



SOUTH WEST HEALTHCARE
ANNUAL REPORT

2007



**SOUTH WEST
HEALTHCARE**

About This Report

This report provides performance, quality and financial information covering the 2006/07 financial year. Please refer to the glossary on page 79 for abbreviations.

Should you wish to learn even more about our 2006/07 work and achievements we would encourage you to read our 2006/07 Quality of Care Report (available on our website or in hard copy) and the news items on our website.

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Front cover: Artist's impression of the \$90 million (stage 1) redevelopment of our Warrnambool hospital. Page 5 has more on this project, one of the largest capital redevelopment initiatives ever undertaken by the Department of Human Services in regional Victoria.

Vision

To be a leader in providing innovative and quality health services.

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.

Values

We embrace the following values:

Caring

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

Respect

We respect individual rights and dignity

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

Our Community

102,386 people live in South West Victoria (p 13), a vibrant region consisting of the LGAs of Warrnambool City and the Shires of Corangamite, Glenelg, Moyne and Southern Grampians. Our major city, Warrnambool, is among the top five fastest-growing regional cities in Victoria and has, for two consecutive years, been listed by the renowned My Business magazine as one of Australia's 25 most-liveable locations. Major primary industries include retail and tourism, dairy, food production, manufacturing, meat processing, professional services, health and education.

Our Services

We provide 108 medical, nursing, psychiatric, allied health and community health services (p 16-17).

Our Quality Programs

We are committed to continuous quality improvement and strive for best practice (p 26-27).

Our Contribution to the Community

We are the region's largest employer. 1,070 people work for South West Healthcare (p 35-40). Our local economy benefits to the tune of \$68m.

Our Future

We have entered one of the most exciting phases in our 153 year history and remain committed to delivering the best possible outcomes to our community (p 4-6).

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Performance At A Glance

	2006/07	2005/06	% Change
Total Revenue (excludes capital items)	85,018	79,181	7.37%
Total Expenditure (excludes capital items)	85,241	78,850	8.11%
Total Assets	82,357	81,640	0.88%
Total Liabilities	17,499	15,927	9.87%
Total Equity	64,858	65,713	-1.30%

PERFORMANCE INDICATORS:

Hospital Inpatients Treated (Separations)

Warrnambool	15,216	14,929	1.92%
Camperdown	1,720	1,788	-3.80%

Inpatients Average Length of Stay

Warrnambool	3.3	3.3	0.00%
Camperdown	3.2	3.5	-8.57%

Inpatient Bed Days

Warrnambool	50,538	50,195	0.68%
Camperdown	5,457	6,198	-11.96%

Nursing Home Bed Days

Hostel Bed Days	10,173	10,098	0.74%
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Hostel Bed Days	2,722	2,761	-1.41%
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Non Admitted Patient Attendances

Warrnambool	55,326	54,062	2.34%
Camperdown	1,787	2,056	-13.08%

Emergency Attendances

Warrnambool	23,665	23,096	2.46%
Camperdown	2,940	2,897	1.48%

Fundraising

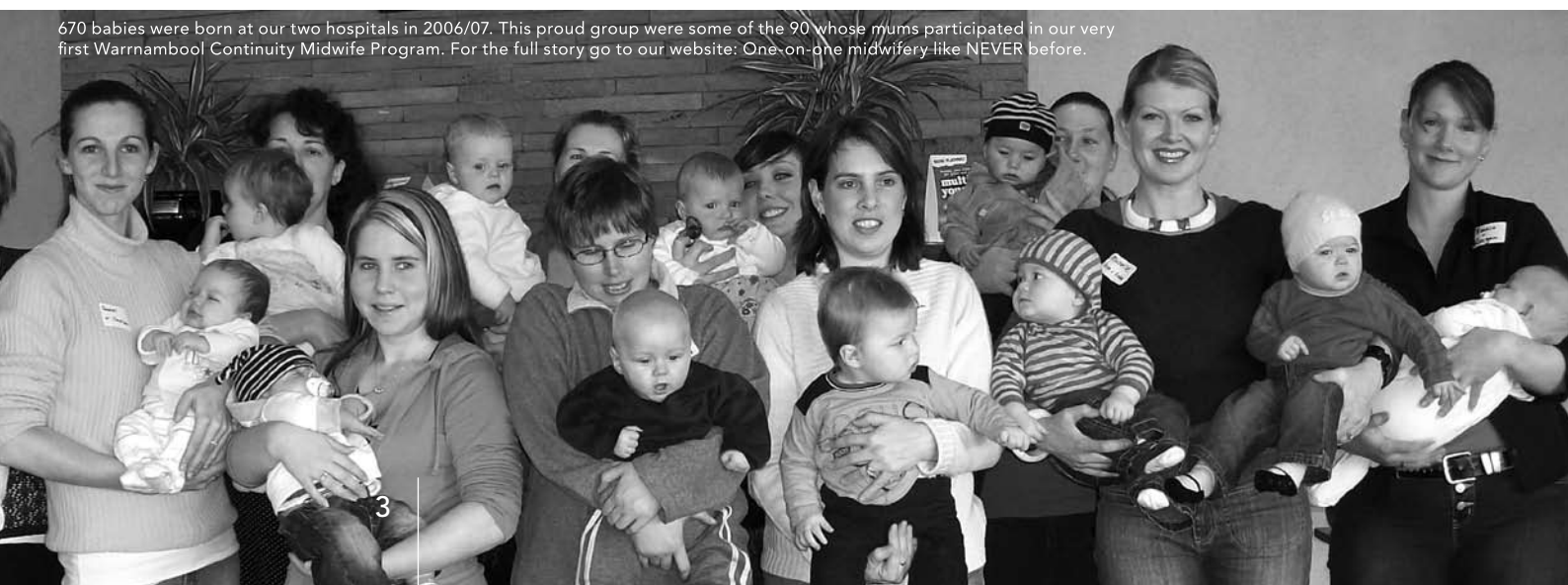
	\$	\$	
Capital	153,475	131,449	16.76%
Other- Specific eg. Pall Care	49,995	29,607	68.86%
	203,470	161,056	26.33%

Full Time Equivalent Staff	776.08	760.87	2.00%
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Major Highlights

- Treated record number of acute inpatients and Emergency Department attendances (p 4)
- Completed schematic design report and secured \$90m commitment to undertake redevelopment of our Warrnambool hospital (p 5, 20 and artist's sketch on front cover)
- Opened \$1.5m theatre complex at our Camperdown hospital (p 5, 20, 21)
- Awarded outstanding accreditation results (p 7, 27)
- Announced as the South West hub of the Deakin University Clinical School for medical student teaching (p 5)
- Broke the region's public dentist drought (p 4, 19)
- Expanded the range of services available through our community health program and HARP strategy (p 6)
- Opened regional Victoria's first equipment and aids library for disabled children (p 22, 44)
- Opened regional Victoria's first after-hours sexual assault service (p 22, 25)
- Supported record number of 'behind-the-scenes' employees to gain university qualifications (p 7, 20, 21)
- Upskilled 1,424 nurses and 1,143 health professionals (p 28)
- Won Annual Report medal at the 2006 Australasian Reporting Awards (p 18, 19)

670 babies were born at our two hospitals in 2006/07. This proud group were some of the 90 whose mums participated in our very first Warrnambool Continuity Midwife Program. For the full story go to our website: [One-on-one midwifery like NEVER before.](#)



Introduction

On a whole host of indicators, 2006/07 has been another significant year of achievement culminating in the announcement to build a brand new base hospital and associated facilities at the Warrnambool campus. This is an extremely exciting phase for the organisation as it continues to expand at all levels in the quest to provide quality health services to a significant proportion of the population of South West Victoria.



Camperdown hospital staff, (from left) Debbie Cheslett, Nikki Delaney and Mary O'Bryan are delighted with the operating theatre of their hospital's new \$1.5m Theatre Complex. (Photo by The Camperdown Chronicle's Helen Gaut.)

Quality Safety and Risk Management

In addition to the quality framework provided by the accreditation process, the organisation has this year expanded the focus on risk management. Following an extensive workshop facilitated by our internal auditors, a comprehensive risk assessment profile was developed and has been used to progress internal audit assignments to mitigate potential high risk areas.

In addition to this work, the organisation engaged the Victorian Managed Insurance Authority (VMIA) to undertake a comprehensive review of the organisation's risk management framework. The detailed report identified South West Healthcare's risk framework as 'good' (as benchmarked with other similar hospitals) in recognition of progress achieved to date and the processes needed for risk management to be fully imbedded in the operations of the organisation.

Financial Management

The financial management of a complex health service like South West Healthcare will always remain a difficult challenge.

The demand pressures facing the organisation became apparent early in the financial year and numerous strategies were put in place to reduce patient activity, principally through the scheduling of a number of elective theatre closures. At one stage during the financial year, the organisation was facing a patient throughput level which approximated 8% more than funded levels. This situation required some judicious management, particularly since there appears to be greater reliance on South West Healthcare from other health services throughout the sub-region.

The organisation completed the year by treating a record 17,321 acute inpatients and 26,605 attendances at the Emergency Department. As a result of this growth, we recorded a small operating deficit of \$223,000, which is less than 0.2% of total revenue (\$85m).

Human Resource Management

The organisation remains in a strong position in terms of staffing levels with the majority of departments able to highlight successful recruitment and retention strategies.

During the year the organisation was able to recruit a new anaesthetist, ophthalmologist, radiologist, three public dentists and three specialist obstetricians and gynaecologists. This ability to recruit would undoubtedly be the envy of the majority of regional health services throughout Australia and highlights that South West Healthcare is regarded as an employer of choice.

Furthermore, the organisation has formed a consortium with Deakin University, Portland District Health and the Department of Human Services to appoint an Emergency Physician to the sub-region and develop Victoria's first Centre for Rural Emergency Medicine. It is envisaged that this centre will attract a Fellow of the College of Emergency Medicine and have education, training, clinical, disaster planning and research components. Advertising associated with this exciting proposal will commence shortly and will be a significant impetus to emergency management in the sub-region.

It is worth noting that despite a staffing complement of 1,070 employees (including full time and part time staff) across four separate campuses (and 11 separate sites), there has been very little industrial disputation during the reporting period. This is highly unusual in such a labour intensive and complex industry such as healthcare. This situation has arisen due to the strong sense of fairness and equity in the treatment of all staff employed by South West Healthcare.

Facilities Equipment and Technology

As previously identified, one of the most demanding challenges during the year was the detailed work associated with the capital redevelopment process. It is extremely pleasing to point out that the schematic design for the entire project has been signed off by all key stakeholders. This is a significant milestone for the project which has been matched by a State Government commitment of \$90m to undertake stage 1.

This stage will deliver a new base hospital for Warrnambool, incorporating 196 acute beds, a new integrated care centre including allied health, mental health and primary care services, a five bed extended care inpatient unit, and a new ambulance station. In addition, the capital redevelopment project will deliver a new medical school in association with Deakin University.

The capital redevelopment of the Warrnambool hospital is one of the largest capital redevelopment projects ever undertaken by the Department of Human Services in regional Victoria. The project is extremely complex as it requires significant demolition of existing facilities and involves 78 separate user groups. Nonetheless, the organisation has embraced the challenge of being involved with the design of a contemporary and innovative health facility for most of the remainder of this century.

It is also pleasing to point out that the \$1.5m Camperdown operating theatre project has been completed. This project has had a long gestation period and was also extremely complex as it was built onto the existing operating theatre. Following a successful open day, the completed facility has been enthusiastically received by the Camperdown community and medical and nursing staff. It is felt that the completion of this project has galvanised the local community and provided greater confidence of the strength of the amalgamation and the future provision of health services in Camperdown.

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 have continued to make incremental steps to eventually replace the paper-based medical record with a fully integrated electronic system.

Service Integration

This year the organisation has been heavily involved in the Better Skills Best Care Emergency Department Project which is involved in work force redesign. Significant work has been undertaken in relation to process mapping of the patient’s journey through the Emergency Department. Following this work, there have been two workshops which aim to challenge the traditional way that the Emergency Department is configured in terms of its staffing profile. Areas or roles that are currently being considered include a Patient Flow Coordinator and an allied health role in Emergency Departments such as physiotherapy for injury and pain management.

The complexity of the service system (and indeed South West Healthcare) has, on occasions, necessitated external expertise to assist the organisation. With financial assistance from the Department of Human Services, these reviews have included:

- Chemotherapy/Oncology service review
- Obstetric/Midwifery services review
- Area Based Planning review
- Model of Care review
- Sub-Acute Ambulatory Care services review
- Cardiac services review

All of these reviews have been commissioned with the explicit purpose of improving the service system and to improve the patient experience at all of the health services provided by South West Healthcare.



All smiles as Health Minister Bronwyn Pike told CEO John Krygger (left) and Chairman of the Board Ian Armstrong that the long-awaited upgrade of our Warrnambool hospital was on its way. ALP South West Coast candidate Roy Reekie (right) was also thrilled with the \$90m announcement. (Photo by The Standard’s Damian White.)



Artist’s impression of the \$90m (stage 1) redevelopment of our Warrnambool hospital. See front cover for the color version.



Community Health

From very humble beginnings, the Community Health program is now considered the front end of the health system following an impressive level of expansion and integration of the Community Health programs. In 2006/07 the organisation completed a comprehensive review of the Hospital Access Risk Program (HARP) Chronic Disease model following the first 12 months of operation of the service. Progress with this initiative has been very impressive with 107 clients now being accepted into the program. The project initially focussed on heart failure and chronic lung disease and has recently expanded to include other chronic conditions such as diabetes. Better Health Self Management Psychological Support is also a key component of this expansion.

During the year we have made significant inroads with the Koori community with the appointment of an Aboriginal Liaison Officer and a Koori Health Promotion Officer. In addition, South West Healthcare, in conjunction with Kirrae Health Services and Gunditjmara Aboriginal Co-Op, signed a Memorandum of Understanding and launched the South West Aboriginal Health Promotion and Chronic Care program. It is reassuring to see so many of the Aboriginal community involved in our health service and willing to access our services.

South West Healthcare accepts the responsibility to provide advocacy on major public health issues and this year led the debate to fluoridate the local water supply. We realise that this is an extremely topical and controversial issue but there is strong evidence that fluoride improves the dental health of the community and we are pleased to add our support to this major public health initiative.

Above: CEO John Krygger joined (from left) Rodney Jackson, Janet Laverick, Ann Litster and Jill Gallagher at the launch of the region's first Aboriginal Health Promotion and Chronic Care Program. (Photo by The Standard's Angela Milne.)

Community Engagement

Our seventh major strategic goal is to engage with the community that we serve. We go to great lengths to keep our community involved and informed and have extensive exposure in all media outlets. We also have a separate Community Advisory Committee in Warrnambool that provides input and advice on a whole host of planning issues.

We are also indebted by the support of a group of very loyal and dedicated volunteers and auxiliaries who devote a significant amount of their own personal time to improve the experience of the increasing number of patients that utilise our services.

The strong sense of community ownership of our health services is an essential ingredient that drives our continuous improvement processes. We trust that this healthy relationship will continue and ensure that the best possible healthcare is provided to our community.

Conclusion

We are tremendously pleased with the progress the organisation has made during the year and fully acknowledge the importance South West Healthcare plays in responding to the health needs of our community.

Once again, it is pleasing to record the highest level of patient throughput in the organisation's history and that we will soon be able to showcase the most modern and contemporary health facilities in regional Victoria.

There is no doubt that we have entered one of the most exciting phases in the history of South West Healthcare and we remain committed to delivering the best possible outcomes to our community.

JOHN F KRYGGER
Chief Executive Officer

SHARON MULDOON
Chairman, Board of Directors



Our Health Information Services won the highest honor in the land in 2006/07. The 25 person department – the 24/7 guardian of 260,000 confidential patient files – was awarded what’s known in the healthcare industry as an EA. That stands for Extensive Achievement and it’s a rating rarely seen. In fact it’s believed only a handful of Health Information Services in hospitals throughout Australia have ever achieved this score as part of the Australian Council of Healthcare Standards’ accreditation process.

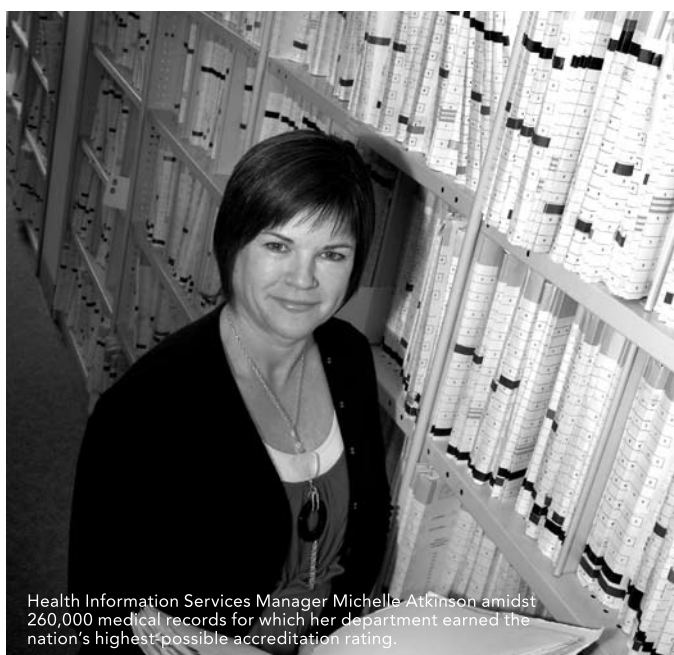
In May 2006 seven independent surveyors descended on SWH’s Warrnambool, Camperdown, Macarthur and Lismore campuses to assess, over four days, the ways in which we deliver our services. Responsible for recommending to the all-powerful ACHS whether a public health provider deserves to be licensed to operate and, if so, for how long, the surveyors’ recommendations resulted in SWH being awarded the maximum four-year accreditation period.

In summing up their observations, the surveyors described the organisation as one with a positive culture that seeks continuous quality improvement and embraces sound management practices with a strong emphasis on high-level strategic planning.

Other significant accreditation recognition:

- Information Communication Technology Services was commended for its management of vital information technology components that support SWH’s needs. ICTS was awarded the second-highest ranking possible: a Moderate Achievement. This rating is no mean feat. The surveyors were particularly impressed with documented fallback plans and contingency arrangements in the face of an emergency or potential disaster.
- SWARH, co-founded by SWH, was commended for ‘connecting’ 60,000 square kilometres of public hospitals and associated health services from west of Melbourne to the South Australian border by world-envied technology. This technology has successfully linked SWH’s two rurally isolated campuses to its largest campus at Warrnambool, allowing staff at Macarthur and Lismore to participate in education, training sessions and meetings via video link. SWARH’s implementation of Trakcare (a clinical software system) was hailed a ‘keynote achievement’. Trakcare enables primary and secondary community healthcare providers to share and exchange pertinent information.
- Infection control and waste management activities also received glowing reports. Active recycling programs of the Waste Management Working Party were hailed a success; Food Services staff at both the Camperdown and Warrnambool hospitals were recognised for excellent results in regular cleaning and infection control audits, and Environmental Services staff were congratulated for such a high percentage of them having successfully undertaken relevant advanced studies.
- Our Psychiatric Services Division also did the organisation proud. Not only did it receive a rave review for clearly demonstrating the value it places on consumer-focussed participation, it was the subject of two rigorous accreditations. While ACHS’ surveyors were assessing its work, so too were four Mental Health In-Depth Review (MHIDR) surveyors. Impressively, not one Psychiatric Services worker failed to demonstrate a commitment to, and enthusiasm for, making a genuine improvement in outcomes for clients. It was also noted there were many examples of innovative service delivery, including the Primary Mental Health Team’s stress management training programs and postnatal depression project.

The MHIDR Continuum of Care Summary concluded the Psychiatric Services Division was easily able to demonstrate a strong focus on the provision of a wide range of therapeutic interventions based on best practice for the clinical presentations seen and the community as a whole.



Health Information Services Manager Michelle Atkinson amidst 260,000 medical records for which her department earned the nation’s highest possible accreditation rating.



Systems Officer Adam Knell (left) and ICTS Manager Gerard Hall were part of our Information Communications Technology Services team to catch the eye of the accreditors.

