



08



SOUTH WEST
HEALTHCARE

ANNUAL REPORT
SOUTH WEST HEALTHCARE

Welcome

About this report

This report provides performance, quality and financial information covering the 2007-08 financial year and has been prepared in accordance with the Human Services Act 1988, Financial Management Act 1994, Standing Directions of the Minister for Finance (Section 4 Financial Management Reporting) and Financial Reporting Directions (specifically FRD22).

Should you wish to learn even more about our 2007-08 work and achievements we would encourage you to read our 2007-08 Quality of Care Report. Like this report, it's available on our website.

How to contact us

p 03 5563 1666
e ceo-office@swh.net.au
m Ryot Street, Warrnambool,
Victoria 3280
w www.southwesthealthcare.com.au

Front cover: Critical care post graduate nurse Nicole Couch checks on a very special patient Ainslie Crothers, one of our 274 Life Governors (page 79).

About us

Our vision

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

Our mission

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

Our values

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

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 (page 15), a vibrant region consisting of the Local Government Areas 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. Major primary industries include health, education, retail and tourism, dairy, food production, manufacturing, meat processing and professional services.

Our services

We provide 115 medical, nursing, psychiatric, allied health and community health services (pages 80-81).

Our quality programs

We are committed to continuous quality improvement and strive for best practice (pages 18-19).

Our contribution to the community

We are the region's largest employer. 1,113 people work for South West Healthcare. Our local economy benefits to the tune of \$73 million.

Our future

Our 154th year sees us entering one of our most exciting phases in our bid to continue delivering the best possible outcomes for our community (pages 4-7, 8-9).

Allied Health assistant/fitness instructor Renee Jervies puts her weekly physiotherapy Koori class through their paces.



Year in Brief

Performance at a Glance

	2007/08	2006/07	% Change
Total Revenue (excludes capital items)	91,485	85,018	7.61
Total Expenditure (excludes capital items)	91,836	85,074	7.95
Total Assets	89,169	82,357	8.27
Total Liabilities	19,540	17,499	11.66
Total Equity	69,629	64,858	7.36

PERFORMANCE INDICATORS

Hospital Inpatients Treated (Separations)

Warrnambool	14,921	15,216	(1.94)
Camperdown	1,795	1,720	4.36

Inpatients Average Length of Stay

Warrnambool	3.40	3.30	3.03
Camperdown	3.01	3.15	(4.44)

Inpatients Bed Days

Warrnambool	51,873	50,538	2.64
Camperdown	5,433	5,457	(0.44)

Nursing Home Bed Days

Hostel Bed Days	10,170	10,173	(0.03)
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Non Admitted Patient Attendances

Warrnambool	89,256	79,472	12.31
Camperdown	17,547	16,449	6.68

Emergency Attendances

Warrnambool	24,135	23,665	1.99
Camperdown	3,003	2,940	2.14

Fundraising

Capital	281,709	153,475	83.55
Other -Specific eg Palliative Care	56,427	49,995	12.87
Full Time Equivalent Staff	793.96	776.08	2.30

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Major Highlights

- ↑ 2 % Treated record number of Emergency Department attendances (page 4)
- ↑ 3 % Patient satisfaction 3 per cent higher than Victorian health services' peer average (pages 4, 18)
- ↑ 4.6 % Record number of services and programs (pages 14, 80)
- ↑ 7.3 % Record number of registered volunteers (page 40)
- ↑ 97% Record number of registered donors (page 42)
- ↑ 100% Doubled size of Occupational Health and Safety team (page 30)

AWARDED

- Ongoing ACHS and ACSAA accreditations (pages 4, 18-19)
- DVA and HACC accreditations (pages 18-19)
- Compliance with the National Standards for Mental Health (page 18)

SECURED

Further \$70.1 million for Warrnambool hospital redevelopment Stage1B (page 5)

1sts

- Prime Minister Rudd unveiled plans for new medical school (page 27)
- Commenced planning of Australia's first Centre for Rural Emergency Medicine (page 27)
- Commenced Early Works Package for Warrnambool hospital redevelopment (page 5)
- Held first NAIDOC celebrations (page 28)

- Defied world trends with recruitment of new obstetricians and gynaecologists (page 5)
- Restructured organisation to acknowledge importance of primary care (page 6)
- Groundbreaking stroke research dramatically undercut national benchmarks (page 25)

21st

Our Centre Against Sexual Assault turned 21 (page 28)

99th

Commenced planning centenary celebrations for our Camperdown hospital (page 29)

WON

- Australasian Reporting Award for 2007 Annual Report (page 28)
- Victorian Public Healthcare Award for 2006 Quality of Care Report (pages 5, 19, 28)
- Sustainability Victoria Award for recycling (page 32)

Chairman and CEO Report

08

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for South West Healthcare for the year ending June 30 2008.

It is pleasing to report that South West Healthcare has once again continued to respond to the growth in patient demand by providing quality health services to a significant proportion of the population of South West Victoria.

Quality Safety and Risk Management

The organisation is very open to the notion of receiving honest feedback from the patients that are treated and all commendations and complaints are routinely analysed and responded to. In supporting this analysis, each year the Department of Human Services contracts an external consultancy to gauge the level of patient satisfaction at each hospital. It is pleasing to point out that the key patient satisfaction measure, the Overall Care Index (OCI), has been maintained above the peer group benchmark.

The latest patient satisfaction survey highlighted that South West Healthcare had an OCI of 80 per cent benchmarked against our peer group average which was 77 per cent. Whilst this result is extremely pleasing it is noteworthy that the main area causing concern is the standard of the physical facilities which can only be addressed following completion of new facilities. It is also going to be extremely difficult to maintain the level of patient satisfaction during the next two to three year period as many patients will be accommodated in temporary facilities during the construction period of the new Warrnambool hospital.

In relation to the quality improvement cycle it is worth highlighting that in May 2008 the organisation underwent a periodic review undertaken by the Australian Council of Healthcare Standards. The surveyors provided a glowing endorsement of our health service and provided just two recommendations for improved performance. In reviewing this performance the surveyors noted that the 31 recommendations that formed part of the May 2006 organisation wide survey had been fully implemented.

The surveyors' concluding comments were that 'South West Healthcare has continued to show a strong commitment to the accreditation process. Through its evaluation processes, it recognises areas of improvement it can make and then implements process to improve performance. The Board and senior management can be well pleased with the standard of performance it has achieved.'

Similarly, our Merindah Lodge aged care facility at Camperdown was reviewed by the Aged Care Standards and Assessment Agency, met all 44 outcome standards and has been re-accredited until July 2011.

Financial Management

The organisation continues to face the challenge of dealing with record levels of patient demand. Once again we have treated over 17,000 acute inpatients during the reporting period. Full year WIES (Weighted Inlier Equivalent Separation) for 2007-08 was 11,742 against a target of 11,535 being 207 WIES or 1.8 per cent over target. In combination with the targets allocated to Palliative Care and Rehabilitation Bed Days, South West Healthcare would have received an additional \$904,000 if all patient activity had been fully funded.

As a result of exceeding the patient throughput targets, the organisation recorded an operation deficit position of \$351,000 which is approximately 0.3 per cent of total revenue (\$91.4 million).

The containment of patient throughput in accordance with the Department of Human Services imposed WIES target continues to be a major challenge. Despite receiving increased growth WIES over the past number of years, the level of growth is simply catch-up from the previous year and does not allow sufficient capacity for real expansion of services. As a result we were required to implement a number of strategic elective theatre closures during the year which is having a deleterious effect on the waiting list.

Human Resource Management

An enormous amount of work has been put in place to ensure all human resource practices reflect best practice through the development of a number of Key Performance Indicators which are benchmarked against peer hospitals. The data indicates that South West Healthcare consistently performs better than the majority of peer hospitals on the majority of indicators. For example:

- Our level of industrial disputation/staff turnover is 3 per cent better than the peer group average.
- Our sick leave usage rate is 6 per cent better than the peer group average.
- And most importantly, the level of staff satisfaction is an impressive 12 per cent better than the peer group average.



Three of our five resident obstetric gynaecologists:
(from left) Vicki Woodward, Jamie Friebe and Liz Uren.
Photo: The Standard. Photographer: Glen Watson.

“ It is truly remarkable that South West Healthcare is able to recruit such highly qualified specialists ... the envy of the majority of regional health services throughout Australia. ”

It is worth noting that despite a staffing complement of 1,113 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.

Facilities, Equipment and Technology

The most tangible highlight of the year is the commencement of the Early Works Package as a pre-cursor to the construction of the new acute hospital at Warrnambool. The early works program involves significant infrastructure upgrades and relocation of 68 acute inpatients in readiness for the demolition of the Marcus Saltau building. The EWP is anticipated to be completed by year's end which will enable commencement of construction of the new hospital in mid 2009.

We are delighted that the organisation received a further \$70.1 million in the May 2008 State Budget (in addition to the \$16 million received in May 2007) and that the necessary documentation in readiness for tender is nearing completion. This capital redevelopment is one of the largest capital redevelopment projects ever undertaken by the Department of Human Services in regional Victoria. It is a very exciting time to be part of South West Healthcare and we look forward to providing a facility that all residents of South West Victoria can be justifiably proud of.

Significant effort was undertaken during the year associated with the review of the Information Technology Alliance (SWARH) and the implementation of a new Joint Venture Agreement. This required high level independent legal and financial advice to ensure the transfer of lead agency status to Barwon Health was as seamless as possible.

It is pleasing that the new payroll system has been successfully implemented and the discharge summaries are now recorded electronically in the pursuit of the provision of a fully comprehensive electronic medical record.

Service Expansion and Integration

Despite an international shortage, we have been very fortunate to recruit three new obstetricians and gynaecologists which means we now have five O&G specialists resident in Warrnambool. It is hoped that this level of strategic recruitment will ensure the specialist obstetric service in South West Victoria is future proofed so that women in the sub-region can give birth as close as possible to where they live. It is truly remarkable that South West Healthcare is able to recruit such highly qualified specialists that enables the organisation to boast a high level of clinical specialisation which surely would be the envy of the majority of regional health services throughout Australia.

