,148
Grant Recall	104	862
Audit Fee	25	19
GST Payable	432	655
<b>TOTAL</b>	<b>3,209</b>	<b>4,684</b>

**NOTE 10: EMPLOYEE BENEFITS**

	2004/05	2003/04
	\$000	\$000
<b>Current</b>		
Long service leave	613	655
Accrued wages and salaries	1,252	1,078
Annual leave	3,465	3,390
Accrued days off	91	85
<b>Total Current</b>	<b>5,421</b>	<b>5,208</b>
<b>Non-Current</b>		
Long service leave	6,077	5,371
<b>Total</b>	<b>11,498</b>	<b>10,579</b>
<b>Movement in Long Service Leave:</b>		
Balance July 1	6,026	5,926
Provision made during the year	1,220	694
Settlement made during the year	556	594
Balance June 30	<b>6,690</b>	<b>6,026</b>

**NOTE 11: OTHER LIABILITIES**

	2004/05	2003/04
	\$000	\$000
Patient Trust	19	124
Equipment Deposits	2	3
<b>Total</b>	<b>21</b>	<b>127</b>
<b>Represented by the following assets:</b>		
	2004/05	2003/04
	\$000	\$000
Cash Assets	21	127
<b>Total</b>	<b>21</b>	<b>127</b>

## NOTE 12: SUPERANNUATION

Superannuation contributions for the reporting period are included as part of salaries and associated costs in the Statement of Financial Performance of the Hospital.

The outstanding liability for the year ending 30 June, 2005 is nil (2004 nil) and contributions were as follows:

### Contributions

	2004/05	2003/04
Hospital	3,007	2,805
Linen Service	78	72
Psychiatric Services	647	603
Camperdown Campus	469	462
Macarthur Campus	20	23
<b>Total</b>	<b>4,221</b>	<b>3,965</b>

The basis for the contributions are determined by the various schemes.

The unfunded superannuation liability in respect to members of State Superannuation Schemes and Health Super Scheme is not recognised in the Statement of Financial Position. South West Healthcare's total unfunded superannuation liability in relation to these funds has been assumed by and is reflected in the financial statements of the Department of Treasury and Finance.

The above amounts were measured as at 30 June of each year, or in case of employer contributions they relate to the years ended 30 June.

All employees of the Agency are entitled to benefits on retirement, disability or death from the Government Employees Super Fund. This Fund provides defined lump sum benefits based on years of service and annual average salary.

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

The hospital has joint venture interest in the South Western Alliance of Rural Health (SWARH) 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 hospital's share of assets, liabilities and operating result is:

	Total 2004/05	Total 2003/04
<b>CURRENT ASSETS</b>	<b>\$000</b>	<b>\$000</b>
Cash at bank	158	289
Receivables	48	33
Prepayments	7	99
	<b>213</b>	<b>421</b>
<b>NON-CURRENT ASSETS</b>		
Buildings	502	581
Plant and Equipment	-355	-313
	<b>147</b>	<b>268</b>
<b>TOTAL ASSETS</b>	<b>360</b>	<b>689</b>
<b>CURRENT LIABILITIES</b>		
Bank Overdraft	-	-
Payables	54	148
Employee Entitlements	12	34
	<b>66</b>	<b>182</b>
<b>NON CURRENT LIABILITIES</b>		
Employee Entitlements	12	
	<b>12</b>	
<b>TOTAL LIABILITIES</b>	<b>78</b>	<b>182</b>
<b>NET ASSETS</b>	<b>282</b>	<b>507</b>
<b>CONTRIBUTION TO OPERATING PROFIT/( LOSS)</b>	<b>-226</b>	<b>-110</b>

## NOTE 14: CAPITAL COMMITMENTS

The hospital had outstanding commitments at 30 June, 2005 for the supply of works, services and materials to the value of \$1,649,728 (\$1,053,987 2004). \$ 993,728 relates to the upgrade of the SWHC Supply Department with \$656,000 being South West Healthcare's contribution to information technology expenditure for the South West Alliance of Rural Health(SWARH).