PERFORMANCE MEASURES

Acute Hospital - Warrnambool Campus	2006/07	2005/06	2004/05	2003/04	2002/03
Accommodation - Registered Beds	155	155	155	155	155
Inpatient Separations					
Public - No Charge	13,858	13,624	13,038	12,373	12,378
Private/Third Party	1,319	1,267	1,255	1,088	1,006
Nursing Home Type	39	38	18	8	5
Total Inpatient Separations	15,216	14,929	14,311	13,469	13,389
Inpatient Separations by Patient Type					
Emergency	5,834	5,828	5,676	5,191	4,765
Elective	7,995	7,957	7,613	7,262	7,463
Obstetric	1,387	1,144	1,022	1,016	1,161
Total Patients Treated	15,216	14,929	14,311	13,469	13,389
Total Patient Days in Hospital					
Public - No Charge	42,927	43,228	40,956	42,534	41,148
Private/Third Party	6,227	5,298	5,772	5,426	5,358
Nursing Home Type	1,384	1,669	1,012	438	78
Total Patient Bed Days	50,538	50,195	47,740	48,398	46,584
Daily Average of Occupied Beds	131.8	129.4	124.5	123.8	122.4
% Occupancy on Registered Beds	85.1	83.5	80.3	79.9	79.0
% Occupancy on Staffed Beds	98.6	93.3	92.4	90.8	87.7
Average Length of Stay	3.3	3.3	3.3	3.5	3.4
Births (Number of Deliveries)	604	546	490	474	515
Theatre Operations	4,782	4,834	4,926	4,210	4,295
Endoscopy Patients	1,625	1,641	1,695	1,582	1,435
Total Operations	6,407	6,475	6,621	5,792	5,730
Day Case Surgery in Theatre	2,914	3,059	3,129	2,811	2,669
Non Inpatient Services					
Number of Attendances:					
Emergency Department	23,665	23,096	21,793	21,250	20,476
Medical/Surgical Clinics	11,072	10,975	8,439	7,263	7,151
Pathology	5,728	5,212	4,873	4,635	4,252
Medical Imaging	6,476	6,056	5,595	5,138	4,449
Pharmacy	9,478	9,445	8,672	10,471	10,167
Allied Health	12,257	14,101	13,598	15,226	17,193
Dental Unit	4,333	2,104	760	863	2,211
Other Programs	5,982	6,169	7,216	7,018	6,883
Total Non Inpatient Attendances	78,991	77,158	70,946	71,864	72,782
Community Rehabilitation Centre (Attendances)	7,920	6,795	6,978	8,438	6,323
District Nursing - Care Hours	14,382	14,830	13,459	15,759	14,292
Meals - Number of 'Fresh Deliver' Meals	33,764	33,061	32,435	33,764	34,468
- Total Number of Meals Served	294,196	296,743	266,652	254,106	264,257
Community Health Attendances	1,844	3,400	3,029	2,454	

Statistical Information

Camperdown/Lismore Campuses	2006/07	2005/06	2004/05	2003/04	2002/03
Accommodation - Registered Beds	67	67	67	67	67
Inpatient Separations by Patient Type					
Emergency	617	600	609	675	615
Elective	947	1040	975	995	1164
Obstetric	156	148	129	95	132
Total Inpatient Separations	1,720	1,788	1,713	1,765	1,911
Public Separations (Acute)	1,336	1,424	1,369	1,421	1,521
Total WIES	1,094	1,182	1,196	1,214	1,376
Average Inlier Equivalent DRG Weight	0.6398	0.6684	0.6986	0.6888	0.7257
Acute Bed Days	5,457	6,198	5,260	5,500	6,308
Aged Care Bed Days	12,895	12,859	12,668	12,650	12,889
Total Bed Days (Acute plus Aged Care)	18,352	19,057	17,928	18,150	19,197
% Occupancy on Available Beds					
Acute	68.04	76.71	70.97	70.67	79.34
Aged Care	98.14	97.86	96.41	96.01	98.09
Average Length of Stay					
Acute	3.15	3.50	3.05	3.14	3.27
Births (Number of Deliveries)	66	65	60	48	52
Total Operations	536	516	492	566	649
Day Case Surgery in Theatre (Incl above)	371	403	375	448	500
Non Inpatient Services					
Emergency Department	2,940	2,897	2,819	2,824	2,647
Outpatient Attendances	1,787	2,056	2,236	2,343	2,225
District Nursing Visits	4,467	5,164	5,881	5,657	5,913
Community Health - Contacts	4,159	3,043	2,231	3,176	3,147
Community Health - Group Session Attendances	3,504	4,763	4,318	6,302	
Day Care Attendances	2,532	1,645	2,555	3,121	2,863
Meals on Wheels Prepared	14,264	13,701	12,221	11,844	9,315
Total Non Inpatient Activity	33,653	33,269	32,261	35,267	26,110



Child & Adolescent Mental Health Team Psychologist Marcia Nelson (pictured) introduced a unique arts initiative into our 2006 Mental Health Week calendar of festivities. Dozens of local youngsters created artworks that reminded them of what the word 'family' meant. The result was Warrnambool's first-ever Mental Health Week Children's Exhibition. (Photo by The Standard's Glen Watson.)

PERFORMANCE MEASURES

Comparative Costs and Statistics - Non Acute Services

Psychiatric Services	2006/07	2005/06	2004/05	2003/04	2002/03
Statistics					
Number of Inpatient Separations	387	431	469	488	469
Bed Days	3,967	4,745	3,957	4,350	4,291
Daily Average Inpatients Accommodated	10.87	13.00	10.84	11.92	11.76
Percentage Occupancy (%)	72.46	86.67	72.27	79.45	78.37
Average Inpatient Length of Stay (days)	10.25	11.01	8.44	8.91	9.15
Number of Outpatient Contacts	87,426	89,428	95,523	94,656	96,767
Number of Residential Bed Days	1,709	1,721	1,618	1,475	1,289
Central Linen Service					
Kilograms Produced	718,524	712,642	709,583	680,058	708,853
Average cost per kilogram (cents)	188.18	179.59	175.29	165.93	160.84

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

Service, Activity and Efficiency Measures	Actual 2006/07	Actual 2005/06	Actual 2004/05	Actual 2003/04	Actual 2002/03
Statistical Comparison to Previous Years					
Warrnambool Campus					
Weighted Inlier Equivalent Separations	10,191	10,092	9,797	9,425	9,299
Average Inlier Equivalent DRG Weight	0.6996	0.7024	0.7132	0.7264	0.7212
Statistical Indicators					
% Public (Medicare) Patients Treated	92.5%	91.6%	91.4%	92.0%	92.5%

Revenue Indicators - All Campuses	2006/07	2005/06
Average Days to Collect		
Private Inpatient Fees	52.57	70.97
VWA Inpatient Fees	76.70	70.51

Debtors Outstanding as at 30th June 2007

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2007	Total 2006
Private Inpatients	104,112	53,728	1,374	1,089	160,303	178,538
VWA Inpatients	19,409	21,369	2,439	8,845	52,062	56,117
	123,521	75,097	3,813	9,934	212,365	234,655

Note: 'VWA' means Victorian Workcover Authority.

On the day of its closure (making way for the Camperdown's new \$1.5m Theatre Complex), the final surgery performed in the old theatre saw to the safe arrival of Bridie Lucas, pictured with mum Janine and theatre staff (from left) Jane Kingston, Nikki Delaney and Mary O'Bryan. (Photo by The Camperdown Chronicle's Helen Gaut.)



Statistical Information

Activity by Program 2006/07	Acute	Sub Acute	Mental Health	Aged Care	Total
Total - All campuses					
Admitted Patients					
Separations					
Same Day	7,897	0	27		7,924
Multi Day	8,393	646	360	42	9,441
Total Separations	16,290	646	387	42	17,365
Emergency	5,985		128		6,113
Elective	8,762	646	259	42	9,709
Maternity	1,543				1,543
Total Separations	16,290	646	387	42	17,365
Public Separations	14,871	581			15,452
Total WIES	11,285				11,285
Total Bed Days	48,021	7,974	3,967	12,895	72,857
Non Admitted Patients					
Emergency Medicine Attendances	26,605		1,897		28,502
Outpatient Services - occasions of services	48,392	7,304	85,526		141,222
Other Services - District Nursing Care Hours				18,704	18,704
Residential Bed Days		1,709		1,709	

Consolidated Financial Results South West Healthcare	2006/07 \$'000's	2005/06 \$'000's	2004/05 \$'000's	2003/04 \$'000's	2002/03 \$'000's
Total Revenue	87,359	80,529	77,761	73,899	69,364
Total Expenses	88,214	82,661	79,873	74,608	69,488
Operating Surplus (Deficit)	-855	-2,132	-2,112	-709	-124
Retained Earnings (Accumulated Losses)	-4,554	-3,699	-1,567	201	910
Total Assets	82,357	81,640	79,714	80,797	81,495
Total Liabilities	17,499	15,927	14,748	15,423	15,412
Net Assets	64,858	65,713	64,966	65,374	66,083
Total Equity	64,858	65,713	64,966	65,374	66,083

Macarthur Campus	2006/07	2005/06	2004/05	2003/04	2002/03
District Nursing/personal care visits	2,213	2,368	2,346	3,228	2,054
Community Health contacts	1,153	1,086	986	1,077	1,338
Community Health groups	1,575	1,777	1,511	1,112	108
Day Care session attendances	999	1,284	1,265	1,397	1,273
HACC Groups	132	137	138	142	204
Meals on Wheels prepared	1,007	1,187	1,189	1,305	1,139
Volunteer contacts	1,147	1,289	1,290	1,529	1,220



Our Macarthur Community Health and Lismore Community Health (pictured) campuses hosted Sustainable Farm Families Project seminars during the year.



Elink assists Occupational Therapist Monique Walsh with hand rehabilitation treatment.

Our Locations

South West Healthcare consists of two public hospitals, a psychiatric services division, an aged care facility and five community health centres. In 2006/07 we offered 108 medical, psychiatric, allied health and community health services (p 16, 17) to a catchment population of 102,386 people from the LGAs of Warrnambool City and Moyne, Corangamite, Grampians and Glenelg Shires. Our hospitals are based at Warrnambool (the organisation's headquarters) and Camperdown. Our Psychiatric Services Division headquarters is in Warrnambool with three other centres at Camperdown, Hamilton and Portland. Our community health centre headquarters is in Warrnambool with two others (one, an adult day centre) at Camperdown and one each at Macarthur and Lismore. Our aged care facility is at Camperdown. SWH has served Western Victoria for more than one-and-a-half centuries. Our Warrnambool hospital is 153 years old. Our Camperdown hospital turns 100 in 2009.

Hospitals



WARRNAMBOOL
(Headquarters)
Ryot Street
Ph: (03) 5563 1666



CAMPERDOWN
Robinson Street
Ph: (03) 5593 7300



Community Health Centres



WARRNAMBOOL
Henna Street
Ph: (03) 564 4190



CAMPERDOWN
Manifold Place
Manifold Street
Ph: (03) 5593 2010



CAMPERDOWN
David Newman
Adult Day Centre
Church Street
Ph: (03) 5593 2717



LISMORE
High Street
Ph: (03) 5558 3000



MACARTHUR
12 Ardonachie Street
Ph: (03) 5552 2000

Psychiatric Services



WARRNAMBOOL
Bohan Place, Lava Street
Ph: (03) 5561 9100

Primary Mental Health
Bohan Place, Lava Street
Ph: (03) 5564 6000

CAMPERDOWN
64 Scott Street
Ph: (03) 5593 6000

HAMILTON
12 Foster Street
Ph: (03) 5551 8418

PORTLAND
63 Julia Street
Ph: (03) 5522 1000

Aged Care Facility



CAMPERDOWN
Merindah Lodge
Robinson Street
Ph: (03) 5593 1290

Our Community

It is essential we know our community in order to provide relevant services to the 102,386 people who live in our region. Priority areas and high-need groups can then be identified to plan more appropriate programs and services.

Latest ABS 2006 Census data tells us:

- Of our 102,386 population, the median age at June 2006 was 39.9. This is 1.7 higher than for the same time in 2001 and 4.1 higher for the same time in 1996. The Victorian median age at June 2006 was 36.7. (See table below.)
- The most common country of origin for members of our community (next to Australia) is England, New Zealand, Netherlands, Scotland, Germany and Ireland.
- Cantonese, Croatian, Greek, Italian, Sudanese, Chinese and Vietnamese people also make up our community.

Populations and Median Ages of the Communities SWH Cares for:

LGA	Estimated resident population at June 06 (preliminary)	Median age at June 96	Median age at June 01	Median age at June 06 (preliminary)
Corangamite	17,171	36.1	38.6	40.8
Glenelg Shire	20,525	35.2	38.1	40.6
Moyne Shire	16,002	36.2	38.4	39.9
Southern Grampians	17,187	38.0	40.4	41.7
Warrnambool	31,501	33.3	35.3	36.3
Total Victoria	5,128,310	34.3	35.8	36.7

Estimates for 2006 are preliminary, based on the results of the 2006 Census of Population and Housing. Source: Regional Population Growth, Australia, 1996 to 2006 and Population by Age and Sex, Australia, 2006

Other Characteristics of the Communities SWH Cares for:

ABOVE the Victorian state average in:

- People living alone
- 65+ population age group
- People providing unpaid care for disabled persons
- Indigenous population

From this data we foresee the possibility of an increased need for supported discharge from hospital.

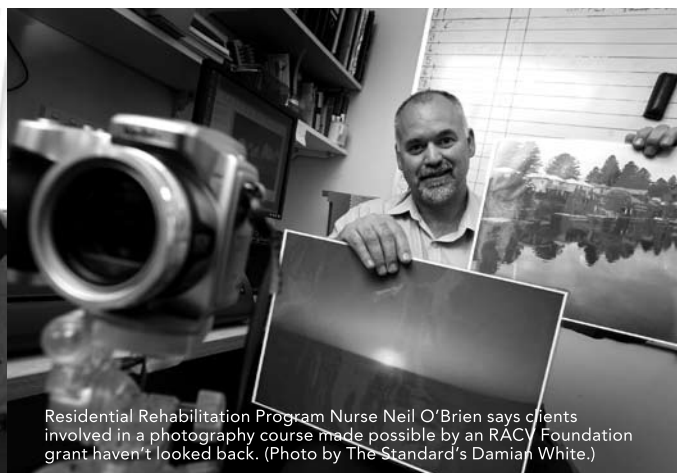
BELOW the Victorian state average in:

- People born overseas
- Non English Speaking at home
- Households with onsite Internet connection (49-53% compared to 61% Vic)

This data helps explain our low use of interpreter services, and why we need to produce and provide hard copies of reports such as this one and our Quality of Care Report.



Byaduk's Jean Christie and visiting podiatrist Phuong Huynh were the first to use the new podiatry chair at our Macarthur health centre.



Residential Rehabilitation Program Nurse Neil O'Brien says clients involved in a photography course made possible by an RACV Foundation grant haven't looked back. (Photo by The Standard's Damian White.)

Our Patients

Where our 17,321 Hospital Inpatients came from

In 2006/07 the majority of our hospital inpatients hailed from the LGA in which the hospital they attended was located. In total, 56% of inpatients at our Warrnambool hospital came from Warrnambool City, followed by 28% from Moyne Shire and 7% from Corangamite Shire (the shires either side of Warrnambool). Meantime 89% of inpatients at our Camperdown hospital came from Corangamite Shire.

Inpatient's Residence	WBool Hospital	CDown Hospital
Warrnambool	8,771	19
Corangamite	1,053	1,531
Glenelg	596	2
Moyne	4,338	62
Southern Grampians	249	0
Colac Otway	52	26
Rest Of Victoria	403	70
NSW	18	3
NT	4	1
QLD	22	2
SA	57	3
TAS	3	0
WA	6	1
Overseas	25	0
No Fixed Address	1	0
Totals	15,601	1,720

Their Ages

The 66-70 age group was the highest-rating inpatient group at both hospitals, accounting for 7.8% of WBool hospital inpatients (closely followed by the 76-80 age group of 7.7% and the 71-75 age group of 7.5%) and 9.2% of CDown hospital inpatients (closely followed by the 81-85 age group of 9.1% and the 76-80 age group of 9.0%).

It is worth noting the high 0-5 inpatient numbers of both hospitals includes each campus' Midwifery Unit birth figures, and the noticeably higher older-age group inpatient numbers at the CDown hospital does not include residents of its aged care facility, Merindah Lodge.

Inpatient Ages	WBool Hospital	CDown Hospital
0-5	7.6	8.3
6-10	1.7	0.8
11-15	1.9	1.4
16-20	3.6	2.4
21-25	4.2	3.0
26-30	4.9	5.8
31-35	5.1	4.5
36-40	5.9	3.8
41-45	4.8	4.8
46-50	6.9	4.8
51-55	7.1	5.3
56-60	6.1	6.7
61-65	6.7	6.5
66-70	7.8	9.2
71-75	7.5	6.5
76-80	7.7	9.0
81-85	6.6	9.1
86-90	2.7	4.8
>90	1.3	3.4

Where our 26,605 Emergency Department Inpatients came from

Just as was the case with our 2006/07 hospital inpatient admissions, the majority of ED inpatient admissions also hailed from the LGA in which both hospitals were located. In total, 60% of ED admissions at our WBoool hospital came from Warrnambool City, followed by 24% from Moyne Shire and 5% from Corangamite Shire. At our CDown hospital ED 87% of inpatients were from Corangamite Shire.

ED Inpatient's Residence	WBoool Hospital	CDown Hospital
Warrnambool	15,321	38
Corangamite	1,072	2,655
Glenelg	328	1
Moyne	4,991	74
Southern Grampians	143	4
Colac Otway	50	31
Rest of Victoria	1,310	115
NSW	86	9
NT	7	2
QLD	68	3
SA	115	6
TAS	14	1
WA	32	0
Overseas	101	1
No fixed address	27	0
Totals	23,665	2,940

Fifteen Western Bulldogs made the day of our support group for children and families with type 1 diabetes in December when they took to the front lawn of our Warrnambool hospital. For an hour they played footy with 20 eager youngsters, pictured here with Diabetes Nurse Educator Ann Morris.



OUR PROFILE

Our Services

In 2006/07 South West Healthcare provided 108 medical, nursing, psychiatric, allied health and community health services to the community. Please refer to the glossary on page 79 for abbreviations.

	WBool Hospital	CDown Hospital	WBool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBool PS	CDown PS	Hamilton PS	Portland PS
Aboriginal Health	•	•	•	•	•	•		•				
Aboriginal Health Promotion Program			•									
Acute Care	•	•										
Aged Care (Residential)								•				
Anaesthetics												
Specialist	•											
General Practitioner		•										
Better Health Self Management			•	•	•	•						
Breast Cancer Support	•	•										
Cancer Support Team	•											
Cardiac Rehabilitation	•											
Centre Against Sexual Assault	•			•								
Community Health Dietitian			•	•	•	•						
Community Health Nursing			•	•	•	•						
Continence Advisory	•			•		•						
Coronary Care	•											
Counselling & Support	•		•	•		•						
Day Surgery	•	•										
Dentistry	•											
Dermatology (Private Consultations)	•											
Diabetes Education & Resources	•	•	•	•	•	•		•				
Diabetes Aust NDSS sub-agent	•			•								
Discharge Planning	•	•			•	•						
District Nursing	•	•										
Drug & Alcohol Withdrawal & Support												
Inpatient	•											
Outpatient	•											
Ear, Nose & Throat Surgery	•											
Emergency	•	•										
Endoscopy	•	•										
Exercise Stress Testing	•											
Equipment Hire												
SWEL	•											
South West Healthcare Supplies	•											
Evening Support					•							
Family Planning & Education			•									
Fracture Clinic	•											
Fresh Deliver Meals	•											
GP Clinics					•	•						
Gastroenterology	•											
General Medicine	•	•										
General Surgery	•	•										
Geriatric Medicine	•											
Gynaecology												
Specialist	•	•										
General Practitioner		•										
Haemodialysis	•											
HARP	•		•									
Health Education	•	•										
Health Promotion Programs	•		•	•	•	•						
Home Care Program (Paediatrics)	•											
Hospital In The Home	•											
Infection Control Service	•	•										
Intensive Care/Critical Care	•											
Library	•	•	•	•	•	•	•	•	•			
Meals On Wheels		•			•	•						
Medical Imaging	•	•										
Memory Enhancement Program							•					

OUR PROFILE

Our Services	WBool Hospital	CDown Hospital	WBool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBool PS	CDown PS	Hamilton PS	Portland PS
Midwifery												
Inpatient	•	•										
Rural Maternity Initiative		•										
Continuity Midwifery Program	•											
Domiciliary	•	•										
Needle Syringe Program			•	•								
Neonatal Special Care	•											
Nutrition	•	•										
Obstetrics												
Specialist	•											
General Practitioner	•	•										
Occupational Therapy	•			•								
Oncology	•											
Operating Theatre & Recovery	•	•										
Ophthalmology	•											
Orthopaedics	•	•										
Ostomy Assoc Clinic			•									
Paediatrics/Adolescent Care	•											
Paediatric Surgery	•											
Palliative Care												
Inpatient	•	•										
Community Based	•	•										
PAP Screen Clinic			•		•							
Pathology	•	•										
Pharmacy	•	•										
Physiotherapy	•	•		•	•	•						
Planned Activity Groups						•	•					
Podiatry	•		•	•	•	•		•				
Post Acute Care	•	•										
Pre Admission Clinic	•	•										
Prosthetics	•											
Psychiatric												
Acute Inpatient								•				
Addiction Physician								•	•	•	•	
Adult Crisis Assessment & Treatment								•	•	•	•	
Adult Continuing Care								•	•	•	•	
Aged Persons Mental Health								•	•	•	•	
Early Intervention & Dual Diagnosis								•	•	•	•	
Primary Mental Health								•	•	•	•	
Residential Rehabilitation	•											
Refugee Health			•									
Rehabilitation												
Inpatient	•											
Rehabilitation Community Centre	•											
Respiratory Health	•	•										
Service Information Hub			•	•								
Sexual Assault After Hours Crisis Care	•											
Smoking Cessation			•									
South West Healthcare Supplies (shop)	•											
Speech Pathology	•			•								
Stomal Therapy	•											
Stroke Liaison	•											
Telemetry	•											
Urology	•	•										
Women's Health	•		•	•	•	•						
Wound Management	•											
Volunteer	•	•	•	•	•							
Young Women's Pregnancy & Parenting	•											
Youth Clinic			•			•						

Reporting against our objectives

South West Healthcare develops an annual Quality and Business Plan focusing on the seven key areas identified in our Five Year Strategic Plan (2004-2009). Our 74 departments develop individual plans that feed into five Divisional Plans which are used to produce our QBP.