Chairman and CEO Report

08



Director of Anaesthesia Dr Keith Prest (right) shows Health Minister Daniel Andrews our Warrnambool operating theatres' anaesthetic machine. Photo: The Standard. Photographer: Leanne Pickett.

During the year, the organisation undertook an extensive Sub-Acute Ambulatory Care Services Review in conjunction with Lyndoch to ensure that all sub-acute services are delivered efficiently and, where appropriate, there is cross-referral throughout the service system.

Further developments that will improve service and integration within the organisation include:

- The integration of the School Dental Service with the Public Dental Service.
- The Psychiatric Services Division partnering with other local agencies to receive \$945,000 over two years to deliver the Commonwealth Headspace program.
- The receipt of:
 - \$200,000 from the Commonwealth Government to increase the levels of physical activity and improve healthy eating in the communities of Macarthur, Lismore and Camperdown.
 - \$145,560 through the Sustaining Community Wellbeing in Drought initiative.
 - Additional recurrent funding of \$57,000 per annum to increase the availability of specialist Mental Health staff in the Warrnambool Emergency Department.
 - An additional \$41,000 recurrent per annum to treat people with newly diagnosed Type 2 Diabetes.
 - An additional \$49,000 non-recurrent funding to establish a HARP program based at Camperdown with a recurrent \$121,000 for a position to be based at Manifold Place Community Health.

- \$45,500 per annum recurrent growth funding for HACC services which will be used to specifically target increased podiatry services for the HACC population in Warrnambool.

Community Health

In April this year we undertook an organisational restructure and created a new position of Director of Primary and Community Services. This position was created in recognition of the strategic importance of Primary Care as the front end of the health system. The portfolio is also currently an area of substantial growth and it was considered important that South West Healthcare was well placed to maximise the benefits of effective primary care planning in an attempt to reduce the demand on acute inpatient services. We are pleased to announce Craig Fraser was successful in gaining this executive position and we look forward to his ongoing contribution as we continue to expand our service opportunities in his area.

We continue to make significant inroads with the Koori community and it is pleasing to see so many of the Aboriginal community involved in our health service and willing to access our services. Our Community Health division was nominated in the National Excellence Awards in Aboriginal and Torres Strait Islander Health in recognition of our close working relationship with Aboriginal communities. We also sponsored major events for National Sorry Day on 13 February 2008 and our first onsite NAIDOC celebrations.

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 two separate Community Advisory Committees who provide input and advice on a whole host of planning issues and we are 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 to ensure that the best possible healthcare is provided to our community.

Our Annual Report was awarded a silver medal at the 2008 Australasian Reporting Awards and our Quality of Care Report won a 2007 Victorian Public Healthcare Award for a third consecutive year. These awards acknowledge the standard of excellence attained with the production of these very informative public documents.

Conclusion

It is extremely gratifying that South West Healthcare continues its pursuit of its mission to provide a comprehensive range of healthcare services to enhance the quality of life for people in South West Victoria. This would not be possible without the contribution of the many volunteers, auxiliaries, community groups and donors who support South West Healthcare. We take very seriously our responsibility to provide a high level of quality health services to the community of South West Victoria so that people do not have to travel to Geelong or Melbourne for treatment.

We are fortunate that we are blessed with a professional team of staff who remain committed to the goals of the organisation and are keen to share in its success. The positive outcomes from both staff and patient satisfaction surveys reflect the care and service delivered by a highly skilled and dedicated workforce.

We are also grateful for the support of the Minister for Health, the Department of Human Services at both central and regional office levels and our local elected political members who continue to keenly represent our interests.

It is a result of all your contributions that South West Healthcare has completed another successful year.

SHARON MULDOON
Chairman, Board of Directors

JOHN F KRYGGER
Chief Executive Officer

Chief Executive Officer John Krygger and Chairman Sharon Muldoon sign off on an outstanding year of achievements for South West Healthcare.



Performance Measures

Quality and Business

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 six divisional plans which are used to produce the Quality and Business Plan.

The key goals and strategies for 2007-08 are detailed here along with brief summaries of outcomes. Please refer to the glossary (page 87) for abbreviations.

1 Quality Safety and Risk Management

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

Strategies

- Ongoing commitment to best practice for all relevant accreditation standards.
- Integrating clinical and corporate risk management and compliance programs to develop a total risk profile.
- Completing and implementing a risk management plan.
- Continuing to develop an annual quality planning cycle throughout the organisation.

Outcomes

- Overall Care Index, as measured by statewide patient satisfaction survey (pages 4, 18), remains better than peer group average.
- Full ACHS accreditation maintained (pages 4, 18, 19) with a periodical review completed in May. All 31 recommendations from previous full survey closed. Only two new recommendations received.
- A full review of the Risk Management Framework completed (pages 18, 19), resulting in an improved risk management process and plan.

2 Financial Management

Goal To develop a sustainable funding based which allows the organisation to respond flexibly to the demand for health and wellbeing in the community by:

Strategies

- Diversifying the funding base.
- Educating and encouraging department managers to investigate funding opportunities.
- Maximising opportunities for business units.
- Exploring funding through philanthropic trusts and developing the donor data base.
- Further developing business planning cycle throughout the organisation.
- Ensuring efficient use of resources.



Outcomes

- 17,085 inpatients treated for the financial year (page 16).
- Increase in total operating revenue from \$85 million in 2006-07 to \$91.4 million in 2007-08 (page 4).
- Services across the organisation expanded (page 14) to meet increasing community needs.
- Operating deficit of \$351,000 recorded (less than 0.3 per cent of total budget) due largely to increasing hospital activity levels (page 4).

3 Human Resources Management

Goal To further strengthen our skilled and efficient workplace and enhance the supportive and motivated organisational culture by:

Strategies

- Developing a human resources strategic management plan.
- Improving communication across the organisation.
- Developing flexible and responsive workforce recruitment and management strategies.
- Providing safe work practices and a healthy working environment.
- Promoting ongoing education and professional development programs.

Outcomes

- Focus on staff welfare (pages 4, 30, 31) resulted in significant improvement in WorkCover premium costs and sick leave, continuing at levels better than industry average.
- Better Skills Best Care project implemented in Warrnambool Emergency Department in bid to use workplace redesign to address demand management pressures (see 2008 SWH Quality of Care Report).
- Implementation of HealthSmart Payroll/HR system (Frontier/Chris21) completed (page 5).



Lowarna Clarke's son Thade was one of 668 babies born at our Camperdown and Warrnambool Midwifery Units.

4 Facilities, Equipment and Technology

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

Strategies

- Reviewing and completing the service plan.
- Reviewing and completing the master plans for the Warrnambool and Camperdown campuses.
- Promoting the development of a healthcare precinct.
- Developing an annual asset replacement and acquisition plan.
- Utilising information and communications technology to enhance service provision.

Outcomes

- Approval received in May State Budget for \$70.1 million towards full redevelopment of Warrnambool hospital. Design development report for entire project completed and Early Works Package commenced (page 5).
- Implementation of new governance structure for South West Alliance of Rural Health completed (page 5).

5 Service Integration

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

Strategies

- Supporting diversity and innovation in service provision.
- Continuing the process of integration of programs throughout the organisation.
- Providing services consistent with a continuum of care model.
- Supporting and encouraging ongoing service development.

Outcomes

- Recruitment of three new obstetricians and gynaecologists to enhance specialist obstetric services in South West Victoria (page 5).
- Major reviews completed on Model of Care and Sub-Acute Ambulatory Care Services (page 6).
- In conjunction with Deakin University, architectural plans completed for establishment of the \$3.2 million Clinical School as part of new redevelopment of the Warrnambool hospital site (page 27).

6 Community Health

Goal To promote health in the community through a structured primary healthcare strategy by:

Strategies

- Developing and implementing a comprehensive community health plan.
- Continuing engagement with Primary Care Partnership and local government in relation to community health planning processes.
- Engaging with the community (consumers, general practitioners, agencies and other service providers).
- Ensuring primary health is an integral component of the Master Planning infrastructure.
- Providing leadership and collaboration for seamless service delivery.
- Providing advocacy on key public health issues.

Outcomes

- Organisation structure review resulted in creation of Division of Primary and Community Services (page 6, 36).
- Continued expansion of HARP program, including successful submission to provide additional services to the Camperdown community (page 6).

7 Community Engagement

Goal To develop collaborative and cooperative relationships with the community we serve by:

Strategies

- Identifying ways to encourage greater community engagement.
- Building appropriate collaborative arrangements with local government and other service providers.
- Developing and maintaining an improved public profile throughout the region.
- Continuing to develop community partnerships in service planning, delivery and evaluation.

Outcomes

- Held first NAIDOC event (page 6, 28).
- Community Advisory Committee (page 39) assisted in development and adoption of Community Participation Plan 2008-2010 and award winning 2007 Quality of Care Report (page 18).

