

SOUTH WEST HEALTHCARE
ANNUAL REPORT
2006

excellence
in regional & rural
healthcare



SOUTH WEST
HEALTHCARE



CONTENTS

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Left: Port Fairy's Theresa Hauraki and husband Atawhai's beautiful baby boy. Mana made history this Report Year by being the longest and heaviest of 5,000 babies born at SWH's Warrnambool campus in a decade. He weighed in at 5.720 kilograms (12 pounds/10 ounces). All 58 centimetres of him.

Photo Courtesy of The Standard and photographer Damian White.

Below: Podiatrist Kerry Harris fits a heel protector device.

Bottom: Merindah Lodge's Velda Brian and Registered Nurses Gael Kerr (left) and Angela Absloam agree that pressure-relief mattresses provide tremendous comfort.

Cover

Top: The Emergency Department's Dr Jo McCaffrey checks seven-year-old Damien McCutcheon's eyes. Photo courtesy of The Standard and photographer Damian White.

Centre: Of the 5,000 babies SWH has helped bring into the world in the past decade, Scarlett Gurry has been one of the tiniest. The daughter of Warrnambool's Jodie and Matthew Gurry, Scarlett weighed in at just 1.38 kilograms when she was born nine weeks premature on May 10. The average size newborn is a little under 3.5 kilos. Photo courtesy of The Standard and photographer Leanne Pickett.

Bottom: One of SWH's many interns, Dr Elizabeth Hingston checks the pulse of Warrnambool's Merle Fish.

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HIGHLIGHTS OF 2005-2006

- Winner of the 2005 Quality of Care Reporting Awards
- Establishment of the Hospital Access Risk Program (HARP)
- Completion of masterplanning and feasibility studies for total redevelopment of Warrnambool campus
- Announcement of Deakin Medical School at South West Healthcare Warrnambool
- Awarded tender for construction of new Operating Theatre Complex at South West Healthcare Camperdown
- Successful Australian Council on Healthcare Standards accreditation survey
- Treatment of record number of patients
- Achievement of operating surplus

“ It is our pleasure to highlight to our community our significant achievements following the conclusion of another successful year. ”

Above: (from left) Midwife Marcee Garside ‘scouts’ for Registered Nurse Mary O’Byrne and Clinical Nurse Specialist Jo Teal during another day of surgery at our Camperdown Hospital.

YEAR IN REVIEW



SERVICE EXPANSION

The organisation experienced significant demand pressure during the reporting period and once again treated more patients this year than ever before. During 2005/2006, we treated a record 17,148 acute inpatients and over 25,000 Emergency Department presentations. This inpatient throughput figure was 3.4% above the target that was set by the Department of Human Services and as a result, the organisation suffered a financial penalty as the overrun was not fully funded. This demand pressure is manifesting itself in many ways and has led to a daily bed occupancy approximating 94% for the majority of the year. In an attempt to reduce this overrun, there have been a number of scheduled operating theatre closures during the financial year, which reduces the number of elective surgical cases that can be treated. The end result is that the waiting list continues to expand and this is an area which will be closely monitored by the Board and the Management team.

One of the direct responses to this patient demand pressure, has been the establishment of the Hospital Access Risk Program (HARP) which aims to reduce the re-admission rate for a number of our patients, particularly those suffering chronic illnesses. This program has been warmly received by both the general practitioners and indeed the patients themselves and is starting to make an impact. It is

particularly pleasing from a policy perspective that the Government is now placing additional resources in the primary care sector in an attempt to reduce the long term demand on acute services. It is believed that this policy shift will deliver significant benefits in the future and provide further encouragement for individuals to be more responsible for their own health.

FACILITIES, EQUIPMENT & TECHNOLOGY

The major planning work undertaken during the year was the completion of the Masterplan and Feasibility Studies for the Warrnambool campus redevelopment project. This was a significant undertaking and ultimately concluded with the submission of a detailed Business Case for consideration by the Department of Treasury and Finance.

The proposed redevelopment of the Warrnambool campus is a project of significant magnitude and 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.

The project has been initially costed at \$130 million and it is disappointing to report that an allocation to commence the project was not forthcoming when the State Budget was

announced in May of this year. Nonetheless, approval has now been received to advance this long awaited project to the Schematic Design phase which is considered another major milestone for the project.

The Board is acutely aware that capital redevelopment is an overtly political process and great efforts are being made to ensure that the project remains at the forefront of political thinking in the hope that the total project is announced as part of a pre-election commitment.

It is also particularly noteworthy that the new redevelopment will enable the provision of medical student teaching following the recent Prime Ministerial announcement of a new medical school at Deakin University. South West Healthcare Warrnambool campus has been earmarked as the central hub of the Greater Green Triangle cluster, which will elevate the status of South West Healthcare to a true teaching hospital. As a result, the new capital redevelopment includes education facilities, tutorial rooms and change rooms for medical students as an integrated component of our service delivery system. It is expected that the new Deakin Medical School will attract students from country Victoria who wish to continue their careers in the area which should assist future recruitment efforts. In addition, a number

of specialist medical staff and general practitioners have expressed an interest in being involved in student teaching.

In other capital redevelopment news, the organisation has completed the installation of the new dual fired boiler plant, which already is delivering significant efficiencies in terms of recurrent financial savings to the organisation. In addition, the new Supply and Sterile Storage Department has made significant progress and is due for completion early in the new financial year. 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 hospital redevelopment.

After an extremely protracted and difficult planning phase, it is also particularly pleasing to announce that the long awaited new Operating Theatre complex at Camperdown has commenced. The project will include a new Operating Theatre, recovery room, Emergency Department, triage area and significant electrical infrastructure to support the redevelopment. More importantly, the project represents a significant investment in the future of the Camperdown health service and ensures the ongoing viability of surgical services well into the future.

South West Healthcare continues to act as the lead agency of SWARH – the South West Alliance of Rural Health. SWARH is an Information Technology alliance which now comprises more than 80 agencies over 200 sites. The Alliance has a key role in implementing the Government's IT policy and we eagerly await the expanded range of electronic patient and clinical information systems that are now required.

QUALITY, SAFETY & RISK MANAGEMENT

One of the significant challenges during the year was the organisation wide survey undertaken by surveyors from the Australian Council of Healthcare Standards in May 2006. This survey was a comprehensive review of all healthcare services that assessed the performance against the national benchmarking standards. It is extremely pleasing to report that the organisation received a full four-year re-accreditation status with a number of services being identified as exemplary.

At the summation conference, the surveyors indicated that they were very impressed with the overall health service, that the high quality of patient care was evident and that the dedication of staff was apparent. Furthermore, the surveyors identified numerous examples of innovation and best practice and observed that staff genuinely enjoy their jobs.

In addition, it is also pleasing to highlight that the Aged Care Sector (Merindah Lodge) has also received full accreditation status from the Aged Care Standards and Assessment Agency. It is reassuring to note that the Camperdown Aged Care Sector received no recommendations following their external survey. Similarly the Psychiatric Services Division has met full compliance with the National Standards for Mental Health.

Another highlight of the year was the awarding of the best Quality of Care Report for the second consecutive year. The Quality of Care Report demonstrates how the health service goes about the business of providing safe and efficient healthcare for the people of South West Victoria. It highlights how the organisation responds to the needs of the community and how the quality of the service is monitored against industry standards and other healthcare organisations. The organisation is humbled that the pursuit of quality service provision is acknowledged through this statewide award that identifies the existence of the strong quality culture throughout the organisation. An example of this is that we have used the funding received from the award to implement further quality improvement initiatives and in this case, we have appointed a Stroke Liaison Nurse to improve the treatment and care of this particular patient group.

LEADERSHIP & MANAGEMENT

The Board of Directors 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 Ms Leanne Woods and Mr Steve Callaghan. Both of these Board members responded enthusiastically to the challenges associated with this demanding role. Leanne has since secured employment in the organisation as the Koori Liaison Officer within the Psychiatric Services Division. As a result of this appointment, Leanne has had to relinquish her Board position and we thank her for her contribution.



Top: Supply Manager Terry Hoy (left) and Facilities Manager Wayne Hall test-run the pass-through hatch for the storage of sterile goods at Warrnambool's soon-to-be-opened \$1.2 million Supply and Sterile Storage Department.

Bottom: The slab is poured for Camperdown's \$1.2 million Theatre Complex where Clinical Nurse Specialist Jo Teal (left) and Registered Nurse Mary O'Bryan will soon work.

Opposite page

Top Left: Life begins for two-day-old Keira, the fourth child of Cobden's Sarah and Mark Rantall.

Centre Left: Cassandra Walters' broken arm is tended to by Warrnambool Emergency Department Registered Nurse Annalene Ellis. Photo courtesy of The Standard and photographer Damian White.

Bottom Left: Safety first! The Warrnambool Hospital's brand-new slicing machine gets a work out from Diet Kitchen Assistant Marita Byron.

Top Right: Registered Nurse Julie O'Brien puts anti embolic stockings on Edenhope's Kevin Forster. These stockings can help prevent blood clotting and help with the healing of ulcers.

Bottom Right: Celebrating back-to-back wins for Victoria's best Quality of Care Report are members of the SWH Community Advisory Committee Bill Malseed, Marjorie Crothers (centre) and Director of Nursing Sue Morrison.



A significant undertaking of the Board during the year was the implementation of the recommendations following a complete review of the Governance and Accountability Instruments. This has led to the development of a number of policies and a complete review of the By-Laws and Standing Orders of the organisation.

The Board's primary responsibility is to demonstrate effective strategic leadership and to ensure 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.

The running of an efficient health service within such a complex environment continues to be a major challenge for the organisation. Despite the lost revenues associated with exceeding the patient throughput target, it is very pleasing to report the recording of a modest operational surplus for the financial year. There are also significant inefficiencies associated with the existing dated infrastructure and as a result, the surplus financial position is even more pleasing.

Following a review of the organisational structure, Mr Andrew Trigg was appointed to the position of Director of Corporate Services. Andrew has an extensive understanding of healthcare financing and service delivery and has settled into this challenging role extremely well.

COMMUNITY ENGAGEMENT

A group of very loyal and dedicated volunteers and auxiliaries provides assistance to both patients and staff as well as being involved in fundraising to purchase much needed medical and nursing equipment. In particular, our voluntary auxiliaries have become a vital part of our patient care team.

This dedicated band of supporters, together with donations from individuals, service clubs, community groups and philanthropic trusts, have contributed more than \$165,000 to South West Healthcare during the year. This is obviously very much appreciated.

As a key component of our Community Engagement initiative, we developed a specific program entitled 'Operation Engagement' which is an opportunity to showcase our facilities, services and expertise to a diverse range of influential community leaders. The response to this initiative has been extremely encouraging and has highlighted the strong level of community ownership in our local health service.

CONCLUSION

The Board and Executive take very seriously the responsibility to provide a high level of quality health services to the residents of a significant part of South West Victoria. We are very pleased to conclude that we believe that we have responded extremely positively to this responsibility and achieved all of the milestones set at the beginning of the year.

It is pleasing to record the highest level of patient throughput in the organisation's history and the fact that we are now one step closer to the major redevelopment of facilities which is the only limiting factor for further improvement and expansion.

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.

We know that we have the organisational purpose and staff commitment to address the challenges as they arise. We are particularly pleased with the high levels of both staff satisfaction and patient satisfaction as identified in both the Quality of Care Report and the outstanding results from the ACHS Accreditation Survey.

This level of achievement would not have been possible without the outstanding contribution of all staff which is greatly acknowledged.

JOHN F KRYGGER
CHIEF EXECUTIVE OFFICER

IAN ARMSTRONG
CHAIRMAN, BOARD OF DIRECTORS

“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.”

ACHIEVEMENTS: 5 YEAR STRATEGIC PLAN

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.



Top: Perioperative Services Manager Tony Kelly adjusts the digital capture system prior to laparoscopic surgery.

Bottom: Yvonne Spence says Stroke Liaison Officer Patrick Grout is worth his weight in gold. Photo courtesy of The Standard and photographer Glen Watson.

Opposite page

Board of Directors Chairman Ian Armstrong (left) and Chief Executive Officer John Krygger stand above the site of the Warrnambool campus' proposed \$130 million capital redevelopment. The project is currently at the schematic design phase.

MAJOR GOALS - ACHIEVEMENTS FOR 2005-2006

1. QUALITY, SAFETY & RISK MANAGEMENT

2. FINANCIAL MANAGEMENT

3. HUMAN RESOURCE 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.

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

To further strengthen our skilled and efficient workforce.

To enhance the supportive and motivated organisational culture.

STRATEGIES

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

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

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

ACHIEVEMENTS

- Organisational wide Australian Council on Healthcare Standards (ACHS) survey successfully completed in May 2006. Compliance with all standards achieved.
- Compliance with all 19 mandatory ACHS criteria.
- Compliance with all 44 Aged Care standards. Full 3-year accreditation achieved.
- Comprehensive Integrated Risk Management Policy adopted by Board of Directors (BOD) in December 2005.
- Risk register and risk management plan developed.
- Internal audit program included reviews of revenues, billings, purchasing and supply.
- Balanced scorecard suite of Key Performance Indicators (KPIs) approved by BOD in October 2005 and reported in October 2005 and March 2006.
- National medication chart successfully introduced to both Warrnambool and Camperdown campuses.
- Compliance with legislation monitored via a well-established organisational-wide process including quarterly updates and a well-documented action plan.
- Achievement of operating budget surplus.
- Current asset ratio remains above 1.
- Operating surplus achieved whilst exceeding funded patient throughput.
- Donor database developed and \$165,000 raised in the past 12 months.
- Received unqualified audit report from Auditor General.
- Completed the restructure of Paediatric Services.
- Reviewed provision of fixed line telecommunications services and appointed a new provider.
- A joint review of Dental Services was undertaken with the Department of Human Services Victoria (DHSV) resulting in an interim change in management structure.
- All departments completed individual business plans.
- Individual business plans formed basis of Divisional and Organisation wide business plan.
- Funding received for a number of new services and initiatives including the Hospital Admission Risk Program (HARP) and Better Skill-Better Care project.
- A range of financial benchmarking activities undertaken with Group B hospitals.
- Human Resources (HR) Strategic Plan implemented.
- Staff Satisfaction Survey completed in May 2006.
- Continuing positive employee relations environment and interaction between management, staff and unions.
- A range of HR benchmarking activities undertaken with agencies across the health sector.
- Continued effective recruitment and retention strategies with successful outcomes.
- Review of organisational structure resulting in a number of changes.
- Certificate III training successfully completed by > 80% of staff in Linen and Environmental Services.
- Continuing Nurse Education 3-year plan implemented.
- Business Continuity Plan reviewed and subsequently updated.
- Organisation wide Environmental Safety Audit program in place to identify workplace risks.
- Review and expansion of orientation/ induction programs and other mandatory staff update sessions.
- Review and update of Emergency Response Manual.

4. FACILITIES, EQUIPMENT & TECHNOLOGY

5. SERVICE INTEGRATION

6. COMMUNITY HEALTH

7. COMMUNITY ENGAGEMENT

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

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

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

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

- 4.1 Review and complete Service Plan
- 4.2 Review and implement Master Plan
 - Camperdown
 - Warrnambool
- 4.3 Promote the development of healthcare precinct
- 4.4 Develop Annual Asset Replacement and Acquisition Plan
- 4.5 Utilise information and communications technology to enhance service provision

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

- 6.1 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
- 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

- 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

- Feasibility stage of the master plan/redevelopment of the Warrnambool campus completed.
- Schematic design stage to commence in July 2006.
- \$1.0m redevelopment of supply department due for completion in August 2006.
- New gas-fired steam boilers installed resulting in significant recurrent savings.
- \$1.2m redevelopment of Camperdown Theatre complex approved and commenced in June 2006.
- Refurbishment of Merindah Lodge (Camperdown Aged Residential Care) bathrooms commenced in May 2006.
- All buildings and facilities met relevant legislative requirements.

- Continued development of dedicated web site and integrated intranet site.
- Additional videoconference units purchased for remote sites.
- Rural Maternity Initiative to improve continuity of care implemented in May 2006.
- Project worker appointed to the Multidisciplinary Acute Stroke Team.
- Corangamite Managed Clinical Network successfully established Clinical Protocols and education programs for GPs, Obstetricians and Midwives for Camperdown campus and associated hospitals.
- Active participation in Barwon Southwest Regional Integrated Cancer Services (RICS) initiative.
- Major review of admission and discharge processes resulting in a number of streamlined processes.

- Community Health Centre Health Promotion Program achieved success in major areas across all sites.
- SWH represented by all community health sites on various Primary Care Partnership (PCP) committees.
- SWH Community Health and local government working in close collaboration on multiple programs.
- Warrnambool Airways Group Support (WAGS) formed.
- Annual survey conducted in all locations to assist redesign of services.
- GPs and the Division of GPs sit on 4 Community Health steering committees.
- The services of all CH programs either provided in GP rooms or have strong working relationships with GPs.
- Continued strong relationship with Kirrae Health Services and Gunditjmara Health Service.

- Consumer Participation Policy including consumer plan adopted by BOD in December 2005.
- Warrnambool Community Advisory Committee membership expanded.
- Continued collaborative relationship with Warrnambool City Council in relation to its ongoing Migration to Warrnambool Program.
- Advanced Care Planning project completed.
- Key partner of Deakin University in successful bid to establish Deakin Rural and Regional Medical School. A clinical school will be based at SWH.
- Continued to build strong relationships with Gunditjmara and Kirrae services. Reviewed role of Aboriginal Health Liaison Officer. Appointed Aboriginal Health Promotion Officer.



BOARD OF DIRECTORS

Mary ALEXANDER

Occupation Journalist
 Appointment date 1 November 2004
 Attendance record 82%

Ian ARMSTRONG

Chairman

Occupation Retired
 Appointment date 1 October 1997
 Attendance record 100%

Margaret BROCK

Retired in October 2005

Occupation Lecturer in Law/Consultant
 Qualifications B.A., LL.B., (Hons)
 Appointment date 1 February 2003
 Attendance record 75%

Francis BROEKMAN

Occupation Chief Executive Officer
 Qualifications BSW, MSS
 Appointment date 1 November 2003
 Attendance record 73%

Steve CALLAGHAN

Occupation Director/Dealer Principal/General Manager
 Qualifications B. Bus (Accounting)
 Appointment date 1 November 2005
 Attendance record 82%

Murray FRY

Occupation Pharmacist
 Qualifications B.Pharm.
 Appointment date 1 October 2001
 Attendance record 91%

David JELLIE

Occupation Solicitor
 Qualifications B.A., LL.B
 Appointment date 1 May 1996
 Attendance record 91%

Christopher LOGAN

Occupation Western Area Manager
 Appointment date: 1 November 2004
 Attendance record 91%

Felicity MELICAN

Occupation Chartered Accountant
 Qualifications B. Bus., Grad. Dip. Ed. (Secondary)
 Appointment date 1 November 2002
 Attendance record 73%

Sharon MULDOON

Deputy Chairman

Occupation State Manager
 Qualifications B.A. (Soc. Sc.), Cert. Soc. Geront., ACM
 Appointment date 1 October 2000
 Attendance record 45%

Mara PACERS

Occupation Consultant
 Qualifications BBSc, BSW, Masters of Public Policy and Management (MPPM)
 Appointment date 1 November 2003
 Attendance record 57%

Barbara PIESSE

Retired in October 2005

Occupation Lecturer in Law
 Qualifications LL.B
 Appointment date 1 September 1983
 Attendance record 100%

Leanne WOODS

Resigned in May 2006

Occupation Koori Liaison Officer
 Appointment date 1 November 2005
 2005/06 Attendance record 73%

Richard ZERBE

Occupation Marketing and Business Development Leader
 Qualifications B. Ag Science, MBA
 Appointment date 1 October 2000
 Attendance record 91%

Above: Our Board of Directors: (from back left) Felicity Melican, Steve Callaghan, Francis Broekman, Mara Pacers, Richard Zerbe, Christopher Logan, Murray Fry, Mary Alexander, (front left) Leanne Woods, Ian Armstrong and Sharon Muldoon. Absent are David Jellie, Margaret Brock and Barbara Piesse.