## NOTE 15: CONTINGENT LIABILITIES AND 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.

	2004/05	2003/04
	<b>\$000</b>	<b>\$000</b>
Cash on Hand	157	38
Deposits at Call	8,245	10,407
<b>Cash at End of Reporting Period</b>	<b>8,402</b>	<b>10,445</b>



**NOTE 17: RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES TO NET RESULT FOR THE YEAR**

	<b>Total 2004/05 \$000</b>	<b>Total 2003/04 \$000</b>
<b>Net Result for the year</b>	-2,112	-709
<b>NON CASH MOVEMENTS</b>		
Depreciation	4,019	3,940
(Increase)/Decrease in Receivables	-1,822	-191
Increase/(Decrease) in Payables	129	-440
Increase/(Decrease) in Employee Entitlements	683	110
(Increase)/Decrease in Other Current Assets	136	13
Net (Revenue)/Cost on Sale of Assets	138	-14
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>1,171</b>	<b>2,709</b>

**NOTE 18: RESPONSIBLE PERSON-RELATED DISCLOSURES****a) Responsible Persons**

The following were responsible persons during 2004/05 - Snr Sgt I. Armstrong, Mr J. Krygger, 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 M.Alexander, Mr C.Logan, and The Hon. B. Pike.

**b) Remuneration of Responsible Persons**

No responsible person received remuneration from the reporting entity in relation to their duties as responsible persons. The remuneration of the Accountable Officer who is not a member of the Board is reported under "Executive Officers Remuneration"

**c) Retirement Benefits of Responsible Persons**

No responsible person received Retirement benefits from the reporting entity in connection with the retirement of Responsible Persons during the year.

**d) Other Transactions of Responsible Persons and their Related Entities**

	<b>2004/05 \$000</b>	<b>2003/04 \$000</b>
Mr. D.Jellie - Provision of Legal/Consultancy Services	2	2
Dr. A. Brown - (Resigned October 2004) - Fee for Service Medical Officer	15	63
Mrs. D.Daffy - (Resigned February 2004) - Employee		17
Mr. M. Fry - Retail Services	2	1

**e) Other Receivables from and Payables to Responsible Persons and their Related Parties**

No amounts were payable to to Responsible Persons and their Related Entities at balance date.

**f) Remuneration of Executive Officers**

	<b>2004/05 \$000</b>	<b>2003/04 \$000</b>
Number of Executive Officers with remuneration between 240,000 - 250,000	1	-
Number of Executive Officers with remuneration between 230,000 - 240,000	-	1
Number of Executive Officers with remuneration between 200,000 - 210,000	1	-
Number of Executive Officers with remuneration between 190,000 - 200,000	-	1
Number of Executive Officers with remuneration between 130,000 - 140,000	3	2
Number of Executive Officers with remuneration between 120,000 - 130,000	1	2
	<b>6</b>	<b>6</b>
<b>Total Remuneration</b>	<b>974,421</b>	<b>944,285</b>

Remuneration includes Superannation 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 30/06/2005**

	<b>Floating Interest Rate \$000</b>	<b>1 year or less \$000</b>	<b>1 to 5 years \$000</b>	<b>Non Interest Bearing \$000</b>	<b>Book Value 2004/05 \$000</b>	<b>Net Fair Value 2004/05 \$000</b>
<b>Financial Assets</b>						
Cash at bank	8,402	-	-	-	8,402	8,402
Trade debtors	-	-	-	603	603	603
Other receivables	-	-	-	2,512	2,512	2,512
Deposits	-	21	-	-	21	21
Prepayments	-	-	-	7	7	7
Other financial assets	-	-	22	-	22	22
<b>Total Financial Assets</b>	<b>8,402</b>	<b>21</b>	<b>22</b>	<b>3,122</b>	<b>11,567</b>	<b>11,567</b>

	<b>Floating Interest Rate \$000</b>	<b>1 year or less \$000</b>	<b>1 to 5 years \$000</b>	<b>Non Interest Bearing \$000</b>	<b>Book Value 2004/05 \$000</b>	<b>Net Fair Value 2004/05 \$000</b>
<b>Financial Liabilities</b>						
Trade creditors and accruals	-	-	-	3,209	3,209	3,209
Advances	-	21	-	-	21	21
Borrowings	-	12	8	-	20	20
<b>Total Financial Liabilities</b>	-	<b>33</b>	<b>8</b>	<b>3,209</b>	<b>3,250</b>	<b>3,250</b>
<b>Net Financial Asset/Liabilities</b>	<b>8,402</b>	<b>-12</b>	<b>14</b>	<b>-87</b>	<b>8,317</b>	<b>8,317</b>

Weighted Average Interest Rate = 3.20% 5.48%

#### Interest rate exposure as at 30/06/2004

	<b>Floating Interest Rate \$000</b>	<b>1 year or less \$000</b>	<b>1 to 5 years \$000</b>	<b>Non Interest Bearing \$000</b>	<b>Book Value 2003/04 \$000</b>	<b>Net Fair Value 2003/04 \$000</b>
<b>Financial Assets</b>						
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	-	-	22	-	22	22
<b>Total Financial Assets</b>	<b>10,445</b>	<b>127</b>	<b>22</b>	<b>2,761</b>	<b>13,355</b>	<b>13,355</b>