Performance Measures

Statistical Information

Acute Hospital - Warrnambool Campus	2007/08	2006/07	2005/06	2004/05	2003/04
Accommodation - Registered Beds	155	155	155	155	155
Inpatient Separations					
Public - No Charge	14,057	14,025	13,624	13,038	12,373
Private/Third Party	823	1,152	1,267	1,255	1,088
Nursing Home Type	41	39	38	18	8
Total Inpatient Separations	14,921	15,216	14,929	14,311	13,469
Inpatient Separations by Patient Type					
Emergency	5,237	5,398	5,443	5,118	5,191
Elective	8,316	8,431	8,342	8,171	7,262
Obstetric	1,368	1,387	1,144	1,022	1,016
Total Patients Treated	14,921	15,216	14,929	14,311	13,469
Total Patient Days in Hospital					
Public - No Charge	45,421	42,927	43,228	40,956	42,534
Private/Third Party	4,467	6,227	5,298	5,772	5,426
Nursing Home Type	1,985	1,384	1,669	1,012	438
Total Patient Bed Days	51,873	50,538	50,195	47,740	48,398
Daily Average of Occupied Beds	132.1	127.4	129.4	124.5	123.8
% Occupancy on Registered Beds	85.2	82.2	83.5	80.3	79.9
% Occupancy on Staffed Beds	99.2	95.3	93.3	92.4	90.8
Average Length of Stay	3.4	3.3	3.3	3.3	3.5
Births (Number of Deliveries)	598	604	546	490	474
Theatre Operations	4,814	4,782	4,834	4,926	4,210
Endoscopy Patients	1,666	1,625	1,641	1,695	1,582
Total Operations	6,480	6,407	6,475	6,621	5,792
Day Case Surgery in Theatre	3,014	2,914	3,059	3,129	2,811
Non Inpatient Services					
Number of Attendances:					
Emergency Department	24,135	23,665	23,096	21,793	21,250
Medical/Surgical Clinics	11,668	11,072	10,975	8,439	7,263
Pathology	6,871	5,728	5,212	4,873	4,635
Medical Imaging	6,989	6,476	6,056	5,595	5,138
Pharmacy	8,836	9,478	9,445	8,672	10,471
Allied Health	12,465	12,257	14,101	13,598	15,226
Dental Unit	9,099	4,333	2,104	760	863
Other Programs	6,449	5,982	6,169	7,216	7,018
Community Rehabilitation Centre Attendances	8,055	7,920	6,795	6,978	8,438
Community Health Attendances	3,709	1,844	3,400	3,029	2,454
Total Non Inpatient Attendances	98,276	88,755	87,353	80,953	82,756
District Nursing - Care Hours	15,115	14,382	14,830	13,459	15,759
Meals					
Number of Fresh Deliver Meals	32,739	33,764	33,061	32,435	33,764
Total Number of Meals Served	295,377	294,196	296,743	266,652	254,106

Performance Measures

Statistical Information

Camperdown/Lismore Campuses	2007/08	2006/07	2005/06	2004/05	2003/04
Accommodation - Registered Beds	67	67	67	67	67
Inpatient Separations by Patient Type					
Emergency	603	617	600	609	675
Elective	1,015	947	1,040	975	995
Obstetrics	177	156	148	129	95
Total Inpatient Separations	1,795	1,720	1,788	1,713	1,765
Public Separations (Acute)	1,484	1,336	1,424	1,369	1,421
Total WIES	1,114	1,094	1,182	1,196	1,214
Average Inlier Equivalent DRG Weight	0.6234	0.6398	0.6684	0.6986	0.6888
Acute Bed Days	5,433	5,457	6,198	5,260	5,500
Aged Care Bed Days	13,047	12,895	12,859	12,668	12,650
Total Bed Days (Acute plus Aged Care)	18,461	18,352	19,057	17,928	18,150
% Occupancy on Available Beds					
Acute	69.57	68.04	76.71	70.97	70.67
Aged Care	99.02	98.14	97.86	96.41	96.01
Average Length of Stay					
Acute	3.01	3.15	3.50	3.05	3.14
Births (Number of Deliveries)	70	66	65	60	48
Total Operations	560	536	516	492	566
Day Case Surgery in Theatre (incl. above)	437	371	403	375	448
Non Inpatient Services					
Emergency Department	3,003	2,940	2,897	2,819	2,824
Outpatient Attendances	1,679	1,787	2,056	2,236	2,343
District Nursing Visits	4,539	4,467	5,164	5,881	5,657
Community Health - Contacts	4,951	4,159	3,043	2,231	3,176
Community Health - Group Session Attendances	3,772	3,504	4,763	4,318	6,302
Day Care Attendances	2,606	2,532	1,645	2,555	3,121
Total Non Inpatient Activity	20,550	19,389	19,568	20,040	23,423
Meals					
Meals on Wheels Prepared	10,171	14,264	13,701	12,221	11,844



Psychiatric Services participation team leader Bonnie Lucas and consumer representative Darren Dorey get inspiration from a Patches Plus quilt for their STAR (Systems to Aid Recovery) project.



Food Services chef Patrice Kelly with one of 32,739 Fresh Deliver meals delivered to clients in 2007-08.

Performance Measures

Statistical Information

Comparative Costs and Statistics - Non Acute Services

	2007/08	2006/07	2005/06	2004/05	2003/04
Psychiatric Services					
Statistics					
Number of Inpatient Separations	369	387	431	469	488
Bed Days	4,005	3,967	4,745	3,957	4,350
Daily Average Inpatients Accommodated	10.97	10.87	13.00	10.84	11.92
% Occupancy	73.15	72.46	86.67	72.27	79.45
Average Inpatient Length of Stay (Days)	10.85	10.25	11.01	8.44	8.91
Number of Outpatient Contact Hours	23,931	28,072	24,606	27,152	26,989
Number of Residential Bed Days	1,474	1,709	1,721	1,618	1,475
Central Linen Service					
Kilograms Produced	763,980	718,524	712,642	709,583	680,058
Average cost per kilogram (Cents)	189.99	188.18	179.59	175.29	165.93

Service, Activity and Efficiency Measures

Statistical Comparison to Previous Years

	Actual 2007/08	Actual 2006/07	Actual 2005/06	Actual 2004/05	Actual 2003/04
Warrnambool Campus					
Weighted Inlier Equivalent Separations	10,629	10,240	10,092	9,797	9,425
Average Inlier Equivalent DRG Weight	0.7392	0.7029	0.7024	0.7132	0.7264
Statistical Indicators					
% Public (Medicare) Patients Treated	94.5%	92.5%	91.6%	91.4%	92.0%

Revenue Indicators - All Campuses

	2007/08	2006/07
Average Days to Collect		
Private Inpatient Fees	53.80	52.57
TAC Inpatient Fees	123.50	-
VWA Inpatient Fees	73.65	76.70

Debtors Outstanding as at 30th June 2008

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2008	Total 2007
Private Inpatients	84,467	59,761	6,826	12,045	163,099	160,303
TAC Inpatients	17,544	-	-	-	17,544	-
VWA Inpatients	25,325	9,622	5,996	2,291	43,234	52,062
Total	127,336	69,383	12,822	14,336	223,877	212,365

NOTE: TAC refers to Transport Accident Commission and VWA refers to Victorian WorkCover Authority.

Performance Measures

Statistical Information

Activity by Program

2007/08

TOTAL - ALL CAMPUSES

ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
Separations					
Same Day	7,642		26		7,668
Multi Day	8,531	543	343	52	9,469
Total Separations	16,173	543	369	52	17,137
Emergency	5,901		369		6,270
Elective	8,727	543		52	9,322
Maternity	1,545				1,545
Total Separations	16,173	543	369	52	17,137
Public Separations	15,072	403			15,475
Total WIES	11,743				11,743
Total Bed Days	48,809	8,497	4,005	13,047	74,358
NON ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
Emergency Medicine Attendances	27,138		1,382		28,520
Outpatient Services - Occasions of Services	50,166	8,055	69,591		127,812
Other Services - District Nursing Care Hours				19,503	19,503
Residential Bed Days			1,474		1,474

Macarthur Campus

	2007/08	2006/07	2005/06	2004/05	2003/04
District Nursing/personal care visits	1,828	2,213	2,368	2,346	3,228
Community Health contacts	1,424	1,153	1,086	986	1,077
Community Health session attendances	1,439	1,575	1,777	1,511	1,112
Day Care session attendances	879	999	1,284	1,265	1,397
HACC groups	136	132	137	138	142
Meals on Wheels prepared	477	1,007	1,187	1,189	1,305
Volunteer contacts	874	1,147	1,289	1,290	1,529

Consolidated Financial Results

	2007/08 \$'000's	2006/07 \$'000's	2005/06 \$'000's	2004/05 \$'000's	2003/04 \$'000's
Total Revenue	93,376	87,359	80,529	77,761	73,899
Total Expenses	95,029	88,214	82,661	79,873	74,608
Operating Surplus (Deficit)	(1,653)	(855)	(2,132)	(2,112)	(709)
Retained Earnings (Accumulated Losses)	(6,207)	(4,554)	(3,699)	(1,567)	201
Total Assets	89,169	82,357	81,640	79,714	80,797
Total Liabilities	19,540	17,499	15,927	14,748	15,423
Net Assets	69,629	64,858	65,713	64,966	65,374
Total Equity	69,629	64,858	65,713	64,966	65,374

Our Profile

Our Locations

South West Healthcare consists of two public hospitals, a psychiatric services division, an aged care facility and five community health centres.

In 2007-08 we provided 115 medical, psychiatric, allied health and community health services (pages 80-81) to a catchment population of 102,386 people living in the city of Warrnambool and the shires of Moyne, Corangamite, Grampians and Glenelg.

Our hospitals are based at:

- Warrnambool (the organisation's headquarters)
- Camperdown

Our Psychiatric Services Division offices are based at:

- Warrnambool (headquarters)
- Camperdown
- Hamilton
- Portland

Our community health centres are based at:

- Warrnambool (headquarters)
- Camperdown (two, including an adult day centre)
- Macarthur
- Lismore

Our aged care facility is based at:

- Camperdown (on the grounds of our Camperdown hospital)

South West Healthcare has served Western Victoria for more than one-and-a-half centuries. Our Warrnambool hospital is 154 years old. Our Camperdown Hospital turns 100 in March 2009 (page 29).



- 1 Warrnambool Campus
- 2 Camperdown Campus
- 3 Lismore Campus
- 4 Macarthur Campus
- 5 Portland Campus
- 6 Hamilton Campus

Our Services

In 2007-08 South West Healthcare provided 115 medical, nursing, psychiatric, allied health and community health services to the region. This was a 4.6 per cent increase on the 110 services we provided in 2006-07.

Four of the five new programs (pages 80-81) were Psychiatric Services Division initiatives:

- Consumer and Carer Participation
- Multiple and Complex Needs Initiative
- Triage and Consultation Liaison
- Strengthening Schools Program

The fifth new program was our Occupational Therapy Unit's Hand Therapy. Two donors were instrumental in this program being established. Western District Employment Access Charitable Trust gifted \$5,322 in 2007-08 (page 83) and the Collier Charitable Trust gifted \$14,900 in 2006-07 enabling the purchase of sophisticated medical equipment and aides.

Our Community in 2008

Committed to understanding the make-up of the communities in our catchment area in order to provide relevant services for the 102,386 people who live in them, South West Healthcare keeps abreast of research and trends to help identify priority areas and high need groups.