EXECUTIVE



John KRYGGER

Position

Qualifications

Chief Executive Officer

BHA (UNSW), MBA (Monash), AFCHSE, CHE, AIM

Ian BARTON

Position

Qualifications

Director of Finance

ASA, CPA, Dip Bus (Deakin), BHA (UNSW), AFCHSE, CHE

Caroline BYRNE

Position

Qualifications

Director of Psychiatric Services

RPN, Post Grad Dip Social Sciences (Drug Dependence), Grad Dip Business (Health Admin), Master Applied Science (Innovation and Service Management)

Sue MORRISON

Position

Qualifications

Director of Nursing

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

Peter O'BRIEN

Position

Qualifications

Director of Medical Services

MB, BS, Dip Obst, RACOG, MHA, AFCHSE, CHE, FRACMA, FACRRM

Andrew TRIGG

Position

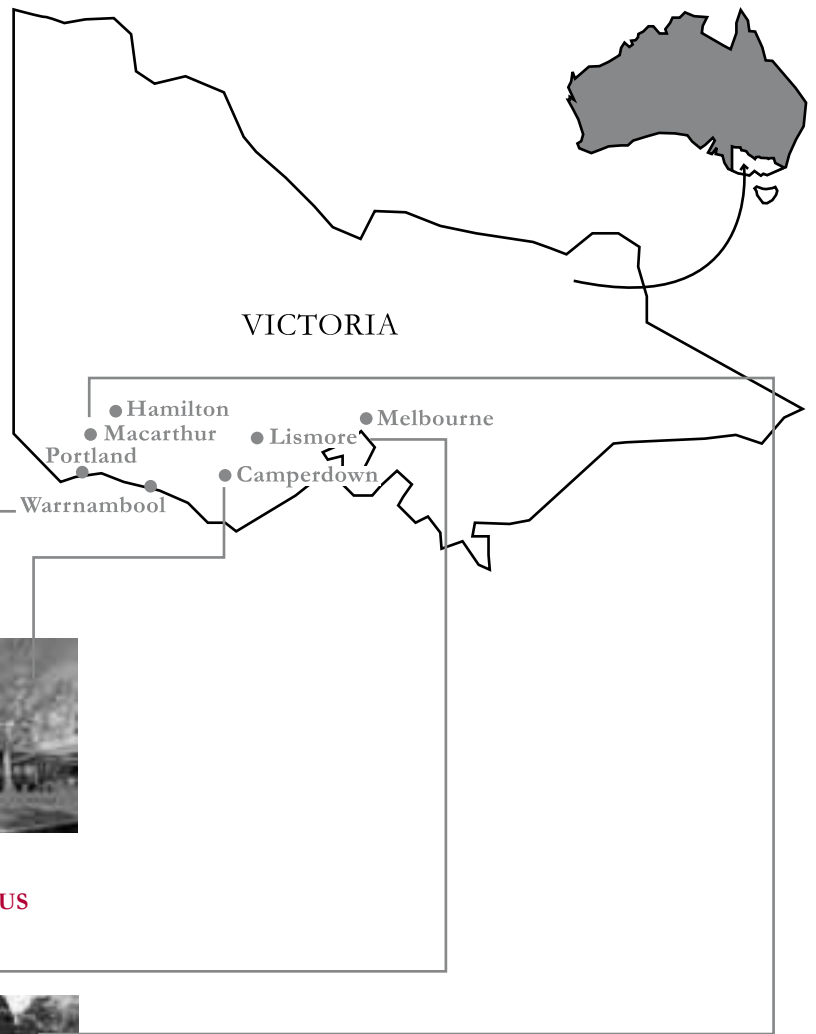
Qualifications

Director of Corporate Services

Cert Bus Studies (Accounting), B. Comm (Accounting/Finance), AHSFMA, ASA

Above: Our Executive: (clockwise from left) Director of Nursing Sue Morrison, Director of Finance Ian Barton, Director of Medical Services Peter O'Brien, Director of Corporate Services Andrew Trigg, Director of Psychiatric Services Caroline Byrne and Chief Executive Officer John Krygger.

OUR HEALTHCARE AREA



HOSPITALS

WARRNAMBOOL CAMPUS

Ryot St, Ph 5563 1666



CAMPERDOWN CAMPUS

Robinson St, Ph 5593 7300



COMMUNITY HEALTH CENTRES

LISMORE

Lismore Community Health
High St, Ph 5558 3000

MACARTHUR

Macarthur Community Health
12 Ardonachie St, Ph 5552 2000

CAMPERDOWN

Manifold Place Community Health
Manifold St, Ph 5593 2010

WARRNAMBOOL

Warrnambool Community Health
Henna St, Ph 564 4190

David Newman Adult Day Centre
Church St, Ph 5593 2717

PSYCHIATRIC SERVICES

WARRNAMBOOL

Bohan Place,
Lava St, Ph 5561 9100

CAMPERDOWN

64 Scott St, Ph 5593 6000

HAMILTON

12 Foster St, Ph 5551 8418

PORTLAND

63 Julia St, Ph 5522 1000

Primary Mental Health
196 Timor St, Ph 5564 6000

AGED CARE FACILITY

CAMPERDOWN

Merindah Lodge
Robinson St, Ph 5593 1290

South West Healthcare consists of two public hospitals, a psychiatric services division, an aged care facility and five community health centres. We have a catchment population of 100,000 people, predominantly in the Local Government Areas of Warrnambool City and the Shires of Moyne, Corangamite, Southern Grampians and Glenelg. Our Psychiatric Services Division headquarters is in Warrnambool, with three other centres at Camperdown, Hamilton and Portland. We have two Community Health Centres in Camperdown. The others are in Warrnambool, Macarthur and Lismore. Our aged care facility, Merindah Lodge, is located at Camperdown.

OUR HEALTHCARE SERVICES

South West Healthcare provides more than 100 medical, nursing, psychiatric, allied health and community health services to a large rural-based community. Support services and resources are also provided for other hospitals and health-related organisations in the sub-region.

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

BED ANALYSIS

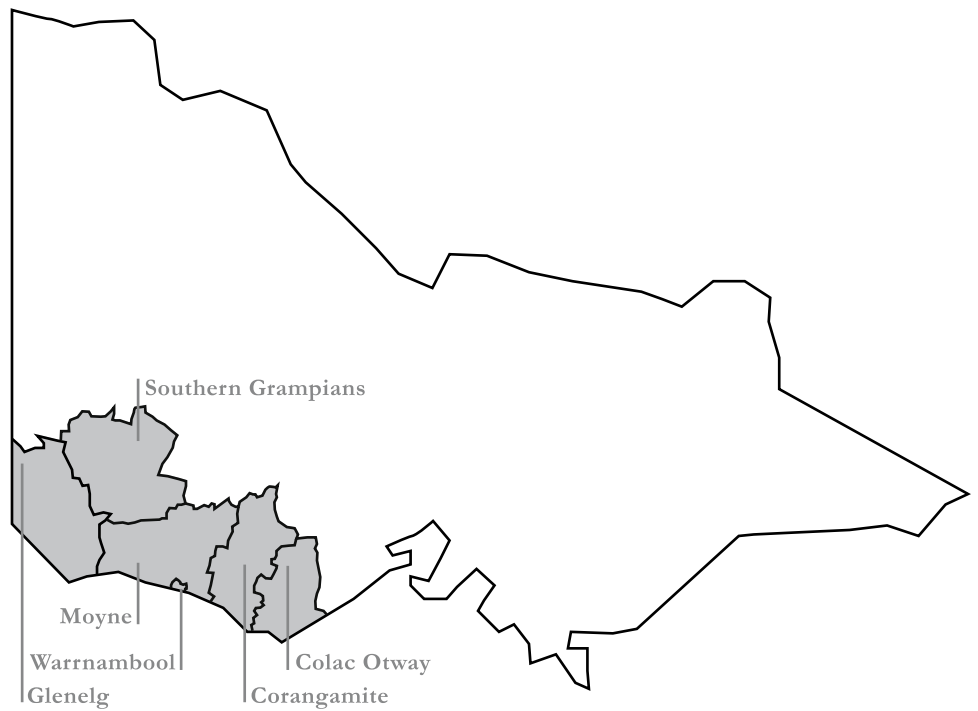
WARRNAMBOOL CAMPUS

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 REGISTERED BEDS		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 REGISTERED BEDS		67

OUR HEALTHCARE PATIENTS



SWH INPATIENT ADMISSIONS 2005-2006

PATIENT'S RESIDENCE	W'BOOL	C'DOWN
Warrnambool City	8,968	26
Moyne Shire	3,386	68
Corangamite Shire	1,426	1,611
Glenelg Shire	626	8
Southern Grampians Shire	263	1
Colac Otway Shire	52	30
Rest of Victoria	403	39
SA	144	0
NSW	29	3
QLD	19	1
WA	4	1
ACT	2	0
TAS	1	0
Overseas	28	0
No fixed address	9	0
TOTAL	15,360	1,788

SWH EMERGENCY DEPARTMENT ATTENDANCES 2005-2006

PATIENT'S RESIDENCE	W'BOOL	C'DOWN
Warrnambool City	15,274	39
Moyne Shire	4,739	73
Corangamite Shire	1,027	2,029
Glenelg Shire	266	8
Southern Grampians Shire	158	2
Colac Otway Shire	55	42
Rest of Victoria	1,248	126
SA	83	7
NSW	98	9
QLD	74	1
WA	38	2
ACT	10	0
TAS	8	0
Overseas	4	0
No fixed address	3	0
TOTAL	23,087	2,338

INPATIENT AGES 2005-2006

PATIENT AGE	W'BOOL CAMPUS %	C'DOWN CAMPUS %
0-9	9.0	7.4
10-19	5.1	4.4
20-29	10.0	7.3
30-39	11.6	9.0
40-49	12.5	10.6
50-59	11.6	11.3
60-69	12.0	15.3
70-79	16.0	17.3
80-89	10.6	13.7
90+	1.6	3.7



THE EDEN ALTERNATIVE

AEW

2005 AEW MATTHEWS MEMORIAL TRAVELLING SCHOLARSHIP

South West Healthcare Merindah Lodge Unit Manager Julie Riches and Diversional Therapy Coordinator Robyn Hose flew to the United States in January after being awarded the organisation's 2005 AEW Matthews Memorial Travelling Scholarship. Determined to give Merindah Lodge residents a greater sense of control of their lives, the pair studied there to become Australia's first Eden Alternative Culture Change Facilitators.

These two SWH Camperdown campus workers join 19 other SWH employees who, since 1991, have travelled the globe in search of new knowledge. The AEW Matthews Memorial Travelling Scholarship provides up to \$7,500 to (usually) one employee with an insatiable appetite to learn latest techniques, treatment and approaches. Presented annually, it's named in recognition of outstanding service to the Warrnambool & District

“ The AEW Matthews Memorial Travelling Scholarship provides up to \$7,500 to (usually) one employee with an insatiable appetite to learn latest techniques, treatment and approaches. ”

A relatively new approach to caring, the Eden Alternative was developed in the US in 1991. It's been implemented in many American aged care facilities since. It seeks to eliminate loneliness, helplessness and boredom by implementing a model that creates what's called a 'human habitat' that incorporates resident pets, the daily infusion of children into residents' lives, an abundance of plants and gardens, the transformation of resident style and the consequent involvement of the local community.

Base Hospital (now known as South West Healthcare) by the late Allan Matthews who was Chief Executive Officer from 1972 to 1983.

The 2005 recipient was SWH Child & Adolescent Mental Health Service Manager and Senior Clinician Rebecca Knapp. She studied assessment and treatment practices at specialist infant mental health programs in San Francisco and New Orleans.

Its demonstrated benefits are amazing. They include a reduction in behavioural difficulties, the use of psychotropic medication, bedsores, falls and incontinence; staff sickness and turn over; an increase in bed occupancy, and improved accreditation scores. Not that the Camperdown-based Merindah Lodge's accreditation score can be radically improved, given it recorded a perfect 44/44 in 2005.

“ These two SWH Camperdown campus workers join 19 other SWH employees who, since 1991, have travelled the globe in search of new knowledge. ”

Following an intensive training course in Nebraska and Milwaukee, Robyn and Julie then visited aged care facilities that have been operating under the Eden Alternative for more than a decade.

Above: Back from studying in the US, Camperdown's aged care facility Unit Manager Julie Riches (left) and Diversional Therapy Coordinator Robyn Hose take some time out in Merindah Lodge's own 'Garden of Eden' with resident Thelma Grenfell.

HEALTHCARE LIKE NEVER BEFORE



AUSTRALIAN, VICTORIAN & REGIONAL FIRSTS

HARPING ON BETTER HEALTH

The region's first Hospital Admission Risk Program (HARP) Chronic Disease Management (CDM) Team became a reality in March when a \$400,000 recurrent grant revolutionised the way South West Healthcare looks after people with chronic illnesses.

From the moment a person with a chronic illness enters the organisation's Warrnambool Emergency Department a dedicated team of CDM specialists now swings into action to make sure the best possible care is provided from there on in, and in the least obtrusive and most seamless ways. With the patient's complex needs at heart the team coordinates everything from medical appointments and other essential but time consuming link work. It sets up meetings with health service providers and agencies in a position to help including doctors, physicians, health-related services in and outside of the hospital, home visits, district nursing, meals on wheels, childcare and transportation.

HARP Manager Janine Dureau-Finn is passionate about the initiative. 'It's such a change in the model of care. It's so exciting that it's been recognised that this is the way to go,' she says.

'Here, in the one place, we have a team of people that understand chronic illnesses, who are able to support people by working with existing programs and services to help maintain their quality of life, manage their illness and service them better. It's a net benefit for everyone.'

Of the five main causes Warrnambool people are expected to die from, three are Chronic Illnesses (CI). Warrnambool has one of the highest CI-related hospital admission rates and longest CI-related length-of-hospital-stay rates in the state.

“ It's such a change in the model of care. It's so exciting that it's been recognised that this is the way to go... ”

And in two other equally impressive South West Healthcare Community Health initiatives, the region now has its first Refugee Health Nurse. With a Graduate Diploma in Community Health, Moya Mahony is well equipped for a job that involves informing the city's growing Sudanese community of existing health services. Meantime, in May we opened our first Smoking Cessation Clinic with Warrnambool Community Health Centre Chronic Illness Coordinator Pat Johnston at the helm. This initiative, a proven

performer at major metropolitan hospitals, gives local smokers the chance to book into a free clinic that could ultimately save their life. And there's a lot of lives to save – close to 500 a year, in fact.

NEW DRUG TREATMENT SAVES LIMB

A brand-new drug treatment saved a Warrnambool woman from having her leg amputated in October. Sylvia Leishman became the first Australian and eighth person in the world to have leg ulcers treated with sodium thiosulfate.

Intravenously fed three times a week, an hour at a time, this drug successfully rid Sylvia's blood stream of a limb-threatening calcification. In layman's terms, instead of the body putting calcium into Sylvia's bones, it had been putting it into her bloodstream. This blocked blood vessels in her leg, halting the recovery of an earlier skin graft. An ulcer measuring 13 centimetres was the result.

Two months after being admitted in excruciating pain to SWH's Medical/Surgical Ward 6, Physician Dr John Hounsell decided on the intravenous therapy that until close to then had only been used to treat complications of renal failure. Wound Management Nurse Practitioner

Terry Swanson, Australia's first Wound Management Nurse Practitioner, assisted with dressings to improve the healing process and reduce the pain.

OBSTETRICIANS 'VIRTUALLY' PRESENT

On a day Obstetric Registrar Dr Karen Crozier was on-call for South West Healthcare's Midwifery Unit she was deep in surgery with an anaesthetised patient. The Midwifery Unit call came through that a foetal monitor was registering irregular heartbeat in a baby that was about to be born. Thanks to new world-class technology, theatre staff 'dialled up' the foetal monitor over the internet on a screen in the operating theatre.

Dr Crozier then checked the monitor to be reassured the baby was fine. On finishing the surgery she then caught the lift to Midwifery to attend to the mum-to-be.

“ South West Healthcare is the first regional hospital in Australia to have the \$92,000 technology... ”

'It's like having a good set of eyes in two places,' she says, heaping praise on this new system of 'virtual' clinical monitoring generously funded by the A.L. Lane Foundation. South West Healthcare is the first regional hospital in Australia to have the \$92,000 technology, \$30,000 of which was provided by the A.L. Lane Foundation.

Midwifery Unit Manager Peter Logan says the development means top-level obstetricians can be 'virtually' present. The foetal monitoring unit measures heart rate, temperature and other birthing checks, can be plugged into the hospital's (broadband) local area network, which is linked via a cable into all three birthing units, the administration area and the hospital's consulting obstetricians and GPs.

'An obstetrician might be in his or her rooms or at home and can dial up the hospital network and look at those traces on the monitor,' Peter explains. 'In the past when there was a problem we'd have to print out the traces, copy them and then try and fax them to the obstetrician, or they would have to come in. There was often a time lag, but this enables the obstetrician to be there instantly to decide what action is needed.'

Almost half the women who give birth in the Midwifery Unit need constant foetal monitoring. Speaking of foetal monitoring, of the 200 women who gave birth in the unit between July and November 2005 (20 more than for the same time in 2004) almost 100 of them used a just-purchased cordless foetal monitoring system. This is a very big deal. For the first time in more than 30 years, since continuous foetal monitoring was introduced, it means local women now have the biggest choice of birthing positions and the highest-ever level of freedom to move around (even bath or shower) during labour.

In other groundbreaking achievements for the Midwifery Unit this Report Year, local mums-to-be are now being offered the most personalised maternity service ever seen, courtesy of the Rural Maternity Initiative we launched in June. The 90 pregnant women who participate are guaranteed a team of three Continuity Midwives all to themselves. At any given time, Louise Jacobs, Janene Facey or Chris Patten are on duty or on-call.

This idyllic one-on-one situation provides a greater continuity of midwifery-care during pregnancy, childbirth and the post-birth period by encouraging the development of strong midwife-client relationships. A positive midwifery experience for the women and families involved is the name of the game. The exciting new focus also breaks with the tradition of pre and post-birth midwifery care being provided in a medical setting. Home visits are now on the menu. The Continuity Midwives arrange a number of structured visits direct to the lounge-rooms of the program's enrolled women to discuss birthing plans, parenting issues and anything else that crops up before and after bub is born.



Above: Sylvia Leishman is all smiles after an innovative SWH medical team performed an Australia-first drug treatment to save her leg. She's pictured here with Wound Management Nurse Practitioner Terry Swanson (left) and Registered Nurse Nayani Edirimanna. Photo courtesy of The Standard and photographer Leanne Pickett.

Opposite page

Top: From the comfort of his home Warrnambool's Vern Board gets a visit from HARP workers Suzanne Holme (left) and Manager Janine Dureau-Finn. Our Hospital Admission Risk Program is the region's first.