The key goals and strategies for 2006/07 are detailed below along with a summary of our outcomes and future directions and a self-assessment of our performance. The Year in Review on pages 4-6 will provide further detail. Please refer to the glossary on page 79 for abbreviations.

- ✓ Implemented ❖ In progress/Part implemented

GOAL: QUALITY, SAFETY & RISK MANAGEMENT

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

STRATEGIES	OUTCOMES	PERFORMANCE
<ul style="list-style-type: none"> Ongoing commitment to best practice for all relevant accreditation standards Integrate clinical and corporate risk management and compliance programs to develop a total risk profile Complete and implement a risk management plan Continue to develop annual quality planning cycle throughout the organisation 	<ul style="list-style-type: none"> Awarded full 4-year ACHS accreditation (p 7, 27) 	✓
	<ul style="list-style-type: none"> Action Plan developed to address all ACHS recommendations 	✓
	<ul style="list-style-type: none"> Psychiatric Services Division awarded MHIDR accreditation (p 7) 	✓
	<ul style="list-style-type: none"> 2006 Quality of Care Report short listed for best regional QCR (p 26, 27) 	✓
	<ul style="list-style-type: none"> 2006 Annual Report awarded ARA bronze medal (p 19) 	✓
	<ul style="list-style-type: none"> Significant Clinical Policy Bank development (7% increase to 830) 	✓
	<ul style="list-style-type: none"> Clinical and Corporate Risk Register developed (p 27) 	✓
	<ul style="list-style-type: none"> Total Risk Profile developed (p 27) 	✓
	<ul style="list-style-type: none"> Legislative compliance software installed 	✓
	<ul style="list-style-type: none"> Risk Management Plan developed (p 4, 27) 	✓
	<ul style="list-style-type: none"> VMIA Risk Framework Quality Review completed. Performance rated as 'good' (p 4) 	✓
	<ul style="list-style-type: none"> Risk Assessment Plan workshop completed as part of internal audit program 	✓
	<ul style="list-style-type: none"> PSD Service Development Model review commenced 	❖
	<ul style="list-style-type: none"> 28-day PSD readmission rate reduced 20% 	✓
	<ul style="list-style-type: none"> Know Your Midwife Program at Camperdown and CMP at Warrnambool successfully implemented 	✓
<ul style="list-style-type: none"> Participated in state wide workforce redesign project (BSBCP) (p 5) 	✓	

GOAL: FINANCIAL MANAGEMENT

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

STRATEGIES	OUTCOMES	PERFORMANCE
<ul style="list-style-type: none"> Diversify the funding base Educate and encourage department managers to investigate funding opportunities Maximise opportunities for business units Explore funding through philanthropic trusts and develop donor database Further develop business planning cycle throughout the organisation Ensure efficient use of resources 	<ul style="list-style-type: none"> Total revenue increased by 7.4% to \$85m 	✓
	<ul style="list-style-type: none"> Expanded funding in all program areas 	✓
	<ul style="list-style-type: none"> Financial systems updated to the new state wide Chart of Accounts 	✓
	<ul style="list-style-type: none"> Implemented financial reporting software and processes to improve management reports 	✓
	<ul style="list-style-type: none"> Significantly expanded HARP, Dental Services and PSD funding 	✓
	<ul style="list-style-type: none"> Secured \$57,000 in philanthropic grants (p 13 photo, 43) 	✓
	<ul style="list-style-type: none"> Increased fundraising income by 26.3% to \$203,470 (p 3) 	✓
	<ul style="list-style-type: none"> New CH Strategic Plan incorporated into 2007/08 CH Business Plan 	✓
	<ul style="list-style-type: none"> 2006/07 Divisional and Organisational Business Plan developed from the QBPs of all 74 departments 	✓
	<ul style="list-style-type: none"> Developed KPI-based report for Board of Directors 	✓

FUTURE DIRECTIONS

- EQuIP Committees implementing Action Plan developed from ACHS recommendations
- Aiming to exceed ACHS accreditation standards for next survey in 2010
- Evaluate Total Risk Profile
- Complete implementation of legislative compliance software
- Implement and evaluate Risk Management Plan
- Address VMIA Risk Framework Quality Review recommendations
- Further develop internal audit program based on Risk Assessment Plan
- Complete two-year review of Psychiatric Services Division Services Development Model
- Increase Continuity Midwife Program intake 30% (to 120)



Our 2006 Annual Report won bronze at the Australasian Reporting Awards. ARA Chairman Alex Malley presented it to SWH Community Partnerships Manager Suzan Morey. For the full story go to our website: SWH wins national award for reporting excellence.

FUTURE DIRECTIONS

- Expand use of management reporting system to enable online access for departmental heads
- Complete assessment of HealthSmart financial software system (Oracle)
- Develop and install online-donations option



Our recruitment efforts broke the drought facing public dentistry in Warrnambool in February when a team of three dentists, led by senior dentist Donna Mercado (pictured), commenced work at our public dental clinic. For the full story go to our website: Recruitment coup breaks dentist drought.

FUTURE DIRECTIONS

- Implement intranet review committee recommendations
- Staff newsletter to go online
- Continue development of recruitment strategy for key health/medical staff
- C4HA to be offered to clerical and reception staff in 2008
- 19 enrol for 2007 GNP
- 12 enrol for 2007 ADBM

We are one of the very few workplaces that can lay claim to the fact almost all of our staff has a university qualification. We're not just talking about health professionals but about equally-important workers who operate behind-the-scenes.

Hot on the tail of 30 Environmental Services workers having made history by becoming the organisation's first to graduate with a Certificate III in Health Support Services (Cleaning Support Services) in 2005/06, six more joined the ranks this year. And two more Linen Services workers joined the group of staff that a year ago were the first to graduate with a Certificate III in Health Services (Laundry Operations). On top of this, for the first time, 18 Food Services staff graduated with a Certificate III in Hospitality (Operations). For the full story go to our website: Another 26 graduate.



Certificate III in Hospitality [Operations] graduates (front row from left) Jenny Carey, Fay Smith, Val Dark, Helen Carey, Debbie Morris, Donna Petrie, (back row from left) Debbie McKane, Cheryl Fox, Lesley Kuhn, Shirley Fielding, Monique Devlin, Tess O'Neill, Trudi Blackmore, Cheryl Hillman, Craig Richards. Absent: Anita Bradshaw, Florida Bridgman and Shirley Wooster.



Certificate III in Health Support Services [Cleaning Support Services] graduates and Certificate III in Health Support Services [Laundry Support Services] graduates (front row from left) Judith Gapes, Deborah Rollo, Fiona Cooper, Sharon Murphy, (back row from left) Gregory Byrne, Scott Lucas and Cory O'Connor. Mathew White is absent.

FUTURE DIRECTIONS

- Complete stage 1 of major redevelopment at WBool hospital
- Complete currently underway capital works at CDown hospital:
 - New Central Sterile Supply Dept (\$10,000)
 - New ambulance entrance (\$70,000)
 - Merindah Lodge upgrade, including new residential laundry, relocation of pharmacy, significant re-roofing (\$140,000)
 - Installation of new Nurse Call System and compliant power services for Merindah Lodge (\$80,000)
- Commence new capital works projects at CDown hospital:
 - Redevelopment of Acute bathrooms (\$60,000)
 - Planning of Midwifery Unit bathroom redevelopment and labor ensuite development



Dr John Menzies (right) and Dr Meera Joshi, a GP Registrar on rotation at the Camperdown Clinic, were part of the medical team to perform the very first surgical procedure in our new \$1.5m operating theatre on June 22. For more on this initiative see p 5.

GOAL: SERVICE INTEGRATION

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

STRATEGIES	OUTCOMES	PERFORMANCE
<ul style="list-style-type: none"> • Support diversity and innovation in service provision • Continue the process of integration of programs throughout the organisation • Provide services consistent with a continuum of care model • Support and encourage ongoing service development 	<ul style="list-style-type: none"> • Promoted health messages by non-traditional means: <ul style="list-style-type: none"> - PSD attracted 30 families to children's art show (p 9) - WBool CH attracted 200 (15-85 year old) women by initiating Morphed Women's Community Music Theatre Project - Nutrition Dept engaged 1,000s by collaborating with local paper to run Biggest Winner healthy weight loss campaign 	✓
	<ul style="list-style-type: none"> • Development of three-year CH-specific Strategic Plan 	✓
	<ul style="list-style-type: none"> • 20th consecutive year of service delivery provided by: <ul style="list-style-type: none"> - PCU (p 23) - SW CASA 	✓
	<ul style="list-style-type: none"> • Chronic Illness Programs Manager employed to oversee numerous CI-related program areas across acute, community and GP settings for streamlined client/patient/services approach 	✓
	<ul style="list-style-type: none"> • Successful alignment of Aboriginal-related health workers across community and acute health areas 	✓
	<ul style="list-style-type: none"> • Established rural Victoria's first: <ul style="list-style-type: none"> - After Hours Sexual Assault Service (p 25) - Equipment library for disabled children (SWEL) (p 44) - Support group for existing local Chronic Illness Support Groups 	✓
	<ul style="list-style-type: none"> • Expanded HARP to deliver diabetes and paediatric asthma services 	✓
	<ul style="list-style-type: none"> • Established and consolidated Refugee Health Nurse position 	✓
	<ul style="list-style-type: none"> • Developed Infant Mental Health Program 	✓
	<ul style="list-style-type: none"> • Development of Early Intervention/Dual Diagnosis Team 	✓

GOAL: COMMUNITY HEALTH

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

STRATEGIES	OUTCOMES	PERFORMANCE
<ul style="list-style-type: none"> • Develop and implement a comprehensive community health plan • Continue engagement with the Primary Care Partnership and local government in relation to community health planning processes • Engage with the community: <ul style="list-style-type: none"> - Consumers - General Practitioners - Agencies and other service providers • Ensure primary health is an integral component of the Master Planning infrastructure • Provide leadership and collaboration for seamless service delivery • Provide advocacy on key public health issues 	<ul style="list-style-type: none"> • Established Community Health Strategic Plan 2007/10 	✓
	<ul style="list-style-type: none"> • Implemented comprehensive CH Health Promotion Plan across 5 CH sites to align programs, implementation and evaluation 	✓
	<ul style="list-style-type: none"> • Structured CH Business Plan to ensure success of CH Strategic Plan and SWH's Strategic Plan 	✓
	<ul style="list-style-type: none"> • Collaborated with Brophy Family & Youth Services to secure service funding 	✓
	<ul style="list-style-type: none"> • CH Manager on SW PCP Executive and other joint committees to ensure continuity across the sector 	✓
	<ul style="list-style-type: none"> • CH collaborated with SW PCP Corangamite sub-group regarding health promotion 	✓
	<ul style="list-style-type: none"> • Input from Community Advisory Committee led to development of award winning Quality of Care Report 	✓
	<ul style="list-style-type: none"> • 15 Operation Engagement tours/workshops offered to the community 	✓
	<ul style="list-style-type: none"> • 500 people participated in CH workshops 	✓
	<ul style="list-style-type: none"> • 260 volunteers assisted 44 programs (p 41) 	✓
	<ul style="list-style-type: none"> • Community engagement initiatives designed around: <ul style="list-style-type: none"> - Sports and arts activities - Women's and men's health nights and days (p 11, 23) 	✓
	<ul style="list-style-type: none"> • Coordinated Regional Refugee Health Forum with Otway Division of GPs 	✓
	<ul style="list-style-type: none"> • Engaged GPs via CH Chronic Illness Programs 	✓

FUTURE DIRECTIONS

- Produce advertising campaign to promote SW CASA After Hours Sexual Assault Service
- Pursue funding opportunities to expand SWEL's product range
- Investigate worthiness of Patient Flow Coordinator (p 5)
- Investigate worthiness of allied health role in Emergency Departments (p 5)

October 5 2006 marked the 20th anniversary of the opening of our Warrnambool Palliative Care Unit – regional Victoria's very first. From humble beginnings, now stands a six-bed Palliative Care Unit run by a dynamic team of palliative care specialists. On any given week 100 people play a part in providing this service that, in the past two decades, has seen close to 1,000 local people pass through its doors. Mostly because of cancer.

Our Palliative Care and Hospice Services, which includes a second hub at our Camperdown hospital and a specialised equipment and aids service, aims to give the best quality of care at the end of life and support the needs of families, friends and carers. For the full story go to our website: 20 years on and 1,000 palliative care patients later.



Some of our remarkable Palliative Care Unit team (from left), Regional Palliative Care Consultant Mabel Mitchell, Palliative Care Clinical Nurses Lois Mikklesen and Jamie Fogarty, Bereavement Educator and Counsellor Bev Quinn and Pastoral Care Worker Marjorie Crothers.

FUTURE DIRECTIONS

- Investigate opportunities to hold other rural-specific conferences, exhibitions and expos that showcase SWH services and expertise
- Collaborate with local Koori communities to hold area's first NAIDOC in 2007/08.



Taking it to the street. Literally. SWH community health and mental health workers, including Manifold Place Primary Care Health Promotions Officer Sarah Rahles-Rahbula (left), collaborated with a dozen like-minded organisations and agencies in March to deliver a region-first expo to the town of Terang. Called A Little Bit Of Drought Relief, 175 local farmers attended to learn more about existing services and be inspired by special guest, sports commentator Rex Hunt.

FUTURE DIRECTIONS

Not only did we take every opportunity in 2006/07 to drive home the negative impacts of smoking, we also turned all our campuses smoke-free (p 6) in compliance with new tobacco laws.

After smoking close to 60 cigarettes a day for most of his life Brian Claven joined our Community Health Smoking Cessation Program in January and hasn't looked back. SCP Facilitator Eve Bailey says it's a milestone achievement for a person who'd been lighting up every 15 minutes, 16 hours a day for 30 years.

And Brian's not the only one counting his blessings for joining the innovative initiative. It's producing some convincing results: 85 per cent of participants who complete the program are still smoke-free at three months. (Photo by The Standard's Damian White.)



FUTURE DIRECTIONS

- Identify new productive partnerships
- Consider means of more formally acknowledging support of volunteers, donors, and sponsors

We secured extensive media coverage for major initiatives during 2006/07 including coverage of the establishment of regional Victoria's first After-Hours Sexual Assault Service.

The new 24/7 operating hours of our South West Centre Against Sexual Assault (SW CASA) is aimed at giving recent victims/survivors the opportunity to seek immediate counselling. It may also encourage more victims/survivors to pursue justice.

Funding for this unique rural initiative was the result of a successful SW CASA application to the Department of Human Services.

Meantime our Emergency Department Unit Manager Kate Sloan will complete studies in 2007/08 that will allow her to conduct forensic examinations and present evidence in the legal system (p 30).



Two of our South West Centre Against Sexual Assault team responsible for implementing the region's after-hours sexual assault service, Coordinator Helen Wilson (left) and Counsellor/Project Worker, Kate Kingsley.

South West Healthcare continues to be committed to continuous quality improvement and striving for best practice. A Quality Management Program has been in place at South West Healthcare for more than 20 years. We have achieved ongoing accreditation with the Australian Council on Healthcare Standards (ACHS), the Aged Care Standards Accreditation Agency, and 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 and Baby Friendly Hospital accreditation.

Patient Survey

Improving our patients' experiences is important to all staff at South West Healthcare. Many of our wards and departments carry out annual patient or customer satisfaction surveys. The survey results are used to make improvements to, for example, patient information or to improve the quality of meals.

We carry out an internal patient satisfaction survey each and every year. 729 patients responded to our internal survey in 2006/07 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 state wide patient survey during the year. South West Healthcare, in its category of 24 hospitals, consistently ranks among Victoria's top three facilities. In 2006/07 a randomly selected group of patients responded to the external questionnaire and answered a range of questions relating to admission, complaints management, physical environment, general information and overall care. The overall care index, which demonstrates what patients thought about their care and treatment overall, rates as 78 - consistent with the rating over the past two surveys. The Care Index across all Category B hospitals ranges from 73 to 86.



Kayla McCoy was one of the record 17,321 acute patients we cared for during 2006/07.

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, in line with raised awareness, have increased from 74 in 2003 to 183 in 2005 and 136 in 2006.

In 2006 we received 1,463 compliments. During the first half of 2007 we have received 848 compliments.

We compare our results with those of the Health Services Commissioner each year.

We responded to 100% of all our complaints within the 30 day timeframe – in fact, we acknowledged all complaints within three days.

Staff are involved in education every month with regard to managing complaints. Service improvements are routinely made as a result of complaints received where a deficit is identified.

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 Quality of Care Report each year 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.

Full Marks For Accreditation

In May 2006 South West Healthcare underwent a full accreditation survey conducted by ACHS, an external accrediting body. The full report received earlier this year confirmed that we have maintained our accreditation status until September 2010.

In April 2007, 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

Risk Management at South West Healthcare has been integrated to include clinical and corporate risks. All risks are identified throughout the organisation by managers and their staff, and then in a completed assessment, that information is entered into the risk register. A risk management plan has been developed arising from the risk register which now gives the Board of Directors and Executive a risk profile of the entire organisation.

Clinical Risk Management – An Emphasis on Safety

Clinical risk management continues as 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.

The standardisation of all electrical pumps that deliver intravenous medication has enhanced patient safety; developing staff competency to use these pumps has been in progress now for over three years thereby reducing the risk of error when administering medication to patients. Reducing storage of high dose/high risk medications from ward areas has also enhanced patient safety.

The number of clinical incidents reported by staff has steadily increased with 1,424 incidents reported during 2006/07. All incidents were addressed at the time of their reporting. Raising staff awareness about the importance of reporting incidents and near misses has brought about this increase. The introduction of an electronic reporting system has improved the ease with which staff can now report all types of incidents as the database (Riskman) is available in all wards and departments to all staff 24 hours a day.

Quality of Care Report

The annual Quality of Care Report for 2007, which incorporates quality management actions and outcomes, is printed in conjunction with this Annual Report. Feedback regarding the Quality of Care Report is encouraged to ensure we are meeting the information needs of our local communities. The Quality of Care Report informs readers about South West Healthcare's key performance areas including how we regularly involve consumers in everything we do.

Improving Clinical Quality

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.

Infection Control

Infection control impacts on all aspects of healthcare delivery. One of the most important projects undertaken in the last year has been the Hand Hygiene Project. Since the simple act of hand washing has been shown to reduce the risk of infection to patients, this project has undertaken to continue the practice to involve all levels of staff and to include patients and their visitors as well. The provision of hand gel pumps at all bedsides, in corridors, at hand hygiene stations around the ward and in all clinical areas such as patient cubicles has increased the level of hand hygiene compliance throughout the health service.



Sally and Rose Butler participate in Infection Control Nurse Chantal Rayner's Hand Hygiene Project while visiting their grandmother Mary White.

Nursing Services

South West Healthcare Nursing Education provides a comprehensive educational program for nurses in Warrnambool, Port Fairy, Camperdown, Terang, Timboon, Koroit and Lyndoch. Tailored for speciality areas such as emergency nursing, aged care and paediatrics, this program delivers high quality education for health professionals working in acute, aged care and community settings.

In 2006/07 1,424 nurses across the South West region attended Nursing Education seminars, 160 new staff participated in orientation/induction days, 441 staff were involved in fire and emergency response training and 256 staff attended monthly-ran OH&S updates.

Flinders Model: Train the Trainer

Eight community nurses undertook a two-day training program on the Flinders Model of Self Management for clients with a chronic disease. Participants came from Warrnambool, Timboon, Hamilton and Geelong. These new trainers are now educating their colleagues on self-management strategies for clients to use in their everyday life.

Critical Care Symposium

Fifty attendees heard excellent speakers including Dr Noel Bayley, Dr John Santamaria, Dr Andrew Nunn and Dr Michael Augello present on the latest treatments in critical care at a one-day seminar in June.

Fire and Emergency Response Training

Fire and emergency response training had a new format for 2007, with the majority of staff receiving a one-hour update. A one-day session for senior staff, involving a CFA mock evacuation and extinguisher training, was also held.

Assessing Competence

Healthcare industry adult educator Kaye Knight facilitated an informative day on assessing clinical competence and on how the National Competency Standards for Registered Nurses can assist in this process.

Professional Boundaries

Nurses Board of Victoria facilitated a seminar on Crossing of Professional Boundaries. This forum canvassed nurses' opinions and will provide the basis of a SWH policy update.