<b>Financial Liabilities</b>						
Trade creditors and accruals	-	-	-	4,684	4,684	4,684
Advances	-	127	-	-	127	127
Borrowings	-	12	21	-	33	33
<b>Total Financial Liabilities</b>	-	<b>139</b>	<b>21</b>	<b>4,684</b>	<b>4,844</b>	<b>4,844</b>
<b>Net Financial Asset/Liabilities</b>	<b>10,445</b>	<b>-12</b>	<b>1</b>	<b>-1,923</b>	<b>8,511</b>	<b>8,511</b>

Weighted Average Interest Rate = 2.66% 5.09%

\*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

	<b>2004/05 \$000</b>	<b>2003/04 \$000</b>
<b>(a) Reserves</b>		
<b>Asset Revaluation Reserve</b>		
Balance at the beginning of the reporting period	16,805	16,805
Increase in Land during the year	1,704	-
Balance at the end of the reporting period	<b>18,509</b>	<b>16,805</b>
<b>Specific Purpose Reserve</b>		
Balance at the beginning of the reporting period	22	22
Balance at the end of the reporting period	<b>22</b>	<b>22</b>
<b>Total Reserves</b>	<b>18,531</b>	<b>16,827</b>
<b>(b) Contributed Capital</b>		
Balance at the beginning of the reporting period	48,346	48,346
Balance at the end of the reporting period	<b>48,346</b>	<b>48,346</b>

**NOTE 20: EQUITY & RESERVES (CONT'D)****(c) Accumulated Surpluses/(Deficits)**

Balance at the beginning of the reporting period	201	910
Net Result for the Year	-2,112	-709
Balance at the end of the reporting period	<b>-1,911</b>	<b>201</b>

**(d) Equity**

Total Equity at the Beginning of the reporting period	65,374	66,083
Total Changes in Equity Recognised in the Statement of Financial Performance	-408	-709
Total Equity at the end of the reporting period	<b>64,966</b>	<b>65,374</b>

**NOTE 21: REMUNERATION OF AUDITORS**

Audit fees paid or payable to the Victorian Auditor-General's Office for audit of the Hospital's financial report

	2004/05 \$000	2003/04 \$000
Paid as at 30 June 2005	6	12
Payable as at 30 June 2005	26	19
<b>Total Paid &amp; Payable</b>	<b>32</b>	<b>31</b>

**NOTE 22: LEASE LIABILITIES****Finance Leases**

Commitments in relation to finance leases are payable as follows:

	2004/05 \$000	2003/04 \$000
Not later than one year	15	15
Later than one year but not later than 2 years	10	15
2 to 5 years	1	12
Minimum Lease Payments	26	42
Less Future Finance Charges	(6)	(9)

**TOTAL**

<b>20</b>	<b>33</b>
-----------	-----------

Representing Lease Liabilities

Current	12	12
Non-Current	8	21

**TOTAL**

<b>20</b>	<b>33</b>
-----------	-----------



AUDITOR GENERAL  
VICTORIA

**INDEPENDENT AUDIT REPORT**

**South West Healthcare**

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

**Matters Relating to the Electronic Presentation of the Audited Financial Report**

This audit report for the financial year ended 30 June 2005 relates to the financial report of South West Healthcare included on its web site. The Members of the Board of South West Healthcare are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The audit report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

**Scope**

*The Financial Report*

The accompanying financial report for the year ended 30 June 2005 of South West Healthcare consists of the statement of financial performance, statement of financial position, statement of cash flows, notes to and forming part of the financial report, and the supporting declaration.

*Members' Responsibility*

The Members of the Board of South West Healthcare are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

*Audit Approach*

As required by the *Audit Act 1994*, an independent audit has been carried out in order to express an opinion on the financial report. 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.





AUDITOR GENERAL  
VICTORIA

**Independent Audit Report (continued)**

The audit procedures included:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.

These procedures have been undertaken to form an opinion as to whether the financial report is presented in all material respects 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 the Health Care Group's financial position, and its financial performance and cash flows.

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

**Independence**

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers are to be exercised. The Auditor-General and his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

**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 2005 and its financial performance and cash flows for the year then ended.