Centre: The causes of ill health through smoking are well known. Warrnambool Community Health Centre Chronic Illness Coordinator Pat Johnston has commenced a Smoking Cessation Clinic. Photo courtesy of The Standard and photographer Angela Milne.

Bottom: The health of our non-English speaking communities is being enhanced by the employment of the region's first Refugee Health Nurse Moya Mahony. Photo courtesy of The Standard and photographer Damian White.

Top Right: South West Healthcare Warrnambool is the only hospital in regional Australia to have a 'virtual' clinical monitoring system. Obstetric Registrar Dr Karen Crozier says the technology is unbelievable.

Bottom Right: Kate-Marie Barnes was Warrnambool's first mum-to-be to get a home visit from one of our three Community Nurses, Louise Jacobs. Photo courtesy of The Standard and photographer Leanne Pickett.

“Over the past 12 months, more than 1,000 senior students at local colleges have participated in the project’s educational workshop to learn more about the prevalence and dangers of drink spiking.”

The Midwifery Unit also this Report Year enviably became one of regional Victoria’s first to take possession of a tiny hand-held device that within minutes identifies a baby’s inability to cope with labour. In instances where a baby becomes distressed in labour, a small drop of blood can be taken from the baby’s scalp. A lactate meter (similar in size to blood glucose meters used by diabetics) is used to determine the level of lactate in the baby’s circulation. A high level means a baby isn’t handling childbirth too well.

‘The aim of the procedure is to reduce the level of operative intervention, that is, caesarean sections,’ explains Peter Logan. ‘Until now the sole method of determining whether a baby is coping well during labour has been through monitoring his or her heart rate. This practice on its own can be misleading. Collecting a very small drop of blood in conjunction with heart rate monitoring provides a more accurate picture of how well a baby is doing and whether it’s safe for the labour to continue.’

On each of these occasions obstetricians will have additional information to determine the wellbeing of a baby and on each of these occasions a woman may be spared a caesarean. South West Healthcare’s caesarean rate of 24.2 per cent is already lower than the state average. The Victorian caesarean rate is 29.5 per cent.

And in another milestone reached on the obstetrics front this year, a successful Corangamite Managed Clinical Network (CMCN) application to the Department of Human Services has seen the employment of Project Coordinator Jillian Donnelly. Jillian is developing and implementing an innovative project plan that aims to establish a management structure to sustain and coordinate local consumer-focused maternity services. It will include an embedded quality assurance program to implement a quality effectiveness cycle, provide team-based education and training, and allow for succession planning. Working groups established at the end of 2005 are focussing on these three project areas. They report to a steering committee that has consumer involvement.

Helping deliver close to 160 babies a year the CMCN consists of eight obstetric GPs and 29 midwives from South West Health Care Camperdown, Timboon and District Health Care Service, and Terang and Mortlake Health Service. CMCN’s referring hospital is South West Healthcare Warrnambool. Three specialist obstetricians are based there.

DIABETES EDUCATION SERVICE MAKES HISTORY

This June re-wrote history for local diabetics and their families when South West Healthcare took possession of a piece of medical equipment until now only seen in Melbourne. The arrival in Warrnambool of a Continuous Glucose Monitoring System (CGMS) means families in South West Victoria no longer have to do two seven-hour return trips to Melbourne over three days to have a tiny sensor inserted in their diabetic child on trip #1 and removed on trip #2.

And there’s been a lot of this Princes Highway to-and-fro-ing. The South West has an above average Victorian rate for diagnosis of type one diabetes and this statistic is not expected to improve in the foreseeable future. Type one diabetes is on the rise. Diabetes is now being labelled as one of seven conditions responsible for almost 70 per cent of the total burden of disease in Australia and one of seven conditions responsible for almost 78 per cent of all deaths. To say the arrival of the region’s first CGMS is timely is an understatement.

Endocrinologists and paediatricians prescribe recurring Continuous Glucose Monitoring for their diabetes patients because it gives a much clearer picture of blood glucose levels throughout the course of a 24-hour day. How it works is, a tiny 1cm needle (the sensor) is inserted just under the skin near the hip. That sensor then, every 10 minutes for the next three days, takes a snapshot of what the patient’s glucose is up to. 72 hours and 862 snapshots later, the lot is downloaded to a computer. And it’s this precious data that guides the diabetic’s medical team to determine the most appropriate treatment, the type that leads to accurate diabetes management.

South West Healthcare Diabetes Nurse Educator Ann Morris is thrilled her unit has this \$12,000 piece of medical equipment. And it’s all thanks to the generosity of the Ray and Joyce Uebergang Foundation.

DRINK SPIKING TARGETED

A successful \$20,000 grant application to the Alcohol Education Rehabilitation Foundation has produced some fabulous outcomes for South West Healthcare’s South West Centre Against Sexual Assault. The funding has seen the development and delivery of the region’s very first drink spiking community awareness campaign.

Over the past 12 months, more than 1,000 senior students at local colleges have participated in the project’s educational workshop to learn more about the prevalence and dangers of drink spiking. A standout hit of the campaign has been the development and distribution of a professionally produced (wash off) tattoo. More than 2,000 locals have worn one this year, stimulating discussion and community awareness about drink spiking.

Preliminary evaluation of the project has revealed an alarming finding that many young people are still failing to regard alcohol as a drug; most likely because of its licit, rather than its illicit, nature. Many are yet to comprehend that, in some rural areas particularly, the sole ingredient a drink-spiker uses is (more) alcohol – not pills and powders seen on TV or in metropolitan nightclubs.

SW CASA hopes to deliver the project to other schools in the region and to advocate that a component of it be delivered during locally-run Responsible Serving of Alcohol courses. Other regions are now eyeing off the campaign.

IT'S AS SIMPLE AS START RIGHT EAT RIGHT

On the wall in the entrance of Deakin University's Sherwood Park Child Care Centre is a menu. It shows what the 35 children there will be fed for the week. At face value you'd think the practice is merely to keep parents informed but it's far more strategic than that. It's aimed at instigating discussion about good eating habits, positive mealtime environments and nutrition. And that's what Start Right Eat Right is all about.

'Parents will have a chat with the cook when, for example, they see that their child has eaten something nutritious that he or she refuses to eat outside of day care,' explains South West Healthcare Dietitian Lyn Jones. 'They'll say "He doesn't eat this at home. What are you doing differently?" It could be as simple as using less spice.'

This type of productive interaction is part and parcel of the Start Right Eat Right initiative. Aimed at increasing the awareness of the healthy eating habits of children 0-5 years old in long day care centres (centres that operate at least 10 hours a day), the project is part of the Victorian government's quality assurance Go For Your Life program. Managed by Melbourne's Lady Gowrie Child Centre, South West Healthcare has been rolling out Start Right Eat Right via its Nutrition Department since late last year.

The hard work's paid off for the three local childcare centres that voluntarily signed up for the revision of their nutritional policies. At an awards ceremony held in Warrnambool in June the city's Matron Swinton and Florence Collins Child Care Centres and Sherwood Park at Deakin were publicly recognised for their best-practice status for nutrition and food service.

'It's a great initiative from a dietitian's point of view because of the incidence of childhood obesity,' explains Lyn. 'Childcare centres can have an enormous positive influence on children's food preferences. They are ideally placed to allow children to experience a wide variety of foods providing a good starting point to healthy eating and helping to form lifelong eating habits.'

THE COUNTRY'S FIRST EMERGENCY NURSE PRACTITIONER

Hot on the heels of South West Healthcare being the first place in Australia to have a Wound Management Nurse Practitioner, it's on target to get rural Victoria's first Emergency Nurse Practitioner. Emergency Department Unit Manager Kate Sloan is almost through the arduous process that will allow her to join the elite Nurse Practitioner (NP) ranks later this year.

Five rural Victorian nurses are currently studying for the Emergency NP status. Kate's the first in the group to have completed the academic component. A Masters degree is essential. Kate has hers in Nursing Practice (Emergency). She's also a midwife and has a coronary care certificate. The NP status means Kate will be able to do additional clinical work that, legally otherwise, only doctors can do. She'll be allowed to order blood tests, initiate diagnostic imaging, prescribe medications, write sick certificates, admit and discharge patients, and refer to specialists.

Not only will this initiative give South West Healthcare an additionally qualified clinical specialist on site, it will reduce waiting times for patients.

“ Hot on the heels of South West Healthcare being the first place in Australia to have a Wound Management Nurse Practitioner, it's on target to get rural Victoria's first Emergency Nurse Practitioner. ”

Top: SWH SW CASA Counsellor Kate Kingsley at the launch of SWH's drink spiking community awareness campaign. Photo courtesy of The Standard and photographer Leanne Pickett.

Centre: Five-year-old Abbey Warburton models country Victoria's first Continuous Glucose Monitoring System.

Bottom: Warrnambool Emergency Department Unit Manager Kate Sloan is on the verge of becoming rural Victoria's first Emergency Nurse Practitioner.





QUALITY MANAGEMENT

“ 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. ”

South West Healthcare continues to be committed to continuous quality improvement and best practice. A Quality Management Program has been in place at South West Healthcare for over 20 years. Continually striving for excellence 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. External surveyors have applauded Baby Friendly Hospital accreditation at our Warrnambool and Camperdown campuses earlier this year.

IMPROVING THE PATIENT EXPERIENCE: LISTENING, RESPONDING & INFORMING

USING PATIENT SURVEYS TO MAKE IMPROVEMENTS

Improving our patients' experiences is critical. South West Healthcare continuously surveys all inpatients in an ongoing manner in order to receive timely feedback. Many of our wards and departments also carry out annual patient or customer satisfaction surveys. The survey results are used to make improvements to, for example, patient information or to improve the quality of meals. 745 patients responded to our internal survey in the last year (July 2005 – June 2006) and rated our service from admission, to staff attitudes, to discharge planning. We know that we receive consistently high-end scores (95 – 98%) for most aspects of care delivery.

The Department of Human Services carries out a statewide patient survey during the year. South West Healthcare, in its category of 24 hospitals, consistently ranks among Victoria's top three facilities. 176 patients responded to the external questionnaire and answered a range of questions relating to admission, complaints management, physical environment, general information and overall care.

COMPLAINTS MANAGEMENT

All patients and visitors are encouraged to give us feedback about our services. Each year compliments far outweigh the number of complaints received. All complaints received are monitored and actioned. Reports are distributed to the Quality Care Committee and other management committees each month. Complaints received have increased from 74 in 2003 to 183 in 2005. This is as a result of improved reporting from every department at South West Healthcare. In 2005 we received 1,278 compliments. During the first half of 2006 we have received 704 compliments. We compare our results with those of the Health Services Commissioner to ensure that we are not experiencing any significant issues.

INVOLVING OUR PATIENTS

Consumers actively participate in a range of activities that strengthen quality patient services. We continue to work closely with patients seeking their advice and opinions on a range of topics that concern patient services. Our consumers have assisted in the development of the 2004, 2005 and the 2006 Quality of Care Reports 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.

IMPROVING 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. This May South West Healthcare underwent a full accreditation survey conducted by ACHS and we are pleased to report that we have maintained our accreditation status. This April Merindah Lodge, our aged-care facility at Camperdown, underwent a day-long review with the Aged Care Standards Agency and maintained its accreditation status for another three years.

RISK MANAGEMENT

South West Healthcare has continued to embed 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 risk management plan has been developed arising from the risk register.

CLINICAL RISK MANAGEMENT

Clinical risk management is an integral part of the quality management program. The multi-disciplinary Clinical Risk Management Committee is responsible for monitoring clinical incidents and other areas of clinical concern, such as medication safety.

“...South West Healthcare, in its category of 24 hospitals, consistently ranks among Victoria's top three facilities.”

The number of clinical incidents reported by staff has steadily increased with just over 1,200 incidents reported in the last year. 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.

IMPROVING CLINICAL QUALITY

Scores of quality improvement projects are carried out across the organisation annually as part of our 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.

South West Healthcare continues to support the audit of clinical guidelines to ensure they are of a high standard; evidence based and follow best practice in partnership with clinicians. Staff also ensure that national guidelines are reviewed and actioned to ensure we deliver high quality health care and continually improve the patient experience.

QUALITY OF CARE REPORT

The annual Quality of Care Report for 2006, 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 the readers about South West Healthcare's key performance areas.

We are proud to inform the community that our Quality of Care Report for 2005 has again won a major Victorian award for its category and the organisation received \$10,000. This has been put back into a clinical improvement project focussing on the care of stroke patients.



Top: 546 babies were born at SWH's Warrnambool Midwifery Unit this Report Year. The person responsible for their wellbeing is Unit Manager Peter Logan. Here he checks in on Bronwyn Van der Starre and baby Charlotte. Born on July 19, Charlotte's dad is SWH Food Services Office Manager Tim Van der Starre. Photo courtesy of The Standard and photographer Leanne Pickett.

Left: Warrnambool Emergency Department Unit Manager Carol Holman demonstrates critically important hand hygiene practice.

Right: Director of Emergency Qalo Sukabula checks a new high-tech acquisition, an Oxylog 3000 ventilator.

Opposite page

It's all-systems-go for the Warrnambool Emergency Department's Associate Unit Managers Lyn Gardiner (from left) and Justine Rea and Clinical Nurse Specialist Annette Kelson. Photo courtesy of The Standard and photographer Damian White.



BEYOND THE CALL OF DUTY

It was incredibly short notice. Even more impressive, it was a public holiday and they'd just finished their daylong shift. But that didn't stop a team of SWH Food Services workers answering an SOS to feed 250 fire fighters. Within two hours of the Australia Day call for help, Warrnambool campus Chefs Gary Smith, Leon Stow, Patrice Key, John Malseed and Sharyn Webber, and Kitchenman Ron Brittan had 500 dinners and suppers bound for the Department of Sustainability's base camp at Casterton. There in 40-degree heat, battle-weary men and women were taking a much-needed break from a raging Grampians firefront.

Extremely proud of his workers' efforts, Food Services Manager David Church says they started work at seven that morning and had already helped prepare a staggering 900 meals for hospital patients and 127 Fresh Deliver clients. (Fresh Deliver is SWH's version of Meals on Wheels.)

Two SWH Paediatric Nurses answered an Australia-wide SOS to fly to the Northern Territory in October to help treat dozens of seriously ill children struck down by a severe gastroenteritis outbreak. Rebecca Lowe and Jacinda Duerden were met by what's been described as a Third World epidemic in a First World country. For a fortnight the pair were based at the Alice Springs Hospital where 45 children were admitted in just one day.

Children hospitalised with gastro at SWH aren't discharged until they are eating and drinking. Generally they're in for two to three days. The gastro in Alice was so severe children were hospitalised for a fortnight.

SWH Children's Ward Unit Manager Sue Marsh describes the experience as a tremendous and rare learning opportunity for Rebecca and Jacinda. She says there's every chance gastro of this magnitude will never be seen in Australia again.

Four SWH workers moved into the jungle on international assignment in July. Performing surgery and teaching in one of Sri Lanka's worst affected tsunami areas for a fortnight,

SWH's Perioperative Services Manager Tony Kelly, Perioperative Education Facilitator Paula Touzeau and Orthopaedic Surgeon Mr Api Sundrum were joined by Physician Dr Satish Nagarajah and St John of God Perioperative Services Manager Leanne McPherson. An East Warrnambool Rotary-funded orthopaedic bed went with them. Based at the Ampara District's Batticaloa Training Hospital, the medics also worked at two other hospitals on Sri Lanka's eastern coastline at Ampara and Karapitiya Gellee. The majority of their surgical work involved repairing deformative fractures. Thousands of Ampara District people were injured in the 2004 Boxing Day tsunami. Another 10,000 (a third of them children) were killed.

Not only do they give their all at work but nursing staff at SWH's Camperdown Hospital also give some terrific voluntary time. A talented group of nurses led by Trish O'Leary and world-renowned quilter Carol Eagle meet whenever their glorious stockpile of handmade quilts is a little depleted to make more.

Every baby born at the Camperdown Hospital is given a quilt as a welcome-to-the-world gift. This fantastic project is a collaborative one. The Camperdown Hospital Auxiliary contributes towards the costs of buying the materials needed to make the heirlooms.

The efforts of seven SWH workers who cut off or dyed their locks to raise money for leukaemia research made the Australian Financial Review in September. Receptionists Sylvia Lanfranco and Linda Davidson, IT Services Officer Robert Moore, Continence Nurse Consultant Sharon Homberg, South West Alliance of Rural Health Administrative Manager Robert Quantrelle, Director of Emergency Dr Qala Sukabula and Warrnambool Paediatrician Dr Greg Pallas hit the pages of the big-time newspaper after coming 16th in the Victorian Top 20 Businesses List for the Leukaemia Foundation event. Not a bad effort considering they were up against the likes of Holden, Daimler Chrysler, William Buck and Comalco Aluminium.

“**Thousands of Ampara District people were injured in the 2004 Boxing Day tsunami.**”

In a dedication ceremony befitting such a wonderful woman, SWH's Macarthur Community Health unveiled a water feature in honor of Life Governor and volunteer gardener Barbara 'Teddy' Millard in November. The mother of three, grandmother of seven and great grandmother of one passed away in early 2005. Macarthur District people, in recognition of her significant contribution to their community including more than a decade of devotion to the gardens surrounding Macarthur Community Health, donated the money to develop the special spot.

The water feature sits proudly at the entrance to the community health centre Teddy so generously supported.

It's been a great year for SWH's Psychiatric Services Division. The 120 staff there have recorded some enviable statistics. In a recently completed independent audit the Division topped the state for the number of patients actively supported within a population catchment (its catchment is a massive 26,000 kilometres). It also got the highest mark for how often these patients were seen. Meantime the latest Consumer and Carer Satisfaction Survey shows the Division has gone way beyond what it needs to have done to tick off many indicators.

With Director Caroline Byrne at the helm, the team has spent the past 12 months working across 10,000 square kilometres of rural Victoria to help more than 2,000 patients, actively case managing (assisting them for periods between three months and 12-24 months) 1,200 of them. Almost all of them locals, they've been supported for various types of mental illness with varying degrees of severity. Almost one third have schizophrenia-type illness, another third depression and anxiety, and another third a Bipolar illness.

An employee regarded as the lifeblood of SWH's adult day activity centre at Camperdown has been honoured for her unrivalled client-centred focus. David Newman Centre Coordinator Jeannine White has received a prestigious 2006 Rural Health Award in recognition of her significant professional contribution towards improving the health of people in and around her community.

Regarded as the driving force behind the establishment of the David Newman Centre, for the past 20 years Jeannine has passionately advocated for the health and wellbeing of her clients by working tirelessly to implement unique, innovative and stimulating programs.

Committed to ensuring health-sector students at SWH have such a positive experience they will be desperate to return if an employment opportunity arises, five SWH clinicians have completed a unique on-line clinical supervision training certificate. Education Manager Jenice Smart, Clinical Nurse Specialist Vikki Hoy, Senior Pharmacist Ros Bamford and Physiotherapists Miranda Wallis and Delia Crabbe graduated from a Greater Green Triangle University Department of Rural Health Preceptorship course in June.

'Research shows that a positive experience for health-sciences students on rural placement is a key determinant of their returning as a professional,' says SWH Chief Physiotherapist and GGT Workforce Project Steering Committee Chairman Bore Hoekstra. 'It's all about bringing students to rural areas, making sure they have a positive experience and hoping we might then employ them at a later stage.'