Clinical Skills Laboratory

A Clinical Skills Laboratory, in operation for just over 12 months, is proving invaluable in the education of nurses, doctors and allied health professionals in clinical skills such as Basic Life Support, Advanced life Support, Paediatric Resuscitation, No Lift and IV Cannulation. Assessment of skills and knowledge is enhanced through the use of scenarios and simulation mannequins. CSL statistics show 1,143 health professionals underwent a total 511 hours of training.

Post Graduate Studies

Nurses Tina Johnstone, Kate Wright and Jenny Lawlor successfully completed the Critical Care Course for 2006, earning distinctions for their efforts. For 2007, four nurses commenced post graduate studies in critical care and two graduate nurses are undertaking a transition year in the Emergency and Critical Care Units with the objective of undertaking the critical care course in 2008.



Above: Critical Care Nurses Jenny Lawlor, Kate White and Tina Johnstone (1st, 2nd and 4th from left) earned university distinctions. They're pictured here at the 'passing out' ceremony of our 2006 Nurse Graduate Program with Critical Care Facilitators Cindy Joseph (centre) and Sue Anderton.

Left: A perfect pass rate for the Class of 2006. From left Education Manager Jenice Smart, Clinical Support Nurse Michael Edwards, Colleen Fitzgerald, Joy Bailey, Sarah Lyness, Maureen Reicha O'Sullivan, Karen Owen, Casey McGillivray, Cathreena Gervis, Melanie O'Brien, Melissa Magilton, Sam Falvey, Wendy Delaney, Clinical Support Nurse Vikki Hoy, Leonie Hare, Sue Bagg, Erin Watts, Joanne Russell and Nurse Teacher Caroline Polack. Absent are graduates Adrian Finnigan, Jasmine Chakir and Jane Rainbird.



Psychiatric Services Division

South West Healthcare Psychiatric Services Division provides specialist clinical services to people suffering from mental illness in Warrnambool, Hamilton, Camperdown, Portland and surrounding areas. There are specialist services for children and adolescents, adults and aged persons as well as programs for people with dual diagnosis (mental illness and co-existing substance use) and conditions known as high prevalence (such as depression and anxiety).

PSD has a long-standing commitment to the provision of high quality education for both its clinical staff and other local service providers including GPs, 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 113 staff participated in 4,168 hours of training; an average of 36 hours of training per staff member.

ASSIST

Dr Rachel Humeniuk, Senior Project Manager for WHO's Collaborating Centre for Research in the Treatment of Drug and Alcohol Problems, provided training in the Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST). This tool allows for an evidenced based intervention with proven effectiveness in reducing a person's substance use. Staff from regional drug and alcohol services attended the workshop with mental health workers.

Confidentiality and the Mental Health Act

Chief Psychiatrist Dr Ahmgad Tanaghow presented a seminar on balancing the needs of clients and carers in relation to confidentiality. Staff from Psychiatric Disability Support agencies attended the workshop with staff from the division.

Collaborative Therapies

Brendan Pawsey and Katie Wyman from the Mental Health Research Institute presented on Collaborative Therapy, an evidence based group model for clients with co-occurring substance use and mental illness. Collaborative Therapy is a comprehensive therapeutic framework for consumers, clinicians, services and others to work systematically towards the achievement of optimal health. This program is based on the principle that the participant is the key person in their own recovery.

Family Interventions and Psychosis

Following the AEW Matthews Travelling Scholarship visit of Staff Development Officer Janet Punch to Somerset, U.K. (p 31), Frank Burbach and Roger Stanbridge from Somerset NHS Partnership and Social Care Trust delivered a two-day workshop on Family Interventions and Psychosis. As well as presenting the latest evidence on family interventions they provided strategies for engagement. Frank and Roger also presented an evening session to the management group and invited guests on the Family Intervention Service.

Western Education and Training Cluster

There are eight area mental health services in the Western Cluster, part of a DHS initiative to provide a range of training and development initiatives for staff across the cluster, using a collaborative approach and through sharing expertise. Workshops have included clinical supervision and preceptorship training; staying well with bipolar disorder; working with eating disorders; dual disability and dual diagnosis workshops. A conference was held in November on Creating Mentally Healthy Workplaces.

Our nine staff who graduated with an Advanced Diploma of Business Management are (from left) Chris Healey, Tim Reading, Imelda Purcell, Russell Porter, Peter Martin, Jodi Bateman, Janet Punch, Rebecca Knapp and Nicholas Place.



Sharing our Knowledge Globally

Latest Research

SWH recognises the vital role research has in progressing healthcare. Research projects are actively encouraged and supported. During 2006/07:

- Quality Management Projects Nurse Leanne McCann commenced research on SWH Stroke Services and the role of the Stroke Liaison Nurse.
- Primary Mental Health Team Clinician/Psychologist Kate Hawkins completed her research into the effectiveness of the Stress Management Course delivered by SWH in collaboration with SW TAFE. (See Work Published).
- Following on from a masters study in 2005, Perioperative Education Facilitator Paula Touzeau continued her research at PhD level on the benefits of operating theatre experience for undergraduate nurses.

Latest Study

- Awarded a DHS Victorian Travelling Fellowship, Psychiatric Services Division Director Caroline Byrne will visit New Orleans, San Francisco and Ottawa in 2007/08 to examine clinical approaches and conduct indepth site visits relevant to her Dual Diagnosis: From Early Intervention to Residential Rehabilitation Project. The scholarship allows \$15,000 for travel and \$15,000 to implement learnings.
- Emergency Department Unit Manager Kate Sloan commenced a Graduate Certificate in Forensic Nursing through Monash University. Supported by one of 12 scholarships awarded by the Victorian Institute of Forensic Medicine, the initiative aims to improve reporting and conviction rates in sexual assault. At the end of the course Kate will be able to conduct forensic examinations and present evidence in the legal system.

International Presentations

During 2006/07 two SWH employees presented expert opinions off shore:

- CEO John Krygger spoke on Challenges Facing the Australian Healthcare System to the Hong Kong College of Health Service Executives in Hong Kong.
- Wound Management Nurse Practitioner Terry Swanson spoke on The Victorian Nurse Practitioner Role: The History, Endorsement Criteria, & Re-Endorsement at the 4th ICN INPAPNN Conference in Sandton, South Africa.

Work Published

During 2006/07 the following expert opinion ended in print (our library has copies):

- The research findings of PMHT Psychologist Kate Hawkins were published by the Australian Journal of Rural Health: Evaluation of a stress management course in adult education in rural Australia (Aust. J. Rural Health (2007) 15, 107-113).
- The critically appraised paper of Occupational Therapist Anne Noonan was published in the Australian Occupational Therapy Journal (Volume 54, Issue 2, June 2007): Adults who experienced traumatic brain injury described needing to find and accept a new self-identity before they could successfully integrate occupational adaptations.



Psychologist Kate Hawkins with Federal Health Minister Tony Abbott following her presentation at the 2007 General Practice and Primary Health Care Research Conference in Sydney.

Psychiatric Services Division Director Caroline Byrne received her DHS Victorian Travelling Fellowship from Deputy Chair of the Victorian Quality Council, Associate Professor Les Reti, and Health Minister Bronwyn Pike.

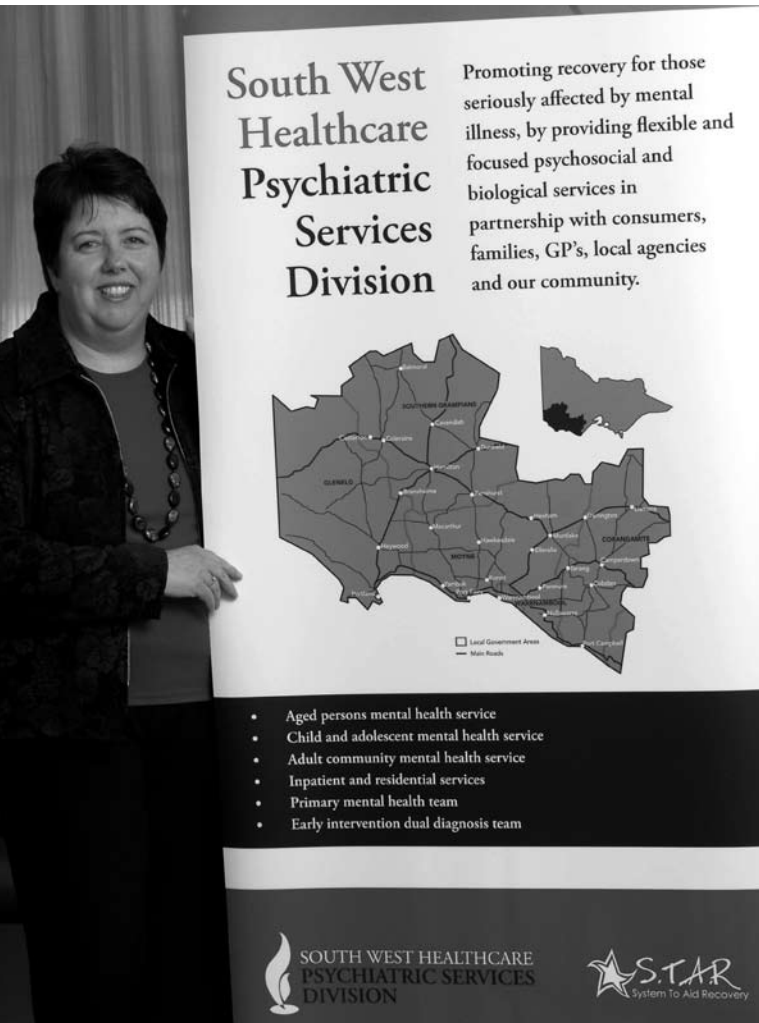


SWH Psychiatric Services Division Staff Development Officer Janet Punch travelled to the United Kingdom in March after being awarded the organisation's highest honor, the 2006 AEW Matthews Memorial Travelling Scholarship.

Janet has a strong interest in working with the families of people who suffer major mental illness. Latest evidence indicates that family intervention may decrease the frequency of relapse, reduce inpatient admissions, and increase compliance with medication.

The scholarship allowed Janet to visit Somerset Health and Social Care Trust in South West England to see the training and supervision framework that makes family work more sustainable over time. She spent two days reviewing the organisation's ongoing supervision and training structures and is now looking to implement a similar program locally.

She also attended the two-day Working with Families: Developing Caring Partnerships Conference in Stratford-upon-Avon. This conference brought together international experts, clinicians and carers to hear about latest data and incredibly innovative programs.



Janet Punch is the 21st recipient of SWH's AEW Matthews Memorial Travelling Scholarship. Established in 1991, it recognises the outstanding contribution of the late Allan Matthews who was CEO (of what was then the Warrnambool & District Base Hospital) between 1972 and 1983.

Board of Directors

The Board consists of 10 Directors appointed by the Governor-In-Council following nominations received by SWH. Each Director serves a three-year term and may be eligible for re-nomination when that term ends.

The Board's function is to oversee the governance of the organisation and ensure all services provided comply with the requirements of the Health Services Act 1988 and SWH's objectives.

In 2006/07 the Board of Directors met 11 times.



Chairman - Sharon Muldoon

Operations Manager, Vision Australia, Macarthur B.A. (Soc. Sc.), Cert. Soc. Geront., ACM

Appointed October 2000
Member of Board Executive (Chair); Medical & Dental Appointments Advisory (Chair), Human Resources (Chair), Multidisciplinary Ethics (Chair) and Financial Performance, Audit & Risk Committees
Attendance 9 of 11 (82%) Board meetings

Chairman of the Finance Committee - Felicity Melican

Chartered Accountant/Partner, Sinclair Wilson, Warrnambool B. Bus., Grad. Dip. Ed. (Secondary)

Appointed November 2002
Member of Board Executive; Financial Performance, Audit & Risk (Chair), Quality Care and Human Resources Committees; Project Control Group
Attendance 7 of 11 (64%) Board meetings

Deputy Chairman - Chris Logan

Western Area Manager, Rural Workforce Agency Victoria (RWAV), Camperdown

Appointed November 2004
Member of Board Executive; Financial Performance, Audit & Risk, Quality Care (Chair) and Human Resources Committees
Attendance 11 of 11 (100%) Board meetings

Immediate Past Chairman - Ian Armstrong APM

Police Sergeant, Victoria Police (retired), Mailors Flat

Appointed October 1997
Member of Board Executive; Project Control Group (Chair)
Attendance 10 of 11 (91%) Board meetings

Deputy Vice Chairman - Francis Broekman

Chief Executive Officer, Brophy Family & Youth Services Inc, Warrnambool B. Social Work, Master Social Services

Appointed November 2003
Member of Board Executive, Financial Performance, Audit & Risk Committee; Project Control Group
Attendance 10 of 11 (91%) Board meetings

Mary Alexander

Journalist, The Standard, Camperdown

Appointed November 2004
Member of Quality Care and Multidisciplinary Ethics Committees
Attendance 8 of 11 (73%) Board meetings



Steve Callaghan

*Dealer Principal, Callaghan Motors, Warrnambool
B. Bus (Accounting)*

Appointed November 2005
Member of Financial Performance, Audit & Risk
and Human Resources Committees
Attendance 11 of 11 (100%) Board meetings

John Maher

Senior Executive, Australia Post (retired), Camperdown

Appointed November 2006
Member of Financial Performance, Audit & Risk and
Quality Care Committees
Attendance 6 of 7 (86%) Board meetings

David Jellie

*Solicitor/Partner, Jellie McDonald, Warrnambool
B.A., LL.B*

Appointed May 1996
Member of Medical & Dental Appointments Advisory
and Human Resources Committees; Project
Control Group
Attendance 8 of 11 (73%) Board meetings

Richard Zerbe

*Corporate Strategy & Analysis Manager, Glenelg Hopkins
Catchment Management Authority, Warrnambool
B. Ag Science, Master of Bus. Admin*

Appointed October 2000
Member of Human Resources, Medical & Dental
Appointments Advisory and Financial
Performance, Audit & Risk Committees
Attendance 11 of 11 (100%) Board meetings

Murray Fry

*Pharmacist, Murray Fry Amcal, Camperdown
B.Pharm.*

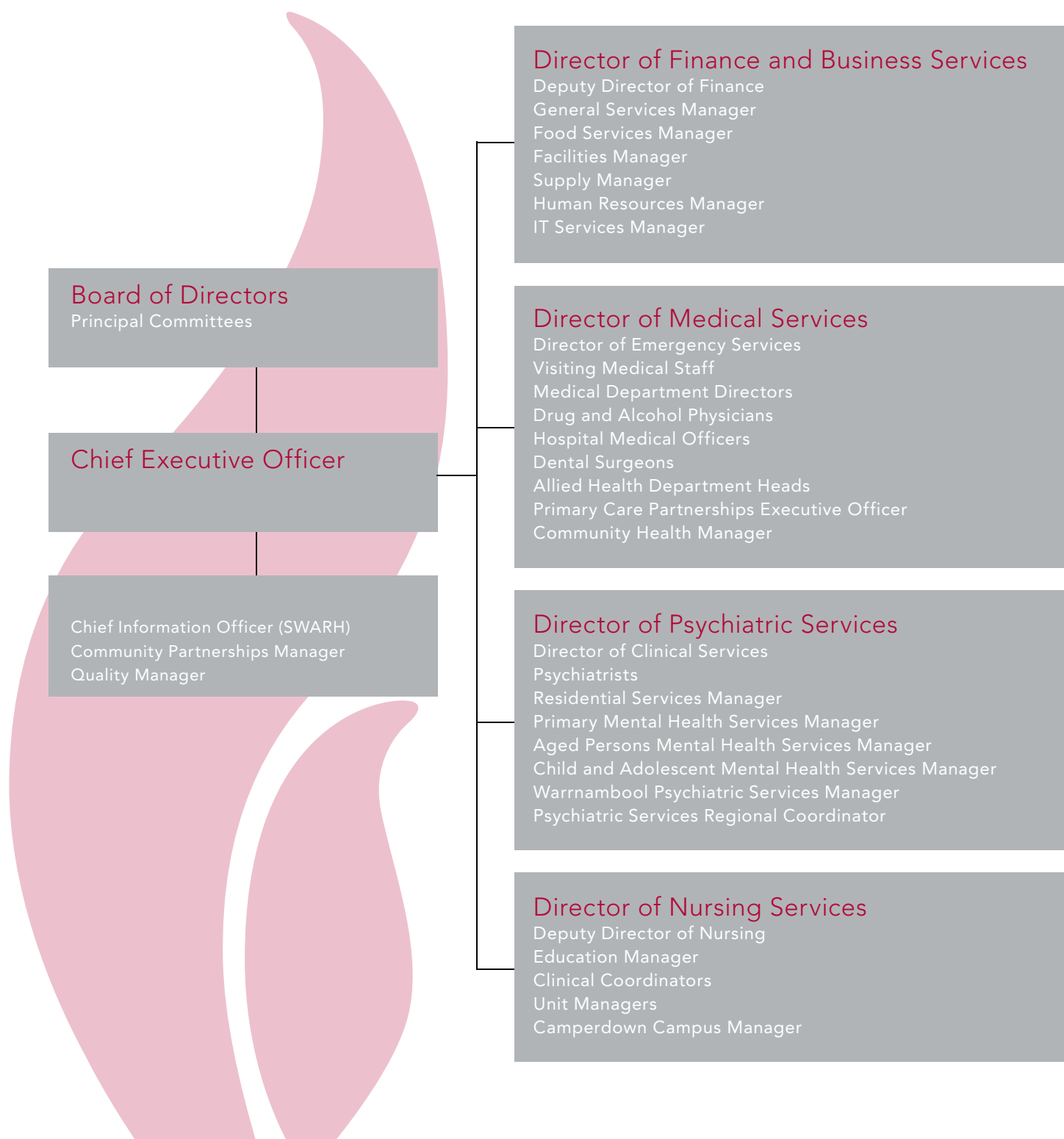
Appointed October 2001
Resigned October 2006
Member of Financial Performance, Audit & Risk
Committee
Attendance 4 of 4 (100%) Board meetings

Mara Pacers

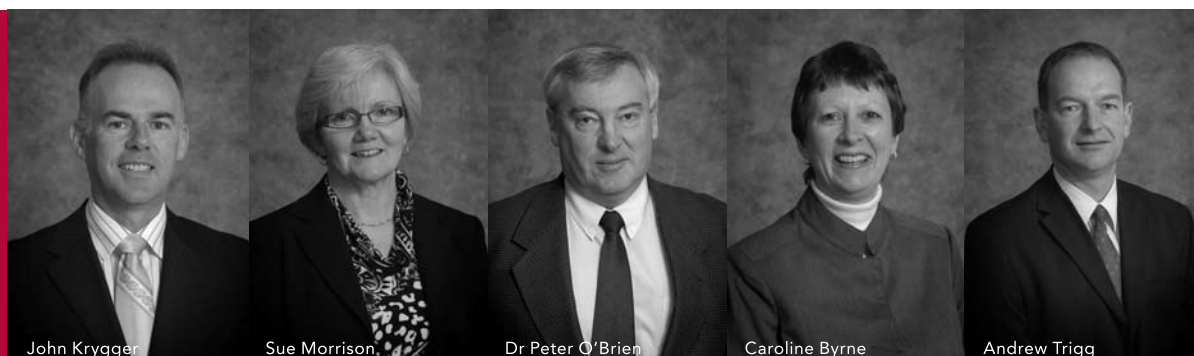
*Business Consultant
BBSc, BSW, Masters of Public Policy & Management (MPPM)*

Appointed November 2003
Resigned March 2007
Member of Quality Care and Multidisciplinary Ethics
Committees
Attendance 5 of 7 (71%) Board meetings

Organisational Structure



OUR EXECUTIVE TEAM



John Krygger

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

Chief Executive Officer

John has 28 years experience in the Victorian public health sector having worked in both regional and metropolitan teaching hospitals. A Base Hospital CEO for the past 12 years, he was appointed to his current position in 2003. He has a particular interest in health facility design and the effect this has on the patient experience. A board member of the Victorian Hospitals Industrial Association (VHIA) since 1996, he is currently Deputy President.

Dr Peter O'Brien

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

Director Medical Services

Peter has been Director of Medical Services at SWH for 12 years. Prior to his current appointment he worked at Wangaratta & District Base Hospital and Benalla & District Memorial Hospital. Before commencing a predominantly medical management role, he worked for several years as a procedural (anaesthetics and obstetrics) General Practitioner in rural South Australia. He also spent 2½ years as a Medical Officer in the Royal Flying Doctor Service based at Broken Hill. He is currently a member of the Victorian State RACMA Committee and the DHS Credentialing and Scope of Practice Advisory Group.

Andrew Trigg

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

Director of Finance & Business Services

Andrew has worked in the Victorian public health sector for 22 years and commenced with SWH in November 2005. He has held positions at executive management level for the past 12 years in, largely, roles that have combined Chief Finance Officer duties with executive responsibility for Corporate/Support Services. Originally from Ballarat, with subsequent appointments at Kilmore and Djerriwarrh Health Services (including Bacchus Marsh and Melton Regional Hospital), he has extensive experience, understanding and a commitment to the rural and regional health sector.