MELBOURNE  
26 August 2005

  
R JW CAMERON  
Auditor-General

# DONATIONS

Anonymous donations x 26	903	Duncan, Bill and Rita	40	McDowall, Mary	20
Donations less than \$20.00 x 71	603	Dunham, Daneele	100	McFadden Family	20
Abicare, Heather	20	Ewers, Susan, Mary and Edward	50	McHeip, Phyllis	20
Alcoholics Anonymous	150	Facey, Janene	20	McLaren, David and Narelle	50
Alcon	200	Ferguson, Ken and Val	20	Medical and Optical	100
Alexander Murdoch Estate	369	Findlay, Barbara	20	Medtronic	500
Anderson, Geoff and Jeannie	20	Fire Flyers Murray to Moyne Cycle		Merri Kindergarten	50
Anglican Women's Guild	500	Relay Team 2005	1,200	Merrivale Football Netball Club	120
ANZ Executors & Trust Co Limited	1,445	Flames Murray to Moyne Cycle		'Mill End'	50
Applied Chemicals Pty Ltd	500	Relay Team 2005	3,029	Moore, NG	50
Atkinson, Jen and Ted	50	Foran, Estate Anne	500	Morey, I & B	20
Australian Pharmaceutical Industry	500	Fraser, Craig	300	Morse, Mavis, Barrie and Lynette	50
Australian Legion of Ex		Garrett, WG & BM	50	Morton, B	375
Servicemen and Women	21,144	Genesis Psychologists	200	Mudge, Josie (Surgicare Pty Ltd)	830
Baker Family	20	Gilbert, HM & NF	100	Mugavin, Thomas	10,000
Bardy, Pauline	30	Gleeson, Joel	200	Mullins, Nathan and Adkins, Melanie	50
Bartlett, Evelyn	100	Godkin, Marj and Stuart	40	Nash, Ivy and Pat	25
Bartlett, Jennifer	200	Golf Day Donations	3,031	National Australia Bank Warrnambool	
Beaton, Chris & Braniff, Kathleen	450	Goodall, Lola	200	Branch & Business & Agribusiness Centre	1,000
Beer Family	60	Gordon Family	20	Neil, Robert	500
Bell, Alison and Family	50	Goss & Paine Families	60	Newell, June and Jack	20
Bennett and Richardson families	100	Goss, Helen	50	Newham, R & R	20
Benzing, B	100	Goss, Liz and Byrne, June	20	Nordin, Alf and Bernice	80
Bidvest Food Services Geelong	500	Greaves, Hilda and Ralph	20	O'Brien Contracting	500
Bollard, PM	50	Gribbles Pathology	500	O'Bryan, Mary and Julie	20
Borstel, James	500	Hall, Joan and Digger	20	O'Bryan/Cannon Family	50
Bounds, Viv and Jean	20	Hall, Ross and Maureen	20	O'Connor, Gwen and Maurice	100
Bourne Family	20	Hansen, Ron	220	O'Leary Family	20
Boyce Family	20	Hansford, Jan and John	25	Old Collegians Football Netball Club	350
Brauer College	50	Harman, A & K	20	Old Time Country Music Group	550
Bray, Clive	340	Hayden	244	Pall Corporation	200
Bridgman, Heather	25	Heathcote, Jill	20	Parsons, Ken and Pam and Family	100
Bryant, Dr Bronwen	50	Heather, G	50	Paul, Malcolm and Janet	50
Bryce Family	100	Hermans Family	50	Pearn, Don	50
Bryce, CG & JM	30	Herrmann Family	200	Penna Family	20
Bryce, Edna	100	Heywood, Robert	50	Phillips, Val and Bob	50
Burma, Paul	20	Hill, M	50	Pilkington, Jean and Gale, Shirley	50
Burns, Lyn and Chris	50	Hocking, David	50	Platt, Grace	20
Butler, Ken and Anne	50	Hocking, Julie and Robins, Paul	50	Price, L	150
Cabot Australasia Pty Ltd	50	Hoffman, Carolyn	100	Programmed Maintenance Service	500
Callaghan Motors Pty Ltd	500	Holland, John Pty Ltd	350	Pun, James	50
Callaghan, Brian	500	Holt	50	Rich, Max and Faye	20
Cambabebe, Mick	20	Ingwersen, Penny and Johnson, Kelvin	25	Ridley, Family	50
Campbell, Ian, Denis and Christopher	50	ITL Healthcare Pty Ltd	500	Risk, Gordon and Helen	20
Camperdown Occasional Child Care	225	Jackson, H	150	Ritchies IGA Community Cash Club	450
Camperdown Racquetball Club	366	Jackson, Nell and Family	20	Roberts, PJ & JL	100
Cannard, Peter	100	Jeffs, Karen	20	Robertson, Neil	150
Caramut Golf Club	50	Jericho, Annmaree and Stephen	50	Robinson, Jim	1,000
Carey, Patricia	20	Jobe, Cindy	50	Ross Family	50
Cathie, Barbara and Ken	20	Johns, Peter and Ruth	20	Ross, Tanya	390
CB Donation	37	Johnson, Gary	20	Rotary Club Warrnambool East	225
CGU	500	Jones, Alan	100	Rotary Club Warrnambool Daybreak	600
Cisco Systems Australia Pty Ltd	1,000	Jones, John	50	Rubber Band	635
Clark, John and Helen	200	Kinley, James	200	Ruth, Martina and Siegfried	20
Clifford, Lila	20	Koop, Anthony	150	Sadler, Margaret and Ian	20
Coates, Jean and Kevin and Smith, Lyn	40	Lack, Peter	365	Saffin Kerr Bowen Wilson	20
Cooke, Joan and Anderson, Denise	30	Ladies in Black	1,002	Shepphard, G & M	300
Cottee, LT & MA	500	Lane, The AL Lane Foundation	15,000	Shilson, Isabel and Alan	50
Country Music Group	360	Langley, PJ & LB	380	Shilson, Peter	25
Countrywide Technologies	500	Lemmens, Gail and Greg and family	50	Shirrefs, GI & PM	25
Cox, Gweneth	20	Lemmens, Greg and Gail	20	Simmonds, Alan	500
Crater Cruisers Murray to Moyne		Leong, Elaine	50	Slater, Roy and Kate	40
Cycle Relay Team 2005	4,000	Lewellin, Marsha and Gavin	100	Smith & Nephew Surgical Pty Ltd	500
Criminal Justice Diversion Program	200	Linker-Spahn, Jutta	50	Smith, Stuart	20
Crooks, Fran and David	20	Looney, Howard	20	South West Counselling	100
Curran, GM	50	Loxton, Ernest	150	South West Credit Union	50
Daffodil Dance Committee	4,500	Ludeman, Tania	100		
Daryl, Kerry, Jacob and Jessica	50	Lyon, Dianne	20		
Deakin University	135	Maceys Carpets	500		
Diabetes Support Group	100	Mahony, JJ & JL	200		
Dickson, Frances	100	Mahood, Marion	50		
Dobson, Colin and Tricia	50	Maston Feakes Leviton Voice & Data	500		
Downie, June	100	McDonald, Janet and MacInnes, John	50		
Duffy, Anne & Pat & Family	50	McDonough, Peter	100		
Dumesny, SW & LC	200	McDowall, Judy	20		