Fifteen employees at SWH's Warrnambool campus have made history by being the hospital's first-ever Linen Services workers to graduate en masse from a university course. Julieta Blain, Kevin Bonnett, Burnie Carey, Jo Davies, Glenda Gottsche, Kelvin Hovey, Trish Jewell, Debra Kelly, Mathew McCarthy, Carmel McClaren, Colin McDonald, Craig McGifford, Alison Moloney, Lily Pretty and Kerrie Wilkinson's efforts were recognised at an awards ceremony in May. Each was presented with a Certificate III in Health Services (Laundry Operations).

Their boss, Environmental Services Manager Danny Miller, says each of them deserves to be congratulated because not only did they pass with flying colors but they completed, impressively, the three-year course in less than two. The government-funded initiative, the result of a collaborative partnership between SWH and RMIT University, means each member of the group now holds a high-level qualification.

SWH's Environmental Services staff are certainly making the most of professional development opportunities on offer within the organisation. Six months earlier 30 of them (24 at the Warrnambool campus and six at the Camperdown campus)

graduated from a Certificate III in Health Support Services (Cleaning Support Services). That group also completed the three-year course in less than two years. They are Warrnambool's Glen Bevan, Mark Bond, Veronica Brooks, William Butler, Jenny Cameron, Peter Canon, Gayle Densley, Terri Dodoro, Jason Grundy, Margaret Hocking, William Hogan, Daniel Howley, Rose Hurley, Linda Johnson, Rodney Kelson, Douglas Krepp, Danny McCaul, Prue Moroni, Jamie Sabo, Andrew Squires, Kay Stafford, Jason Waterfall, Linda Wearmouth and Tanya Wright and Camperdown's Kathryn Boyle, Linda Cooper, Glenda Cotton, Nancy Heath, Josie Pearson and Lynda Warden.

SWH Human Resources Manager Graeme Mitchell says the graduation ceremonies are a positive outcome of the Human Resources EQUIP Committee's objective of identifying, and then providing, quality training at Certificate III level for support staff traditionally overlooked by most health agencies.

A staggering 185 employees were honoured for their long-term commitment (3,175 years worth!) to both SWH and the community in April. Over two days more than 15 per cent of the organisation's total staff received Long Service Awards. A Warrnambool reception was held in honor of 163 of them and a Camperdown reception was held for 22 more. In all, 58 employees were recognised for having worked at SWH for 10 years, 45 for 15 years, 48 for 20 years, 17 for 25 years and 13 for 30 years.

“...not only did they pass with flying colors but they completed, impressively, the three-year course in less than two.”



Left: Our David Newman Centre Coordinator Jeannine White won the 2006 Rural Health Professional Award.

Right: History in the making. Graduate Julieta Blain is one of our first Linen Services workers to graduate from a university course.

Opposite page

Left: (from left) Kitchenman Ron Brittan and Chefs Sharon Weber, Gary Smith and Leon Stow were part of the SWH Food Services team that prepared a record number of meals in record time.

Centre: SWH Paediatric Nurses Rebecca Lowe (left) and Jacinda Duerden answer an SOS call to help sick children. Photograph courtesy of The Standard and photographer Glen Watson.

Right: Sri Lanka-bound (from left) Warrnambool Physicians Group Physician Dr Satish Nagarajah, SWH Perioperative Education Facilitator Paula Touzeau and SWH Perioperative Services Manager Tony Kelly. Photograph courtesy of The Standard and photographer Leanne Pickett.

“Not a bad effort for a big man in a red suit with a somewhat unruly bunch of reindeer.”

At the Warrnambool ceremony Terry Lynch stole the show. The 60-year-old Warrnambool campus Environmental Services Worker and Weekend Supervisor started his career with SWH in the laundry in the 60s. Reflecting on his 40 years of service he says he's loved every minute of it.

Jenny Hirth flew the flag for SWH's Lismore campus. The Primary Care Co-Coordinator clocked up 15 years at her rurally isolated community health centre. At the Macarthur campus (the organisation's other rurally isolated community health centre) Manager Catherine Loria hit the decade-mark and Community Health Nurse Joanne Last hit a double-decade. The longest-serving Camperdown campus worker to be recognised was District Nursing's Helen Wilson. She clocked up 30 years.

'While many regional health services throughout Australia face enormous challenges in recruiting and retaining staff, we are extremely fortunate,' says SWH Chief Executive Officer John Krygger. 'We pride ourselves on being an employer of choice and I guess that the number of high quality, long serving staff is testament to this fact.'

Believed to be the only doctor in the entire South West region to provide prescriptions and day-to-day treatment to people living with AIDS, the work of a SWH Alcohol and Drugs Physician Dr David Richards has been honored. Dr David Richards, in the lead up to December's World AIDS Day received a People Living with HIV/AIDS Award for Clinical Excellence.

Involved in intervention, prevention and education awareness programs related to blood borne viruses like HIV/AIDS and Hepatitis C, David has also helped develop desperately needed networks in local communities to assist people living with chronic illness. Accepting the award he acknowledged the significant role his workplace, the Western Region Alcohol & Drug Centre, plays in providing support to a group of people so incredibly marginalised.

In August David was inducted into the Alcohol & Other Drugs Hall of Fame for having made an exceptional difference to treatment, prevention, education, policy and research on the Rural Victorian alcohol and drugs front.

SWH's Jason Mifsud returned from Canberra in December after graduating from the Australian Indigenous Leadership Centre. The Koori Health Manager was one of 24 Indigenous Australians, and only the



Christmas-time saw a SWH tradition hit a new high when Santa flew into Warrnambool from the North Pole for the 75th year in a row. While Rudolph and his mates munched their way through a row of Hospital Gardener Bonnie Grant's hydrangeas, Santa teamed up with Warrnambool's Holiday Actors to visit 142 patients. Each got presents and their own personal photo with Santa. And each was serenaded, carols-style, by 20 teenagers who sang like angels.

Even SWH got a present. The Nestle Sports & Social Club (who sends Santa) organised the surprise delivery of a \$5,000 lifesaving rapid heat infuser (known as a Hotline) for our Warrnambool Theatre Complex.



An inspiring youth-led community project has backyard-blitzed SWH's Lismore Community Health Centre. The result is a stunning community garden and outdoor entertainment area. For 12 months Year-10 Derrinallum P12 students worked with staff at the campus, Corangamite Shire's Aged and Disability Coordinator Gwenyth Rogers, Lismore and Derrinallum Adult Day Activity Centre members, shire workers and local tradespeople to research, develop and design the garden. Principal Michael Castersen commended his students and the commitment of the staff at Lismore Community Health who dedicated endless voluntary hours to ensuring such a successful end-result.



In true Lismore-Derrinallum style the assignment evolved courtesy of a terrific community spirit. Derrinallum Red Cross, SWH's Lismore Auxiliary and individual community members have generously contributed to the fit out that includes outdoor settings, seedlings, plants, ceramic pots and canvas sails while local tradesman John Reichman has helped prepare and lay the pavers and install the overhead sails.

During the official opening SWH Community Health Manager Craig Fraser summed up the cosmetic changes as amazing. 'The project is a great result. It's so user-friendly and will be utilised by the wider community,' he told the gathering.

third Victorian in seven years, selected to do the nationally accredited Certificate II in Indigenous Leadership.

The Manager of SWH's Aboriginal programs for almost nine years, including a two-year secondment to the University Department of Rural Health at Deakin University Warrnambool, sees one of Indigenous Australia's most critical challenges to be that of influencing policy in order to secure more adequate funding to further develop critically needed programs.

SWH won a Victorian award in March for providing what's been described as extraordinary compassion. SWH's Nursing Management Team was nominated for The Compassionate Friends 2006 Compassionate Employer Award by SWH Associate Unit Manager Sheryl McLauchlan for the support she received from the moment her youngest child became critically ill, before dying in

Melbourne four weeks later.

TCF Patron Rhonda Galbally AO told the gathering SWH's role model attitude had gone above and beyond standard bereavement practices and that she hoped more businesses would follow in our steps. 'Patience and understanding is essential in today's workplace,' she said. 'It is hoped that as more employers are recognised for being aware of their employees special needs, compassion in the workplace will become standard practice.'

The Warrnambool Emergency Department of SWH swung into party-mode earlier this year when it became one of 28 Warrnambool locations to be filmed in a video clip to celebrate the impending arrival of the Queen's Baton Relay on March 4. SWH's cast included Nurses Yasmine Evans and Raelene Beckman, Clinical Nurse Specialist Marg Bull and Dr Eleanor Donellan. They were videoed doing some fairly groovy dance steps around the plaster-cast leg of 10-year-old Merrivale Primary School student Rose Yates.

Warrnambool City Council's Tourism and Major Events Executive Manager Narelle Allen says the hospital was chosen to participate because it's one of the first workplaces and landmarks you think of when you think of Warrnambool.

Thanks to a SWH Chemotherapy Nurse a cosmetic industry initiative was brought to Warrnambool for the very first time. Melissa Duffin's dream to give local women having, or about to have, treatment for cancer the opportunity to attend a Look Good... Feel Better workshop came to fruition in October when nine participants and nine volunteers got together with Look Good... Feel Better State Program Manager Carie Richardson.

In a relaxed environment the participants, with the assistance of the beauty-industry based volunteers, were shown the tricks of the trade on how to manage the changes that generally occur as a result of radiotherapy and chemotherapy.

More than 45,000 Australian women have now participated in this initiative. Warrnambool's was such a hit that Melissa's repeated it since.

Top: Rose Yates' leg carries a Queen's Baton Relay message. Also making their mark on the historical moment is (from left) Film Maker Paul Cooper, Registered Nurses Yasmine Evans and Raelene Beckman, Clinical Nurse Specialist Marg Bull and Dr Eleanor Dunellen. Photo courtesy of The Standard and photographer Glen Watson.

Bottom: University graduates (from back left) Colin McDonald, Craig McGifford and Kelvin Hovey, (middle) Burnie Carey, Carmel McClaren, Glenda Gottsche, Trish Jewell, Lily Pretty and Debra Kelly, (front) Kevin Bonnett, Mathew McCarthy, Jo Davies, Kerrie Wilkinson and Julieta Blain.

Opposite page

Top: Of 185 employees recognised for long-serving careers, Environmental Services Worker/Weekend Supervisor Terry Lynch stole the show. He's worked for SWH for 40 years. Photograph courtesy of The Standard and photographer Leanne Pickett.

Centre: The AIDS work of Alcohol and Drugs Physician Dr David Richards has been publicly recognised. Photo courtesy of The Standard and photographer Glen Watson.

Bottom: 20-month-old Christian Walker (pictured with mum Bronwyn Jeffery) was the first of 142 patients to get a visit from Santa on his 75th trip to our Warrnambool hospital. Photo courtesy of The Standard and photographer Damian White.



“...the hospital was chosen to participate because it's one of the first workplaces and landmarks you think of...”

EDUCATION & RESEARCH



NURSING SERVICES

Nursing Education is primarily responsible for ensuring that the quality of nursing care is of the highest possible standard. This is achieved by the provision of an extensive education program, continuous quality improvement in nursing practice through involvement in risk management, policy development, product evaluation and nursing review, and the provision of various post-graduate courses. South West Healthcare's Graduate Nursing Program and Supervised Practice Program for nurses returning to the workforce also comes under the auspice of Nursing Education.

COMPETENCIES-ON-LINE

In just six months fifty per cent of nurses have accessed Nursing Education's new Competencies-On-Line initiative with very good results. This web-based technology allows for an accurate record of staff achievement in regard to competencies including No Lift, Basic Life Support, and Fire Safety.

EDUCATION SUCCESS 2006

A total 1,080 nurses attended the 41 seminars offered by Nursing Education during 2005-2006. Participants included staff from South West Healthcare, Moyné Health Service, Terang and Mortlake Health Service, Lyndoch, Koroit Nursing Home and Timboon Health Service.

Seminars that were identified as outstanding by participants included: Assessment Skills For Nurses, Advanced Life Skills and ECG Course. AH Revelations Chief Executive Officer Avril Henry facilitated a stimulating day on Managing Different Generations in the Workplace that was well received by Nursing and Allied Health professionals. A follow up session on leadership is planned for 2007.

GRADUATE NURSE YEAR

The 2005 appointment of Clinical Support Nurses Mick Edwards and Vikki Hoy, to work with our Graduate Nurses, has been a great success. Feedback from the Graduate Nurses has shown many positive outcomes including a high retention rate. Several Graduate Nurses have now gone on to undertake post graduate studies in peri-operative, critical care and midwifery. Recruitment for the 2007 Graduate Year is underway with visits to Deakin University, RMIT and Melbourne's Nursing Expo.

TRANSITION YEAR

The Transitional Year for two Graduate Nurses (2005 program) to progress in their personal and professional development was introduced in 2006. This initiative has seen Raelene Beckman and John Holland rotate through areas including our Critical Care Unit, Emergency Department and Special Care Unit. Ultimately we would like to see this year accredited through Deakin University, thereby gaining some credit towards these qualifications.

Above: Our Education Unit's new resuscitation simulator is put to the test by Clinical Nurse Specialist Vikki Hoy and Bariatric Project Worker Ashley Zanker. The \$9,500 resuscitation simulator is a life-like doll that comes with a computer program designed to simulate life-threatening illnesses.

CLINICAL SKILLS LABORATORY

A \$46,000 grant application met with success in March. It allowed Nursing Education to set-up a well-resourced Clinical Skills Laboratory. The Department of Human Services funding means we now own an Advanced Life Skills (ALS) Resusci-Annie Mannequin, an ALS Baby, a Chester Chest and an Air Matt. This high-tech equipment is in big demand.

PSYCHIATRIC SERVICES

South West Healthcare Psychiatric Services Division provides specialist clinical services to people suffering from mental illness in Warrnambool, Hamilton, Camperdown, Portland and surrounding regions.

The Psychiatric Services Division has a long-standing commitment to the provision of high quality education for both its clinical staff and other local service providers including General Practitioners, hospitals, nursing homes, and emergency services. Over recent years many international, national and local experts have provided training and skills development in evidence-based interventions for people suffering from mental disorders.

TRAINING STATISTICS

During the year 103 staff participated in 3,371 hours of training with an average of 28 hours of training per staff member.

EARLY SIGNS WORKSHOP

United Kingdom Clinical Psychologists Dr Elizabeth Newton and Dr Michael Larkin visited the southwest to instruct staff in the use of a package developed to assist individuals with psychosis to monitor for early signs of relapse. This workshop built on the 2003 training conducted by Dr Jo Smith and was assessed by staff as the most useful training.

PSYCHOLOGICAL INTERVENTIONS IN EARLY PSYCHOSIS

Early Psychosis Prevention and Intervention Centre Clinicians Sonia Crulli and Tracey Pearce provided a one-day advanced workshop on implementing psychological interventions in early psychosis. The workshop also examined the four phases of illness: at risk mental state, acute phase, recovery phase and late recovery phase and the practical challenges of implementing psychological interventions with this client group.

NURSE STUDY DAYS

The Aged Persons' Mental Health Service provided education at a study day attended by nurses from throughout the region. This team also provided training in Portland and Camperdown which was attended by workers in residential aged care facilities. These programs included information on anxiety,

depression, delirium, dementia, Behavioural and Psychological Symptoms of Dementia (BPSD), and managing BPSD. A one-day workshop on the management of depression in acute healthcare settings was delivered at Western District Health Service. This was a repeat of the successful workshop held at South West Healthcare last year. 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.

UNDERSTANDING & TREATING BORDERLINE PERSONALITY DISORDER

Workers throughout the South West attended a comprehensive workshop providing an introduction to concepts and interventions relevant to mental health practice with individuals who meet the criteria for a diagnosis of borderline personality disorder. Presented by staff from Spectrum Personality Disorder Service for Victoria, the workshop included understanding the client in the context of their history, effective interventions, practical skills and planning for crises as part of a long term treatment strategy. Participants came from varied backgrounds including drug and alcohol services, general counselling services, mental health, private psychiatry and disability support services.

ASIST

SWH Psychiatric Services Division staff continued to provide ASIST training (a suicide intervention program) to new staff and externally to a range of primary care agencies.

WESTERN EDUCATION & TRAINING CLUSTER

There are eight area mental health services in the Western Cluster, part of a Department of Human Services initiative to provide staff with a range of training and development initiatives, using a collaborative approach and through sharing expertise. Workshops included clinical supervision training, group programs in mental health settings, preceptorship, and motivation interviewing.

OTHER TRAINING PROVIDED

Our Primary Mental Health Team (PMHT) delivered training to both specialist and primary care providers in multiple subject areas including: Ante/Postnatal Depression; Basic Counselling Skills for Teachers; CBT for Depression & Anxiety in Young People; Early Psychosis; Stress Management for Professionals; and, Depression and Antidepressant Medication.

RESOURCES MATERIALS

The PMHT developed and distributed a range of resource materials to consumers and primary care providers including Preparing for a New Baby, A Parent's Guide to Emotional Health,

Stress Management Course handbook, Working with the Emotion of Anger, and a Family Separation brochure. These resources have been well utilised by consumers and practitioners illustrating the value of locally developed quality resource materials.

STRESS MANAGEMENT COURSE

PMHT research into its stress management course continued throughout the year and will be reported on shortly. Preliminary findings are encouraging and suggest beneficial outcomes for course participants. Stress management courses of six weekly two-hour workshops are being delivered across the South West through regionwide South West TAFE campuses. The courses are promoted through South West TAFE, General Practitioners and community agencies.

LATEST SWH RESEARCH

South West Healthcare recognises the vital role research has in progressing health care. Research projects are actively promoted and supported.

SWH Emergency Department Unit Manager Kate Sloan's Tetanus Vaccination: The issue of 'just in case' vaccinations in emergency departments was published in the Australasian Emergency Nursing Journal [(2006) 9, 35-38] this year. The discussion paper was co-written with South Australian University School of Nursing and Midwifery's Annette Summers.

SWH nurses took part in a multi-site research project with Melbourne's Cabrini Hospital and Deakin University to investigate medication incidents. The project revealed that while SWH has a higher reporting rate of medication incidents it has a lower rate of harm from these incidents, compared to other hospitals.

Three SWH Psychiatric Services Division Primary Mental Health Team workers are about to report on the findings of research they have conducted over the past 12 months, courtesy of prestigious Primary Health Care Research, Education & Development (PHC RED) Individual and General Practitioner (GP) Research Bursaries awarded by Greater Health (Greater Green Triangle University for Rural Health). Kate Hawkins, Melissa Ferrier, and Nicholas Place have applied these bursaries respectively to the evaluation of the Primary Mental Health Team's Stress Management course, an investigation into Maternal Postpartum Adjustment, and to the joint South West Primary Care Partnership/ Primary Mental Health Team Chronic Disease and Depression Project.

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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.
Dr M Page, 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 P Tauro, 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 R White, M.B.B.S., F.R.A.C.R.
Dr S Woodward, M.B.B.S., Dip.Med.Rad.,
M.R.A.C.R., Dip.Diag.U.S., 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 A.H. Wigell, B.Sc.

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 RA Stewart, M.B.B.S., D.R.A.N.Z.C.O.G.,
F.A.C.R.R.M.
Dr J Thomas, M.B.B.S.
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.
Mr T Fisher, M.B.B.S., F.R.A.C.

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.O.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.
Dr M Page, M.B.B.S., F.R.A.C.P.

UROLOGIST

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

DEPARTMENTAL OFFICERS

DIRECTOR OF EMERGENCY SERVICES

Dr Q Sukabula, M.B.Ch.B., (Otago).