Sue Morrison

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

Director Of Nursing

Sue has a long association with SWH having commenced her nursing career at our Warrnambool hospital in 1968 as a student nurse. Clinical experience was gained predominantly in paediatrics including the role of Unit Manager from 1985. A strong interest in management saw a move from clinical nursing to senior management positions from 1989. Having been in her current role since 1997, she is committed to the delivery of high quality nursing services for local and regional communities. Sue is a member of the state wide Regional Health Services Nurse Executive Group and was inaugural chairperson from 2001/04.

Caroline Byrne

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

Director Of Psychiatric Services

Caroline commenced her career as a psychiatric nurse in the 70's and has worked mostly in either mental health or substance use community based services since then. Having joined SWH in January 2004, she aims to improve service access for people of all ages and from all walks of life in our community and hopes to reduce the stigma associated with having a mental illness. Nominated for publication in the inaugural edition of Who's Who of Australian Women in 2006, she enjoys learning and taking on new challenges.

Staff Gender & Employment Status

	June 2007	June 2006	June 2005
FEMALE			
Full Time	234	227	235
Part Time	540	517	485
Casual	86	96	81
(Sub Total)	860	840	801
MALE			
Full Time	157	150	154
Part Time	44	45	39
Casual	9	8	12
(Sub Total)	210	203	205
TOTAL	1070	1043	1006

SWH Staff Numbers (Full Time Equivalent/fte)

	June 2007	June 2006	June 2005
Medical	28.57	32.96	32.57
Nursing	385.42	374.64	360.29
Medical/Support	36.72	109.20	111.08
Hotel/Allied	124.39	128.31	126.51
Admin/Clerical	112.55	115.74	108.16
Ancillary	88.44	-	-
TOTAL	776.09	760.85	738.61

WorkCover: Hours Lost & Claims

HOURS LOST TO INJURY OR ILLNESS

2006/07 2005/06 2004/05

WARRNAMBOOL CAMPUS

Acute Services			
Nursing	1272	2316	2716
Support Services/Admin	3838	3327	4830
Medical/Allied Health	1976	2080	1976
Psychiatric Services	426	1422	1046
Linen Service	1976	1984	1976

CAMPERDOWN CAMPUS

Nursing	312	0	1408
Support Services/Admin	0	152	1976
Medical/Allied Health	0	0	0

LISMORE CAMPUS

	0	0	0
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MACARTHUR CAMPUS

	0	0	0
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TOTAL	9800	11281	15928
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NUMBER OF NEW "STANDARD" CLAIMS

2006/07 2005/06 2004/05

WARRNAMBOOL CAMPUS

Acute Services			
Nursing	6	7	5
Support Services/Admin	1	1	4
Medical/Allied Health	1	0	1
Psychiatric Services	0	6	1
Linen Service	0	0	0

CAMPERDOWN CAMPUS

Nursing	2	1	4
Support Services/Admin	0	0	0
Medical/Allied Health	0	0	0

LISMORE CAMPUS

	0	0	0
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MACARTHUR CAMPUS

	0	0	0
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TOTAL	10	15	15
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Some of the team who moved into our new \$1.2m Supply and Sterile Storage Department during this Report Year. From top left, Gary Toohey, Maree Dalton, Pauline Brooks, Shane Grundy, Tammy O'Neill and Peter Cannon.



Three of our Central Sterilising Service Department workers (from left), Louise Rea-Smith, Ray Wolff and Kate Williams sterilising instruments for the operating theatres.

Chief Executive Officer

Mr J Krygger, BHA (UNSW), MBA
(Monash), AFCHSE, CHE, AIM

Medical Services

Director of Medical Services

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

Director of Emergency Services

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

Departmental Directors

Anaesthetics

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

Critical Care Unit

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

Obstetrics

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

Palliative Care

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

Surgical Services

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

Graduate Medical Education Regional Supervisor

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

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.

Medical Services Coordinator

Mr P Martin, Cert.App.Sc., Adv. Dip.Bus.
Man., Cert.IV.Workplace Train & Assess.

Senior Medical & Dental Officers

– Warrnambool campus

Medical Staff Association Chairperson

Dr K Braniff, M.B.B.S., F.R.A.N.Z.C.O.G.*
Dr BF Kay, M.B.B.S., D.(Obst.)
R.A.C.O.G., F.A.C.R.R.M., F.R.A.C.G.P.

Anaesthetists

Dr P Arnold, M.B.B.S., F.A.N.Z.C.A.
Dr A Cain, M.B.B.S., F.A.N.Z.C.A.
Dr K Cronin, M.B.B.S., F.A.N.Z.C.A.
Dr M Duane, M.B.B.S., F.A.N.Z.C.A.
Dr A Dawson, M.B.B.S., F.A.N.Z.C.A.

Dr G Kilminster, M.B.B.S., F.A.N.Z.C.A.

Dr M Koo, M.B.B.S., F.A.N.Z.C.A.

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

Dr P Wicks, M.B.B.S., F.A.N.Z.C.A.*

Dental Officers

Director of Dental Services/Senior

Dentist

Dr D Mercado, D.D.M., M.D.Sc.(Pros).

• **Dental Officers (Public Clinic)**

Dr D Arasu, B.D.Sc.

Dr H Chuen, B.D.Sc.

• **Dental Officers (Visiting)**

Dr E Carlsson, D.D.S.(Stockholm).

Dr C Cugadasan, B.Sc.(Hons.), B.D.Sc.

Dr T Davies, B.D.Sc.

Dr D Geryga, B.D.Sc.

Dr M Johns, B.D.S.

Dr M Palam, B.D.Sc., B.Sc.

Dr RJ Sanderson, B.D.S.

Dr SW Wilde, B.D.S.(Liverpool).

Drug & Alcohol Physicians

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

Dr D Richards, M.B.Ch.B., F.A.Ch.A.M. *

General Practitioners

Dr A Baldam, M.B.B.S., B.Sc., Dip.

Av.Med., A.F.O.M.(R.C.P.), D.R.C.O.G.

Dr IT Barratt, B.Sc., M.B.B.S., D.R.C.O.G.

Dr WJ Bateman, M.B.B.S., D.R.C.O.G.,

F.R.A.C.G.P.

Dr L Cameron, M.B.B.S.

Dr A Chow, M.B.B.S., F.R.A.C.G.P.

Dr T Cimpoesu, M.B.(Rom.), F.R.A.C.G.P.

Dr K Dik, M.B.B.S. *

Dr J Duffy, M.B.B.S.

Dr A Dunbar, M.B.Ch.B., M.R.C.P.(UK),

F.R.C.P.(Edin), Dip.Trav.Med.

Dr M Dunkley, M.B.B.S.,

D.R.A.N.Z.C.O.G., F.R.A.C.G.P.

Dr D Dwyer, M.B.B.S., Dip. R.A.C.O.G.

Dr EC Fairbank, M.B.B.S., D.P.H.C.,

F.R.A.C.G.P., F.A.Ch.P.M.

Dr B Francis, M.B.Ch.B.

Dr M Grave, B.Sc., M.B.B.S., F.R.A.C.G.P.,

Cert.Man.Med.(R.A.C.G.P.), Grad.

Dip.Fam.Med. (Monash), Cert. Man.

Med.(Paris), Dip. Phys. Med.(Sydney).

Dr K Gunn, M.B.B.S., D. (Obst.)

R.A.C.O.G.

Dr P Hall, M.B.B.S., D.(Obst.) R.A.C.O.G.,

D.A.(London), F.A.C.R.R.M.

Dr GG Irvine, M.B.B.S., D.(Obst.)

R.A.C.O.G.

Dr BF Kay, M.B.B.S., D.(Obst.)

R.A.C.O.G., F.A.C.R.R.M., F.R.A.C.G.P.

Dr S King, M.B.B.S., F.R.A.C.G.P.

Dr J Manderson, B.Sc.(Hons.), PhD.,

M.B.B.S., F.R.A.C.G.P.

Dr C Mooney, M.B.Ch.B., M.R.C.S.,

L.R.C.P., D.R.C.O.G.

Dr J Oleson, M.B.B.S.

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

Dr B Oppermann, M.B.B.S., M.Sc.(Anat.),

D (Obst.) R.A.C.O.G., F.A.C.R.R.M.

Dr MR Page, M.B.B.S., D.(Obst.)

R.A.C.O.G., F.A.C.R.R.M.

Dr J Pan, B.M., Grad.Dip.Med.Lab.Sc.

Dr JD Philpot, M.B.B.S.

Dr MG Quinn, M.B.B.S.

Dr F Reid, M.B.Ch.B., D.A.M.F.A.R.C.S.

Dr A Robson, M.B.B.S.(Hons.),

F.R.A.C.G.P.

Dr JM Rounsevell, M.B.B.S.

Dr N Ryan, M.B.B.S., D.A., F.R.A.C.G.P.

Dr S Singh, M.B.B.S., M.Surg.Ortho.

Dr T Slattery, M.B.B.S.

Dr SW Smith, M.B.B.S., D.R.A.C.O.G.,

F.A.C.R.R.M.

Dr P Viney, M.B.Ch.B., D.R.A.N.Z.C.O.G.

Dr E Walsh, M.B.B.S.

Dr CW Walters, B. Med. Sc., M.B.B.S.

General Surgeons

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

Mr P Gan, M.B.B.S., F.R.A.C.S.

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

Mr B Mooney, M.B.Ch.B., B.A.O.(Hons.),

B.Sc.(Anat.) (Hons.), M.Ch., F.R.C.S.I.,

F.A.C.R.R.M., F.R.A.C.S.

Mr C Murphy, M.B.Ch.B., F.R.A.C.S.,

F.R.C.S.(Glasgow), F.R.C.S.I.

Neurologist

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

Obstetricians & Gynaecologists

Dr C Beaton, M.B.Ch.B. (Edin),

F.R.A.N.Z.C.O.G., F.R.C.O.G.

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

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

Oncologist

Dr T Hayes, M.B.B.S. (Hons.), B. Med.

Sci.(Hons.), F.R.A.C.P.

Ophthalmologists

Mr J Sanlaureano, M.B.B.S., B.Sc.,

M.Med.(Ophth.), F.R.A.N.Z.C.O.*

Dr F Irani, M.B.B.S., Dip.Anat.,

F.R.A.N.Z.C.O.

Orthopaedic Surgeons

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

Oto-Rhino-Laryngologists

Dr A Cass, M.B.B.S., F.R.A.C.S.
 Dr B Clancy, M.B.B.S., F.R.A.C.S.

Paediatricians

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

Paediatric Surgeon

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

Pathologist

Dr A Sharard, M.B.Ch.B., M.D.(Path.).

Physicians

Dr N Bayley, M.B.B.S., F.R.A.C.P.
 Dr C Charnley, M.B.B.S., F.R.A.C.P.
 Dr J Hounsell, B.Sc., M.B.B.S., F.R.A.C.P., F.R.C.P.A.
 Dr C Lewis, M.B.B.S., F.R.A.C.P.
 Dr B Morphet, M.B.B.S., F.R.A.C.P.
 Dr S Nagarajah, M.B.B.S., F.R.A.C.P.
 Dr M Page, M.B.B.S., F.R.A.C.P.

Psychiatrists

Dr M Atkins, M.B.Ch.B., Dip.Ophth., L.R.C.P.(Edin.), L.R.C.S.(Edin.), L.R.C.P.&S.(Glas.), F.R.A.N.Z.C.P.
 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.
 Prof R Harvey, M.B.B.S., M.D., M.R.C.Psych., F.R.A.N.Z.C.P., F.O.A.P.

Radiologists

Dr W Beck, M.B.Ch.B., F.F.Rad.(D).
 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 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.

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.

Senior Medical & Dental Officers

– Camperdown campus
Medical Staff Association Chairperson
 Dr EG Lyon, M.B.Ch.B.

Dental Officer (visiting)

Dr AH Wigell, B.Sc. (Hon), L.D.S. (Vic).

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., Dip.Anaes.
 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.S.

Obstetricians & Gynaecologists

Dr C Beaton, M.B.Ch.B. (Edin), F.R.A.N.Z.C.O.G., F.R.C.O.G.
 Dr K Braniff, M.B.B.S., F.R.A.N.Z.C.O.G.
 Dr E Uren, M.B.B.S., F.R.A.N.Z.C.O.G.

Oto-Rhino-Laryngologist

Dr B Clancy, M.B.B.S., F.R.A.C.S.

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.

Psychiatrists

Dr M Atkins, M.B.Ch.B., Dip.Ophth., L.R.C.P.(Edin.), L.R.C.S.(Edin.), L.R.C.P.&S.(Glas.), F.R.A.N.Z.C.P.
 Prof R Harvey, M.B.B.S., M.D., M.R.C.Psych., F.R.A.N.Z.C.P., F.O.A.P.

Urologist

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

Allied Health

Chief Dietitian

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

Medical Imaging Technologists

Mr L Pontonio, M.I.R., Dip. App. Sc. (Med. Radiography) (WBool campus).
 Ms D Shelton, M.I.R.(CDown campus).

Occupational Therapist

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

Physiotherapist

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

Podiatrist

Ms K Harris, B.Pod. (Hons).

Speech Pathologist

Ms K Brown, B. App. Sc. (Sp. Path.), M.Sp.Path.

Centre Against Sexual Assault

Coordinator

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

Librarian

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

Director of Pharmacy

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

OUR SENIOR STAFF

Primary Care Partnerships Executive Officer

Ms H Steenbergen, B. App. Sc. (H.M.).

Managers

Biomedical Engineering Services

Mr G Szegi, B. App. Sc. (Biophysics/
Instrumental Science).

Community Health

Mr C Fraser, B.Prof. Orth., Dip.App Sc.

• Aboriginal Liaison Officer

Ms L Green, Cert.Aged and Dis.
Services, Cert.Equity Pub.Serv., Cert.
Diabetes Prev.&Man.

• Chronic Illness Program Manager

Ms J Dureau-Finn, B.Nurs.

• David Newman Centre Coordinator

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

• Lismore Community Health Manager

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

• Macarthur Community Health Manager

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

• Manifold Place Community

Health Manager

Ms S Poole, R.N.

Counselling & Support Services

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

Health Information Services

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

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.

Managers

Access

Mrs K Redford R.N., R.M., Bachelor Nsg.,
Grad Cert. Critical and Emergency Care,
Grad.Dip.Health Informatics.*

Education

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.

Environmental Safety

Mr T Roberts, M.B.A.

Perioperative Services

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

Quality

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.

Unit Managers

Ward 1: Day Procedure, Haemodialysis & Endoscopy

Mrs E Karlinski, R.N., R.M., Adv.Dip.
Mgt., Cert. IV Workplace Training &
Assessment

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., M.N.P (Critical Care),
B.N., Grad.Dip.Critical Care (RMIT), Cert.
IV Workplace Training & Assessment.,
M.R.C.N.A.

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, Grad.Cert. Health
Management.

Ward 7: Midwifery & Neo Natal Special Care

Mr P Logan, R.N., M.P.H. (Latrobe), R.M.,
B.N., Grad. Dip. Public Health

Ward 8: Withdrawal & Support Service and Rehabilitation

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

District Nursing/Hospital In The Home

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

Emergency Department

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

Operating Theatre

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

Psychiatric Services

Director of Psychiatric Services

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

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.,
Ad.Dip. (Bus Man) Acc.

Staff Development Officer

Mrs J Punch R.P.N., Cert IV Workplace
Training and Assessment (TAFE), Ad.Dip.
(Bus Man) Acc.

Managers

Aged Persons Mental Health Services

Mr R Porter B.A., R.P.N., Ad.Dip.
(Bus Man) Acc.

Child & Adolescent Mental Health Services

Ms R Knapp B.Sc., B.A. (Hons)
Psychology, M. Psych (Ed & Dev), Ad.Dip.
(Bus Man) Acc.

Primary Mental Health Services

Mr N Place B.A., B.S.W., Ad.Dip.
(Bus Man) Acc.

Residential Psychiatric Services

Mr C. Healey R.P.N. Psych Nurs. (Grad.
Cert.), Ad.Dip. (Bus Man) Acc.

OUR SENIOR STAFF

Warrnambool Community Psychiatric Services

Mr T Reading B. App. Sc. (O.T.), Ad.Dip. (Bus Man) Acc.

Regional Coordinator

Ms I Purcell B.A. (Hons), B.S.W., Ad.Dip. (Bus Man) Acc.

Psychiatric Medical Services

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

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. Gynaecological Diseases Nursing, Cert. Applied Art, M.R.C.N.A.

Unit Managers

Acute Services

Mrs N Swayn, R.N. *

Mrs J Ellis, R.N., R.M. [job share]

Mr R Jubb, R.N. M.H.S., Grad. Dip. Critical Care, Dip. Of Business [job share from Sept 10]

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.

Finance & Business Services

Director of Finance & Business Services

Mr A Trigg, B.Comm (Accounting/Finance), A.H.S.F.M.A., A.S.A.

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.

Managers

Community Partnerships

Ms S Morey, F.I.A.

ICT Services

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

Facilities

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

Food Services

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

General Services

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

Human Resources

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

- **Deputy Human Resources**

Mr A Giblin, Adv.Dip. Bus Management (Gordon Institute) Dip. Human Resources (TAFE) Cert. IV Workplace Training & Assessment

- **Employee Health & Welfare**

Ms A Hilton, B.A. (Deakin)

- **Remuneration**

Mrs L Uzkuraitis

Supply

Mr T Hoy, Cert. Hospital Supply Management (Mayfield)

South West Alliance of Rural Health (VIC)

Chief Information Officer

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

Regional ICT Technical Specialist

Mr L Payti, MACS, CBA (RMIT)

Managers

Member Development

Mr G Cashill, Grad. Dip. I.T (Swinburne)

Patient & Client Systems

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

Policies & Administration

Mr D O'Malley, B.Comm (Electronic Commerce Management/Financial Planning), Dip. IT

* Resigned during the report year



Top: Dr Mark Duane joined our team of anaesthetists in March.

Right: Dr Farokh Irani commenced ophthalmology surgery in June. For the full story go to our website: A public ophthalmologist for Warrnambool.

SWH is blessed with 260 volunteers who donate their time and energy to make their respective communities better places to live, work and play. Based at eight locations, they participated in 44 programs in 2006/07.

Where our Volunteers Volunteer

SWH Campus/Site	No of Volunteers
Warrnambool hospital	103
Camperdown hospital	70
Warrnambool CH	2
Manifold Place (Camperdown CH)	5
Lismore CH	20
Macarthur CH	35
Merindah Lodge	13
David Newman Adult Day Care Centre	12

What our Volunteers do

Warrnambool

At our Warrnambool hospital 70 volunteers participate in 28 onsite programs. They help out in services including the Emergency and Supply Departments, Library and Hospital to Home Discharge Service. There's also Pre-Admission Clinic guides, hospital tour guides, onsite raffle-ticket sellers and car detailers. Others help patients at breakfast-time in our Medical/Surgical Ward, provide administration support for some of our Allied Health clinicians, do mending, flower duties, run the courtesy trolley and help with the National Diabetes Services Scheme.

Another 33 volunteers participate in eight Palliative Care-specific programs. Their duties include one-to-one placement with patients, PCU duties and administration support for both the Marion Shrader Centre and Friends of Palliative Care. They also participate in massage duty (in PCU or patients' homes), pack and organise the delivery of comfort packs to district hospitals and collate/distribute in-house newsletters.

Warrnambool Community Health has two Peer Leader volunteers who help run group activities for the Better Health Self Management Program.



Elinor Winter, one of our 33 Palliative Care volunteers, helped celebrate the 20th birthday of our Palliative Care Unit. (Photo by The Standard's Rachael Anderson.)

Lismore

At our Lismore community health centre 20 volunteers do Meals on Wheels ensuring a nutritionally balanced meal is delivered to the doorsteps of rurally-isolated clients (and often their carers) who are frail-aged and/or living with a disability.

Camperdown

We have 70 Meals on Wheels volunteers at our Camperdown hospital. They, and the 20 at Lismore, also provide their vehicles free of charge.

Merindah Lodge, the aged-care facility at our Camperdown hospital, has 13 volunteers. Ten are members of Friends & Relatives of Merindah (FROM), two are volunteer bus drivers and one cooks meals.

At Manifold Place, Camperdown's community health centre, five trained National Diabetes Services Scheme volunteers provide test strips, needles, syringes and lancets for clients with diabetes type 1 and 2.

Macarthur

The sole task of four of Macarthur Community Health's 35 volunteers is to look after the extensive (and envied) gardens that surround the centre. The remaining 31 carry out a range of duties including making phone contact with isolated/elderly people (Telecare); assisting Planned Activity Groups; driving clients to and from appointments; driving the centre's bus to and from Hamilton to help the elderly do their shopping; doing deliveries and washing the odd work-car.

All our volunteers participate in relevant training as individual needs arise, and in Emergency Response and Fire Drill Training. Our Peer Leaders undergo regular training specific to their program, as do our Palliative Care volunteers. Our Warrnambool volunteers also participate in a bi-annual performance review.



Camperdown Campus Manager Ruth Mitchell and CEO John Krygger honored Lorna Burdham in July for her 42 years voluntary service on our Trolley Committee (40 of them as treasurer), 15 years voluntary service on our FROM Committee and 12 years voluntary service at our David Newman Adult Day Care Centre.