South West Region Chevrolet Car Club of Victoria Inc	600	Vickus, Ev	20	Wines, Les and Merle	20
Sporting Shooters Association of Australia	2,000	Village Life Social Club	20	Wines, M & L	20
Star Printing	200	Wales, Cynthia and Niall	20	Wood, Mathew	400
Stryker	500	Warnken, Andrew	30	Woolen Mill Reunion	720
Surridge, Graham	200	Warnken, Mr and Mrs	20	Woolsthorpe Auxiliary	5,000
Swintons IGA Supermarket	3,078	Warrnambool Artists Society	549	Wyeth Australia	100
Tant, Kevin and Judy and Family	20	Warrnambool & District Hospital Auxiliary	6,500		
Tasker Family	100	Warrnambool & District Old Time Dance Club	300		
Tasker, David	100	Warrnambool College Murray to Moyne Cycle Relay Team 2005	1,600		
Taylor, Graham	50	Warrnambool CWA	25		
Taylor, Lorraine	100	Warrnambool Masonic Lodge	500		
Terrington Family	70	Warrnambool Oldtime Country Music Group	2,160		
Terumo Corporation	100	Warrnambool Ostomy Association	1,500		
Thomson, Ros and James	50	Warrnambool Quilters	500		
Thornton, I	20	Wathen, Mary	50		
Tognolini, HR	50	Weber, Sharyn and Stephen	40		
Toole, Molly	20	West Fridge	1,100		
Touzeau, Paula	105	Whalers Inn	1,470		
Trakhealth Pty Ltd	500	Williams, Luke	750		
Tyco	500	Williams, T & C	500		
Uniting Church	700	Wills, Gladys	100		
Uniting Church Evening Fellowship	300	Wilson Family	20		
Vagg, Sharon	225				

## MONEY RAISED BY SWH AUXILIARIES DURING 2004-2005

AUXILIARY	DONATION
Camperdown & District Hospital Auxiliary	\$21,500
Lismore Ladies Auxiliary	\$5,500
Warrnambool Ladies Auxiliary	\$6,500
Woolsthorpe Auxiliary	\$2,200
Staff Auxiliary	\$5,300