MEDICAL SERVICES COORDINATOR

Mr Peter Martin, Cert. App. Sc.

DIRECTOR OF ANAESTHETICS

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

CHIEF DENTAL OFFICER

Vacant

DIRECTOR OF CRITICAL CARE UNIT

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

DIRECTOR OF OBSTETRICS

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

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 DIETITIAN

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

CHIEF MEDICAL IMAGING

TECHNOLOGIST

Mr L Pontonio, M.I.R., Dip. App. Sc. (Med.
Radiography) (Warrnambool campus).
Ms A Gibson, Dip. Radiography (Camperdown
campus).*

CHIEF OCCUPATIONAL THERAPIST

Ms J Gibbs, B. App. Sc. (O.T.), M.A.H.T.A.,
M.O.T.A., M.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. (Sp. Path.), M.Sp.Path.
Ms K Carlin, B. Sp.Path. (*Acting*).

CENTRE AGAINST SEXUAL ASSAULT COORDINATOR

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.

ABORIGINAL HEALTH PROGRAMS MANAGER

Mr J Mifsud*

BIOMEDICAL ENGINEERING SERVICES MANAGER

Mr D Stewart, B. Eng. (Elec.), I.B.M.E.*
Mr G Szegi, B. App. Sc. (Biophysics/
Instrumental Science).

COMMUNITY HEALTH MANAGER

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

• DAVID NEWMAN CENTRE COORDINATOR

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

• MACARTHUR COMMUNITY HEALTH MANAGER

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

• LISMORE COMMUNITY HEALTH MANAGERS

Ms J Hirth, R.N., R.M., W.H.N.P.T.P.
Ms R Leishman, R.N.

• MANIFOLD PLACE COMMUNITY HEALTH MANAGERS

Ms R Leishman, R.N.
Ms M Cadenhead, R.N., Dip. Comp. N.,
B.N. (post), M.N., M.H.Sc. (*Acting*).

COUNSELLING AND SUPPORT SERVICES MANAGER

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

HEALTH INFORMATION SERVICES MANAGER

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

PRIMARY CARE PARTNERSHIPS EXECUTIVE OFFICER

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., 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.Periooperative Nursing

UNIT MANAGERS

WARD 1: DAY PROCEDURE, HAEMODIALYSIS & ENDOSCOPY

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

WARD 2: SHORT STAY

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

WARD 3: CHILD & ADOLESCENT

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

WARD 4: INTENSIVE CARE/CRITICAL CARE

Ms M Beard, R.N., Master of Nursing (Critical Care), B.N., Grad.Dip.Critical Care (RMIT), Cert. IV Workplace Training & Assessment.

WARD 5: MEDICAL/SURGICAL

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

WARD 6: MEDICAL/SURGICAL & PALLIATIVE CARE

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

WARD 7: MIDWIFERY & NEONATAL SPECIAL CARE

Mr P Logan, RN, RM, Bachelor of Nursing, Masters of Public Health

WARD 8: REHABILITATION, & 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.Periooperative Nurs

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 OF CLINICAL SERVICES

Dr C Seetha, M.B., B.S. M.D. (India) D.R.M., D.N.B. *Until September 2005.*

DIRECTOR OF CLINICAL SERVICES

Dr J Blacket, M.B., B.S. (Hons.), F.R.A.N.Z.C.P., F.A.Ch. A.M.

QUALITY COORDINATOR

Mrs J Bateman, B. Sc. (Hons), M.A.P.S.

STAFF DEVELOPMENT OFFICER

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

MANAGERS

RESIDENTIAL

Mr C Healey, R.P.N. Psych Nurs. (Grad. Cert.)

WARRNAMBOOL COMMUNITY

PSYCHIATRIC SERVICES

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

AGED PERSONS MENTAL HEALTH SERVICES

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.

PRIMARY MENTAL HEALTH SERVICES

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

PSYCHIATRIC MEDICAL SERVICES PSYCHIATRISTS

Dr C Seetha, M.B., B.S. M.D. (India) D.R.M., D.N.B.

Dr I Neerakal, M.B., B.S. (India)

Dr J Deb, M.B., B.S. (India)

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.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.Z.C.P.

CORPORATE/ADMINISTRATIVE SERVICES

DIRECTOR OF CORPORATE SERVICES

Mr A Trigg, Cert Bus Studies (Accounting), B. Comm (Accounting/Finance), AHSFMA, ASA

FOOD SERVICES MANAGER

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

FACILITIES MANAGER

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

SUPPLY MANAGER

Mr T Hoy, 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

Mr A Giblin, Dip. Bus Management (TAFE), Dip. Human Resources (TAFE), Cert. IV Workplace Training & Assessment (SEAL)
Mrs C Rose, Adv.Cert.Management (TAFE), Cert.3 OH&S (Mayfield)*

OCCUPATIONAL HEALTH & SAFETY MANAGER

Miss A Hilton, B.A. (Deakin)

COMMUNITY PARTNERSHIPS MANAGER

Ms S Morey, FIA

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.

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

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

PATIENT & CLIENT SYSTEMS MANAGER

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

ICT SERVICES MANAGER

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

CAMPERDOWN CAMPUS**CAMPUS MANAGER**Ms R Mitchell, R.N., R.M., M.H.S.M. (C.S.U),
Grad. Dip. Clinical Practice (Aged Care), B.N.,
Cert. Applied Art, M.R.C.N.A.**UNIT MANAGERS****ACUTE SERVICES**Mrs J Leadbetter, R.Comp N., Cert. Critical Care.
Until 17 July. *Mrs N Swayn, R.N. *From July 18 2005 (shared position).*Mrs J Ellis, R.N., R.M. *From July 18 2005 (shared position).***AGED CARE FACILITY**Mrs J Riches, R.N., B.N., Grad. Dip. Aged
Service Management.**OPERATING THEATRE**Mrs N Delaney, R.N., Grad. Dip. Peri-Operative
Nursing, Cert. III Sterilisation/Technician.
*Maternity Leave from July 4 2005.*Mrs J Teal, R.N., Grad. Dip. Peri-Operative
Nursing, Cert. III Sterilisation/Technician. *Acting from July 5 2005.*

* Resigned during the Report Year.

SWH STAFF NUMBERS (FULL TIME EQUIVALENT/FTE) 2005-2006**JUNE 2006**

	OPERATING FTE	NON OP FTE	TOTAL FTE
Medical	32.96	-	32.96
Nursing	374.64	-	374.64
Medical/Support	107.92	1.28	109.20
Hotel/Allied	109.76	18.56	128.31
Admin/Clerical	112.06	3.69	115.74
TOTAL	737.34	23.53	760.87

JUNE 2005

	OPERATING FTE	NON OP FTE	TOTAL FTE
Medical	32.57	-	32.57
Nursing	360.29	-	360.29
Medical/Support	110.86	0.22	111.08
Hotel/Allied	107.49	19.01	126.51
Admin/Clerical	105.20	2.69	108.16
TOTAL	716.41	22.19	738.60

SWH STAFF GENDER & EMPLOYMENT STATUS 2005-2006

	June 2006	June 2005
FEMALE		
Full Time	227	235
Part Time	517	485
Casual	96	81
(SUB TOTAL)	840	801
MALE		
Full Time	150	154
Part Time	45	39
Casual	8	12
(SUB TOTAL)	203	205
TOTAL	1,043	1,006

WORKCOVER: HOURS LOST & CLAIMS 2004/05-2005/06**HOURS LOST TO INJURY OR ILLNESS:**

	2005/06	2004/05
WARRNAMBOOL CAMPUS		
Acute Services		
Nursing	2316	2716
Support Services/Administration	3327	4830
Medical/Allied Health	2080	1976
Psychiatric Services	1422	1046
LINEN SERVICE	1984	1976
CAMPERDOWN CAMPUS		
Nursing	0	1408
Support Services/Administration	152	1976
Medical/Allied Health	0	0
LISMORE CAMPUS	0	0
MACARTHUR CAMPUS	0	0
TOTAL	11,281	15,928

NUMBER OF NEW 'STANDARD' CLAIMS 2004/05-2005/06**NUMBER OF NEW 'STANDARD' CLAIMS:**

	2005/06	2004/05
WARRNAMBOOL CAMPUS		
Acute Services		
Nursing	7	5
Support Services/Administration	1	4
Medical/Allied Health	0	1
Psychiatric Services	6	1
LINEN SERVICE	0	0
CAMPERDOWN CAMPUS		
Nursing	1	4
Support Services/Administration	0	0
Medical/Allied Health	0	0
LISMORE CAMPUS	0	0
MACARTHUR CAMPUS	0	0
TOTAL	15	15

OUR MANAGEMENT STRUCTURE



STATISTICAL INFORMATION

ACUTE HOSPITAL - WARRNAMBOOL CAMPUS

Accommodation - Registered Beds

	2005/06	2004/05	2003/04	2002/03	2001/02
Accommodation - Registered Beds	155	155	155	155	155
Inpatient Separations					
Public - No Charge	13,624	13,038	12,373	12,378	11,592
Private/Third Party	1,267	1,255	1,088	1,006	1,068
Nursing Home Type	38	18	8	5	2
Total Inpatient Separations	14,929	14,311	13,469	13,389	12,662
Inpatient Separations by Patient Type					
Emergency	5,828	5,676	5,191	4,765	4,403
Elective	7,957	7,613	7,262	7,463	7,211
Obstetric	1,144	1,022	1,016	1,161	1,048
Total Patients Treated	14,929	14,311	13,469	13,389	12,662
Total Patient Days in Hospital					
Public - No Charge	43,228	40,956	42,534	41,148	39,499
Private/Third Party	5,298	5,772	5,426	5,358	5,181
Nursing Home Type	1,669	1,012	438	78	26
Total Patient Bed Days	50,195	47,740	48,398	46,584	44,706
Daily Average of Occupied Beds	129.4	124.5	123.8	122.4	116.8
% Occupancy on Registered beds	83.5	80.3	79.9	79.0	75.4
% Occupancy on Staffed beds	93.3	92.4	90.8	87.7	83.9
Average Length of Stay	3.3	3.3	3.5	3.4	3.5
Births (Number of deliveries)	546	490	474	515	468
Theatre Operations	4,834	4,926	4,210	4,295	4,880
Endoscopy Patients	1,641	1,695	1,582	1,435	1,600
Total Operations	6,475	6,621	5,792	5,730	6,480
Day Case Surgery in Theatre	3,059	3,129	2,811	2,669	2,421
Non Inpatient Services					
Number of Attendances:					
Emergency Department	22,049	21,793	21,250	20,476	19,562
Medical/Surgical Clinics	10,975	8,439	7,263	7,151	9,033
Pathology	5,212	4,873	4,635	4,252	3,069
Medical Imaging	6,056	5,595	5,138	4,449	3,846
Pharmacy	9,445	8,672	10,471	10,167	11,093
Allied Health	14,101	13,598	15,226	17,193	15,973
Dental Unit	2,104	760	863	2,211	3,914
Other Programs	6,169	7,216	7,018	6,883	6,057
Total Non Inpatient Attendances	76,111	70,946	71,864	72,782	72,547
Community Rehabilitation Centre (Attendances)	6,795	6,978	8,438	6,323	5,202
District Nursing - Care Hours	14,830	13,459	15,759	14,292	13,333
Meals - Number of 'Fresh Deliver' Meals	33,061	32,435	33,764	34,468	32,041
- Total Number of Meals Served	296,743	266,652	254,106	264,257	252,236
Community Health Attendances	3,400	3,029	2,454		

STATISTICAL INFORMATION

	2005/06	2004/05	2003/04	2002/03	2001/02
CAMPERDOWN/LISMORE CAMPUSES					
Accommodation - Registered Beds	67	67	67	67	67
Inpatient Separations by Patient Type					
Emergency	600	609	675	615	626
Elective	1040	975	995	1164	1175
Obstetrics	148	129	95	132	132
Total Inpatient Separations	1,788	1,713	1,765	1,911	1,933
Public Separations (Acute)	1,424	1,369	1,421	1,521	1,534
Total WIES	1,182	1,196	1,214	1,376	1,487
Average Inlier Equivalent DRG Weight	0.6684	0.6986	0.6888	0.7257	0.7703
Acute Bed Days	6,198	5,260	5,500	6,308	6,753
Aged Care Bed Days	12,859	12,668	12,650	12,889	12,918
Total Bed Days (Acute plus Aged Care)	19,057	17,928	18,150	19,197	19,671
% Occupancy on Available Beds					
Acute	76.71	70.97	70.67	79.34	85.84
Aged Care	97.86	96.41	96.01	98.09	98.31
Average Length of Stay					
Acute	3.50	3.05	3.14	3.27	3.49
Births	65	60	48	52	60
Total Operations	516	492	566	649	640
Day Case Surgery in Theatre (Incl above)	403	375	448	500	485
Non Inpatient Services					
Emergency Department	2,897	2,819	2,824	2,647	2,759
Outpatient Attendances	2,056	2,236	2,343	2,225	2,520
District Nursing Visits	5,164	5,881	5,657	5,913	8,278
Community Health - Contacts	3,043	2,231	3,176	3,147	2,763
Community Health - Group Session Attendances	4,763	4,318	6,302		
Day Care Attendances	1,645	2,555	3,121	2,863	2,719
Meals on Wheels Prepared	13,701	12,221	11,844	9,315	7,599
Total Non Inpatient Activity	33,269	32,261	35,267	26,110	26,638
MACARTHUR CAMPUS					
District Nursing/personal care visits	2,368	2,346	3,228	2,054	1,784
Community Health contacts	1,086	986	1,077	1,338	923
Community Health groups	1,777	1,511	1,112	108	29
Day Care session attendances	1,284	1,265	1,397	1,273	1,285
HACC Groups	137	138	142	204	44
Meals on Wheels Prepared	1,187	1,189	1,305	1,139	1,463
Volunteer contacts	1,289	1,290	1,529	1,220	1,238
PSYCHIATRIC SERVICES					
Statistics					
Number of Inpatient Separations	431	469	488	469	420
Bed Days	4,745	3,957	4,350	4,291	4,371
Daily Average Inpatients Accommodated	11.65	10.84	11.89	11.76	11.97
Percentage Occupancy (%)	77.68	72.27	79.24	78.37	79.84
Average Inpatient Length of Stay (days)	9.87	8.44	8.92	9.15	10.41
Number of Outpatient Contacts	89,428	95,523	94,656	96,767	84,226
Number of Residential Bed Days	1,721	1,618	1,475	1,289	1,460
Central Linen Service					
Kilograms Produced	712,642	709,583	680,058	708,853	701,381
Average cost per kilogram (cents)	179.59	175.29	165.93	160.84	156.23

Accreditation Status Fully Accredited. Successful organisation-wide survey in May 2006

STATISTICAL INFORMATION

STATISTICAL COMPARISON TO PREVIOUS YEARS

SERVICE, ACTIVITY AND EFFICIENCY MEASURES

Warrnambool Campus

Weighted Inlier Equivalent Separations

Average Inlier Equivalent DRG Weight

Statistical Indicators

% Public (Medicare) Patients Treated

Revenue Indicators - All Campuses

Average Days to Collect

Private Inpatient Fees

TAC Inpatient Fees

VWA Inpatient Fees

Debtors Outstanding as at 30th June 2006

Private Inpatients

TAC Inpatients

VWA Inpatients

Actual 2005/06	Actual 2004/05	Actual 2003/04	Actual 2002/03	Actual 2001/02	
10,092	9,797	9,425	9,299	9,192	
0.7024	0.7132	0.7264	0.7212	0.7558	
91.6%	91.4%	92.0%	92.5%	91.6%	
2005/06	2004/05				
70.97	65.94				
216.01	203.76				
70.51	47.40				
<30 Days	31-60 Days	61-90 Days	> 90 Days	Total 2006	Total 2005
115,335	23,658	13,987	25,558	178,538	266,386
0	0	0	0	0	34,040
21,302	11,299	14,126	9,390	56,117	22,185
136,637	34,957	28,113	34,948	234,655	322,611

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

ACTIVITY BY PROGRAM

2005/06 TOTAL - ALL CAMPUSES

ADMITTED PATIENTS

Separations

Same Day

Multi Day

Total Separations

Emergency

Elective

Maternity

Total Separations

Public Separations

Total WIES

Total Bed Days

Acute	Sub Acute	Mental Health	Aged Care	Total
7,735	0	27		7,762
8,422	560	404	38	9,424
16,157	560	431	38	17,186
6,053		134		6,187
8,812	560	297	38	9,707
1,292				1,292
16,157	560	431	38	17,186
14,581	500			15,081
11,274				11,274
46,412	8,388	4,745	12,859	72,404

NON ADMITTED PATIENTS

Emergency Medicine Attendances

Outpatient Services - occasions of services

Other Services - District Nursing Care Hours

Residential Bed Days

Acute	Sub Acute	Mental Health	Aged Care	Total
24,946		2,464		27,410
49,096	6,795	86,964		142,855
		19,031	19,031	
		1,721		1,721

STATISTICAL INFORMATION

CONSOLIDATED FINANCIAL RESULTS

SOUTH WEST HEALTHCARE

	2005/06 \$'000's	2004/05 \$'000's	2003/04 \$'000's	2002/03 \$'000's	2001/02 \$'000's
Total Revenue	80,529	75,753	73,899	69,364	66,044
Total Expenses	82,661	77,765	74,608	69,488	64,601
Operating Surplus (Deficit)	(2,132)	(2,112)	(709)	(124)	1,443
Retained Earnings (Accumulated Losses)	(3,699)	(1,567)	201	910	1,043
Total Assets	81,640	79,981	80,797	81,495	63,557
Total Liabilities	15,927	14,671	15,423	15,412	14,155
Net Assets	65,713	65,310	65,374	66,083	49,402
Total Equity	65,713	65,310	65,374	66,083	49,402

FINANCIAL STATEMENTS

OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2006

	Note	2006 \$000	2005 \$000
REVENUE FROM OPERATING ACTIVITIES	2,2a	78,438	73,999
REVENUE FROM NON-OPERATING ACTIVITIES		739	796
Employee Benefits	2b	(52,158)	(49,092)
Non salary labour costs	2b	(6,880)	(6,398)
Supplies & Consumables	2b	(9,234)	(8,515)
Share of Net Result of Joint Venture Accounted for using the Equity Model	13	(101)	(226)
Other Expenses From Ordinary Activities		(10,477)	(9,928)
NET RESULT FROM CONTINUING OPERATIONS BEFORE CAPITAL AND SPECIFIC ITEMS		327	636
Capital Purpose Income	2	1,327	958
Depreciation and Amortisation	3	(3,811)	(3,706)
Assets Provided Free of Charge	2	25	-
NET RESULT FROM CONTINUING OPERATIONS		(2,132)	(2,112)
NET RESULT FOR THE YEAR		(2,132)	(2,112)

This Statement should be read in conjunction with the accompanying notes

BALANCE SHEET AS AT 30 JUNE 2006

	Note	2006 \$000	2005 \$000
ASSETS			
Current Assets			
Cash and Cash Equivalents	16	7,737	8,244
Receivables	6	1,535	1,028
Inventories	7	1,485	1,497
Other Current Assets	11	106	21
Total Current Assets		10,863	10,790
Non Current Assets			
Receivables	6	1,432	2,039
Other Financial Assets	8	22	22
Investments Accounted for using the Equity Method	13	604	705
Property, Plant & Equipment	5	68,719	66,425
Total Non-Current Assets		70,777	69,191
TOTAL ASSETS		81,640	79,981
LIABILITIES			
Current Liabilities			
Payables	9	2,842	2,776
Interest Bearing Liabilities	20	8	12
Provisions	10	11,169	10,324
Other Liabilities	11	106	21
Total Current Liabilities		14,125	13,133
Non Current Liabilities			
Provisions	10	1,801	1,530
Interest Bearing Liabilities	20	1	8
Total Non-Current Liabilities		1,802	1,538
TOTAL LIABILITIES		15,927	14,671
NET ASSETS		65,713	65,310
EQUITY			
Contributed Capital	21b	48,346	48,346
Asset Revaluation Reserve	21a	21,044	18,509
Restricted Specific Purpose Reserve	21a	22	22
Accumulated Surpluses / (Deficits)	21c	(3,699)	(1,567)
TOTAL EQUITY	21d	65,713	65,310

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

FINANCIAL STATEMENTS

STATEMENT OF RECOGNISED INCOME AND EXPENSE FOR THE YEAR ENDED 30 JUNE 2006

	2006	2005
Note	\$000	\$000
Gain / (loss) on Asset Revaluation	21a 2,535	1,704
NET INCOME RECOGNISED DIRECTLY IN EQUITY	2,535	1,704
Net result for the year	(2,132)	(2,112)
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR	403	(408)

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

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2006

	2006	2005
Note	\$000	\$000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating Grants from Government	78,914	72,918
Patient Fees	3,547	3,635
Private Practice Fees	407	322
Interest	536	604
Other receipts	3,420	3,425
Employee Benefits paid	(51,042)	(48,502)
Fee for service Medical Officers	(6,880)	(6,398)
Payments for Supplies & Consumables	(9,222)	(8,772)
GST paid to ATO	(4,586)	(4,404)
Other Payments	(13,453)	(12,964)
Cash Generated from Operations	1,641	(136)
Capital Grants from Government	1,300	1,023
Capital Donations and Bequests Received	157	103
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	3,098	990
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Properties, Plant & Equipment	(5,229)	(4,771)
Proceeds from Sale of Properties, Plant & Equipment	1,624	1,870
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(3,605)	(2,901)
NET INCREASE / (DECREASE) IN CASH HELD	(507)	(1,911)
CASH AND CASH EQUIVALENTS BEGINNING OF PERIOD	8,244	10,155
CASH AND CASH EQUIVALENTS END OF PERIOD	7,737	8,244

This Statement should be read in conjunction with the accompanying notes

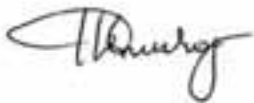
FINANCIAL STATEMENTS

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 operating statement, balance sheet, statement of recognised income and expense, cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2006 and financial position of South West Healthcare as at 30 June 2006.