OUR LIFE GOVERNORS

Mrs Jan Aitken	Mr A DeGaris	Mr L Howard	J E Meyer	Mrs Eileen Savery
Dr B S Alderson	Mr S DeGaris	Mrs E Howell	Mr Andrew Miller	Mr A E Scott
Mrs B S Alderson	Mrs Gloria Dickson	Mrs Sharon Huf	Mr J Miller	Mr L Sedgley
Mr Lyell Allen	Miss Judy Donnelly	Mrs Mary Hutchings	Mr Ivan Mirtschin	Mr T T Shaw
Mr A L Anderson	Miss Helen Douglas	Mr R Hyde	Miss M I Mitchell	Mrs A B Smart
Mrs G I Anderson	Mr G W Dowling	Mrs Winnie Hynes	Mrs Coral Moore	Mr M Smill
Mrs Isabel Anderson	Mrs L Dowling	Mr D A Jenkins	Mr F Moore	Mrs Ann Smith
Mrs J F Anderson	Mr Tony Dupleix	Mr Barry Johnson	Mrs J P Moore	Michelle Smith
Mrs Joan Askew	Mrs Veronica Earls	Mrs Doris Johnson	Mr Robert Moore	Mr Ron Sproles
F H Baker	Mrs A Elliot	Mrs Margot Johnson	Mr James Moran	Miss June Stewart
Mr R Baker	G Elliot	Mr Rex Johnson	Mr J Morris Jnr	Mr G C Sullivan
Mrs V G Balmer	Mr P V Emery	Mr H T Jones	Mr W Morris	Mrs B Surkitt
Mr N I Bamford	Mr W Ferguson	Mrs Isobel Jones	Mrs I Mulligan	Mrs N Swinton
Mrs Heather Barker	Mr J Finch	Mr A E Kelly	A E Murdock	Mrs Stuart Swinton
W T Barr	Mr E R Ford	Mr D J Lafferty	Mrs G Mutten	Mr D N Symons
Mrs M Baulch	Mrs June Foster	Mrs Helen Laidlaw	Nestle Sports & Social Club	Mrs N M Tapp
Mrs Beverley Bell	Mrs C E Fraser	Mrs Val Lang	Mrs Sheryl Nicolson	Mrs D Taylor
Mrs J A Bell	B D French	Mr G A Larsen	Mr A W Noel	Mr F Taylor
Mrs Shirley Bell	R Gellie	Mrs B Layther	Mrs H W Norman	Mr H C Taylor
Mr G B Bennett	Mrs F M George	S Lee	Mrs Alison Northeast	Miss Kate Taylor
Mrs Iris M Bickley	Mr M W George	A W R Lewis	Mr Edward Northeast	Mrs Robbie Taylor
Miss Helen Bishop	Mrs M M Gibbs	Mr P E Lillie	Mr J B Norton	Miss Yvonne Teale
Mr R J Borbidge	Mrs N F Gilbert	Mr S A Lindsay	Mrs Helen Nunn	Mrs A Thorpe
Mr N C Boyd	Mrs Shirley Goldstraw	Mr F G Lodge	Dr Keith Nunn	Mr J T Thorton
Mr C G Boyle	Mrs Margaret Good	Mrs Hilary Lodge	Mrs Barbara O'Brien	Mrs A J Trotter
Mr N Bradley	Mrs Joan Goodacre	Mr R W Lucas	Mrs M Officer	Mr S W Waldron
Mr D Bradshaw	Mrs E Goodwin	Mrs Wendy Ludeman	Mrs Judy O'Keefe	Mr J B Walker
Dr Tony Brown	Mrs Lesley Gordon	Mrs A G Lumsden	Miss K O'Leary	Mrs H Wallace
Mr G N Brown	Mrs P Grace	Mrs P Luxton	Mr L O'Rourke	Mrs R J Wallace
Mrs I V Bruce	HT Grimwade	Dr E Lyon	J R Oman	Mrs E Watson
LG Buchholz	Mrs Sheila Habel	Mr I D Macdonald	Mr W Owens	R J Webster
Mr T Buckley	Mr R E Harris	Mrs I D Macdonald	Mr Ken Parker	Mrs D Wedge
Mr C W Burgin	Mr A J Hartley	Mrs A F MacInnes	Mrs T J Parker	R V Wellman
Mrs L Burleigh	Mrs Joy Hartley	M C Mack	Mrs G R Parsons	Mr A C Whiffen
Mrs Lorna Burnham	Mrs A Havard	S Mack	Mrs M E Paterson	Mrs J C Whitehead
Mrs Jean Byron	Mrs Monica Hayes	Mrs L Maher	Mr D R Patterson	Mr G Whiteside
Mr Jack Caple	Mr P Heath	Mr W G Manifold	Mrs Phyllis Peart	Mr J Wilkinson
Mr Stan Carroll	Mrs Mavis Heazlewood	Mr N S Marshall	Dr Ian Pettigrew	Mrs June Williams
Mrs Valda Carroll	Dr Les Hemingway	Mrs Norma Marwood	Mr Bill Phillpot	Mrs Rita Williams
Mrs P Chadwick	Mrs Joan Henderson	Mrs M Mathison	Ms Barbara Piesse	Mrs Zelda Williams
Mrs E C Chaffey	Mr Oscar Henry	Mrs D McConnell	Mrs G Pike	Mrs G J Wilson
M L Charles	Mr A J Hill	Mrs Arthur McCosh	Mrs L Price	Mr John Wilson
Mr David Chittick	Mrs D M Hill	Mrs L McCosh	Mrs Gloria Rafferty	Mrs N T Wines
Mrs F A J Chislett	Mr G L Hill	Mrs R McCrabb	Mrs Margaret Richardson	Mr W J Wines
Mrs Helen Chislett	Mr J Hill	Mr John McGrath	Mr D M Ritchie	Mrs Edna Wynd
Mrs Diane Clanchy	Miss L Hill	Mr Peter McGregor	Mr Ric Robertson	
Mr John Clark	Mrs P Hill	Mr Ernie McKenna	Mrs Phillip Ross	
Mr Alistair C Cole	A K Hirth	Mrs Mary McKenna	Mr N J Rowley	
Mrs S E Cole	Mr W Hocking	Mrs Judy McKenzie	Mr Peter Roysland	
L J Collins	Mrs Ann Holmes	Mrs Nola McKenzie	Mr J C Rule	
Mrs Joy Conlin	Mr John Holmes	Mr Trevor McKenzie	Mrs Gladys Russell	
Mrs Frances Coupe	H J Holmes	Mrs H McLaren	Mr Leo Ryan	
Mrs M Cox	Mr W Holmes	Mrs Shirley McLean	Mrs Sue Sambell	
Mrs Marjorie Crothers	Mr W J Holton	Mr C McLeod	Mr John Samon	
Mr R A Crothers	Mrs A Hooton	Mr Don McRae	Mr R G Sampson	
Mr J P Daffy	G N Hornsby	Mrs W McWhinney		
Mrs R C Dawson	J S Hosking	Dr John Menzies		

Our condolences are extended to the family of Life Governor Mrs Marjorie Guyett who passed away in January of this year.

OUR DONORS

Alcoholics Anonymous	100	Jennifer McPherson & Family	5,000
Allansford CWA	100	Ann Melican	1,500
Allansford Primary School	416	MIX	320
Anderson Bobcat Service	100	John Morse	100
Andyinc Foundation Inc	2,000	Mortlake Garden Club	1,367
The Axed Blood Bank Ladies	100	National Australia Bank, WBool	30,240
Barry Bermingham	50	National Foods, Cobden	10,000
Better Hearing Aust	100	Northpoint Shopping Centre construction workers	318
Brigitte Benzing	130	Dr MA & Mrs AFR Page	200
Brauer College SRC	1,300	Helen Pannowitz & Piet Ellnor	1,000
Tom Brian	50	Percy Eccles Real Estate	160
Pauline Burleigh & Judi Doherty	1,083	S Pike	100
William Buckland Foundation	30,000	Rhelma Price	50
Cake Decorators Assoc Vic, WBool branch	100	Lorna Price	500
Mary Carter	84	Rafferty's Tavern Social Club	3,000
Chevrolet Car Club of Vic, SW Region	600	Ritchies IGA Community Benefits Scheme, CDown	10,156
Cobden Hotel	250	Rotary Club Warrnambool Daybreak Inc	800
Cobden Technical School	125	Rotary Club of Warrnambool Inc	2,391
Collier Charitable Fund	25,000	The Rubber Band	1,041
Construction Engineering	100	Neil & Shirley Smart	155
Craft Group	226	Ken Smith's Country Music Group	300
Heather Curwell	50	PB & LM Solomon	50
CWA	100	SW Restorations Group	1,700
CWA Evening Group, CDown	200	SW TAFE Community Chest	500
Darriwill Farms, WBool	725	Margaret Sparrow	50
Deakin University WBool campus resident students	990	AL & HL Spehr	84
Donors gifting less than \$50	563	Sporting Shooters Assoc of Vic, SW branch	2,600
Donors wishing to remain anonymous	1,066	MJ Taylor	500
Electrical Trade Union Otway Gas Plant workers	6,167	Technip Oceanic Aust	1,000
Nancy Fitzpatrick Memorial Scholarship	1,500	Timboon Fuel	50
Friends of Palliative Care	140	Uncle Bob's Club	1,500
HM & NF Gilbert	100	Uniting Church Fellowship	500
Lola Goodall	400	Victoria Police (Winter Harmony Concert)	3,000
Lorraine Graham	50	Victoria Hotel, WBool/Liquor Marketing Group	1,000
Claude Harrison	50	John Ware	200
Marie Hayes	50	WBool Bowls Club Inc Friday Bingo	10,167
Heatherlie Homes residents	541	WBool District Self Help	928
Vincent Hennessey	50	WBool District Breast Cancer Support Group	6,363
Jack Jones	100	WBool Emergency Services (Triple Zero Night)	5,050
Jones Foundation	2,000	WBool Masonic Lodge	500
Kevin Kerger Wheelbarrow Walk	644	WBool Old Time Dance Club	320
Kolora Dance Club Inc	150	Waves, Port Campbell	50
Ladies in Black	275	David Whiting	50
Lander & Rogers, Melb	475		
Michael Landvogt	50	In Memory of	
AL Lane Foundation	7,500	Colin Boyd	205
Lifeline Australia Inc	100	Jane Brooker	2,377
Stacey Little	50	Bill Chivell	100
Lizzies of Port Fairy	1,136	Marie Davis	67
Loch Ard Motor Inn	50	Shirley Davis	240
Logan Contracting	100	Ron Drake	30
Lunchtime Ladies	110	Wolf Gottlew	20
Macarthur Craft Group	226	Claude Harrison	50
Macarthur Gourmet Dinner Group	138	Les Johnson	300
Magistrates Court of Victoria, WBool	250	Chris Leone	1,590
Bette Martin	1,000	Jean Macintosh	225
David & Narelle McLaren	50	RJC McGhie	2,000

OUR DONORS

Jack McLeod	295
Alexander Murdoch	895
Graeme Murrhly	605
Tony O'Flaherty	2,600
Carmel Parsons	100
Sid Parsons	300
Vera Peach	111
Ettie Pearson	20
Rev Reg Peirce	100
Ray Randall	50
Robert Smith	100
Ted Stuchberry	640
Betty Welch	31
Elizabeth Wines	2,582

SWH Auxiliaries

Camperdown & District Hospital	10,000
Camperdown Hospital Staff	6,514
Camperdown Trolley	3,151
Friends & Relatives of Merindah	5,642
Lismore Ladies	1,312
SWH Staff	4,700
Warrnambool Ladies	6,800
Woolsthorpe Ladies	2,300

SWH Murray to Moyne Teams

Crater Cruisers	1,817
Fire Flyers	3,000
Flames	2,000
Harp-(H)oons	2,116
Warrnambool College	2,200

The first of its kind outside of Melbourne, there is no doubting the need for our equipment and aids library for disabled children. Within an hour of its official opening in June, one piece was on its way to a child at Derrinalum while Portland's two-and-a-half year old Zanay Bannam (pictured here with the NAB's Regional Executive Joanne Curran, Business Banking Manager Greg Moon and Zanay's mum Cindy) was absolutely beaming thanks to the loan of a walking frame.

It's the first time the youngster, who lives with a muscle-weakening chromosomal disorder called 18q, has been mobile. Mum Cindy says there's no looking back for her daughter she describes as such a different child to the frustrated, immobile one she was previously.

Called SWEL (South West Equipment Library), the exciting initiative spares local families costly and emotionally-draining six-hour return trips to Melbourne to borrow expensive equipment and aids to trial back here at home.

The brainchild of DHS Specialist Children's Services Physiotherapist Trish Bell and our Supply Manager Terry Hoy, their SWEL dream became a reality when workers from Warrnambool's National Australia Bank offered to hold a charity lunch and auction to finance the \$36,000 mission. For the full story go to our website: SWH opens country Victoria's first equipment and aids library for disabled children.



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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 Standing Direction 4.2 of 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 Statement, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2007 and financial position of South West Healthcare as at 30 June 2007.

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



S. Muldoon
Chairman, Board of Directors
SHARON MULDOON

Warrnambool
3 September 2007



J. Krygger
Chief Executive Officer
JOHN F. KRYGGER

Warrnambool
3 September 2007



A. Trigg
Chief Finance & Accounting Officer
ANDREW TRIGG

Warrnambool
3 September 2007

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDIT REPORT

South West Healthcare

To the Members of the Parliament of Victoria and Members of the Board of South West Healthcare

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report for the financial year ended 30 June 2007 relates to the financial report of South West Healthcare included on its web site. The Board 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 auditor's 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.

The Financial Report

The accompanying financial report for the year ended 30 June 2007 of South West Healthcare which comprises an operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory 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 has been audited.

The Responsibility of the Members of Board for the Financial Report

The Members of the Board of South West Healthcare are responsible for the preparation and the fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the financial reporting requirements of the *Financial Management Act 1994*. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error
- selecting and applying appropriate accounting policies
- making accounting estimates that are reasonable in the circumstances.

Auditors Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to internal control relevant to the Board Members' preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Service's internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

1

Level 24, 35 Collins Street, Melbourne Vic. 3000

Telephone 61 3 8601 7000 Facsimile 61 3 8601 7010 Email comments@audit.vic.gov.au Website www.audit.vic.gov.au

Auditing in the Public Interest

VAGO

Victorian Auditor-General's Office

Independent Audit Report (continued)

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.


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, his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of South West Healthcare as at 30 June 2007 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
3 September 2007



A D.D.R. Pearson
Auditor-General

Operating Statement for the year ended 30 June 2007

	Note	2007 \$000	2006 \$000
Revenue from Operating Activities	2,2a	84,162	78,317
Revenue from Non-operating Activities		856	864
Employee Benefits	2b	(55,669)	(52,158)
Non Salary Labour Costs	2b	(6,084)	(5,789)
Supplies & Consumables	2b	(11,747)	(10,325)
Other Expenses From Continuing Operations		(11,574)	(10,477)
Share of Net Result of Joint Venture Accounted for using the Equity Model	13	(167)	(101)
Net Result before Capital and Specific Items		(223)	331
Capital Purpose Income	2	2,341	1,323
Depreciation and Amortisation	3	(2,973)	(3,811)
Assets Provided Free of Charge	2	-	25
Net Result for the Year		(855)	(2,132)

This Statement should be read in conjunction with the accompanying notes

Balance Sheet as at 30 June 2007

ASSETS	Note	2007 \$000	2006 \$000
Current Assets			
Cash and Cash Equivalents	16	7,532	7,865
Receivables	6	1,552	1,535
Inventories	7	1,476	1,485
Other Current Assets	11	21	-
Total Current Assets		10,581	10,885
Non Current Assets			
Receivables	6	1,096	1,432
Investments Accounted for using the Equity Method	13	437	604
Property, Plant & Equipment	5	70,243	68,719
Total Non-Current Assets		71,776	70,755
TOTAL ASSETS		82,357	81,640
LIABILITIES			
Current Liabilities			
Payables	9	3,286	2,842
Interest Bearing Liabilities	20	1	8
Provisions	10	12,174	11,169
Other Liabilities	8	125	106
Total Current Liabilities		15,586	14,125
Non Current Liabilities			
Provisions	10	1,913	1,801
Interest Bearing Liabilities	20	-	1
Total Non-Current Liabilities		1,913	1,802
TOTAL LIABILITIES		17,499	15,927
NET ASSETS		64,858	65,713
EQUITY			
Contributed Capital	21b	48,346	48,346
Asset Revaluation Reserve	21a	21,044	21,044
Restricted Specific Purpose Reserve	21a	22	22
Accumulated Surpluses / (Deficits)	21c	(4,554)	(3,699)
TOTAL EQUITY	21d	64,858	65,713

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

Cash Flow Statement for the year ended 30 June 2007

	Note	2007 \$000	2006 \$000
Cash Flows from Operating Activities			
Operating Grants from Government		82,735	80,044
Patient Fees Received		2,833	2,417
Private Practice Fees Received		370	407
Interest Received		522	536
Other Receipts Received		4,584	3,420
Employee Benefits paid		(54,552)	(51,042)
Fee for service Medical Officers		(6,084)	(5,789)
Payments for Supplies & Consumables		(11,759)	(10,313)
GST paid to ATO		(4,903)	(4,586)
Other Payments		(12,233)	(13,453)
Cash Generated from Operations		1,513	1,641
Capital Grants from Government		699	1,300
Capital Donations and Bequests Received		343	157
Net Cash Inflow/(Outflow) from Operating Activities	17	2,555	3,098
Cash Flows from Investing Activities			
Purchase of Properties, Plant & Equipment		(3,850)	(5,229)
Proceeds from Sale of Properties, Plant & Equipment		943	1,624
Net Cash Inflow/(Outflow) from Investing Activities		(2,907)	(3,605)
Net Increase/(Decrease) in Cash Held		(352)	(507)
Cash and Cash Equivalents Beginning of Period		7,737	8,244
Cash and Cash Equivalents End of Period	16	7,385	7,737

This Statement should be read in conjunction with the accompanying notes

Statement of Changes in Equity for the year ended 30 June 2007

	Note	2007 \$000	2006 \$000
Total Equity At Beginning		65,713	65,310
Gain / (Loss) On Asset Revaluation	21a	-	2,535
NET INCOME RECOGNISED DIRECTLY IN EQUITY		-	2,535
Net Result For The Year		(855)	(2,132)
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		(855)	403
Closing Balance		64,858	65,713

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

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 3rd September 2007.

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 only that period, or in the period of the revision and future periods 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.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2007, and the comparative information presented in these financial statements for the year ended 30 June 2006.

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 A-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. Bad debts are written off when identified.

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) Impairment of Assets

Intangible assets with indefinite useful lives are tested annually as to whether their carrying value exceeds their recoverable amount. All other assets are assessed annually for indications of impairment, except for:

- inventories;
- assets arising from construction contracts;
- financial instrument assets;

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off by a charge to the operating statement except to the extent that the write-down can be debited to an asset revaluation reserve amount applicable to that class of asset.

The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell. It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made.

g) Property, Plant and Equipment

Freehold Land and Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the land, public announcements or commitments made in relation to the intended use of the land. Buildings are measured at fair value less accumulated depreciation and impairment. Plant, equipment and vehicles are measured at cost less accumulated depreciation and impairment.

h) Revaluations of Non-Current Assets

Financial Reporting Direction (FRD) 103B Non-current Physical Assets, prescribes that non-current assets measured at fair value are revalued with sufficient regularity to ensure that the carrying amount of asset does not differ materially from its fair value. This revaluation process normally occurs every five years as dictated by timelines in FRD103B which sets the next revaluation for the Health, Welfare and Community Purpose Group to occur on 30 June 2009, or earlier should there be an indication that fair values are materially different from the carrying value. 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 (2005-06 and 2006-07) 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.

	2007	2006
Buildings	Up to 40 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 13 years	Up to 13 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.

o) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of an asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payable in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flow.

p) Employee Benefits

Wages and Salaries, Annual Leave and Accrued Days Off Liabilities for wages and salaries, including non-monetary benefits, annual leave accumulating sick leave and accrued days off expected to be settled within 12 month of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, classified as current liabilities and measured at nominal values.

Those liabilities that the health service does not expect to settle within 12 months are recognised in the provision for employees benefits as current liabilities, measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

Long Service Leave

Current Liability – unconditional LSL (representing 10 or more years of continuous service) is disclosed as a current liability regardless of whether South West Healthcare does not expect to settle the liability within 12 months as it does not have the unconditional right to defer the settlement of the entitlement should an employee take leave.

The components of this current LSL are measured at: present value – component that South West Healthcare does not expect to be settled within 12 months; and nominal value – component that South West Healthcare expects to be settled within 12 months.

Non Current Liability – conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until 10 years of service has been completed by an employee. Conditional LSL is required to be measured as present value.

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 of national Government guaranteed securities in Australia

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 superannuation plans 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.

Employees of the Health Service are entitled to receive superannuation benefits and the Health Service contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service and final average salary.