# MEMORIAL DONATIONS

### In Memory of Russell Bell

Abicare, Heather	50
Anonymous x 2	85
Armistead, Robyn and Charlie	10
Baglin, Jack	5
Bell, Alison and Family	50
Crooks, Fran and David	20
Findlay, Barbara	20
Isaac, Rosemary	10
Lemmens, Greg and Gail	20
Looney, Howard	20
Manley, Jan	10
McLaren Family	10
Newham, R & R	20
Norris, Danni	10
Penna Family	20
Platt, Grace	20
Reed, Judy	10
Rich, Max and Faye	20

### In Memory of Marj Bray

Bray, Clive	340
Curran, GM	50
Slessar, Betty	50

### In Memory of John Bryce

Allen, Dorothy	10
Breen, Kaleen	5
Brewis, Rex and Sandra	10
Bryce, CG & JM	30
Bryce, M	5
Caramut Golf Club	50
Coates, Jean and Kevin and Smith, Lyn	40
Fitzgibbon Family	15
Grunter, Alf and Heather	10
Hose, Gail and Peter	10
Jackson, Nell and Family	20
Pohl, Myra	10
Shamrock, S & V	5
Sheridan, Lee	10
Smith, Noel and Pam	10
Van Dyke, Pam and Paul	10
Village Life Social Club	20
Wales, Cynthia and Niall	20

### In Memory of Phyllis Cannard

Anonymous x 1	100
---------------	-----

### In Memory of John Cassady

Anonymous x 1	10
Boyd, Carol	10
Saffin Kerr Bowen Wilson	20

### In Memory of Margaret Currell

Anonymous	20
-----------	----

### In Memory of Edward Cuthbert

Anonymous	50
-----------	----

### In Memory of Janette Dart

Anonymous	55
Beer Family	60
Bennett, D & D And Richardson, M & Family	100
Board, Marg and Lew	10
Brauer College	50
Bridgman, Heather and Quirk, Heather	25
Burma, Paul	20
Burns, Lyn and Chris	50
Fisher, C	10
Gale, David and Gwyneth	5
Hayes, Peter	10
Hill, M	50
Hocking, David	50
Hocking, Julie and Robins, Paul	50
Holt	50
Ingwersen, Penny and Johnson, Kelvin	25
Leong, Elaine	50
Lew, Alex	10
McDonald, Janet and MacInnes, John	50
Preston, Aaron	5
Ridley Family	50
Sack Family	20
Sadler, Margaret and Ian	20
Shirrefs, GI & PM	25
Smith, Wal	10
Towling, G	5
Wines, Les and Merle	20

### In Memory of E Ewers

Ewers, Susan, Mary and Edward	50
-------------------------------	----

### In Memory of Monika Hall

Anonymous x 8	74
Baker Family	20
Boyce Family	20
Cambabebe, Mick	20
Cambabebe, Pat and Annette	10
Edwards, Julie	5
Facey, Janene	20
Ferguson, Ken and Val	20
Godkin, Marj and Stuart	40
Greaves, Hilda and Ralph	20
Hall, Joan and Digger	20
Hall, Ross and Maureen	20
Hansford, Jan and John	25
Hayden, Julie	10
Heather, G	50
Hermans Family	50
Ivory, Jan	10
Jeffs, Karen	20
Johns, Peter and Ruth	20
Lemmens, G & G and Family	50
Lyon, Dianne	20
Malseed, Margaret and Doug	10
McFadden Family	20
Monk, Jannine	10
Morrow, Lois	10
Morrow, Lottie	10
Mueller, Nina and Otto	5
O'Leary Family	20
Reed, Judy and Peter	10
Ruth, Martina and Siegfried	20
South West Credit Union	50
Terrington Family	70
Thornton, I	20
Vickus, Ev	20
Ward, Vicki	10
Warnken, Andrew	30
Warnken, Mr and Mrs	20
Wilson Family	20