Latest 2006 census data from the Australian Bureau of Statistics tells us:

- Of our 102,386 population, the median age at June 2006 was 39.9. This is 1.7 per cent higher than for the same time in 2001 and 4.1 per cent higher than 1996 (see table).
- The bulk of our community not born in Australia hail from England, New Zealand, Netherlands, Scotland, Germany and Ireland. Cantonese, Croatian, Greek, Italian, Sudanese, Chinese and Vietnamese people also call the South West home.
- We are above the state average in:
 - o People living alone
 - o 65+ population age group
 - o People providing unpaid care for disabled persons
 - o Indigenous population

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

- We are below the state average in:
 - o People born overseas
 - o Non English Speaking at home
 - o Households with onsite internet connection (49-53% compared to Victoria's 61%)

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



Derrinallum's John Carr (left) and Dirk Morrison are participants in our Lismore Community Health Healthy Hearts program (page 25).



1,379 children under the age of five were cared for at our Warrnambool and Camperdown hospitals in 2007-08 (page 17: Inpatient Ages).

SWH Communities: Populations and Median Ages

LGA	Estimated resident population at June 06 (preliminary)	Median age at June 1996	Median age at June 2001	Median age at June 2006 (preliminary)
Corangamite Shire	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 City	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.

Macarthur in 2010

Demand for health services is expected to increase come 2010 when work starts on the development at Orford of an \$800 million power station 20 kilometres from our Macarthur community health centre:

- Orford is a 10-house town
- Macarthur, the closest town to Orford with shops, has a population of 300

The power station development will:

- Bring up to 600 construction workers into the Macarthur area between 2010-12
- Provide 35 ongoing full-time jobs come 2012

Warrnambool in 2031

Come 2031 a very different Warrnambool will exist according to the initial findings of a major pilot project for the state government currently being undertaken by Warrnambool-based Dr Gordon Forth and Mark Rasleigh. Their research predicts:

- The residential growth of Warrnambool (the headquarters' location of South West Healthcare) is expected to hit 41,500. Currently it's 31,501 (see table above).
- A mass relocation of retirees will be responsible for the above-mentioned population boom. Lured by a mix of social and health facilities and our coastal location, more than a third of Warrnambool's population will be aged 60 or over. (Many will come from outlying towns placing further pressure on the future of some smaller rural communities.)
- Warrnambool's higher education facilities will help offset the drain of young adults leaving the area for work, study and travel.
- Employment growth will occur in health, child and aged care, teaching, business and legal services.

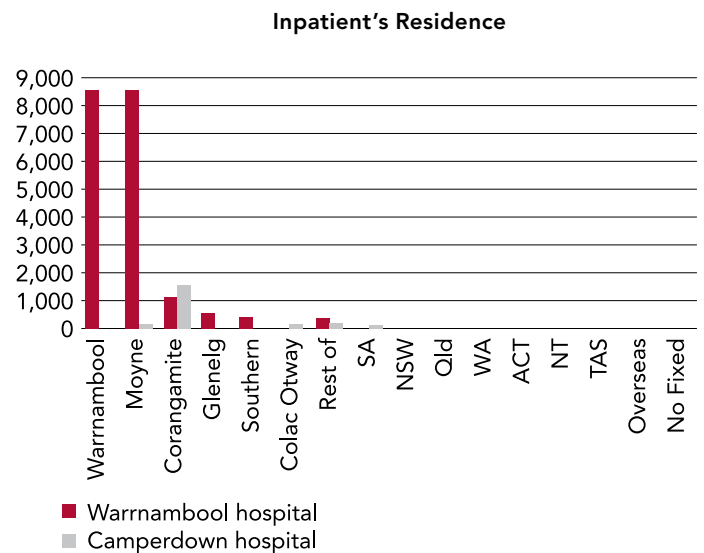
Our Profile

Our Patients

Where our 17,085 hospital inpatients came from

In 2007-08 the majority of our hospital inpatients, not surprisingly, hailed from the Local Government Area in which the hospital they attended was located. In total 56 per cent of inpatients at our Warrnambool hospital came from Warrnambool City, followed by 27 per cent from Moyne Shire and 7 per cent from Corangamite Shire (the shires either side of Warrnambool). Meantime 84 per cent of inpatients at our Camperdown hospital came from Corangamite Shire.

Inpatient's Residence	WBool Hospital	CDown Hospital
Warrnambool	8,487	25
Moyne	4,184	76
Corangamite	1,141	1,503
Glenelg	594	4
Southern Grampians	342	3
Colac Otway	48	22
Rest of Victoria	372	153
SA	45	1
NSW	24	4
QLD	23	2
WA	4	0
ACT	2	0
NT	1	1
TAS	7	0
Overseas	14	1
No fixed address	2	0
Totals	15,290	1,720

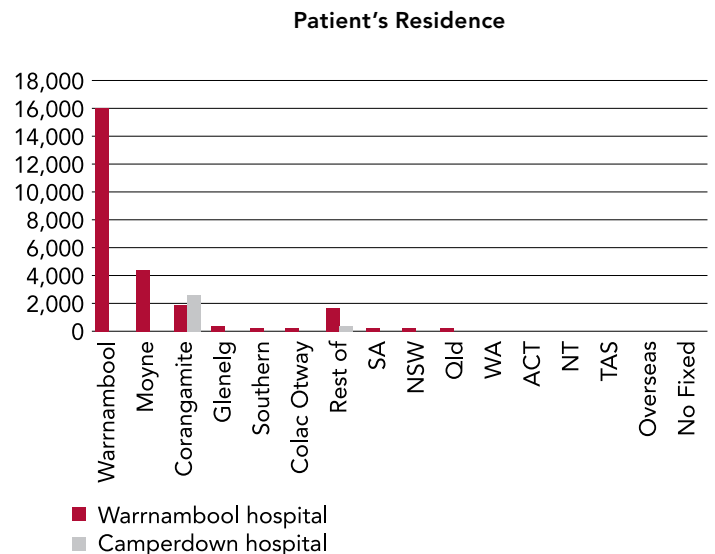


NOTE: 369 Psychiatric Separations are included in the Warrnambool hospital totals.

Where our 27,138 Emergency Department patients came from

As usual the majority of Emergency Department inpatient admissions hailed from the Local Government Area in which both hospitals were located. In total 66 per cent of Emergency Department admissions at our Warrnambool hospital came from Warrnambool City, followed by 18 per cent from Moyne Shire and 7 per cent from Corangamite Shire. At our Camperdown hospital Emergency Department 93 per cent of inpatients were from Corangamite Shire.

Patient's Residence	WBool ED	CDown ED
Warrnambool	15,830	36
Moyne	4,281	20
Corangamite	1,664	2,800
Glenelg	304	1
Southern Grampians	236	10
Colac Otway	74	29
Rest of Victoria	1,388	86
SA	113	6
NSW	95	4
QLD	80	9
WA	35	1
ACT	9	0
NT	8	0
TAS	12	0
Overseas	6	1
No fixed address	0	0
Totals	24,135	3,003



Our Profile

Inpatient Ages

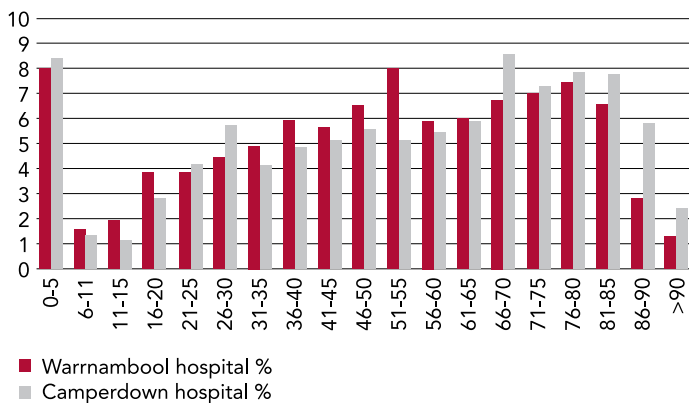
The 66-70 age group was the highest rating inpatient group at our Camperdown hospital accounting for 8.6 per cent, followed by the 0-5 age group of 8.3 per cent and the 76-80 age group of 7.9 per cent.

The 0-5 and 51-55 age groups were the highest rating inpatient groups at our Warrnambool hospital, each accounting for eight per cent. The 66-70 age group followed at 7.7 per cent and the 76-80 age group at 7.5 per cent.

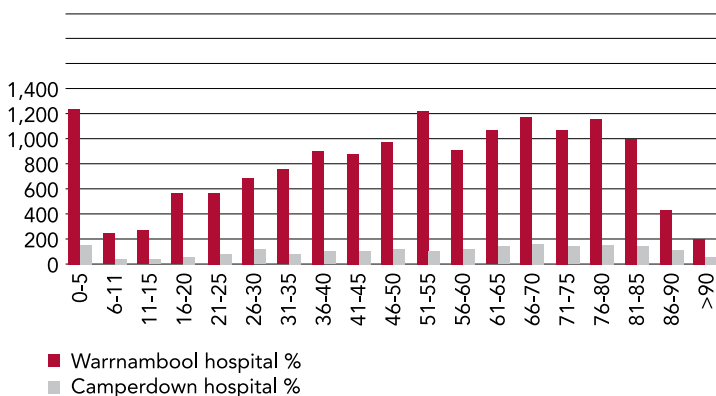
It is worth noting the 0-5 inpatient figures at each hospital include Midwifery Unit births while Camperdown hospital figures do not include its aged care Merindah Lodge residents.

Inpatient Ages	WBool Hospital		CDown Hospital	
	Total	%	Total	%
0-5	1,230	8	149	8.3
6-10	229	1.5	21	1.2
11-15	271	1.8	20	1.1
16-20	564	3.7	49	2.7
21-25	574	3.8	73	4.1
26-30	692	4.5	102	5.7
31-35	745	4.9	72	4
36-40	904	5.9	87	4.8
41-45	877	5.7	92	5.1
46-50	979	6.4	103	5.7
51-55	1,224	8	91	5.1
56-60	899	5.9	100	5.6
61-65	1,077	7	124	6.9
66-70	1,176	7.7	155	8.6
71-75	1,069	7	131	7.3
76-80	1,156	7.5	141	7.9
81-85	1,005	6.6	136	7.6
86-90	423	2.8	105	5.8
>90	196	1.3	44	2.5
Totals	15,290	100	1,795	100

Inpatient Ages - %



Inpatient Ages - Total



Midwife Kate Risbey at the doors of our Camperdown hospital's new Emergency Department where 3,003 patients were treated during 2007-08 (page 16).