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



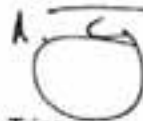
I. Armstrong
President, Board of Management
IAN ARMSTONG

Warrnambool
28 August 2006



J. Krygger
Chief Executive Officer
JOHN F. KRYGGER

Warrnambool
28 August 2006



A. Trigg
Chief Finance & Accounting Officer
ANDREW TRIGG

Warrnambool
28 August 2006

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The general-purpose financial report has been prepared on an accrual basis in accordance with the Financial Management Act 1994, Accounting Standards issued by the Australian Accounting Standards Board and Urgent Issues Group Interpretations. Accounting standards include Australian equivalents to International Financial Reporting Standards (A-IFRS).

The financial statements were authorised for issue by Chief Financial Officer, Mr Andrew Trigg on 28th August 2006.

Basis of preparation

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-current assets and financial instruments, as noted. Cost is based on the fair values of the consideration given in exchange for assets.

In the application of A-IFRS management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects both current and future periods.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

Judgements made by management in the application of A-IFRS that have significant effects on the financial statements and estimates with a significant risk of material adjustments in the next year are disclosed throughout the notes in the financial statements.

a) *Reporting Entity*

The financial statements include all the controlled activities of the Health Service. The Health Service is not-for-profit entity and therefore applies the additional Aus paragraphs applicable to “not-for-profit” entities under the Australian equivalents to IFRS.

b) *Rounding off*

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

c) *Cash and Cash Equivalents*

Cash and cash equivalents comprise cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the Balance Sheet.

d) *Receivables*

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists.

e) *Inventories*

Inventories include goods and other property held either for sale or for distribution at no or nominal cost in the ordinary course of business operations. It includes land held for sale and excludes depreciable assets.

Inventories held for distribution are measured at the lower cost and current replacement cost. All other inventories, including land for sale, are measured at the lower cost and net realisable value.

Cost for all other inventory is measured on the basis of weighted average cost.

f) *Other Financial Assets*

Other financial assets are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs. Other financial assets are classified between current and non current assets based on the Health Service Board of Management's intention at balance date with respect to the timing of disposal of each asset.

The Health Service classifies its other investments in the following categories: financial assets at fair value through profit or loss, loans and receivables, held-to-maturity investments, and available-for-sale financial assets. The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

g) *Non Current Physical Assets*

Land and buildings are measured at the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. Plant, equipment and vehicles are measured at cost.

b) *Revaluations of Non-Current Assets*

Assets other than those that are carried at cost are revalued with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value. This revaluation process normally occurs every three to four years for assets with useful lives of less than 30 years or six to eight years for assets with useful lives of 30 or greater years. Revaluation increments or decrements arise from differences between an asset's depreciated cost or deemed cost and fair value.

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 increases and revaluation decreases relating to individual assets within a class of property, plant and equipment are offset against one another within that class but are not offset in respect of assets in different classes. Revaluation reserves are not transferred to accumulated funds on derecognition of the relevant asset.

i) *Depreciation*

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost – or valuation - over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least 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.

	2006	2005
Buildings	Up to 25 years	Up to 25 years
Plant & Equipment	Up to 20 years	Up to 20 years
Medical Equipment	Up to 20 years	Up to 20 years
Computers & Communications	Up to 5 years	Up to 5 years
Furniture & Fittings	Up to 20 years	Up to 20 years
Motor Vehicles	Up to 3 years	Up to 3 years
Leased Assets	Up to 5 years	Up to 5 years

j) *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 usually Nett 30 days.

k) *Provisions*

Provisions are recognised when the Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation, its carrying amount is the present value of those cashflows.

l) *Resources Provided and Received Free of Charge or for Nominal Consideration*

Resources provided or received free of charge or for nominal consideration are recognised at their fair value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

m) *Interest Bearing Liabilities*

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, all financial liabilities are recognised at amortised cost using the effective interest method.

n) *Functional and Presentation Currency*

The presentation currency of the Health Service is the Australian dollar, which has also been identified as the functional currency of the Health Service.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

o) Goods and Services Tax

Revenues, expenses and assets are recognised net of GST, except for receivables and payables which are stated with the amount of GST included and 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 Balance Sheet. The GST component of a receipt or payment is recognised on a gross basis in the Cash Flow Statement in accordance with AASB 107 Cash Flow statements.

p) Employee Benefits

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave, when it is probable that settlement will be required and they are capable of being measured reliably.

Measurement of short-term and long-term employee benefits

Short-term employee benefits are those benefits that are expected to be settled within 12 months, and are measured at their nominal values using the remuneration rate expected to apply at the time of settlement. They include wages and salaries, annual leave, long service leave and accrued days off that are expected to be settled within 12 months.

Long-term employee benefits are those benefits that are not expected to be settled within 12 months, and are measured at the present value of the estimated future cash outflows to be made by the Health Service in respect of services provided by employees up to reporting date. They include long service leave and annual leave not expected to be settled within 12 months.

The present value of long-term employee benefits is calculated in accordance with AASB 119 Employee Benefits. Long-term employee benefits are measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates on national Government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Classification of employee benefits as current and non-current liabilities

Employee benefit provisions are reported as current liabilities where the Health Service does not have an unconditional right to defer settlement for at least 12 months. Consequently, the current portion of the employee benefit provision can include both short-term benefits, that are measured at nominal values, and long-term benefits, that are measured at present values.

Employee benefit provisions that are reported as non-current liabilities also include long-term benefits such as non vested long service leave (ie where the employee does not have a present entitlement to the benefit) that do not qualify for recognition as a current liability, and are measured at present values.

Superannuation

Defined contribution plans

Contributions to defined contribution superannuation plans are expenses when incurred.

Defined benefit plans

The amount charged to the Operating Statement in respect of defined benefit plan superannuation represents the contributions made by the Health Service to the superannuation plan in respect to the current services of current Health Service staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

The Health Service does not recognise any defined benefit liability in respect to the superannuation plan because the Health Service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial report.

Termination Benefits

Liabilities for termination benefits are recognised when a detailed plan for the termination has been developed and a valid expectation has been raised with those employees affected that the terminations will be carried out. The liabilities for termination benefits are recognised in other creditors unless the amount or timing of the payments is uncertain, in which case they are recognised as a provision.

On-Cost

Employee benefits on-costs are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

q) *Finance Costs*

Finance costs are recognised as expenses in the period in which they are incurred.

Finance costs include finance charges in respect of finance leases recognised in accordance with AASB117 Leases.

r) *Residential Care Service*

The South West Healthcare Residential Aged Care Service operations are an integral part of the Health Service and share its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

s) *Joint Ventures*

Interests in jointly controlled operations and jointly controlled assets are accounted for by recognising in the Health Service's financial statements, its share of assets, liabilities and any revenue and expenses of such joint ventures. Details of the joint venture are set out in note 13.

t) *Intersegment Transactions*

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

u) *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. Assets held under a finance lease are recognised as non current assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at the inception of the lease. The minimum lease payments are discounted at the interest rate implicit in the lease. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense.

Finance leased assets are amortised on a straight line basis over the estimated useful life of the asset.

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.

v) *Revenue Recognition*

Revenue is recognised in accordance with AASB 118 Revenue. Income is recognised as revenue to the extent they are earned. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns allowances and duties and taxes.

Government Grants

Grants are recognised as revenue when the Health Service 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 (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 16/2004.

Patient Fees

Patient fees are recognised as revenue at balance date.

Private Patient Fees

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

Donations

Donations and bequests are recognised as revenue when the cash is received. If donations are for a special purpose, they may be appropriated to a reserve, such as specific restricted purpose reserve.

w) *Fund Accounting*

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

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

x) *Services Supported By Health Services Agreement and Services Supported By Hospital And Community Initiatives*

Activities classified as Services Supported by Health Service Agreement (HSA) are substantially funded by the Department of Human Services and includes RACS, while Services Supported by Hospital and Community Initiatives (Non HSA) are funded by the Health Service's own activities or local initiatives and/or the Commonwealth.

y) *Comparative Information*

Where necessary the previous year's figures have been reclassified to facilitate comparisons.

z) *Asset Revaluation*

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

aa) *Specific Restricted Purpose Reserve*

A specific restricted purpose reserve is established where the Health Service has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

ab) *Contributed Capital*

Consistent with UGI Interpretation 1038 Contributions by Owners made to Wholly-Owned Public Sector Entities and FRD 2 Contributed Capital, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions, have also been designated as contributed capital.

ac) *Net result From Continuing Operations Before Capital & Specific Items*

A-IFRS allows the inclusion of additional subtotals on the face of the operating statement when such presentation is relevant to the understanding of an entity's financial performance. This financial report includes an additional subtotal entitled "Net result From Continuing Operations Before Capital and Specific Items".

Capital and specific items, which are excluded from this sub-total comprise:

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment. It also includes donations of plant and equipment (refer note 1 (l)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Specific income/expense, comprises the following items where material:
 - Voluntary departure packages
 - Write-down of inventories
 - Non-current asset revaluation increments/decrements
 - Restructuring of operations (disaggregation/aggregation of health services)
 - Non-current assets lost or found
 - Reversals of provisions
 - Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board)
- Depreciation and amortisation as described in note 1 (i) and (u)
- Assets provided free of charges as described in note 1 (l)
- Expenditure using capital purpose income, which comprises expenditure using capital purpose income which falls below the asset capitalisation threshold and therefore does not result in the recognition of an asset in the balance sheet. The asset capitalisation threshold is set at \$1,000.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 2: REVENUE

	HSA 2006 \$000	HSA 2005 \$000	Non HSA 2006 \$000	Non HSA 2005 \$000	Total 2006 \$000	Total 2005 \$000
Revenue from Operating Activities						
Government Contributions						
Department of Human Services	67,479	63,050	-	-	67,479	63,050
Dental Health Services Victoria	253	558	-	-	253	558
Commonwealth Government	1,130	996	-	-	1,130	996
Indirect Contributions by Human Services	2,503	2,405	-	-	2,503	2,405
Patients and Resident Fees (refer note 2c)	3,613	3,695	-	-	3,613	3,695
Private Practice Fees	-	-	407	334	407	334
Other Revenue from Operating Activities	394	305	2,659	2,656	3,053	2,961
Sub -Total Revenue from Operating Activities	75,372	71,009	3,066	2,990	78,438	73,999
Revenue from Non-Operating Activities						
Interest	-	-	531	604	531	604
Property Income	-	-	333	330	333	330
Net Gain / (Loss) on Sale of Non-Current Assets(refer note 2d)	-	-	(125)	(138)	(125)	(138)
Sub-Total Revenue from Non-Operating Activities	-	-	739	796	739	796
Revenue form Capital Purpose Income						
State Government Capital Grants						
Equipment and Infrastructure	-	-	1,195	855	1,195	855
Commonwealth Government Capital Grants	-	-	-	-	-	-
Assets Received Free of Charge	-	-	25	-	25	-
Donations and Bequests	-	-	132	103	132	103
Sub -Total Revenue from Capital Purpose Income	-	-	1,352	958	1,352	958
Total Revenue from Continuing Activities (refer note 2a)	75,372	71,009	5,157	4,744	80,529	75,753

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE

	Acute Care 2006 \$000	Aged & Home Care 2006 \$000	Residential Aged Care 2006 \$000	RAC Mental Health 2006 \$000	Mental Health 2006 \$000	Primary Health 2006 \$000	Other 2006 \$000	Total 2006 \$000
Revenue from Services Supported by Health Service Agreement								
Government Grants								
Department of Human Services	48,567	1,634	563	-	11,297	1,735	3,682	67,478
Dental Health Services	-	-	-	-	-	-	253	253
Commonwealth Government	1,008	-	-	68	-	-	54	1,130
Indirect Contributions by Human Services								
Insurance	2,038	-	-	-	-	-	-	2,038
Long Service Leave	359	14	-	-	48	9	35	465
Patient and Resident Fees (refer Note 2c)	1,550	352	1,565	-	-	16	9	3,492
Other	381	-	-	-	14	-	-	395
Sub-Total Revenue from Services Supported by Health Services Agreement	53,903	2,000	2,128	68	11,359	1,760	4,033	75,251

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

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.

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE (cont'd)

	Acute Care	Aged & Home Care	Residential Aged Care	RAC Mental Health	Mental Health	Primary Health	Other	Total
	2006	2006	2006	2006	2006	2006	2006	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Revenue From Services Supported by Hospital and Community Initiatives								
Business Units								
Private Practice Fees							407	407
Catering & Commissions							379	379
Sales							1,436	1,436
Training & Staff development							32	32
Fundraising							40	40
Linen Service							684	684
Property Income							333	333
Other							87	87
Total							3,398	3,398
Revenue From Other Activities								
Government Contributions - Commonwealth Government								
Residential Accommodation Payments							121	121
State Government Capital Grants								
Equipment and Infrastructure Maintenance							1,196	1,196
Donations and Bequests							132	132
Interest							531	531
Net Gain / (Loss) on Disposal of Non-Current Assets							-125	-125
Assets received free of charge							25	25
Sub Total Revenue From Services Supported by Hospital & Community Initiatives							1,880	1,880
Total Revenue from Operations	53,903	2,000	2,128	68	11,359	1,760	9,311	80,529

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE (cont'd)

	Acute Care	Aged & Home Care	Residential Aged Care	RAC Mental Health	Mental Health	Primary Health	Other	Total
	2005	2005	2005	2005	2005	2005	2005	2005
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Revenue From Service Supported by Health Services Agreement								
Government Grants								
Department of Human Services	45,536	1,604	553	-	10,735	1,182	3,785	63,395
Dental Health Services	-	-	-	-	-	-	213	213
Commonwealth Government	838	-	35	61	-	-	62	996
Indirect Contributions by Human Services								
Insurance	1,741	-	-	-	-	-	-	1,741
Long Service Leave	494	19	-	-	90	13	48	664
Patient and Resident Fees (refer Note 2c)	1,756	331	1,464	-	-	17	25	3,593
Other	293	-	-	-	12	-	-	305
Sub-Total Revenue from Services Supported by Health Services Agreement	50,658	1,954	2,052	61	10,837	1,212	4,133	70,907

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 2A: ANALYSIS OF REVENUE BY SOURCE (cont'd)

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	Aged & Home Care	Residential Aged Care	RAC Mental Health	Mental Health	Primary Health	Other	Total
	2005	2005	2005	2005	2005	2005	2005	2005
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000

Revenue From Services Supported by Hospital and Community Initiatives

Business Units

Private Practice Fees							334	334
Catering & Commissions							355	355
Sales							1,406	1,406
Training & Staff development							40	40
Fundraising							71	71
Linen Service							679	679
Property Income							330	330
Other							105	105
Total							3,320	3,320

Revenue From Other Activities

Residential Accommodation Payments							102	102
State Government Capital Grants								
Equipment and Infrastructure Maintenance							855	855
Donations and Bequests							103	103
Interest							604	604
Net Gain / (Loss) on Disposal of Non-Current Assets							(138)	(138)
Assets received free of charge							-	-

Sub Total Revenue From Services Supported by Hospital & Community Initiatives

							1,526	1,526
--	--	--	--	--	--	--	--------------	--------------

Total Revenue from Operations	50,658	1,954	2,052	61	10,837	1,212	8,979	75,753
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FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 2B: ANALYSIS OF EXPENSES BY SOURCE

	Acute Care	Aged & Home Care	Residential Aged Care	RAC Mental Health	Mental Health	Primary Health	Other	Total
	2006	2006	2006	2006	2006	2006	2006	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement								
Employee Entitlements								
Salaries & Wages	31,090	1,134	1,653	50	7,826	993	2,233	44,979
Workcover	369	13	128	1	111	12	27	661
Long Service Leave	906	33	11	-	122	29	65	1,166
Superannuation	3,084	112	139	4	683	98	222	4,342
Fee for Service Medical Officers	6,877	-	3	-	-	-	-	6,880
Supplies & Consumables								
Drug Supplies	2,194	-	4	-	182	-	591	2,971
Medical & Surgical Supplies	3,792	319	40	-	160	277	336	4,924
Food Supplies	305	43	274	-	94	38	30	784
Other Expenses								
Domestic Services and Supplies	807	71	55	-	84	62	5	1,084
Fuel Light Power & Water	491	46	44	1	55	39	4	680
Insurance Costs Funded by DHS	1,523	54	10	2	296	47	106	2,038
Repairs & Maintenance	1,240	87	26	6	74	75	61	1,569
Maintenance Contracts	266	27	-	-	29	24	-	346
Motor Vehicles	224	18	-	-	173	16	28	459
Administrative Expenses	1,225	58	21	4	1,220	49	257	2,834
Patient Transport	658	-	-	-	7	-	-	665
Bad Debts	10	-	-	-	-	-	-	10
	55,061	2,015	2,408	68	11,116	1,759	3,965	76,392
Services Supported by Hospital and Community Initiatives								
Employee Entitlements								
Salaries & Wages							882	882
Workcover							11	11
Long Service Leave							22	22
Superannuation							94	94
Supplies & Consumables								
Medical & Surgical Supplies							287	287
Food Supplies							268	268
Other Expenses								
Domestic Services							124	124
Fuel Light Power & Water							64	64
Repairs & Maintenance							96	96
Motor Vehicles							16	16
Administrative Expenses							460	460
							2,324	2,324
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	55,061	2,015	2,408	68	11,116	1,759	6,289	78,716
Audit Fees Auditor-General	27	-	-	-	5	-	1	33
Share of Net result of Joint Ventures for using Equity Model (refer note 13)	-	-	-	-	-	-	101	101
Depreciation and Amortisation (refer note 3)	-	-	-	-	-	-	3,811	3,811
Total Expenses from Ordinary Activities	55,088	2,015	2,408	68	11,121	1,759	10,202	82,661