<b>In Memory of Don Henderson</b>		<b>In Memory of Brian O'Connor</b>		<b>In Memory of Clive Tasker</b>	
Butler, Ken and Anne	50	Campbell, Ian, Denise and Christopher	50	Anonymous x 5	183
McDonough, Peter	50	Carey, Patricia	20	Clive's Family	100
<b>In Memory of George Hetherin</b>		Clifford, Lila	20	John Holland Pty Ltd	350
Anonymous	100	Duncan, Bill and Rita	40	Johnson, Gary	20
<b>In Memory of E Hinkley</b>		Hoffman, Carolyn	100	Mullins, Nathan and Adkins, Melanie	50
Anonymous	190	Jericho, Annmaree and Stephen	50	Tasker, David	100
<b>In Memory of Dorothy Jones</b>		Lewellin, Marsha and Gavin	100	Tognolini, HR	50
Jones, John	50	McDonough, Peter	50	<b>In Memory of Keith Taylor</b>	
<b>In Memory of Marjorie Mills</b>		McDowall, Judy	20	Anonymous	10
Pilkington, Jean and Gale, Shirley	50	McDowall, Mary	20	Bounds, Viv and Jan	20
<b>In Memory of JP Moore</b>		O'Connor, Gwen and Maurice	100	Cummings, Ken	5
Coulthard Family	10	Parsons, Ken, Pam and Family	100	Daryl, Kerry, Jacob, Jessica and Lucas	50
Gaetani, J & D	5	Rivitt, C & M	5	Genesis Psychologists	200
Looney, Jim and Joan	10	W, Allen and Margaret	5	Graham, Sue and Rundell, Kell and Jeff	10
Pun, James	50	Weber, Sharyn and Stephen	40	Harry, R	5
Sycopoulis, M	10	<b>In Memory of Agnes Robinson</b>		Holland, Glenyce and Max	10
<b>In Memory of Betty Morse</b>		Robinson, Jim	1,000	Knight, John and Ann	15
Anderson, Geoff and Jeannie	20	<b>In Memory of Norah Shilson</b>		Taylor, Lorraine	100
Anonymous	5	Bryant, Dr Bronwen	50	<b>In Memory of Alice E Walker</b>	
Bakker, Gwen	10	Rand, Joan	10	Bourne Family	20
Cathie, Barbara and Ken	20	Shilson, Isabel and Alan	50	Dobson, Colin and Tricia	50
Clarke, Verna	10	Shilson, Peter	25	Duffy, Ann and Pat & Family	20
Delaney, Liz and Myles	10	<b>In Memory of Alan Spikin</b>		Goss and Paine Families	60
Godkin, Marjory and Stuart	10	Bardy, Pauline	30	Goss, Helen	50
Heathcote, Jill	20	Buick	10	Goss, Liz and Byrline, June	20
Hyde, Marlene	11	<b>In Memory of Coralie Stock</b>		Harman, A & K	20
Mahood, Marion	50	Anonymous	44	Heywood, Robert	50
McDonald, Rose	10	Bicals, Anne	2	Morey, I & B	20
Morse, Mavis, Barrie and Lynette	50	Cooke, Joan and Anderson, Denise	30	O'Bryan, Mary and Julie	20
Paul, Malcolm and Janet	50	Hines, Beverley	5	O'Bryan/Cannon Families	50
Pike, Edna and Jan	10	Hogan, S	10	Tant, Kevin and Judy & Family	20
Ross Family	50	Jensen, Alma	10	Toole, Molly	20
Slater, Roy and Kaye	40	McHeip, Phyllis	20	<b>In Memory of Gordon Walker</b>	
Wines, M & L	20	Nash, Ivy and Pat	25	Atkinson, Jean and Ted	50
<b>In Memory of Mary Mugavin</b>		Pearn, Don	50	<b>In Memory of Ronald Wills</b>	
Mugavin, Thomas	10,000	Warrnambool CWA	25	Anonymous x 2	6
<b>In Memory of Shirley Surridge</b>		<b>In Memory of Shirley Surridge</b>		Marshall, Virginia	10
Surridge, Graham		Surridge, Graham		Wills, Gladys	100

## EVERY DONATION HELPS

South West Healthcare received almost \$150,000 in donations in 2004-2005. This much-needed assistance came from individuals, both young and old; groups, fellowships and auxiliaries; service clubs and sports clubs; small businesses; corporations; grant makers; and patients, families and friends impressed with the care South West Healthcare has provided. **Big or small, every cent helps us to buy desperately needed medical equipment.**

### 21,144 REASONS TO BE THRILLED

In January the Victorian Branch of the Australian Legion of Ex-Servicemen and Women answered the wildest dreams of South West Healthcare's Lismore Community Health Centre by financing the purchase of every item on its Medical Equipment, Aids & Appliances (Wish) List. The unsolicited \$21,144 donation bought the rurally-isolated community a \$10,000 Interpretative ECG

(electrocardiograph) Machine; \$4,800 podiatry chair; \$2,500 treadmill; \$1,500 ultrasound machine; elbow crutches; shower chairs; toilet-raiser seats; walking frames; evaporative coolers and a dishwasher.

The jewel-in-the-crown purchase, the ECG machine, is helping monitor the health of local ex-servicemen and women and other elderly people who spend many hours at the centre. The walking machine is helping staff monitor the airflow and blood pressure of clients using the gym. The visiting podiatrist and district nurse are using the ultrasound to keep on top of wound-care management. The dishwasher means volunteers can spend less time at the sink and more time with clients. And the upgraded aids are available for hire.