Quality Management

South West Healthcare is committed to continuous quality improvement and striving for best practice. The Quality Management Program has been in place for more than 20 years and is managed by the Quality Unit.

Much was achieved during 2007-08 including:

- Ongoing accreditation with the Australian Council on Healthcare Standards.
- Ongoing accreditation with the Aged Care Standards Accreditation Agency.
- Compliance with the National Standards for Mental Health.
- Accreditation with the Department of Veteran's Affairs.
- Accreditation with the Department of Human Services' Home and Community Care.

Improving Patient Experience

Patient surveys

Improving our patients' experiences is important to all of our staff. 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.

In 2007-08 we, again, excelled in quality service delivery:

- The 584 patients who responded to our annual internal survey gave consistently high-end scores of between 96 and 97 per cent for overall ratings of care delivery that included ratings for admission, staff attitudes and discharge planning.
- The 36 clients who responded to the internal client satisfaction surveys run through our acute psychiatric inpatient unit rated care and treatment overall to be between 90 and 100 per cent. We are one of the few hospitals to do surveys of this kind.
- The randomly selected group of patients who responded to the Department of Human Services' Victorian Patient Satisfaction Monitor (an external questionnaire that covers a range of questions relating to admission, complaints management, physical environment, general information and overall care) delivered an overall care index of 80. This is three points higher than the bar set for the Category B hospitals' Care Index of 77.

There are 24 hospitals in this category. South West Healthcare consistently ranks among Victoria's top three rural regional facilities.

Complaints management

All patients and visitors are encouraged to give feedback about our services and there is not a year where compliments haven't far outweighed the number of complaints received:

- 148 complaints, in line with raised awareness, were received in 2007 (four more than for 2006). For the first half of 2008, 99 complaints were received.
- 1,344 compliments were received in 2007. Another 478 were received during the first half of 2008.

Every complaint is monitored and actioned and is reported to the Quality Care Committee and other management committees each month. Staff are also involved in education every month with regard to managing complaints and service improvements are routinely made as a result of complaints received where a deficit is identified.

By also voluntarily comparing our results with those of the Health Services Commissioner we know:

- Our timeframe response rate to complaints is way below the expected Victoria wide timeframe response rate of 30 days. South West Healthcare aims, and on average succeeds, to respond within three days.

Involving our patients

Consumers willingly dedicate their time to assist South West Healthcare to strengthen quality patient services by actively participating in a range of activities. The organisation works closely with consumers (page 39: Community Advisory Committees), seeking their advice and opinions on a range of topics that concern patient services. In 2007-08 consumers were involved in the development of:

- The award winning Quality of Care Report (next page).
- Patient information brochures for specific procedures.
- Information for patients and families.



Clinical nurse specialists Naomi Waterfall (left) and Sonya Ahern were part of our Warrnambool theatres team that performed 4,814 operations (page 10). Another 560 operations were performed in our Camperdown theatre (page 11).



Since losing his leg to diabetes Koroit's Kevin Kearney has regular reviews with Allied Health clinicians including chief physiotherapist Bore Hoekstra.

Improving Clinical Quality

Full marks for accreditation

In May 2008 South West Healthcare passed three vital accreditations:

- An external periodic review accreditation survey conducted by the Australian Council on Healthcare Standards led to the organisation maintaining accreditation status until September 2010.
- A Home and Community Care (HACC) accreditation review process audit of our District Nursing Service rated high-end scores.
- A two-day Aged Care Standards Agency review saw Merindah Lodge, South West Healthcare's aged-care facility at Camperdown, maintain accreditation status until 2011.

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 staff. This information is entered into a risk register which then feeds a risk management plan to provide the Board of Directors and Executive with a risk profile for the entire organisation.

Clinical risk management: Patient safety comes first

Clinical risk management is the main stay 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. For example;

- Over the past two years we have enhanced patient safety by deliberately reducing the storage of high dose/high risk medications in ward areas.

The number of clinical incidents reported by staff continues to steadily increase:

- 1,730 incidents were reported during 2007-08.
- 1,424 incidents were reported during 2006-07.

This increase has been brought about by:

- Raising staff awareness about the importance of reporting incidents and near misses.

- The convenience of a newly-introduced electronic reporting system (Riskman). This technology has improved the ease with which staff can report all types of incidents. The database is available in all wards and departments, for all staff, 24 hours a day.

Each of these incidents was addressed at the time of its reporting.

Infection control

Infection control impacts on all aspects of healthcare delivery which is why South West Healthcare committed itself to increasing the level of hand hygiene compliance for staff, patients and visitors in 2007-08. Since the simple act of hand washing has been shown to reduce the risk of infection to patients, an innovative Hand Hygiene Project saw to the installation of hand gel pumps at:

- All hospital bedsides.
- Hospital corridors.
- Hand hygiene stations around wards and in all clinical areas such as patient cubicles.
- Hospital entrances.
- Hospital lifts.

Clinical guidelines

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

Quality of Care Report

Our annual Quality of Care Report for 2008, 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 continue to meet 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. A copy can be downloaded at our website.

Our 2005, 2006 and 2007 Quality of Care Reports earned us ministerial awards for excellence.

Education and Training

Nursing Services Division

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

In 2007-08:

- 1,573 staff participated in 8,240 hours of Nursing Education programs (not counting orientation and updates).
- 110 new staff attended our Corporate Orientation program.
- 159 nurses attended our Nursing Update educational program.

Training programs included:

- A 12 day Leadership and Management Course covering performance and change management, conflict resolution, teamwork and motivation, OH&S, clinical governance, business plans, assessing competence, professional boundaries and risk management. Facilitators included key SWH personnel and keynote speakers from Amanda Adrian and Associates project management and consultancy, LearnPRN and L4 consultancy.
- Certificate IV Workplace Training and Assessment to enhance the skills of clinical preceptors and clinical resource nurses who work with undergraduate nursing students, TAFE students, our own graduate nurses and nurses returning to practice after several years absence. Ran annually with Westvic Training.
- Health Coaching to enhance the knowledge and skills of Allied Health professionals and nurses to ensure the best outcomes for patients/clients.
- Cultural Awareness Education for all new employees and Nursing Update participants.
- Professional Challenges Facing Today's Nurses was a series of workshops addressing:
 - o Extended Scope of Practice of Registered Nurse Division 2 and Supervision and Delegation by the Nurses Board of Victoria.
 - o Professional Boundaries by Davaar Consultancy.
 - o Assessing Competency to Practice Using National Competencies by Kaye Knights of LearnPRN.
 - o Educational days focusing on clinical skills including latest trends in medication management; basic wound management; pressure ulcer and prevalence education, and an infection control update.
- In partnership with our Psychiatric Services Division another three programs were delivered. See those marked * in the Psychiatric Services Division report that follows.
- Introduction to Computers for Hospital Volunteers.
- Excel Spreadsheets by SWH Finance Assistant Jeanette Doolan.

1,457 clinical nurses received in-service education on:

- Hand hygiene
- Air mattresses
- Anti-embolic stockings
- Safety Intravenous Cannula
- Atrium drains
- Pain care 3000
- Omnifuse PCA

SWH clinical placements up 44 per cent

Clinical placement numbers for nursing undergraduate students and TAFE students at South West Healthcare's Warrnambool hospital went from 2006-07's 130 to 186 in 2007-08. This figure is expected to rise even further in 2008-09 because of increased university undergraduate placements and additional courses being provided by SW TAFE.

28 nurses make the most of Nursing Education core program courses:

- Graduate Nurse Program: 17 newly registered nurses are undertaking a 12 month program to consolidate their skills and knowledge, and assist their transition from university to the clinical environment.
- Transition Year Program: 3 nurses are aiming to undertake post graduate studies in critical care or perioperative nursing.
- Post Graduate Studies: 8 students are undertaking post graduate studies in this area of nursing.

3 nurses awarded 2008 Nancy Fitzpatrick Memorial Scholarships

Palliative care nurses Jenny Lo Ricco, Melissa King and Wendy Delaney are the recipients of this year's Nancy Fitzpatrick Memorial Scholarship. This initiative encourages palliative care nurses to further their studies.

3 high-profile events held by Nursing Education in 2007-08

- Celebrate 2007 recognised 41 nurses graduating from study provided by South West Healthcare:
 - o 16 nurses x Certificate IV Workplace Training and Assessment
 - o 17 nurses x Graduate Nurses Program
 - o 3 nurses x Transition Year Nurses Program
 - o 5 nurses x Post Graduate Students Program in critical care nursing, perioperative nursing and midwifery
- The Bariatric Assessment Team (BAT) was unveiled. This initiative aims to ensure bariatric patients are cared for in a safe environment with correct equipment to maximise their independence and comfort.
- 150 health professionals attended its 2008 No Lift Trade Display (page 23).

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 regions. 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).



Our first employees to graduate with a double qualification: an Advanced Diploma of Business Management and Advanced Diploma of Business (Human Resources).

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

In 2007-08:

- 129 staff participated in 3,660 hours of training.
- An average 28 hours of training was provided to each staff member.
- 28 staff attended orientation.