The Health Service made contributions to the following major superannuation plans during the year:

Defined benefits plans:	Health Super Fund
	State Superannuation Fund
Defined contribution plans:	Health Super Fund
	Hesta Super Fund

South West Healthcare does not recognise any defined benefit liability in respect of the superannuation plans because South West Healthcare 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-Costs

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

q) Finance Costs

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

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings;
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- finance charges in respect of finance leases recognised in accordance with AASB 117 Leases.

r) Residential Care Service

The South West Healthcare Residential Aged Care Service operations are an integral part of South West Healthcare 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.

The South West Healthcare Residential Aged Care Service has a separate Committee of Management and is substantially funded from Commonwealth bed-day subsidies.

s) Joint Ventures

Interests in jointly controlled operations and jointly controlled assets are accounted for by recognising in South West Healthcare'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 South West Healthcare have been eliminated to reflect the extent of South West Healthcare's operations as a group.

u) Leases

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

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 shorter or the estimated useful life of the asset or the term of the lease.

Contingent rentals associated with finance leases are recognised as an expense in the period in which they are incurred.

Operating lease payments, including any contingent rentals, are recognised as an expenses in the operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the leased assets.

v) Revenue Recognition

Revenue is recognised in accordance with AASB 118 Revenue and is recognised as to the extent it is 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 income when the Health Service gains control of the underlying assets in accordance with the AASB 1004 Contributions. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as income 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 and Resident Fees

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

Private Patient Fees

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

Donations and Other Bequests

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

w) Fund Accounting

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

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 Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while Services Supported by Hospital and Community Initiatives (Non HSA) are funded by South West Healthcare's own activities or local initiatives and/or the Commonwealth.

y) Comparative Information

There have been no changes to previous year's figures other than detailed below.

Revenues and expenses by category in notes 2a and 2b(i) have been reclassified to accord with the government's requirements for reporting under the Australian Health Care Agreement with the Commonwealth government. This reclassification is to reflect the new category groups as detailed in note 1 (ad) as follows:

	2005-06	Reclassified to:			
	Acute \$'000	Admitted Patients \$'000	Outpatients \$'000	EDS \$'000	Ambulatory \$'000
Revenue – HSA	53,904	44,098	3,803	3,020	2,983
H&CI	0	0	0	0	0
Expenses – HSA	55,198	45,147	3,624	3,509	2,918
H&CI	0	0	0	0	0

	2005-06	2005-06	Reclassified to:
	RAC \$'000	RAC Mental Health \$'000	RAC incl Mental Health \$'000
Revenue – HSA	2,128	68	2,196
H&CI	0	0	0
Expenses – HSA	2,408	68	2,476
H&CI	0	0	0

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 2A Contributions by Owners, 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, that have been designated as contributed capital are also treated as contributed capital.

ac) Net Result Before Capital & Specific Items

The subtotal entitled 'Net result Before Capital & Specific Items' is included in the Operating Statement to enhance the understanding of the financial performance of South West Healthcare. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The Net result before Capital & Specific Items is used by the management of South West Healthcare, the Department of Human Services and the Victorian Government to measure the ongoing result of Health Services in operating hospital services.

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 or intangible assets. 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:**
 - o Voluntary departure packages
 - o Write-down of inventories
 - o Non-current asset revaluation increments/decrements
 - o Restructuring of operations (disaggregation/aggregation of health services)
 - o Non-current assets lost or found
 - o Reversals of provisions
 - o Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board)
- Impairment of non current assets, includes all impairment losses (and reversal of previous impairment losses), related to non current assets only which have been recognised in accordance with note 1 (f)
- Depreciation and amortisation as described in note 1 (i)
- Expenditure using capital purpose income, which comprises expenditure which either falls below the asset capitalisation threshold (note 1 (i), or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

ad) Category Group

The South West Healthcare has used the following category groups for reporting purposes for the current and previous financial years.

Admitted Patient Services (Admitted Patients) comprises all recurrent health revenue/expenditure on admitted patient services, where services are delivered in public hospitals, or free standing day hospital facilities, or palliative care facilities, or rehabilitation facilities, or alcohol and drug treatment units or hospitals specialising in dental services, hearing and ophthalmic aids.

Mental Health Services (Mental Health) comprises all recurrent health revenue/expenditure on specialised mental health services (child and adolescent, general and adult, community and forensic) managed or funded by the state or territory health administrations, and includes: Admitted patient services (including forensic mental health), outpatient services, emergency department services (where it is possible to separate emergency department mental health services), community-based services, residential and ambulatory services.

Outpatient Services (Outpatients) comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital outpatient clinics, or free standing day hospital facilities, or rehabilitation facilities, or alcohol and drug treatment units, or outpatient clinics specialising in ophthalmic aids or palliative care.

Emergency Department Services (EDS) comprises all recurrent health revenue/expenditure on emergency department services that are available free of charge to public patients.

Aged Care comprises revenue/expenditure from Home and Community Care (HACC) programs, allied Health, Aged Care Assessment and support services.

Primary Health comprises revenue/expenditure for Community Health Services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy.

Off Campus, Ambulatory Services (Ambulatory) comprises all recurrent health revenue/expenditure on public hospital type services, provided under the following agreements: Services that are provided or received by hospitals (or area health services) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospital's i.e. in rural/remote areas.

Residential Aged Care including Mental Health (RAC incl. Mental Health) referred to in the past as psychogeriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from DHS under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health-funded community care units (CCUs) and secure extended care units (SECs).

Other Services excluded from Australian Health Care Agreement (AHCA) (Other) comprises revenue/expenditure for services not separately classified above, including: Public health services including Laboratory testing, Blood Borne Viruses / Sexually Transmitted Infections clinical services, Kooris liaison officers, immunisation and screening services, Drugs services including drug withdrawal, counselling and the needle and syringe program, Dental Health services including general and specialist dental care, school dental services and clinical education, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

ae) New Account Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2007 reporting period. As at 30 June 2007, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2007. South West Healthcare has not and does not intend to adopted these standards early.

Standard / Interpretation	Summary	Applicable for reporting periods beginning on or ending on	Impact on Health Service's Annual Statements
AASB 7 Financial Instruments: Disclosures	New standard replacing disclosure requirements of AASB 132	Beginning 1 Jan 2007	AASB 7 is a disclosure standard so will have no direct impact on the amounts included in the Health Service's financial statements. However, the amendments will result in changes to the financial instrument disclosures included in the Health Service's annual report.
AASB 2005-10, Amendments to Australian Accounting Standards (AASB's 132, 101, 114, 117, 133, 139, 1, 4, 1023 & 1038	Amendments arising from the release in Aug 05 of AASB 7 Financial Instruments: Disclosures	Beginning 1 Jan 2007	Amendments may result in changes to the financial statements
AASB 101 Presentation of Financial Statements (revised)	Removes Australian specific requirements from AASB 101, including the Australian illustrative formats of the income statement, balance sheet, and the statement of changes in equity which Health Services were previously 'encouraged' to adopt in preparing their financial statements.	Beginning 1 Jan 2007	Amendments may result in changes to the financial statements
AASB 2007-1 Amendments to Australian Accounting Standards arising from AASB Interpretation 22 (AASB 2)	Additional paragraphs added underneath transitional payments	1 March 2007	Amendments may result in changes to the financial statements

af) Critical Accounting Estimates

The Board of Management evaluate estimates incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Health Service.

Key Estimates – Buildings useful lives

The Board of Management have reviewed the useful lives of buildings and increased them from 25 to 40 years based on available information. The estimated impact on the financial statements of this revision is:

	Previous useful lives \$000's	Adjusted useful lives \$000's
Depreciation Buildings 2006-07	1,978	1,236

Note 2: Revenue

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000
Revenue from Operating Activities						
Government Contributions						
- Department of Human Services	71,275	67,479	-	-	71,275	67,479
- Dental Health Services Victoria	309	253	-	-	309	253
- Commonwealth Government						
- Residential Aged Care Subsidy	1,287	1,108	-	-	1,287	1,108
- Other	1,397	1,130	-	-	1,397	1,130
Indirect Contributions by Human Services	2,764	2,503	-	-	2,764	2,503
Patients and Resident Fees (refer note 2c)	2,748	2,384	-	-	2,748	2,384
Private Practice Fees	-	-	370	407	370	407
Other Revenue from Operating Activities	1,257	394	2,755	2,659	4,012	3,053
Sub-Total Revenue from Operating Activities	81,037	75,251	3,125	3,066	84,162	78,317
Revenue from Non-Operating Activities						
Interest	-	-	542	531	542	531
Property Income	-	-	314	333	314	333
Sub-Total Revenue from Non-Operating Activities	-	-	856	864	856	864
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Equipment and Infrastructure	2,126	1,195	-	-	2,126	1,195
Commonwealth Government Capital Grants	-	-	-	-	-	-
Residential Accommodation Payments	140	121	-	-	140	121
Net Gain / (Loss) on Sale of Non-Current Assets (refer note 2d)	-	-	(79)	(125)	(79)	(125)
Assets Received Free of Charge	-	-	-	25	-	25
Donations and Bequests	-	-	154	132	154	132
Sub-Total Revenue from Capital Purpose Income	2,266	1,316	75	32	2,341	1,348
Specific Income						
Share of Net result of Joint Ventures for using Equity Model			(167)	(101)	(167)	(101)
Total Revenue from Continuing Activities (refer note 2a)	83,303	76,567	3,889	3,861	87,192	80,428

Note 2a: Analysis of Revenue by Source

	Admitted Patients	Out Patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000
Revenue from Services Supported by Health Service Agreement										
Government Grants										
- Department of Human Services	42,906	3,836	3,134	3,311	1,764	573	11,948	1,655	2,148	71,275
- Dental Health Services	-	-	-	-	-	-	-	309	-	309
- Commonwealth Government	1,002	123	175	-	-	1,329	-	-	55	2,684
Indirect Contributions by Human Services										
- Insurance	2,391	-	-	-	-	-	-	-	-	2,391
- Long Service Leave	263	-	-	-	10	-	67	7	26	373
Patient and Resident Fees(refer Note 2c)	1,507	287	-	-	361	526	-	29	38	2,748
Other	1,174	-	-	-	-	-	83	-	-	1,257
Sub-Total Revenue from Services Supported by Health Services Agreement	49,243	4,246	3,309	3,311	2,135	2,428	12,098	2,000	2,267	81,037
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units										
Private Practice Fees									370	370
Catering & Commissions									393	393
Sales									1,451	1,451
Training & Staff Development									108	108
Fundraising									50	50
Linen Service									730	730
Property Income									314	314
Other									23	23
Total									3,439	3,439
Revenue From Other Activities										
Government Contributions - Commonwealth Government										
Residential Accommodation Payments (refer Note 2c)									140	140
State Government Capital Grants										
- Equipment and Infrastructure Maintenance									2,126	2,126
Donations and Bequests									154	154
Interest									542	542
Share of Net result of Joint Ventures for using Equity Model									(167)	(167)
Net Gain / (Loss) on Disposal of Non-Current Assets (refer Note2d)									(79)	(79)
Assets received free of charge									-	-
Sub-Total Revenue From Services Supported by Hospital & Community Initiatives									2,716	2,716
Total Revenue from Operations	49,243	4,246	3,309	3,311	2,135	2,428	12,098	2,000	8,422	87,192

Note 2a: Analysis of Revenue by Source (cont.)

	Admitted Patients	Out Patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000
Revenue from Services Supported by Health Service Agreement										
Government Grants										
- Department of Human Services	38,994	3,667	2,924	2,983	1,634	585	11,297	1,735	3,682	67,501
- Dental Health Services	-	-	-	-	-	-	-	-	253	253
- Commonwealth Government	776	136	96	-	-	1,176	-	-	54	2,238
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	435	-	16	9	2,362
Other	381	-	-	-	-	-	14	-	-	395
Sub-Total Revenue from Services Supported by Health Services Agreement	44,098	3,803	3,020	2,983	2,000	2,196	11,359	1,760	4,033	75,252

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.

	Admitted Patients	Out Patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units										
Private Practice Fees									404	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										
Residential Accommodation Payments									121	121
State Government Capital Grants									1,196	1,196
- Equipment and Infrastructure Maintenance									132	132
Donations and Bequests									531	531
Interest									(101)	(101)
Share of Net result of Joint Ventures for using Equity Model (refer note f)									(125)	(125)
Net Gain / (Loss) on Disposal of Non-Current Assets									25	25
Assets received free of charge										
Sub-Total Revenue From Services Supported by Hospital & Community Initiatives									1,779	1,779
Total Revenue from Operations	44,098	3,803	3,020	2,983	2,000	2,196	11,359	1,760	9,210	80,429

Note 2b: Expenses

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2007	2006	2007	2006	2007	2006
	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement						
Employee Benefits						
Salaries & Wages	48,223	44,979	880	882	49,103	45,861
WorkCover	717	661	10	11	727	672
Long Service Leave	1,170	1,166	28	22	1,198	1,188
Superannuation	4,549	4,342	91	94	4,640	4,436
Total Employee Benefits	54,659	51,148	1,009	1,009	55,668	52,157
Non Salary Labour Costs						
Fee for Service Medical Officers	6,083	5,789	-	-	6,083	5,789
Supplies & Consumables						
Drug Supplies	3,723	2,971	-	-	3,723	2,971
Medical & Surgical Supplies	6,634	6,015	353	287	6,987	6,302
Food Supplies	781	784	257	268	1,038	1,052
Total Supplies & Consumables	11,138	9,770	610	555	11,748	10,325
Other Expenses from Continuing Operations						
Domestic Services & Supplies	1,115	1,084	148	124	1,263	1,208
Fuel Light Power & Water	685	680	64	64	749	744
Insurance Costs Funded by DHS	2,392	2,038	-	-	2,392	2,038
Repairs & Maintenance	1,142	1,569	571	96	1,713	1,665
Maintenance Contracts	461	346	-	-	461	346
Motor Vehicles	493	459	17	16	510	475
Administrative Expenses	3,324	2,834	321	460	3,645	3,294
Patient Transport	807	665	-	-	807	665
Bad Debts	-	10	-	-	-	10
Audit Fees Auditor-General	35	33	-	-	35	33
Total Other Expenses from Continuing Operations	10,454	9,718	1,121	760	11,575	10,478
Depreciation & Amortisation	-	-	2,973	3,811	2,973	3,811
Total Expenses	82,334	76,425	5,713	6,135	88,047	82,560

Note 2b: (i) Analysis of Expenses by Source

	Admitted Patients	Out Patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000
Services Supported by Health Services Agreement										
Employee Benefits										
Salaries & Wages	28,612	2,271	1,866	1,884	1,213	1,766	8,266	987	1,358	48,223
WorkCover	371	29	24	24	16	95	127	13	18	717
Long Service Leave	735	58	48	48	31	43	147	25	35	1,170
Superannuation	2,755	219	180	181	117	142	729	95	131	4,549
Non Salary Labor Cost										
Fee for Service Medical Officers	4,555	361	297	300	193	4	-	157	216	6,083
Supplies & Consumables										
Drug Supplies	2,648	210	173	174	112	4	185	91	126	3,723
Medical & Surgical Supplies	4,886	388	319	322	207	59	52	169	232	6,634
Food Supplies	301	24	20	20	13	289	90	10	14	781
Other Expenses										
Domestic Services & Supplies	725	58	47	48	31	57	90	25	34	1,115
Fuel Light Power & Water	448	36	29	30	19	44	43	15	21	685
Insurance Costs Funded by DHS	1,487	118	97	-	-	72	496	51	71	2,392
Repairs & Maintenance	763	61	50	50	32	13	111	26	36	1,142
Maintenance Contracts	323	26	21	21	14	-	30	11	15	461
Motor Vehicles	235	19	15	15	10	-	180	8	11	493
Administrative Expenses	1,158	91	75	76	49	54	1,726	40	55	3,324
Patient Transport	600	48	39	40	25	-	6	21	28	807
Bad Debts										-
Sub-Total Expenses from Services Supported by Health Services Agreement	50,602	4,017	3,300	3,233	2,082	2,642	12,278	1,744	2,401	82,299

Note 2b: (i) Analysis of Expenses by Source (cont.)

	Admitted Patients	Out Patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000
Services Supported by Hospital and Community Initiatives										
Employee Benefits										
Salaries & Wages									880	880
WorkCover									10	10
Long Service Leave									28	28
Superannuation									91	91
Supplies & Consumables										
Medical & Surgical Supplies									353	353
Food Supplies									257	257
Other Expenses										
Domestic Services									148	148
Fuel Light Power & Water									64	64
Repairs & Maintenance									571	571
Motor Vehicles									17	17
Administrative Expenses									321	321
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives									2,740	2,740
Audit Fees Auditor-General (refer note 22)	19	2	2	2	1	-	7	1	1	35
Depreciation & Amortisation (refer note 3)	-	-	-	-	-	-	-	-	2,973	2,973
Total Expenses	50,621	4,019	3,302	3,235	2,083	2,642	12,285	1,745	8,115	88,047

Note 2b: (i) Analysis of Expenses by Source (cont.)

	Admitted Patients	Out Patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000
Services Supported by Health Services Agreement										
Employee Benefits										
Salaries & Wages	25,789	2,046	1,682	1,647	1,060	1,703	7,826	993	2,233	44,979
WorkCover	305	24	20	20	13	129	111	12	27	661
Long Service Leave	751	60	49	48	31	11	122	29	65	1,166
Superannuation	2,558	203	167	163	105	143	683	98	222	4,342
Non Salary Labor Cost										
Fee for Service Medical Officers	4,413	437	359	351	226	3	-	-	-	5,789
Supplies & Consumables										
Drug Supplies	1,756	139	115	112	72	4	182	-	591	2,971
Medical & Surgical Supplies	3,852	261	744	210	135	40	160	277	336	6,015
Food Supplies	279	22	18	18	11	274	94	38	30	784
Other Expenses										
Domestic Services & Supplies	702	56	46	45	29	55	84	62	5	1,084
Fuel Light Power & Water	430	34	28	27	18	45	55	39	4	680
Insurance Costs Funded by DHS	1,262	100	82	81	52	12	296	47	106	2,038
Repairs & Maintenance	1,062	84	69	68	44	32	74	75	61	1,569
Maintenance Contracts	234	19	15	15	10	-	29	24	-	346
Motor Vehicles	194	15	13	12	8	-	173	16	28	459
Administrative Expenses	1,027	81	67	66	42	25	1,220	49	257	2,834
Patient Transport	526	42	34	34	22	-	7	-	-	665
Bad Debts	7	1	1	1	-	-	-	-	-	10
	45,147	3,624	3,509	2,918	1,878	2,476	11,116	1,759	3,965	76,392
Services Supported by Hospital and Community Initiatives										
Employee Benefits										
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
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives									2,324	2,324
Audit Fees Auditor-General	27	-	-	-	-	-	5	-	1	33
Depreciation & Amortisation (refer note 3)	-	-	-	-	-	-	-	-	3,811	3,811
Total Expenses	45,174	3,624	3,509	2,918	1,878	2,476	11,121	1,759	10,101	82,560

Note 2c: Patients and Resident Fees

	Total 2007 \$000	Total 2006 \$000
Recurrent		
Acute		
- Inpatients	1,507	1,311
- Outpatients	714	616
Residential Aged Care		
- Nursing Home	526	435
Total Recurrent	2,747	2,362
Capital Purpose:		
Residential Accommodation Payments	140	121
Total Capital	140	121

Note 2d: Net Gain/(Loss) on Disposal of Non-Current Assets

	Total 2007 \$000	Total 2006 \$000
Proceeds from Disposal of Non-Current Assets		
Land & Buildings	-	152
Plant & Equipment	79	10
Motor Vehicles	864	1,462
Total Proceeds from Disposal of Non-Current Assets	943	1,624
Written Down Value of Assets Sold		
Land & Buildings	-	158
Plant & Equipment	83	4
Furniture & Fittings	-	3
Motor Vehicles	939	1,584
Total Written Down Value of Assets Sold	1,022	1,749
Net Gains / (Loss) on Disposal of Non-Current Assets	(79)	(125)

Note 2e: Analysis of Expenses by Internal and Restricted Specific Purpose Funds

	Admitted Patients	Out Patients	EDS	Ambu- latory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total	Total
	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2007 \$000	2006 \$000
Expenses											
Business Units											
Retail outlets									1,311	1,311	1,187
Private Practice									730	730	566
Linen Services									301	301	426
Other									398	398	145
Total									2,740	2,740	2,324

Note 2f: Assets Received Free of Charge During the Reporting Period

	Total 2007 \$000	Total 2006 \$000
During the reporting period, the fair value of assets received free of charge was as follows:		
Plant & Equipment	-	25

Note 3: Depreciation and Amortisation

	Total 2007 \$000	Total 2006 \$000
Buildings	1,236	2,085
Plant & Equipment	316	452
Medical Equipment	491	497
Computers & Communications	387	227
Furniture & Fittings	96	113
Motor Vehicles	441	428
Leased Assets	6	9
Total	2,973	3,811

Note 4: Segment Reporting

	Hospital Warrnambool Campus		Hospital Camperdown Campus		Nursing Home Camperdown Campus		Linen Service		Mental Health		Macarthur		Eliminations		Consolidated	
	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000	2007 \$000	2006 \$000
External Segment Revenue	65,222	59,144	6,342	6,501	2,386	2,128	730	687	12,192	11,586	487	483	-	-	87,359	80,529
Intersegment revenue	-	-	-	-	-	-	625	596	-	-	-	-	(625)	(596)	-	-
Total Revenue	65,222	59,144	6,342	6,501	2,386	2,128	1,355	1,283	12,192	11,586	487	483	(625)	(596)	87,359	80,529
Non cash expenses other than depreciation	63,131	57,743	6,044	5,890	2,391	2,325	1,222	1,162	11,830	11,190	456	439	-	-	85,074	78,749
Intersegment expenses	625	596	-	-	-	-	-	-	-	-	-	-	(625)	(596)	-	-
Loss Share of net result from joint venture	167	101	-	-	-	-	-	-	-	-	-	-	-	-	167	101
Depreciation	2,163	2,874	245	270	14	17	129	118	394	502	28	30	-	-	2,973	3,811
Total Expenses	66,086	61,314	6,289	6,160	2,405	2,342	1,351	1,280	12,224	11,692	484	469	(625)	(596)	88,214	82,661
Net Result from ordinary activities	(864)	(2,170)	53	341	(19)	(214)	4	3	(32)	(106)	3	14	-	-	(855)	(2,132)
Segment assets	63,912	63,765	3,942	3,534	1,086	1,024	2,340	2,366	9,569	9,283	1,071	1,064	-	-	81,920	81,036
Share of JV assets from SWARH	437	604	-	-	-	-	-	-	-	-	-	-	-	-	437	604
Total Assets	64,349	64,369	3,942	3,534	1,086	1,024	2,340	2,366	9,569	9,283	1,071	1,064	-	-	82,357	81,640
Total Liabilities	12,684	11,782	1,755	1,413	492	412	270	298	2,178	1,878	120	144	-	-	17,499	15,927
Acquisition of property, plant and equipment	2,934	3,644	1,523	283	48	116	195	135	780	1,055	53	86	-	-	5,533	5,319

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

Business Segments:

- Hospital
- Linen Service
- Mental Health
- Community Health Service
- Aged Care (Camperdown)

Services:

- Acute and Rehabilitation Inpatient and Non Inpatient Health Services
- Linen/Laundry Services
- Acute Psychiatric Inpatient and Community Services
- Primary and Community Health Services
- Nursing Home/Hostel

GEOGRAPHICAL SEGMENT

South West Healthcare operates predominantly in South West Victoria.