# COMPLIANCE INDEX TO DISCLOSURE REQUIREMENTS

The Annual Report of the Entity is prepared in accordance with Section 3 of 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.

<b>CLAUSE</b>	<b>DISCLOSURE</b>	<b>PAGE/S</b>
<b>Report of Operations</b>		
Charter & Purpose	Manner of establishment and Relevant Minister	49
	Objectives	5
	Services provided and persons or sections of community served	22
<b>Management &amp; Structure</b>		
	Names of governing board members, Audit Committee & Chief Executive	7,8
	Names of senior office holders and brief description of each office	8
	Chart setting out organisational structure	26
<b>Financial and other information</b>		
	Workforce data and application of merit & equity principles	14, 24, 25
	Occupational Health and Safety Matters	14
	Application and operation of FOI Act 1982	49
	Application and operation of the Whistleblowers Protection Act 2001	50
	Summary of significant changes in financial position	29, 30, 31, 33, 34, 35, 39
	Operational objectives for the year and performance against those objectives	3,4
	Financial analysis of operating revenues and expenses	33, 34, 35
	Major changes or factors affecting achievement of objectives	3,4
	Number and total cost of consulting engagements, each costing < \$100,000	49
	Extent of compliance with Building Act 1993	49
	Statement that certain additional information is available on request	49
	Statement on implementation and compliance with National Competition Policy	49
<b>FINANCIAL STATEMENTS</b>		
<b>Statement of Financial Operations</b>		
	Operating revenue by class	33, 34
	Other material revenue by class including sale of non-goods, assets and contributions of assets	35
	Material revenues arising from exchanges of goods or services	33, 34
	Depreciation, amortisation or diminution in value	36
	Bad and doubtful debts	38
	Audit expense	34
<b>Statement of Financial Position</b>		
	Cash at bank or in hand	30, 31, 39
	Inventories by class	38
	Receivables, including trade debtors, loans and other debtors	38
	Other assets, including prepayments	38
	Property, plant & equipment	37
	Overdrafts	Not Applicable
	Trade and other creditors	38
	Provisions, including employee entitlements	38
<b>Statement of Cashflows</b>		
	A statement of cash flows during the year	31
<b>Notes to The Financial Statements</b>		
	Commitments for expenditure	39
	Government grants received or receivable	31, 33, 34
	Employee superannuation funds	39
	Transactions with Responsible Persons and their related parties	40
	Freedom of Information Requests	49

## **MANNER OF ESTABLISHMENT**

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

## **FREEDOM OF INFORMATION REQUESTS**

Requests for documents in the possession of South West Healthcare are directed to the Freedom of Information Manager. 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 153 requests under the Freedom of Information Act were processed during the 2004/2005 financial year.

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

- Principal Officer: Chief Executive Officer, Mr J.F. Krygger
- Medical Principal Officer: Director of Medical Services, Dr P. O'Brien
- Freedom of Information Manager: Health Information Administrator, Mrs M. Cook

## **REPORTING REQUIREMENTS**

In accordance with the requirements of the Directions of the Minister for Finance 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**

Three consultancies at a total cost of \$54,950 were conducted during the Report Year.

## **BUILDING ACT 1993 COMPLIANCE**

South West Healthcare complies with the building and maintenance provisions of the Building Act 1993.

## **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.

## **RESPONSIBLE MINISTER**

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

During 2004-2005 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. These policies and procedures 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 organisation or any of our 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:



- Chief Executive Officer, Mr John Krygger  
South West Healthcare, Ryot Street, Warrnambool, Victoria 3280  
Phone 03 5563 1666.
- The Ombudsman  
Level 3/459 Collins Street, Melbourne, Victoria 3000  
Phone 1800 806 314.

Photo: Our Camperdown Hospital's \$550,000 Theatre upgrade sees Chief Executive Officer, John Krygger, meeting with some of the design team. Photo: The Camperdown Chronicle.

Photo: Three-year-old Abby Warburton (the daughter of Warrnambool's Shannon Jones and Jason Warburton) snoozes on a Prone Trolley donated by Manchester Unity while five-year-old cousin, Lachlan Arden (the son of Warrnambool's Rachel Arden), takes a little time out. Photo: Standard's Glen Watson.

Photo: Two of our Camperdown Campus nurses, Prue Pincott (left) and Jane Leadbetter, participated in an international aid mission to tsunami-devastated Indonesia in July.





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



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



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



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

## PSYCHIATRIC SERVICES



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

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

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

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

[www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)



SOUTH WEST  
HEALTHCARE