Training topics included:

- Creating Safety: Addressing Seclusion Practices by DHS Senior Project Worker Helen Walters.
- Helping Health Professionals Engage and Help Smoking Patients to Quit by Quit Victoria.
- Family Sensitive Training by SWH Psychiatric Services Staff Development Officer Janet Punch.
- Empowering consumers and families by New Zealand Recovery Expert Mary O'Hagan.
- Antenatal and Postnatal Psychiatric Assessment and Intervention of Mother and Infant by Consultant Psychiatrist and Clinical Director of Werribee Mercy Hospital Mother/Infant Psychiatric Services Dr Klara Szego and Royal Children's Hospital Infant Mental Health Program Psychiatrist and University of Melbourne Grad Dip/Master of Parent Infant Mental Health Professor Campbell Paul.
- Maudsley model of Family-Based Intervention for Adolescent Eating Disorders* by University of Chicago Eating Disorders Program Director and Associate Professor of Psychiatry in the Department of Psychiatry (Section for Child and Adolescent Psychiatry) Dr Daniel le Grange.
- Post Natal Depression Treatment and an Innovative Mother and Infant Intervention: HUGS (Happiness, Understanding, Giving and Sharing) by Austin Health Director of Clinical and Health Psychology and University of Melbourne School of Behavioural Science's Professor of Psychology Professor Jeanette Milgom.

- Leadership by Arnold Risk Consulting and the Western Cluster.
- Dual Diagnosis* by SWH Psychiatric Services Dual Diagnosis Coordinator Mark Powell.
- Predict, Assess & Respond To challenging/aggressive behaviour (PART)* by SWH Psychiatric Services Staff Development Officer Janet Punch, SWH Clinical Support Nurse Vikki Hoy and Terang Mortlake Health Services District Nurse Carolynn Leddy.
- Applied Suicide Intervention Skills Training by SWH Psychiatric Services Camperdown Team Leader Kate Schlicht and SWH Social Worker Trish Norberg-Roberts.

Human Resources

The commitment of our Human Resources Team to provide education opportunities for staff has resulted in almost every South West Healthcare employee being university qualified. Impressively, this includes staff working in areas that traditionally have not been known for participating, let alone excelling, in further education. Such as:

- 30 SWH Environmental Services workers have a Certificate III in Health Support Services (Cleaning Support Services).
- 19 SWH Linen Services workers have a Certificate III in Health Support Services (Laundry Operations).
- 18 SWH Food Services staff have a Certificate III in Hospitality (Operations).

2007-08 educational results:

- 12 SWH employees graduated with a double qualification after completing a Victorian Hospitals Industrial Association/Gordon Institute Advanced Diploma of Business Management and Advanced Diploma of Business (Human Resources).
- 8 more SWH employees are currently completing the above-mentioned Advanced Diploma.
- 37 SWH employees from our Portland and Camperdown Psychiatric Services; Lismore, Camperdown and Warrnambool Community Health centres, and our Camperdown and Warrnambool hospitals are currently completing a Certificate IV in Health Administration through SW TAFE.

Sharing our Knowledge

During 2007-08 South West Healthcare shared its expertise with hundreds of delegates attending state, national and international conferences.

International presentations included:

- Three keynote presentations and a workshop (**Variables that Influence the Provision of Wound Management, Managing Chronic Wounds in Rural Practice, Dressing Selection at intermediate Level, and Wound Infection and the Role of Silver**) by SWH Nurse Practitioner Wound Management Terry Swanson at the New Zealand Wound Care Society's National Conference, The ABC of Wound Care: Acute to Chronic Wound Healing and the Basics in the Middle, held in Queenstown in November 2007.

These presentations were based on practical examples and latest research regarding wound management.

- Three workshops on **Delivering Psychiatric Services to South West Victoria** by SWH Psychiatric Services Director Caroline Byrne in Canada and the USA (page 24):
 - o Tungasuvvingat Inuit Staff Workshop in Ottawa.
 - o The City and Country San Francisco Department of Public Health's Community Behavioural Health Services Directors, San Francisco, September 2007.
 - o San Francisco Integration Project Change Agent Training, San Francisco, September 2007.

Domestic presentations included:

- **Electronic Tracking of Surgical Instruments: A City versus Rural Perspective** by SWH Operating Suite Associate Unit Manager Jenny Lukeis, in conjunction with St Vincent's Hospital, at the Victorian Perioperative Nurses State Country Conference held in Horsham, February 2008.

A review on electronic tracking of theatre instruments, of which South West Healthcare's Warrnambool hospital was the first in Australia to use this technology live in a theatre.

- **Nurse Practitioner Roles in Wound Management** by SWH Nurse Practitioner Wound Management Terry Swanson, in conjunction with nurse practitioners from each state with NP endorsement, at the Australian Wound Management Association Conference Dreams-Diversity-Disasters-in Darwin in May 2008.

This presentation provided nurses with information regarding requirements for nurse practitioner endorsement and the lived experience.

- **South West Aboriginal Health Promotion and Chronic Care Program** by SWH Primary and Community Services Director Craig Fraser and SWH Aboriginal Health Promotion Officer Jamie Thomas at the 2008 Rural Health Conference in Bendigo, May 2008.

This presentation highlighted what can be achieved when genuine partnerships are formed. Committed to improving the health of local Aboriginal people through health promotion initiatives, South West Healthcare and local Aboriginal Controlled Community Health Organisations have implemented a unique rural initiative that's led to the recruitment of dedicated staff and the delivery of cultural-focused activities. They include after-school nutritional and physical activities programs, the development of a community kitchen and the beginning of a bush plants and vegetable community garden.

- **Progression in Lens Implants** by SWH Operating Suite Clinical Nurse Specialist Mandy Nielson at the Australian Ophthalmology Nurses Association Conference held in Warrnambool, May 2008.

Our Psychiatric Services Division shared their best-practice knowledge with 474 conference participants (68 of them in Canada and the USA) on a range of unique initiatives:

- **Delivering Psychiatric Services to South West Victoria** (see international presentations above).
- **The Impact of the Better Access Mental Health MBS Items on Practice: A Perspective from Victorian Primary Mental Health Teams** by SWH Primary Mental Health Manager Nicholas Place at the Mental Health Services Conference in Melbourne, September 2007.
- **Volunteering as a Pathway to Employment** by SWH Portland Clinician Daryl Hobbs at the VicServe Joining the Dots Conference in Melbourne, May 2008.
- **Dual Diagnosis Training Program** by SWH Dual Diagnosis Coordinator Mark Powell at the Illegal Drugs and Mental Health ANEX Conference in Melbourne, September 2007.
- **System to Aid Recovery** by SWH Psychiatric Services Staff Development Officer Janet Punch and SWH Service Development Manager Jodi Bateman at the:
 - o Mental Health Services Conference (poster presentation) in Melbourne, September 2007
 - o Western Cluster Conferences in Melbourne, November 2007

- **Ward Nine Photography Program** by SWH Residential Rehabilitation Program Nurse Neil O'Brien at the Western Cluster Conference in Melbourne, November 2007.
- **Emergency Services Protocol** by SWH Staff Development Officer Janet Punch at the Western Cluster Conference in Melbourne, November 2007.
- **Early Intervention Dual Diagnosis** by SWH Clinical Services Director Dr James Blacket and SWH Early Intervention Dual Diagnosis Team Leader Jodi Radley at the Western Cluster Conference in Melbourne, November 2007.
- **Early Intervention Dual Diagnosis Using Outcome Measures to Inform Treatment** by SWH Early Intervention Dual Diagnosis Team Leader Jodi Radley and SWH Clinical Services Director Dr James Blacket at the Quality Through Routine Outcome (QuaTRO) Measures Conference in February 2008.

South West Healthcare delivered three major educational events in 2007-08:

- Our Midwifery Unit brought the very best to Warrnambool in February when Dr Thomas Hale, Professor of Paediatrics at the Texas Tech University's School of Medicine, headed up a world class cast of keynote speakers at **Lactation Mysteries Revealed 2008**.

Held biannually, 170 hospital-based and community-based health professionals from around the state and across the SA border attended.

- Our Nursing Education unit's **2008 No Lift Trade Display** attracted more than 150 health professionals including nurses, biomedical and maintenance workers, occupational therapists and physiotherapists from around the region.

Aimed at reducing staff injury rates, latest technology for patient and manual handling is showcased.

- Our Wound Management Unit's **2008 Wound Seminar and Trade Exhibition**, complete with lectures, attracted more than 100 health professionals including nurses, pharmacists, medical practitioners, podiatrists, dieticians and occupational therapists from as far away as Colac, Hamilton and Mt Gambier.

Showcasing new dressings, technologies and principles of healing, this event provides clinicians with a unique opportunity to learn and has become so popular that Geelong is now holding its own, based on the success of ours.



Diabetes education is provided to our Camperdown-based Manifold Place to review the practices, treatment and needs of clients such as Maria Beaton.

Research



South West Healthcare recognises the vital role research plays in progressing healthcare. Research projects are actively encouraged and supported. The organisation even provides its own annual travelling scholarship:

- **South West Healthcare's 2007 AEW Matthews Memorial Travelling Scholarship** was awarded to SWH Information Technology Services Manager Gerard Hall. In January he travelled to Las Vegas to attend the 2008 Radio Frequency Identification in Healthcare World Conference and to further investigate the use of Radio Frequency Identification (RFID) technology being used at a hospital in Los Angeles to track medical equipment, patients and staff.

The new knowledge Gerard returned with was strategically timed. With South West Healthcare's Warrnambool hospital redevelopment underway it provides the organisation with a one-off opportunity to turn the site all-digital. Meantime the organisation has commenced an Emergency Department trial of RFID technology to keep track of medical equipment via the use of wireless access points.

Gerard is the 22nd recipient of the prestigious AEW Matthews Memorial Travelling Scholarship, created in 1991 in memory of the organisation's former long serving Chief Executive Officer, the late Allan Matthews.

2006 AEW Matthews Memorial Travelling Scholarship recipient SWH Psychiatric Services Division Staff Development Officer Janet Punch's research trip to the UK has led to the development and presentation of a one-day workshop for all staff on Family Sensitive Practice. She is also working on a more advanced training program for a selected group of staff to work with families.

In other 2007-08 international research, Victorian Travelling Fellowship Program recipient, SWH Psychiatric Services Division Director Caroline Byrne continued hers:

- **Dual Diagnosis: From Early Intervention to Residential Rehabilitation** saw Caroline embark on a study tour that included:

- o Canada: Participation at the 2007 International Initiative for Mental Health Leadership Exchange and Conference, Indigenous, Ethnic & Cultural Diversity. (The 2009 IIMHL Conference will be held in Australia in March.)
- o USA/San Francisco: Study of the Integration Project; extensive service site visits; training workshop with dual diagnosis experts Dr's Minkoff and Cline on the Comprehensive, Continuous, Integrated System of Care.
- o USA/New Orleans: Participation at the American Psychiatric Association 59th Institute on Psychiatric Services Recovery: Patients, Families, Communities.