Note 5: Property, Plant & Equipment

	Gross Cost/ Valuation 2007 \$000	Gross Cost/ Valuation 2006 \$000	Accum. Deprec. 2007 \$000	Accum. Deprec. 2006 \$000	Net Assets at 2007 \$000	Net Assets at 2006 \$000
Land at valuation	10,925	10,925	-	-	10,925	10,925
Buildings at valuation	49,325	49,325	1,233	-	48,092	49,325
Total Land & Buildings	60,250	60,250	1,233	-	59,017	60,250
Buildings at cost	3,463	447	2	-	3,461	447
Plant & Equipment at cost	6,623	6,405	4,720	4,492	1,903	1,913
Medical Equipment at cost	7,435	7,161	5,423	5,069	2,012	2,092
Computers & Communications at cost	3,595	3,488	2,784	2,527	811	961
Furniture & Fittings at cost	1,476	1,368	921	881	555	487
Motor Vehicles at cost	3,088	2,993	609	442	2,479	2,551
Leased Assets	24	49	19	31	5	18
Total Plant & Equipment	25,704	21,911	14,478	13,442	11,226	8,469
Total	85,954	82,161	15,711	13,442	70,243	68,719

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	Buildings	Plant & Equip.	Medical Equip.	Comp. & Comm.	Furniture & Fittings	Motor Vehicles	Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2007									
Carrying amount at start of year	10,925	49,772	1,913	2,092	961	487	2,551	18	68,719
Additions	-	3,017	367	419	248	171	1,309	-	5,531
Disposals	-	-	61	8	11	7	940	7	1,034
Revaluation increments/(decrements)	-	-	-	-	-	-	-	-	-
Depreciation/amortisation expense (refer note 3)	-	1,236	316	491	387	96	441	6	2,973
Carrying amount at end of year	10,925	51,553	1,903	2,012	811	555	2,479	5	70,243
2006									
Carrying amount at start of year	10,112	48,160	1,985	2,170	997	505	2,478	27	66,434
Additions	230	1,903	382	422	192	96	2,085	-	5,310
Disposals	85	73	2	3	1	1	1,584	-	1,749
Revaluation increments/(decrements)	668	1,867	-	-	-	-	-	-	2,535
Depreciation/amortisation expense (refer note 3)	-	2,085	452	497	227	113	428	9	3,811
Carrying amount at end of year	10,925	49,772	1,913	2,092	961	487	2,551	18	68,719

Note 6: Receivables

	Total 2007 \$000	Total 2006 \$000
Current		
Acute - Inpatient	212	273
Acute - Outpatient	49	96
Aged Care - Nursing Home	37	22
Regional Institutions	535	478
Linen Service Debtors	72	64
Accrued Government Grants	614	596
Interest	55	35
Total	1,574	1,564
Less Provision for Bad Debts	(22)	(29)
Total Current Receivables	1,552	1,535
Non Current		
DHS Long Service Leave	1,096	1,432
Total Non Current Receivables	1,096	1,432

Note 7: Inventories

	Total 2007 \$000	Total 2006 \$000
Pharmaceuticals at cost	319	312
Medical & Surgical at cost	278	261
Stationery at cost	80	89
Domestic & Maintenance at cost	53	59
Food Supplies at cost	29	17
Kiosk & Healthcare Shop Supplies at cost	76	117
Bulk Linen Store - Linen Service at cost	153	165
Linen in Use at cost	488	465
Total	1,476	1,485

Note 8: Other Liabilities

	2007 \$000	2006 \$000
Patient Trust	125	105
Equipment Deposits	-	1
Total	125	106
Represented by the following assets:		
Cash Assets	125	106
Total	125	106

Note 9: Payables

	2007 \$000	2006 \$000
Current		
Trade Creditors	1,348	1,315
Accrued Grants	11	-
Accrued Expenses	1,441	1,072
Audit Fee	30	27
GST Payable	456	428
Total Current	3,286	2,842

Note 10: Provisions - Employee Benefits

	2007 \$000	2006 \$000
Current (refer note 1p)		
Long service leave		
- short term benefits at nominal value	841	804
- long term benefits at present value	4,765	4,541
Accrued wages and salaries	2,433	2,084
Annual leave		
- short term benefits at nominal value	3,998	3,638
Accrued days off	137	102
Total Current	12,174	11,169
Non-Current (refer note 1 p)		
Long service leave	1,913	1,801
Total	14,087	12,970
Movement in Long Service Leave:		
Balance at start of year	7,146	6,681
Provision made during the year	1,211	1,197
Settlement made during the year	838	732
Balance at end of year	7,519	7,146

Note 11: Other Current Assets

	2007 \$000	2006 \$000
Prepayments	21	-
Total	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, 2007 is nil and contributions were as follows:

	2007 \$000	2006 \$000
Contributions		
Hospital	3,301	3,162
Linen Service	83	79
Psychiatric Services	729	687
Camperdown Campus	502	485
Macarthur Campus	25	23
Total	4,640	4,436

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.

Note 13: Investments Accounted for using the Equity Method

The hospital has joint venture interest of 21.46% (30.83% 2005/06) 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 2007 \$000	Total 2006 \$000
Investment in Jointly Controlled Entities	437	604
Summarised Financial Information of Jointly Controlled Entities:		
Current Assets	169	198
Non-current Assets	563	483
Share of Total Assets	732	681
Current Liabilities	200	2
Non Current Liabilities	95	75
Share of Total Liabilities	295	77
Net Assets	437	604
Revenue		
Grants	48	123
Memberships and Consultancies	375	308
Total Revenue	423	431
Expenses		
IT support and maintenance		
Salaries and administration	457	431
Depreciation	133	101
Total Expenses	590	532
Profit/(Loss)	(167)	(101)
Capital Commitments	27	84

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

Note 14: Commitments

	2007 \$000	2006 \$000
Capital Commitments		
Land & Buildings	297	1,366
Plant & Equipment	-	84
	297	1,450

The hospital had outstanding commitments at 30 June, 2007 for the supply of works, services and materials to the value of \$297,112 (\$1,450,058 in 2006).

Lease Commitments	2007 \$000	2006 \$000
Cancellable		
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Not later than one year	2	11
Later than one year but not later than five years	-	1
Minimum Lease Payments	2	12
Less Future Finance Charges	(1)	(3)
Total	1	9
Representing Lease Liabilities		
Current	1	8
Non-Current	-	1
Total	1	9

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	152
Later than one year but not later than five years	261	430
Total	413	582

Note 15: Contingent Liabilities and Contingent Assets

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

Note 16: Cash and Cash Equivalents

For the purposes of the Cash Flow Statement, cash assets includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand, and are subject to an insignificant risk of change in value, net of outstanding bank overdrafts.

	2007 \$000	2006 \$000
Cash on Hand	5	5
Cash at Bank	127	164
Deposits at Call	7,400	7,696
Cash at End of Reporting Period	7,532	7,865
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	7,385	7,737
Cash for Monies Held in Trust		
- Endowment Fund	22	22
- Deposits at Call	125	106
Total	7,532	7,865

Note 17: Reconciliation of Net Cash Used in Operating Activities to Operating Result

	2007 \$000	2006 \$000
Net Result for the year	(855)	(2,132)
Non Cash Movements		
Depreciation	2,973	3,811
Capital Grants	(1,428)	-
Net (Revenue)/Cost on Sale of Plant & Equipment	79	125
(Increase)/Decrease in Receivables	(17)	(507)
Increase/(Decrease) in Payables	1,288	1,324
Increase/(Decrease) in Employee Entitlements	360	465
(Increase)/Decrease in Other Current Assets	155	12
Net Cash Inflow/(Outflow) from Operating Activities	2,555	3,098

Note 18a: Responsible Person-Related Disclosures

Responsible Ministers:	Period:
The Honourable Bronwyn Pike	1/07/06-30/06/07
The Honourable D.Andrews	3/08/07-
Governing Board:	
Mrs. S. Muldoon	1/07/06-30/06/07
Mr. I. Armstrong	1/07/06-30/06/07
Mr. F. Broekman	1/07/06-30/06/07
Mr. M. Fry (Retired)	1/07/06-30/10/06
Mr. D. Jellie	1/07/06-30/06/07
Ms. F. Melican	1/07/06-30/06/07
Ms. M. Pacers (Retired)	1/07/06-22/03/07
Mr. R. Zerbe	1/07/06-30/06/07
Mrs. M. Alexander	1/07/06-30/06/07
Mr. C. Logan	1/07/06-30/06/07
Mr. S. Callaghan	1/07/06-30/06/07
Mr. J. Maher	1/11/06-30/06/07
Accountable Officer:	
Mr. J. Krygger	1/07/06-30/06/07

	Total Remuneration	
	2007	2006
Remuneration of Responsible Persons		
Income Band:		
\$220,000 - \$229,999	1	-
\$210,000 - \$219,999	-	1
\$0 - \$9,999	12	12
Total Numbers	13	13
Retirement Benefits of Responsible Persons		
Retirement benefits paid by the reporting entity in connection with the retirement of Responsible Persons during the year.	-	-
	2007	2006
	\$000	\$000
Other Transactions of Responsible Persons and their Related Entities		
Mr. D.Jellie is a partner in Jellie Laidlaw which provide Legal/Consultancy Services on normal & commercial terms & conditions.	1	3
Mr S.Callaghan is a director of Callaghan Motors which provides repairs, maintenance and purchase of motor vehicles on normal & commercial terms & conditions.	168	333
Other Receivables from and Payables to Responsible Persons and their Related Parties		
Aggregate amounts payable at balance date	-	-

Note 18b: Responsible Person-Related Disclosures

Executive Officer Disclosures

The numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the table below in their relevant income bands. Total remuneration is inclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

	Total Remuneration	
	2007	2006
\$250,000 - \$259,999	1	-
\$240,000 - \$249,999	-	1
\$140,000 - \$149,999	1	1
\$130,000 - \$139,999	3	2
\$120,000 - \$129,999	-	1
Total Numbers	5	5
	\$000	\$000
Total Remuneration	816	788

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 Health service'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 30/06/2007

	Floating Interest Rate \$000	1 year or less \$000	1 to 2 years \$000	Non Interest Bearing \$000	Book Value 2007 \$000	Net Fair Value 2007 \$000
Financial Assets						
Cash at bank	7,385	125	22	-	7,532	7,532
Trade debtors	-	-	-	603	603	603
Other receivables	-	-	-	2,045	2,045	2,045
Total Financial Assets	7,385	125	22	2,648	10,180	10,180
Financial Liabilities						
Trade creditors and accruals	-	-	-	3,286	3,286	3,286
Advances	-	125	-	-	125	125
Borrowings	-	1	-	-	1	1
Total Financial Liabilities	-	126	-	3,286	3,412	3,412
Net Financial Asset/Liabilities	7,385	(1)	22	(638)	6,768	6,768

Weighted Average Interest Rate = 3.20% 6.20% 6.10%

Note 19: Financial Instruments (continued)

Interest rate exposure as at 30/06/2006

	Floating Interest Rate \$000	1 year or less \$000	1 to 2 years \$000	Non Interest Bearing \$000	Book Value 2006 \$000	Net Fair Value 2006 \$000
Financial Assets						
Cash at bank	7,737	106	22	-	7,865	7,865
Trade debtors	-	-	-	538	538	538
Other receivables	-	-	-	2,429	2,429	2,429
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%

*Net fair values are capital amounts

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

- i. 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.
- ii. Interest bearing liabilities amounts are based on the present value of expected future cash flows discounted at current market interest rates quotes for trade Treasury Corporation of Victoria).

(b) Risk Management Policies

A Financial Performance, Audit and Risk Audit committee meet on a regular basis to receive and discuss reports from both internal and external auditors. An effective framework is in place to adequately assess, monitor, manage and report the significant financial risks to which the health service is exposed to as a result of, and in the course of its activities and responsibilities.

(c) Significant Accounting Policies

Details of the significant accounting policies and method adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, in respect of each class of asset, financial liability and equity instrument are disclosed in note 1 to the financial statements.

(d) Significant Terms and Conditions

The health services's financial instruments consist mainly of deposits with banks, short term investments, and accounts receivable and payable.

(e) Credit Risk Exposure

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognise financial assets is the carrying amount, net of any provision for impairment of those assets as disclosed in the balance sheet and notes to the financial statements.

The health service does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the health service.

(f) 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

	2007 \$000	2006 \$000
Current		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 14)	1	8
Total Current	1	8
Non Current		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 14)	-	1
Total Non-Current	-	1
Total Interest Bearing Liabilities	1	9

Note 21: Equity and Reserves

	2007 \$000	2006 \$000
(a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	21,044	18,509
Increase in Land & Buildings during the year	-	2,535
Balance at the end of the reporting period	21,044	21,044
Represented by:		
Land	6,822	6,822
Buildings	14,222	14,222
	21,044	21,044
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	22	22
Balance at the end of the reporting period	22	22
Total Reserves	21,066	21,066
(b) Contributed Capital		
Balance at the beginning of the reporting period	48,346	48,346
Balance at the end of the reporting period	48,346	48,346
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(3,699)	(1,567)
Net Result for the Year	(855)	(2,132)
Balance at the end of the reporting period	(4,554)	(3,699)
(d) Equity		
Total Equity at the Beginning of the reporting period	65,713	65,310
Net Result for Year	(855)	(2,132)
Increase in Asset Revaluation Reserve	-	2,535
Total Equity at the end of the reporting period	64,858	65,713

Note 22: Remuneration of Auditors

	2007 \$000	2006 \$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	5	6
Payable as at 30 June	30	27
Total Paid & Payable	35	33

Compliance Index to Disclosure Requirements

The Annual Report of the entity is prepared in accordance with all relevant Victorian legislation. 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 171 requests under the Freedom of Information Act were processed during the 2006/2007 financial year.

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

Principal Officer:

Mr JF Krygger, Chief Executive Officer

Medical Principal Officer:

Dr P O'Brien, Director of Medical Services

Freedom of Information Manager:

Mrs 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

Four consultancies at a total cost of \$34,800 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 2006/2007 the Responsible Minister was The Hon Bronwyn Pike.

Commercial Appointments

External Auditors: Coffey Hunt & Co

Internal Auditors: WHK Day Neilson

Bankers: Australia & New Zealand Banking Group Ltd

Whistleblowers Protection Act (2001)

South West Healthcare has policies and procedures in place to enable total compliance with the Act and which provide a safe environment in which disclosures can be made, people are protected from reprisal and the investigation process is clear and provides a fair outcome. The privacy of all individuals involved in a disclosure is assured of protection at all times.

South West Healthcare is committed to the principles of the Act and at no time will improper conduct by the Service or any of its employees be condoned. A copy of the policy is available upon request.

Disclosures

Since the introduction of the Act in 2002 there have been no disclosures received and no notification of disclosures to the Ombudsman or any other external agency. Disclosures will be received by Mr John Krygger, Chief Executive Officer, South West Healthcare or the Ombudsman, Level 3, 459 Collins Street, Melbourne Victoria 3000. Telephone 1800 806 314.

GLOSSARY

A		E		O	
ACF	Aged Care Facility	EA	Extensive Achievement	OH&S	Occupational Health & Safety
ACHS	Australian Council on Healthcare Standards	ED	Emergency Department	OT	Occupational Therapy
ACHSE	Australian College of Health Services Executive	EQulP	Evaluation and Quality Improvement Program	P	
ACRRM	Australian College of Rural and Remote Medicine	F		PB	Policy Bank
ACSAA	Aged Care Standards Accreditation Agency	FROM	Friends & Relatives of Merindah (Lodge)	PC	Palliative Care
ADC	Adult Day Centre	G		PCP	Primary Care Partnerships
ADBM	Advanced Diploma of Business Management	GGT	Greater Green Triangle	PCU	Palliative Care Unit
AH	Allied Health	GP	General Practitioner	PD	Professional Development
AMO	Affiliated Medical Officer	GNP	Graduate Nurse Program	PMHT	Primary Mental Health Team
AR	Annual Report	H		Prof	Professor
ARA	Australasian Reporting Award	HARP	Hospital Admission Risk Program	PS	Psychiatric Services
ASSIST	Alcohol, Smoking and Substance Involvement Screening Tool	HIS	Health Information Services	PSD	Psychiatric Services Division
B		HITH	Hospital in the Home program	Q	
BHSMP	Better Health Self Management Program	HMO	Hospital Medical Officer	QBP	Quality Business Plan
BOD	Board of Directors	HR	Human Resources	QCR	Quality of Care Report
BSBCP	Better Skills Better Care Project	I		R	
C		ICN	International Council of Nurses	RACMA	Royal Australasian College of Medical Administrators
C3H	Certificate III in Hospitality	ICTS	Information Communication Technology Services	RAP	Risk Assessment Plan
C3HSS	Certificate III in Health Support Services	K		RFQR	Risk Framework Quality Review
C4HA	Certificate IV in Health Administration	KPI	Key Performance Indicator	RMP	Risk Management Plan
CAC	Community Advisory Committee	L		S	
CASA	Centre Against Sexual Assault	LGA	Local Government Area	SCP	Smoking Cessation Program
CFA	Country Fire Authority	M		SDM	Service Development Model
CDown	Camperdown	MA	Moderate Achievement	SMO	Senior Medical Officer
CEO	Chief Executive Officer	MH	Mental Health	SRC	Student Representative Council
CH	Community Health	MHIDR	Mental Health In-Depth Review	SW	South West
CI	Chronic Illness	ML	Merindah Lodge	SWARH	South West Alliance of Rural Health
CPB	Clinical Policy Bank	MOW	Meals on Wheels	SWEL	South West Equipment Library (for disabled children)
CMA	Catchment Management Authority	MWCMTP	Morphed Women's Community Music Theatre Project	SWH	South West Healthcare
CMP	Continuity Midwife Program	N		T	
CPU	Community Partnerships Unit	NAB	National Australia Bank	TRP	Total Risk Profile
CSL	Clinical Skills Laboratory	NAIDOC	National Aboriginal and Islander Day of Celebrations	V	
CWA	Country Women's Association	NDSS	National Diabetes Services Scheme	VHIA	Victorian Hospitals Industrial Association
D		NHS	National Health Service	VMIA	Victorian Managed Insurance Authority
DHS	Department of Human Services	NM	Nursing Management	VMO	Visiting Medical Officer
DMS	Director of Medical Services	O		W	
DoN	Director of Nursing	P		WBooL	Warrnambool
Dr	Doctor	Q		WHO	World Health Organisation
DRRuMS	Deakin Rural and Regional University Medical School	R		A	



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**SOUTH WEST
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