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 2B: ANALYSIS OF EXPENSES BY SOURCE (cont'd)

	Acute Care	Aged & Home Care	Residential Aged Care	RAC Mental Health	Mental Health	Primary Health	Other	Total
	2005	2005	2005	2005	2005	2005	2005	2005
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement								
Employee Entitlements								
Salaries & Wages	28,971	1,162	1,614	42	7,443	697	2,356	42,285
Workcover	240	10	139	1	82	6	19	497
Long Service Leave	933	37	11	-	136	23	76	1,216
Superannuation	2,922	117	137	3	644	70	238	4,131
Fee for Service Medical Officers	6,395	-	3	-	-	-	-	6,398
Supplies & Consumables								
Drug Supplies	1,854	-	3	-	140	-	615	2,612
Medical & Surgical Supplies	3,576	313	37	-	73	188	480	4,667
Food Supplies	291	35	270	-	92	21	22	731
Other Expenses								
Domestic Services and Supplies	812	57	51	-	88	34	3	1,045
Fuel Light Power & Water	479	36	42	1	50	22	3	633
Repairs & Maintenance	1,006	69	21	9	159	41	100	1,405
Maintenance Contracts	313	22	-	3	13	-	-	351
Motor Vehicles	203	14	-	8	172	8	35	440
Administrative Expenses	2,808	96	39	6	1,370	57	211	4,587
Patient Transport	584	-	-	-	12	-	-	596
	51,387	1,968	2,367	73	10,474	1,167	4,158	71,594
Services Supported by Hospital and Community Initiatives								
Employee Entitlements								
Salaries & Wages							848	848
Workcover							2	2
Long Service Leave							23	23
Superannuation							90	90
Supplies & Consumables								
Medical & Surgical Supplies							270	270
Food Supplies							234	234
Other Expenses								
Domestic Services							126	126
Fuel Light Power & Water							63	63
Repairs & Maintenance							254	254
Motor Vehicles							13	13
Administrative Expenses							383	383
							2,306	2,306
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives								
	51,387	1,968	2,367	73	10,474	1,167	6,464	73,900
Audit Fees Auditor-General	26	1	-	-	4	1	1	33
Share of Net result of Joint Ventures for using Equity Model (refer note 13)	-	-	-	-	-	-	226	226
Depreciation and Amortisation (refer note 3)	-	-	-	-	-	-	3,706	3,706
Total Expenses from Ordinary Activities	51,413	1,969	2,367	73	10,478	1,168	10,397	77,865

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

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 2006 \$000	Total 2005 \$000
Patient Fees Raised		\$000	\$000
Acute	Inpatient	1,143	1,220
	Outpatient	600	557
Sub Acute	Inpatient Rehabilitation	168	335
Aged Care & Primary Health	Nursing Home	1,565	1,464
	Primary Care	16	17
Total Recurrent		3,492	3,593
Capital Purpose:			
Residential Accommodation Payments		121	102
Total Capital		121	102

NOTE 2D: NET GAIN / (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS

	Total 2006 \$000	Total 2005 \$000
Proceeds from Disposal of Non-Current Assets		
Land & Buildings	152	-
Plant & Equipment	10	10
Furniture & Fittings	-	11
Motor Vehicles	1,462	1,826
Total Proceeds from Disposal of Non-Current Assets	1,624	1,847

NOTE 2D: NET GAIN / (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS

	Total 2006 \$000	Total 2005 \$000
Written Down Value of Assets Sold		
Land & Buildings	158	-
Plant & Equipment	4	75
Furniture & Fittings	3	10
Motor Vehicles	1,584	1,900
Total Written Down Value of Assets Sold	1,749	1,985
Net Gains / (Loss) on Disposal of Non-Current Assets	(125)	(138)

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

	Aged & Home Residential Care Aged Care			RAC Mental Health		Primary Health	Other	Total 2006 \$000	Total 2005 \$000
	Acute Care 2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2005 \$000
Expenses									
Business Units									
Retail outlets							1,187	1,187	1,023
Private practice							566	566	274
Linen Services							426	426	556
Other							145	145	454
Total							2,324	2,324	2,307

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 2F: ASSETS RECEIVED FREE OF CHARGE DURING THE REPORTING PERIOD

During the reporting period, the fair value of assets received free of charge was as follows:

	Total 2006 \$000	Total 2005 \$00
Plant & Equipment	25	-

NOTE 3: DEPRECIATION

	Total 2006 \$000	Total 2005 \$000
Buildings	2,085	2,013
Plant & Equipment	798	851
Furniture and Fittings	499	466
Motor Vehicles	429	376
Total	3,811	3,706

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 4: SEGMENT REPORTING

	Hospital Whool Campus 2006	Hospital C'down Campus 2005	Hospital C'down Campus 2006	Nursing Home Campus 2005	Nursing Home Campus 2006	Linen Service 2006	Linen Service 2005	Mental Health 2006	Mental Health 2005	Macarthur 2006	Macarthur 2005	Eliminations 2006	Eliminations 2005	Consolidated 2006	Consolidated 2005
External Segment Revenue	59,144	55,593	6,501	6,050	2,128	1,981	687	693	11,586	10,950	483	486	-	80,529	75,753
Intersegment revenue	-	-	-	-	-	-	596	571	-	-	-	(596)	(571)	-	-
Total Revenue	59,144	55,593	6,501	6,050	2,128	1,981	1,283	1,264	11,586	10,950	483	486	(596)	(571)	80,529
Non cash expenses other than depreciation	57,743	53,915	5,890	5,698	2,325	2,249	1,162	1,127	11,190	10,539	439	405	-	78,749	73,933
Intersegment expenses	596	571	-	-	-	-	-	-	-	-	-	(596)	(571)	-	-
Loss Share of net result from joint venture	101	226	-	-	-	-	-	-	-	-	-	-	-	101	226
Depreciation	2,874	2,808	204	195	83	79	118	117	502	475	30	32	-	3,811	3,706
Total Expenses	61,314	57,520	6,094	5,893	2,408	2,328	1,280	1,244	11,692	11,014	469	437	(596)	(571)	82,661
Net Result from ordinary activities	(2,170)	(1,927)	407	158	(280)	(348)	3	20	(106)	(64)	14	49	-	(2,132)	(2,112)
Segment assets	63,765	63,032	3,534	2,935	1,024	850	2,366	1,926	9,283	9,584	1,064	949	-	81,036	79,276
Share of JV assets from SWARH	604	705	-	-	-	-	-	-	-	-	-	-	-	604	705
Total Assets	64,369	63,737	3,534	2,935	1,024	850	2,366	1,926	9,283	9,584	1,064	949	-	81,640	79,981
Total Liabilities	11,782	10,741	1,413	1,281	412	374	298	283	1,878	1,887	144	105	-	15,927	14,671
Acquisition of property, plant and equipment	3,644	3,305	283	270	116	110	135	50	1,055	1,229	86	84	-	5,319	5,048

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

Business Segments:	Services:
Hospital	Acute and Rehabilitation Inpatient and Non Inpatient Health Services
Linen Service	Linen/Laundry Services
Mental Health	Acute Psychiatric Inpatient and Community Services
Community Health Service	Primary and Community Health Services
Aged Care (Campertown)	Nursing Home/Hostel

GEOGRAPHICAL SEGMENT

South West Healthcare operates predominantly in South West Victoria.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 5: PROPERTY, PLANT & EQUIPMENT

	Gross Cost/ Valuation 2006 \$000	Gross Cost/ Valuation 2005 \$000	Accum. Deprec. 2006 \$000	Accum. Deprec. 2005 \$000	Net Assets at 2006 \$000	Net Assets at 2005 \$000
Land at valuation	10,925	10,112	-	-	10,925	10,112
Buildings at valuation	49,324	47,278		3,782	49,324	43,496
Subtotal	60,249	57,390	-	3,782	60,249	53,608
Buildings at cost	258	4,966		492	258	4,474
Plant & Equipment at cost	13,858	13,727	9,625	9,288	4,233	4,439
Furniture & Office Equipment at cost	4,801	4,055	3,372	2,628	1,429	1,427
Motor Vehicles at cost	2,993	2,818	443	341	2,550	2,477
Subtotal	21,910	25,566	13,440	12,749	8,470	12,817
Total	82,159	82,956	13,440	16,531	68,719	66,425

The valuations of land and buildings were conducted by Western District Valuers in June 2006. The valuer was Mr. Les Speed AAPI1250.

NOTE 5A: PROPERTY, PLANT & EQUIPMENT

	Land \$000	Buildings \$000	Plant & Equipment \$000	Furniture & Fittings \$000	MV \$000	Total \$000
2006						
Carrying amount at start of year	10,112	47,970	4,439	1,427	2,477	66,425
Additions	230	1,903	595	505	2,086	5,319
Disposals	85	73	4	3	1,584	1,749
Revaluation increments / (decrements)	668	1,867	-	-	-	2,535
Depreciation/amortisation expense refer note 3	-	2,085	797	500	429	3,811
Carrying amount at end of year	10,925	49,582	4,233	1,429	2,550	68,719
2005						
Carrying amount at start of year	8,408	49,025	4,319	1,453	2,436	65,641
Additions	-	1,049	1,060	345	2,317	4,771
Disposals	-	-	75	10	1,900	1,985
Revaluation increments / (decrements)	1,704	-	-	-	-	1,704
Depreciation/amortisation expense refer note 3	-	2,104	865	361	376	3,706
Carrying amount at end of year	10,112	47,970	4,439	1,427	2,477	66,425

NOTE 6: RECEIVABLES

	2006 \$000	2005 \$000
Current		
Acute - Inpatient	273	345
Acute - Outpatient	96	85
Aged Care - Nursing Home	22	23
Regional Institutions	478	374
Linen Service Debtors	64	67
Accrued Government Grants	596	117
Interest	35	40
Total	1,564	1,051
Less Provision for Bad Debts	(29)	(23)
Total Current Receivables	1,535	1,028
Non Current		
DHS Long Service Leave	1,432	2,039
Total Non Current Receivables	1,432	2,039

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 7: INVENTORIES

	Total 2006 \$000	Total 2005 \$000
Pharmaceuticals at cost	312	285
Medical & Surgical at cost	261	252
Stationery at cost	89	100
Domestic & Maintenance at cost	59	56
Food Supplies at cost	17	17
Kiosk & Healthcare Shop Supplies at cost	117	106
Bulk Linen Store - Linen Service at cost	165	207
Linen in Use at cost	465	474
Total	1,485	1,497

NOTE 8: OTHER FINANCIAL ASSETS

	Endowment Fund	2006 \$000	2005 \$000
Non Current:			
Interest Bearing Term Deposit	22	22	22
Total	22	22	22

NOTE 9: PAYABLES

	2006 \$000	2005 \$000
Creditors	1,315	1,257
Accrued Grants	-	32
Accrued Expenses	1,072	926
DHS	-	104
Audit Fee	27	25
GST Payable	428	432
TOTAL	2,842	2,776

NOTE 10: EMPLOYEE BENEFITS

	2006 \$000	2005 \$000
Current (refer note 1 p))		
Long service leave	804	775
short term benefits at nominal value	4,541	4,376
long term benefits at present value	-	-
Accrued wages and salaries	2,084	1,617
Annual leave		
short term benefits at nominal value	3,638	3,465
Accrued days off	102	91
Total Current	11,169	10,324
Non-Current (refer note 1 p))		
Long service leave	1,801	1,530
Total	12,970	11,854
Movement in Long Service Leave:		
Balance at start of year	6,681	6,017
Provision made during the year	1,197	1,220
Settlement made during the year	732	556
Balance at end of year	7,146	6,681

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 11: OTHER CURRENT ASSETS

	2006	2005
	\$000	\$000
Patient Trust	105	19
Equipment Deposits	1	2
Total	106	21

Represented by the following assets:

	2006	2005
	\$000	\$000
Cash Assets	106	21
Total	106	21

NOTE 12: SUPERANNUATION LIABILITY

Superannuation contributions for the reporting period are included as part of employee benefits and on-costs in the Operating Statement of the Health Service.

The outstanding liability for the year ending 30 June, 2006 is nil and contributions were as follows:

	2006	2005
	\$000	\$000
Contributions		
Hospital	3,162	3,007
Linen Service	79	78
Psychiatric Services	687	647
Camperdown Campus	485	469
Macarthur Campus	23	20
Total	4,436	4,221

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 Balance Sheet. 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.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 13: INVESTMENTS ACCOUNTED FOR USING THE EQUITY METHOD

The hospital has joint venture interest of 30.83% 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.

	Total 2006 \$000	Total 2005 \$000
Investment in Jointly Controlled Entities	604	705
Summarised Financial Information of Jointly Controlled Entities:		
CURRENT ASSETS	198	213
NON-CURRENT ASSETS	483	570
SHARE OF TOTAL ASSETS	681	783
CURRENT LIABILITIES	2	66
NON CURRENT LIABILITIES	75	12
SHARE OF TOTAL LIABILITIES	77	78
NET ASSETS	604	705
SHARE OF PROFIT / (LOSS)	(101)	(226)
CAPITAL COMMITMENTS	84	-

This represents the hospital's 15% share of joint venture outstanding capital commitments for IT services, materials and equipment.

NOTE 14: COMMITMENTS

	2006 \$000	2005 \$000
Capital Commitments		
Land & Buildings		
Plant & Equipment		

The hospital had outstanding commitments at 30 June, 2006 for the supply of works, services and materials to the value of \$1,450,058 (\$1,649,728 2005).

Lease Commitments

	2006 \$000	2005 \$000
<i>Cancellable</i>		
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Not later than one year	11	15
Later than one year but not later than 2 years	1	10
2 to 5 years	-	1
Minimum Lease Payments	12	26
Less Future Finance Charges	(3)	(6)
TOTAL	9	20
Representing Lease Liabilities		
Current	8	12
Non-Current	1	8
TOTAL	9	20

Operating Commitments

Non-cancellable

Operating Leases

Commitments in relation to rental of buildings and medical equipment leases are payable as follows:

Not later than one year	152	151
Later than one year but not later than 2 years	153	152
2 to 5 years	277	432
TOTAL	582	735

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

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.

	2006	2005
	\$000	\$000
Cash on Hand/(Bank Overdraft)	506	157
Deposits at Call	7,231	8,087
Cash at End of Reporting Period	7,737	8,244

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

	2006	2005
	\$000	\$000
Net Result for the year	(2,132)	(2,112)
NON CASH MOVEMENTS		
Depreciation	3,811	3,706
(Increase) / Decrease in Receivables	(507)	(1,822)
Increase / (Decrease) in Payables	1,324	261
Increase / (Decrease) in Employee Entitlements	465	683
(Increase)/Decrease in Other Current Assets	12	136
Net (Revenue) / Cost on Sale of Plant & Equipment	125	138
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	3,098	990

NOTE 18: RESPONSIBLE PERSON-RELATED DISCLOSURES

a) Responsible Persons

The following were responsible persons during 2005/06:

Responsible Minister - The Hon B .Pike

Governing Board Members - Snr Sgt I. Armstrong, Mrs S. Muldoon, Ms B.Piesse, Mr F. Broekman, Mrs M. Brock, Mr. M. Fry, Mr D. Jellie, Ms. F. Melican, Ms. M. Pacers, Mr. R. Zerbe, Mrs M.Alexander, Mr C.Logan, Mr S. Callaghan, Ms L. Woods.

Accountable Officer - Mr J. Krygger

b) Remuneration of Responsible Persons

No responsible person received remuneration from the Health Service 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 f) Executive Officers Remuneration.

2006	2005
\$000	\$000

0	0
---	---

c) Retirement Benefits of Responsible Persons

Retirement benefits paid by the reporting entity in connection with the retirement of Responsible Persons during the year.

0	0
---	---

d) Other Transactions of Responsible Persons and their Related Entities

Mr. D.Jellie - Provision of Legal/Consultancy Services

3	2
---	---

Mr. M. Fry - Retail Services

2	2
---	---

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

Aggregate amounts payable at balance date

0	0
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FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 18: RESPONSIBLE PERSON-RELATED DISCLOSURES (cont'd)

f) Remuneration of Executive Officers	Total Remuneration		Base Remuneration	
	2006	2005	2006	2005
Number of Executive Officers with remuneration between 240,000 - 249,999	1	1	1	1
Number of Executive Officers with remuneration between 210,000 - 219,999	1	-	-	-
Number of Executive Officers with remuneration between 200,000 - 209,999	-	1	1	-
Number of Executive Officers with remuneration between 190,000 - 199,999	-	-	-	1
Number of Executive Officers with remuneration between 140,000 - 149,999	1	-	-	-
Number of Executive Officers with remuneration between 130,000 - 139,999	2	3	3	2
Number of Executive Officers with remuneration between 120,000 - 129,999	1	1	1	2
Total Remuneration	6	6	6	6
	1,007,656	974,421	989,906	956,255

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 30/06/2006

	Floating Interest Rate \$000	1 year or less \$000	1 to 5 years \$000	Non		
				Interest Bearing \$000	Book Value 2006 \$000	Net Fair Value 2006 \$000
Financial Assets						
Cash at bank	7,737	-	-	-	7,737	7,737
Trade debtors	-	-	-	538	538	538
Other receivables	-	-	-	2,429	2,429	2,429
Deposits	-	106	-	-	106	106
Other financial assets	-	-	22	-	22	22
Total Financial Assets	7,737	106	22	2,967	10,832	10,832
Financial Liabilities						
Trade creditors and accruals	-	-	-	2,842	2,842	2,842
Advances	-	106	-	-	106	106
Borrowings	-	8	1	-	9	9
Total Financial Liabilities	-	114	1	2,842	2,957	2,957
Net Financial Asset/Liabilities	7,737	(8)	21	125	7,875	7,875

Weighted Average Interest Rate =

3.33% 5.61%

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 19: FINANCIAL INSTRUMENTS (cont'd)

Interest rate exposure as at 30/06/2005

	Floating Interest Rate \$000	1 year or less \$000	1 to 5 years \$000	Non Interest Bearing \$000	Book Value 2005 \$000	Net Fair Value 2005 \$000
Financial Assets						
Cash at bank	8,244	-	-	-	8,244	8,244
Trade debtors	-	-	-	555	555	555
Other receivables	-	-	-	2,512	2,512	2,512
Deposits	-	21	-	-	21	21
Prepayments	-	-	-	7	7	7
Other financial assets	-	-	22	-	22	22
Total Financial Assets	8,244	21	22	3,074	11,361	11,361
Financial Liabilities						
Trade creditors and accruals	-	-	-	3,156	3,156	3,156
Advances	-	21	-	-	21	21
Borrowings	-	12	8	-	20	20
Total Financial Liabilities	-	33	8	3,156	3,197	3,197
Net Financial Asset/Liabilities	8,244	(12)	14	(82)	8,164	8,164

Weighted Average Interest Rate =

3.20% 5.48%

*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 balance sheet, 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: INTEREST BEARING LIABILITIES

	2006 \$000	2005 \$000
CURRENT		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 14)	8	12
Total Current	8	12
NON CURRENT		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 14)	1	8
Total Non-Current	1	8
Total Interest Bearing Liabilities	9	20

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 21: EQUITY & RESERVES

	2006	2005
	\$000	\$000
a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	18,509	16,805
Increase in Land & Buildings during the year	2,535	1,704
Balance at the end of the reporting period	<u>21,044</u>	<u>18,509</u>
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	22	22
Balance at the end of the reporting period	<u>22</u>	<u>22</u>
Total Reserves	<u>21,066</u>	<u>18,531</u>
(b) Contributed Capital		
Balance at the beginning of the reporting period	48,346	48,346
Balance at the end of the reporting period	<u>48,346</u>	<u>48,346</u>
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(1,567)	545
Net Result for the Year	(2,132)	(2,112)
Balance at the end of the reporting period	<u>(3,699)</u>	<u>(1,567)</u>
(d) Equity		
Total Equity at the Beginning of the reporting period	65,310	65,718
Net Result for Year	(2,132)	(2,112)
Increase in Asset Revaluation Reserve	2,535	1,704
Total Equity at the end of the reporting period	<u>65,713</u>	<u>65,310</u>

NOTE 22: REMUNERATION OF AUDITORS

	2006	2005
	\$000	\$000
Audit fees paid or payable to the Victorian Auditor-general's Office for audit of the Hospital's financial report		
Paid as at 30 June 2006	6	6
Payable as at 30 June 2006	27	26
Total Paid & payable	<u>33</u>	<u>32</u>

NOTE 23: IMPACTS OF THE ADOPTION OF AUSTRALIAN EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS

Following the adoption of Australian equivalents to International Financial Reporting Standards (A-IFRS), the Health Service has reported for the first time in compliance with A-IFRS for the financial year ended 30 June 2006.