Top three outcomes:

- o Establishment of international professional relationships and networks with others interested in the same areas of service development.
- o Inspiration and provision of tools for undertaking change within SWH's Psychiatric Services Division to improve services for the dually diagnosed.
- o Reinforcement of the positive achievements of SWH's own service system.

Overview of lessons for the Victorian healthcare system:

- o The importance of influential leadership at all levels of change, from funder to service provider.
- o The importance of appropriate housing options for the dually diagnosed.
- o The value of accessible employment and vocational opportunities for the mentally ill and dually diagnosed.

The second phase of Caroline's fellowship, concluding late 2008, involves dual diagnosis service strengthening. In brief, the project is one of integration between our clinical mental health service and our regional substance use treatment services using similar approaches to those Caroline observed overseas, adapted to suit our context. A series of actions have been designed to assist us to meet our obligations as outlined in the DHS policy Dual Diagnosis Key Directions and Priorities for Service Development.



Our Community Health centres are taking rural research to new heights with their Healthy Hearts initiative. Here, men from in and around Lismore are the participants. The aim's to reduce their Corangamite Shire's high level of cardiovascular risk factors.

Other research highlights for 2007-08 included:

- With close to 53,000 Australians suffering a stroke each year, implementation of evidence based stroke care including stroke unit care and thrombolysis treatment is a national priority. But access to this model of care, especially in regional/rural areas where specialist resources can be scarce, is limited. This was the catalyst for **Evaluation of a Regional/Rural Acute Stroke Unit including the Role of a Stroke Liaison Nurse**. The work of SWH Quality Management Projects Nurse Leanne McCann, Stroke Liaison Project Worker Patrick Groot and James Cook University Professor Anne Gardner, it led to the establishment of a new regional service that's exceeding national benchmarks.

South West Healthcare's establishment of a formalised stroke service resulted in the implementation of the following interventions:

- An acute stroke unit within one ward area and the employment of a dedicated part-time Stroke Liaison Nurse.
- A multidisciplinary Stroke Team (early referrals, weekly rounds, regular stroke team meetings).
- The development of local evidence based Guidelines for Acute Stroke Care and Thrombolysis Treatment.
- Education of key staff in thrombolysis treatment and after-hours swallow assessments.
- Access to safe and timely thrombolysis treatment for eligible stroke patients.
- Provision of information, education and support for stroke patients/families by the Stroke Liaison Nurse via repeated contact visits, including a post discharge phone call to check progress.

A triangulated evaluation, utilising both quantitative and qualitative data, was undertaken comparing baseline and post implementation data, consumer and staff satisfaction results. The data collection was consistent with reporting requirements for national benchmarking.

The results demonstrated:

- High stroke survivor/carer and staff satisfaction confirming the pivotal role of the Stroke Liaison Nurse in coordinating stroke care and providing information and support to stroke patients and their families.

- Improved compliance across the acute stroke indicator set in the post intervention group, with achievements well above national averages in many of the indicators (timely CT scan, swallow assessment, multidisciplinary assessment and team meeting with the patient):

- Achieved a thrombolysis rate of 13 per cent compared to three per cent nationally.
- Achieved an average acute length of stay of 5.9 days versus 11 days nationally.
- More patients discharged home in the post group (41 per cent) than the baseline group (26 per cent) revealing a statistically significant lower number of patients transferred to inpatient rehabilitation (34 per cent compared to 59 per cent). This in turn produced a significant organisational impact on bed availability.

- **Healthy Hearts** is a unique South West Healthcare Community Health research and education initiative. Aimed at improving on the alarming findings recent Greater Green Triangle University Department of Rural Health research revealed, where men in our catchment area have a high incidence of cardiovascular risk factors:

- 10 Macarthur district men took part in April-May.
- 16 Lismore district men are currently participating.
- Men at Camperdown, Hawkesdale and Warrnambool will take part in 2008-09.

The program is for 30-55 year old males without a diagnosis of cardiovascular disease. The research component is investigating the effect of providing an individual assessment for each participant of their risk factors.

Evaluation results will be available mid 2009, following three, six and 12-month follow-up assessments of each participant.

- **Both Sides of the Story: Evaluating the Effectiveness of Participation** saw consumers and family members trained as key educators in the ongoing professional development of mental health clinicians. Outcomes of the DHS-funded project led by SWH Quality Coordinator Jodi Bateman included:



Chairman Sharon Muldoon presents Information Technology Services manager Gerard Hall with our AEW Matthews Memorial Travelling Scholarship (page 24).



Patient Ian Blackburn meets with two members of our newly-established multidisciplinary stroke team (page 25), stroke liaison nurse Patrick Grant and speech pathologist Jenna Hogarth.

- o Significant improvement in attitudes of family blame, stigma, appreciation of consumer and family rights and empowerment, hope for recovery, engagement and appreciation of the value of the training approach.

The results of the controlled before and after study will be presented at the 2008 Mental Health Services Conference in New Zealand. Articles documenting the research and its findings have been submitted to journals within, and outside of, the mental health sector.

- **Family Friend or Blow In: Visiting Social Work Services in Rural Victoria** was the minor thesis of SWH South Western Centre Against Sexual Assault Coordinator Helen Wilson who analysed equity and access issues for rurally-isolated towns and centres. This research revealed mixed findings including:

- o Clients living outside of (rurally non-isolated) Warrnambool city waited longer for initial social work services to be delivered but when they were (delivered) the quality of them was equal to that of Warrnambool-based services. Outlying-area clients also experienced shorter wait-times than their Warrnambool counterparts for ongoing social work services.
- o Social work practitioners found working with outlying-area clients to be the most rewarding yet the most stressful.
- o Clients overall were appreciative of the social work services being offered in outlying areas but acknowledged there were difficulties accessing them. The importance of adequately-located venues emerged as a critical infrastructure issue.

- **Evaluating the Effectiveness of Falls Prevention Models in the Rural Community Health Setting** was the literature review of SWH Quality Manager Karen Harrison and SWH Macarthur Community Health Manager Catherine Loria.

Their research, resourced by South West Healthcare and Greater Green Triangle/Deakin University, aimed to:

- o Identify evidence-based falls prevention strategies that have been integrated into rural-based community health settings' falls prevention programs.

- o Assess the possibilities of transferring to other rural community health settings the falls prevention programs identified, taking into account available resources.

A research paper has been completed and a journal-friendly version is now being written. Both authors intend to continue their research by putting into practice the impressive findings.

Latest Study

Four employees undertook significant study during 2007-08:

- SWH Nurse Practitioner Wound Management Terry Swanson completed her **Master of Health Science (Nursing)** by research from Deakin University and attended graduation in October 2007. Her thesis Nurses' Perceptions of the Variables that Influence Wound Management Practice was a non-experimental quantitative study using a self administered questionnaire to a convenience sample of nurses attending a nursing conference.
- Awarded a Victorian Institute of Forensic Medicine scholarship, Emergency Department Unit Manager Kate Sloan completed a **Graduate Certificate in Forensic Nursing** through Monash University. Aimed to improve reporting and conviction rates in sexual assault, Kate (one of only four rural Victorian Forensic Nurse Examiners) is qualified to conduct forensic examinations and present evidence in the legal system.
- SWH South West Centre Against Sexual Assault Project and Crisis Care Worker and SWH Registered Nurse Hazel Bickerton is completing the same **Graduate Certificate in Forensic Nursing** as Kate Sloan has completed (see above).
- Following on from her Master's study in 2005, SWH's Clinical Facilitator for Perioperative Education Paula Touzeau continued her **PhD research on the Benefits of Operating Theatre Experience for Undergraduate Nurses**. A major hurdle of PhD studies is Colloquium where the student must present their literature reviews and research methods to a panel of six academics. Paula received the green light to proceed to the second phase of her project and will commence collecting research data in October 2008.

Milestone Moments

South West Healthcare celebrated some impressive history-making moments in 2007-08. Here are a dozen of them.

1st Prime Minister Kevin Rudd officially unveiled plans for a \$3.2 million clinical school to be located at our Warrnambool hospital. Aimed at addressing the region's critical doctor shortage, the Deakin University Medical School will educate third and fourth year students who will hopefully stay on as junior doctors. The first of its kind in Victoria in more than 40 years, the school's first 30 students are expected to arrive in 2010.

1st We joined forces with Deakin University, the Victorian Government, Alcoa and Portland District Hospital to establish an Australia-first Centre for Rural Emergency Medicine (CREM). The project is aimed at addressing the critical regional shortage of emergency medical workers and services. It will contribute to teaching programs coordinated by Deakin Medical School's Greater Green Triangle Clinical School to be located at our Warrnambool hospital. CREM will also play a key role in the provision of emergency medical services and undertake rarely seen rural-based emergency medicine research and training. The Brumby Government and Alcoa will each contribute \$100,000 a year, for three years, to help deliver the initiative.

1st Just six weeks after becoming Victoria's newest Health Minister, Daniel Andrews visited to be briefed on our Warrnambool hospital redevelopment plans – one of the largest regional capital redevelopment projects ever undertaken. The end result will be a world-class facility that provides patients with the most modern of accommodation and staff with the most modern of workplaces (pages 5, 9).

Top to Bottom: Prime Minister Kevin Rudd announces plans for our Warrnambool hospital's \$3.2 million medical school. Photo: Geelong Advertiser

CEO John Krygger (left) and Deakin University Dean, Professor John Catford, sign a four-party agreement to establish Australia's first Centre for Rural Emergency Medicine (CREM).

Health Minister Daniel Andrews chats to patient Geoff Godfrey while visiting our Chemotherapy Unit.

A highlight of our first-ever NAIDOC celebrations was the smoking ceremony led by Nic Haynes.



Milestone Moments



Registered volunteer Simon Ridgwell (left) serves breakfast to Max Thornton in the company of our first carers for volunteers (page 41), Southern Way Direct Care Service carers Brett Rantall (centre) and Garry Johnson.