Under A-IFRS, there are requirements that apply specifically to not-for-profit entities that are not consistent with IFRS requirements. The Health Service 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 in Accounting Standards applicable to not-for-profit entities.

The Health Service changed its accounting policies, other than its accounting policies for financial instruments, on 1 July 2004 to comply with A-IFRS. The Health Service changed its accounting policies for financial instruments on 1 July 2005. The transition to A-IFRS is accounted for in accordance with Accounting Standard AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards, with 1 July 2004 as the date of transition. An explanation of how the transition from superseded policies to A-IFRS has affected the Health Service's financial position, financial performance and cash flows is set out in the following table and notes that accompany the table.

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 23: IMPACTS OF THE ADOPTION OF AUSTRALIAN EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS (cont'd)

Effect of A-IFRS on the Balance Sheet as at 1 July 2004

	Note	Previous AGAAP \$'000	Effect of transition to A-IFRS \$'000	A-IFRS \$'000
ASSETS				
Current Assets				
Cash and Cash Equivalents		10,155		10,155
Receivables		1,173		1,173
Inventories		1,540		1,540
Other Current Assets		127		127
Total Current Assets		12,995	-	12,995
Non Current Assets				
Receivables		1,456		1,456
Other Financial Assets		22		22
Investments Accounted for using the Equity Method		507	423	930
Property, Plant & Equipment	5	65,641		65,641
Total Non-Current Assets		67,626	423	68,049
TOTAL ASSETS		80,621	423	81,044
LIABILITIES				
Current Liabilities				
Payables		4,621		4,621
Interest Bearing Liabilities		12		12
Provisions		5,185		5,185
Other Liabilities		127		127
Total Current Liabilities		9,945	-	9,945
Non Current Liabilities				
Provisions		5,360		5,360
Interest Bearing Liabilities		21		21
Total Non-Current Liabilities		5,381	-	5,381
TOTAL LIABILITIES		15,326	-	15,326
NET ASSETS		65,295	423	65,718
EQUITY				
Contributed Capital	21b	48,346		48,346
Asset Revaluation Reserve	21a	16,805		16,805
Restricted Specific Purpose Reserve	21a	22		22
Accumulated Surpluses / (Deficits)	21c	122	423	545
TOTAL EQUITY	21d	65,295	423	65,718

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 23: IMPACTS OF THE ADOPTION OF AUSTRALIAN EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS (cont'd)

Effect of A-IFRS on the Operating Statement for the financial year ended 30 June 2005

		Previous AGAAP \$'000	Effect of transition A-IFRS \$'000	A-IFRS \$'000
REVENUE FROM OPERATING ACTIVITIES	2,2a	73,999		73,999
REVENUE FROM NON-OPERATING ACTIVITIES		796		796
Employee Benefits	2b	(49,092)		(49,092)
Non salary labour costs	2b	(6,398)		(6,398)
Supplies & Consumables	2b	(8,515)		(8,515)
Share of Net Result of Joint Venture Accounted for using the Equity Model	13	(226)		(226)
Other Expenses From Ordinary Activities		(9,928)		(9,928)
NET RESULT FROM CONTINUING OPERATIONS BEFORE CAPITAL AND SPECIFIC ITEMS		636		636
Capital Purpose Income	2	958		958
Depreciation and Amortisation	3	(3,706)		(3,706)
NET RESULT FROM CONTINUING OPERATIONS		(2,112)		(2,112)
NET RESULT FOR THE YEAR		(2,112)		(2,112)

Effect of A-IFRS on the Balance Sheet as at 1 July 2005

	Previous AGAAP \$'000	Effect of transition to A-IFRS \$'000	A-IFRS \$'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	8,244		8,244
Receivables	1,028		1,028
Inventories	1,497		1,497
Other Current Assets	21		21
Total Current Assets	10,790	-	10,790
Non Current Assets			
Receivables	2,039		2,039
Other Financial Assets	22		22
Investments Accounted for using the Equity Method	282	423	705
Property, Plant & Equipment	66,425		66,425
Total Non-Current Assets	68,768	423	69,191
TOTAL ASSETS	79,558	423	79,981
LIABILITIES			
Current Liabilities			
Payables	2,776		2,776
Interest Bearing Liabilities	12		12
Provisions	5,786	4,538	10,324
Other Liabilities	21		21
Total Current Liabilities	8,595	4,538	13,133
Non Current Liabilities			
Provisions	6,068	(4,538)	1,530
Interest Bearing Liabilities	8		8
Total Non-Current Liabilities	6,076	(4,538)	1,538
TOTAL LIABILITIES	14,671	-	14,671
NET ASSETS	64,887	423	65,310
EQUITY			
Contributed Capital	48,346		48,346
Asset Revaluation Reserve	18,509		18,509
Restricted Specific Purpose Reserve	22		22
Accumulated Surpluses / (Deficits)	(1,990)	423	(1,567)
TOTAL EQUITY	64,887	423	65,310

FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 23: IMPACTS OF THE ADOPTION OF AUSTRALIAN EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS (cont'd)

Notes to the reconciliation of income and equity

1. Investments Accounted for Using the Equity Method

Property, Plant & Equipment held by the Health Service's joint venture entity (SWARH) have now been valued at fair value. The Health Service previously recorded its share of assets directly in Buildings which have been subsequently revalued. As a result of compliance with A-IFRS, these assets have now been transferred from Equity and recognised as part of Investments Accounted for Using the Equity Method.

There was no material impact on the operating result or cash flows for the reporting period.

2. Employee Benefits

Under previous Australian Accounting Standards, employee benefits such as wages and salaries and annual 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 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 and annual 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 Health Service's Balance Sheet as at 30 June 2005 was a reclassification from non-current provisions to current provisions an amount of \$4,538,134.

There was no material impact on the operating result or cash flows for the reporting period.



AUDITOR GENERAL
VICTORIA

INDEPENDENT AUDIT REPORT

South West Healthcare

To the Members of the Parliament of Victoria and Members of the Board of Management 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 2006 relates to the financial report of South West Healthcare included on its web site. The Board of Management of South West Healthcare is 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 2006 of South West Healthcare consists of an operating statement, balance sheet, statement of recognised income and expense, cash flow statement, notes to and forming part of the financial report, and the accountable officer's, chief finance and accounting officer's and member of responsible body's declaration.

Members' Responsibility

The Members of the Board of Management 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.

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.



AUDITOR GENERAL
VICTORIA

Independent Audit Report (continued)

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 South West Healthcare's financial position, and its financial performance and cash flows.

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

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 and responsibilities 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 2006 and its financial performance and cash flows for the year then ended.

MELBOURNE
28 August 2006


for JW CAMERON
Auditor-General

DONATIONS & MEMORIAL DONATIONS

DONATIONS 2005-2006

Anonymous	361	King, NG Coachlines	235
Donations <\$50	149	Kiwanis Club of Warrnambool	2,500
Abbott Australia P/L	500	Ladies In Black	345
AL Lane Foundation	15,000	Laryngectomy Group	450
Alcon	200	Lunchtime Ladies	130
Allansford Uniting Church Fellowship	100	Macarthur Craft Group	223
ANZ Bank	500	Macarthur Community Health Daycare Group	3,401
Apex Club of Warrnambool	100	Macarthur Gourmet Dinner Group	110
Atherton	150	Macarthur Com. Health Youth Group	878
Ausfine Foods	500	Macey's Carpet Choice	500
Australian Red Cross	500	McConnell, Doug	180
Barker, Brett	70	McKellar Group	1,000
Beaton, Dr C & Braniff, Dr K	350	Medical 8 Optical	106
Bennett, James	100	Medtronic	500
Benzing, Brigitte	100	Midfield Meats International	1,000
Blue Illusion	570	Mischkulnig, Denise	350
Boyle, Stella & Hugh	2,000	Moore, NG	50
Braden, WJ	50	Morris International Healthcare	500
Braun, B	100	Multigate Hospital Surgical Products	500
Bryce, Narelle	100	Murdoch, Estate of Alexander	494
Callaghan, Steve	469	Nestle Sports & Social Club	4,000
Camperdown AA	60	Officemax	500
Camperdown Clocktower Quilters	891	O'Leary, Brian	380
Camperdown CWA Day Group	100	Panelk Christmas Wrap P/L	4,000
Cardinal Health	100	Panmure Community Association	250
Chevrolet Car Club of Vic - SW Region	700	Parents Without Partners - Hopkins Branch	100
Cisco Systems	500	Peddle Thorp Group	500
Clark, John & Helen	200	Peirce, Estate of Rev. Reg	100
Clifford Hallam Pharmaceuticals	500	Price, LM	200
Cobden Quota Club	100	Ray & Joyce Uebergang Foundation	17,000
Coffey, Melissa	100	Rdray Medical & Rehab Supplies	100
Collier Charitable Fund	23,700	Red Cross Lismore	500
Cottee Goodyear	500	Ritchies IGA Camperdown Community Club	10,570
Country Women's Association	100	Robert Leslie Device Technologies	500
Crichton Plumbing Services	500	Robertson Family	250
Daws, Karen & Family	300	Robertson, NJ	300
Deakin University	606	Roche Diagnostics	300
Dennington Football Netball Club	185	Rotary Club of Warrnambool Daybreak	1,300
Desperate Housewives Club	64	Smith, Deborah	420
Device Technologies	500	South Warrnambool Presbyterian Church Ladies Guild	500
Dimension Data Pty Ltd	500	South West Restoration Group	737
East Warrnambool Football Netball Club	52	Sutherland Medical	500
Ferguson, Estate of Donald S	10,000	Swinton, Estate of Frank	1,000
Fiedler, W & S	100	Technology Plus Pty Ltd	500
Fielding, Michael	250	Terumo Australia Pty Ltd	100
Furniss, John	100	Thies, NH	500
Getinge	500	Timboon Demons Football Netball Club	100
Golly Gosh Children's Wear	580	Toleman, Josh	200
Goodall, Lola	400	Trakhealth	500
Graham, Lorraine	50	Uniting Church Evening Fellowship	500
Guidant Australia & New Zealand	500	Uniting Church of Australia	1,000
Gwen & Edna Jones Foundation	5,000	Waldron, Nigel	250
Harvard Surgical	500	Warnett, Norma & Frederick	50
Hassett, Michael	200	Warrnambool Bowls Club	6,200
Henricks Instruments Service	100	Warrnambool Lodge No 34	500
Hermersdorf, Wolfgang	1,000	Warrnambool Magistrates Court	400
Hetherlie Residents	530	Warrnambool Old Time Country Music Group	1,000
Jansen, Andrew	150	Warrnambool Old Time Dance Club	271
Johnson, LH	100	Warrnambool Ostomy Association	800
Jones, J	50	Warrnambool Racing Club	450
Ken Smith's Country Concerts	400	West Vic Dairy	100
King, Denise	100	Whalers Inn	500

DONATIONS & MEMORIAL DONATIONS

Wilde Family Trust	250
Williams, Chris	500
Wilson, William	200
Woodhams, ED & KE	50
Zimmer Pty Ltd	1,000

MONEY RAISED BY SWH AUXILIARIES & COMMITTEES

2005-2006

Camperdown & District Hospital Auxiliary	23,930
Camperdown Hospital Fete Committee	13,043
Camperdown Trolley Ladies	2,361
Friends & Relatives of Merindah Lodge	7,028
Lismore Ladies Auxiliary	3,439
Staff Auxiliary	4,900
Warrnambool Ladies Auxiliary	5,300
Woolsthorpe Ladies Auxiliary	2,300

MONEY RAISED BY SWH MURRAY TO MOYNE

CYCLE RELAY TEAMS 2005-2006

Crater Cruisers	5,656
Flames	3,000
Fire Flyers	2,000
Warrnambool College	1,500

MEMORIAL DONATIONS 2005-2006

In memory of Norma Adams	615
In memory of Colin Boyd	100
In memory of Jonathon 'Jock' Bray	225
In memory of Betty Carlin	300
In memory of James Cowling	100
In memory of Joan Davidson	350
In memory of Marie Davis	701
In memory of Keith Douglas	50
In memory of Don Henderson	370
In memory of Ivy Hollingsworth	335
In memory of Ronald Hubbard	112
In memory of Aubrey Mattner	395
In memory of Bruce McPherson	100
In memory of JP Moore	50
In memory of Graeme Murrilhy	45
In memory of Michael O'Brien	1,947
In memory of Tony O'Flaherty	2,000
In memory of Florence Robertson	135
In memory of Joyce Slater	370
In memory of Isabel Towner	31
In memory of Corey Unwin	450
In memory of Norman Webster	85

COMPLIANCE INDEX TO DISCLOSURE REQUIREMENT

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.

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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, and all requests are processed in accordance with the Freedom of Information Act 1982. A fee is levied for this service, based on the time involved in retrieving and copying the requested documents.

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

A total of 169 requests under the Freedom of Information Act were processed during the 2005/2006 financial year.

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

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

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:

- (a) declarations of pecuniary interest;
- (b) details of publications produced;
- (c) details of changes in fees, charges and rates charged by the entity;
- (d) details of any major external reviews;
- (e) details of overseas visits;
- (f) 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;
- (g) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (h) general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- (i) list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved.

CONSULTANCIES

Two consultancies at a total cost of \$7,625 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 2005/06 the Responsible Minister was The Hon. Bronwyn Pike.

COMMERCIAL APPOINTMENTS

External Auditors: Coffey Hunt & Co. Internal Auditors: WHK Day Nielson Bankers: Australia & New Zealand Banking Group Ltd.

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

WHISTLEBLOWERS PROTECTION ACT (2001)

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

DISCLOSURES

Since the introduction of the Act in 2002 there have been no disclosures received and no notification of disclosures to the Ombudsman or any other external agency. Disclosures will be received by:

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

LIFE GOVERNORS

Mrs Jan 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 Joan Askew
 Mr R Baker
 FH Baker
 Mrs V G Balmer
 Mr NI Bamford
 Mrs Heather Barker
 WT Barr
 Mrs M Baulch
 Mrs Beverley Bell
 Mrs Shirley 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
 Mr GN Brown
 Dr Anthony (Tony) Brown
 Mrs I V Bruce
 LG Buchholz
 Mr T Buckley
 Mr CW Burgin
 Mrs L Burleigh
 Mrs Lorna Burnham
 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 Joy Conlin
 Mrs Frances Coupe
 Mrs M Cox
 Mrs Marjorie Crothers
 Mr R A Crothers
 Mr J P Daffy
 Mrs R C Dawson
 Mr A DeGaris
 Mr S DeGaris
 Mrs Gloria Dickson
 Miss Judy Donnelly
 Miss Helen Douglas

Mr GW Dowling
 Mrs L Dowling
 Mr Tony Dupleix
 Mrs Veronica Earls
 Mrs A Elliot
 G Elliot
 Mr PV Emery
 Mr W Ferguson
 Mr J Finch
 Mr ER Ford
 Mrs June Foster
 Mrs C E Fraser
 BD French
 R Gellie
 Mrs FM George
 Mr MW George
 Mrs M M Gibbs
 Mrs NF Gilbert
 Mrs Shirley Goldstraw
 Mrs Margaret Good
 Mrs Joan Goodacre
 Mrs E Goodwin
 Mrs Lesley Gordon
 Mrs P Grace
 HT Grimwade
 Mrs M Guyett
 Mrs Sheila Habel
 Mr RE Harris
 Mrs Joy Hartley
 Mr AJ Hartley
 Mrs A Havard
 Mrs Monica 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 Ann Holmes
 Mr John 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 Margot Johnson
 Mr Rex Johnson
 Mrs Isobel 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 Hilary Lodge
 Mr RW Lucas
 Mrs Wendy Ludeman
 Mrs A G Lumsden
 Mrs P Luxton
 Dr E Lyon
 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
 JE Meyer
 Mr J Miller
 Mr Andrew Miller
 Mr Ivan Mirtschin
 Miss M I Mitchell
 Mrs Coral Moore
 Mrs J P Moore
 Mr Robert Moore
 Mr F Moore
 Mr James Moran
 Mr J Morris Jnr
 Mr W Morris
 Mrs I Mulligan

AE Murdock
 Mrs G Mutton
 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 Keith 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 Phyllis Peart
 Dr Ian Pettigrew
 Mr Bill Phillipot
 Ms Barbara 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 Kate 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 C Whitehead
 Mr G Whiteside
 Mr J Wilkinson
 Mrs June Williams
 Mrs Rita Williams
 Mrs Zelda Williams
 Mrs G J Wilson
 Mr John Wilson
 Mrs N T Wines
 Mr W J Wines
 Mrs Edna Wynd

2005-2006

APPOINTMENT

Dr Anthony (Tony) BROWN

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:
 Dr Joseph MGM BROOKES,
 Ms Joan DAVIDSON,
 Mrs M DOHERTY,
 Mr EA DUPLIX,
 Miss Mary HABERFIELD,
 Mrs Ivy HOLLINGSWORTH,
 Mrs Rose MACDONAD,
 Mrs B MILLARD
 Mrs Gladys YOUNG.



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Ryot Street, Warrnambool, 3280. Ph: 5564 4105

www.southwesthealthcare.com.au

SOUTH WEST HEALTHCARE ANNUAL REPORT 2006



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 Campus
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



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HEALTHCARE**