1st For the first time in 153 years an Aboriginal flag was raised on South West Healthcare soil. Our first-ever NAIDOC celebrations included a traditional Welcome to Country, a smoking ceremony, the flag raising ceremony and a song-in-language.

There was also music and games, traditional dance, children's art and craft activities, tile painting, cooking and planting of local bush foods and taste-testings of indigenous meats, chutneys and damper. Additionally, 15 local organisations went on show to promote their Aboriginal-friendly services.

The result of strong partnerships with the local Aboriginal communities of Gunditjmara Aboriginal Co-operative, Kirrae Health Service and Worngundidj Co-operative, and service providers such as Medicare and Centrelink, the event recognised the history, culture and achievements of Aboriginal and Torres Strait Islander people.

The brainchild of South West Healthcare's Cultural Diversity Committee, CEO John Krygger told the 150 who attended that NAIDOC is a great example of the way we can work in partnership to improve the health of community members.

1st Our first ever carers for volunteers joined our Volunteer Program. Southern Way Direct Care Service carers Brett Rantall and Garry Johnson signed up so that a special client of theirs wouldn't miss a single 'shift' of helping out on our medical/surgical ward (page 41).

1st The world premiere of an original theatre production – a brilliant community mental health and wellbeing project initiated by South West Healthcare's Community Health in collaboration with Colac Area Health – hit the stage. *Morphed: The Dance of Life* was the culmination of six professional artists working with 150 local women over nine months to have their life stories skilfully woven into a unique script they then performed.

The resilience of the play's characters was presented via challenging life experiences of family violence, alcohol and drugs addiction, depression, life stages, gender roles and stereotypes, teenage pregnancy and same sex attraction. The independently-funded \$120,000 production included song, music and soundscape with not a professional actor in the nine to 75-year-old age mix.

Tackling the big themes of life (love, loss and redemption), the benefits of *Morphed* were evident well before the production toured. Those involved gained new skills, new social networks and new connections and in a most respectful way the most testing of their life experiences were validated. Audiences meantime gained a greater understanding of the kinds of issues that impact on the mental health and wellbeing of women and their families. *Morphed* toured Warrnambool, Portland and Hamilton. There were school shows and shows for the general public.

1st Our 2007 Annual Report won a silver medal at the Australasian Reporting Awards. The best practice accolade for meeting rigorous reporting standards was presented in front of 500 guests at a black tie event in Sydney. Other silver medal winners were the Australian Taxation Office, Victorian Auditor-General's Office, National Australia Bank and Melbourne City Council.

1st Another monitoring milestone was achieved in September when our 2006 Quality of Care Report received an award for excellence (page 19).

1st Camperdown hospital Food Services Assistant Di Fitzwilliam became the first Murray to Moyne Cycle Relay participant to ride the 520 kilometre relay 20 years in a row for South West Healthcare. In all she's covered 10,400 kilometres of Mildura to Port Fairy bitumen and helped raise more than \$60,000 for medical equipment for her local community. (SWH has five M2M teams: page 83).

21st Our South Western Centre Against Sexual Assault (SW CASA) celebrated its 21st birthday during its 2006-07 Annual General Meeting. Many firsts were showcased at this event but none more important than the work staff did that year with 313 clients. Of those, 211 were new registrations; a 24 per cent increase on 2005-06. The overwhelming majority of them were related to the sexual assault of 177 females. The 30-39 year age group accounted for the reporting of the highest number of assaults (39 women), followed closely by the 15-19 and 40-49 female age groups. They each accounted for the reporting of 33 assaults.



Our Warrnambool Community Health's Morphed: The Dance of Life saw 150 local women writing then staging an acclaimed theatre production that toured Western Victoria (page 28).



Our 2007 Annual Report won silver at the Australasian Reporting Awards (page 28). Here's eight of the dozens of staff who helped make it happen.

It is worth noting that not all these assaults took place within the reporting year. Understandably, many victims/survivors of sex crimes, for many reasons, do not seek assistance immediately. Some take years, even decades, before deciding they need professional support. It is also worth noting that the overwhelming majority of sexual assaults go unreported.

75th The estate of John Frederick Gordon gifted its 75th annual donation in December. Since 1932 South West Healthcare has received more than \$100,000 from this estate which to this day is used to help purchase otherwise unaffordable medical equipment and aides. This latest donation (page 82) helped pay for the setting up of our first Transit Lounge facility. This initiative has improved the timelines of discharges which means hospital beds are freed up earlier for people needing them.

99th With our Camperdown hospital's centenary looming, planning commenced for a month of celebrations come March 2009. The sons of pioneer John Manifold bought and donated the home of merchant JH Robinson to the community in 1909. By March it was admitting patients. In 1932 it became the first community hospital in Victoria to provide accommodation for private, intermediate and midwifery patients, as well as public patients.

The 100th celebrations will kick off on 27 February with a Bowls & Golf Charity Day and culminate on 28 March with a black-tie ball. Proceeds from these events will go towards the Camperdown hospital's Midwifery Unit Redevelopment Appeal. For event details phone 03 5593 7300.

Incidentally, plans are also afoot to celebrate in 2008-09 the 50th birthday of one of our six auxiliaries (page 83). The Warrnambool Ladies Auxiliary has been fundraising for South West Healthcare since 1958. In just 20 of those years they've donated \$121,443.



Camperdown hospital Food Services assistant Dianne Fitzwilliam became our first Murray to Moyne relay cyclist to ride 20 M2Ms back-to-back for the Camperdown hospital (page 28). Photo: The Standard. Photographer: Rachael Anderson.

Occupational Health and Safety



Employee health and welfare manager Amy Hilton and employee environmental safety manager Trevor Roberts.



Within minutes of an OH&S simulated emergency theatre staff carry a 'patient' to safety.

Committed to the health and wellbeing of our 1,113 employees, South West Healthcare doubled its Occupational Health and Safety manager numbers in 2007-08. The traditional role of OH&S manager became two full time positions:

- Employee Health and Welfare Manager Amy Hilton's new role is primarily focussed on the ongoing development and maintenance of effective staff health, welfare, return-to-work and safety programs including:
 - Incident and accident prevention.
 - WorkCover claims management.
 - Rehabilitation.
 - Relevant staff education.
 - Critical incident defusing and debriefing.
- Environmental Safety Manager Trevor Roberts's role is primarily focused on providing assistance to managers in relation to environmental safety and risk management including:
 - Provision of policies, procedures and information.
 - Training to meet compliance with the OH&S Act 2004 and other relevant legislation and codes of practice.
 - Implementation and monitoring of OH&S inspections.

The 100 per cent increase in OH&S manpower has led to significant accreditation results. Substantial improvements on the safety management systems' front include:

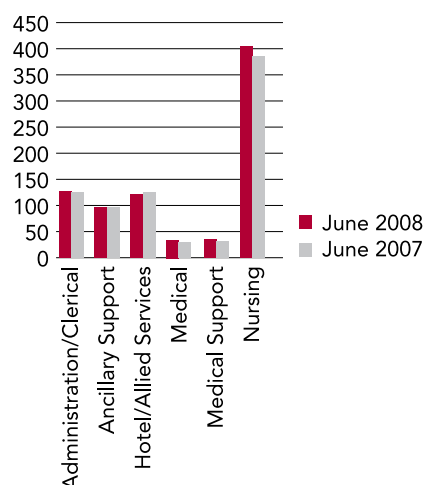
- \$46,000 saved in WorkCover premium with further savings projected for 2008-09.
- Increased focus on staff health and welfare.
- 60 per cent increase in staff participation at mandatory training.
- Implementation of Training Reporting System enabling managers to easily access employee OH&S training records.
- First ever whole-day emergency response training of 56 key staff.
- 17 per cent increase in number of departments (55 in all) involved in OH&S inspections.
- Updating of Emergency Response Manuals for both hospitals.
- Development of new Emergency Response Manual for our Psychiatric Services Division's Warrnambool, Portland, Hamilton and Camperdown campuses.
- Increased compliance to testing and tagging of electrical equipment.
- 63 per cent increase in elected OH&S workplace representatives.

Staff Numbers (Full Time Equivalent/FTE)

Full Time Equivalent	June 2008	June 2007	June 2006
Administration/Clerical	124.30	120.62	115.74
Ancillary Support	91.57	91.05	*
Hotel/Allied Services	123.62	125.20	128.31
Medical	31.35	28.47	32.96
Medical Support	31.64	27.92	109.20
Nursing	403.22	383.58	374.64
Total	805.70	776.85	760.85

* Included in Medical Support prior to 2007.

Staff Numbers (Full Time Equivalent/FTE)

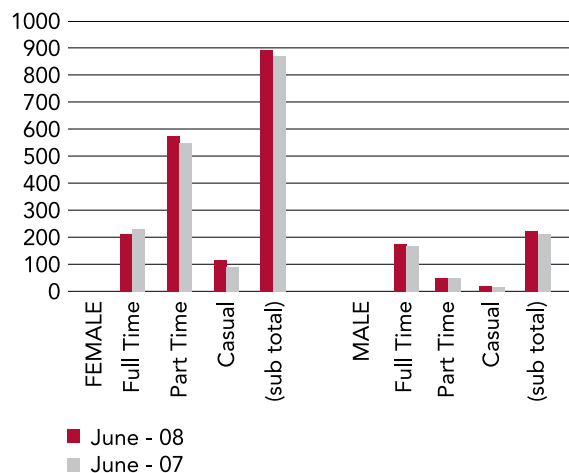


Occupational Health and Safety

Staff Gender and Employment Status

	June 2008	June 2007	June 2006
Female			
Full Time	218	234	227
Part Time	564	540	517
Casual	110	86	96
(sub total)	892	860	840
Male			
Full Time	163	157	150
Part Time	45	44	45
Casual	13	9	8
(sub total)	221	210	203
Total	1,113	1,070	1,043

Staff Gender and Employment Status



Workcover: Hours Lost and Claims

Hours Lost To Injury Or Illness

	2007/08	2006/07	2005/06
WARRNAMBOOL CAMPUS			
Acute Services			
Nursing	1243.5	1272	2316
Support Services/Administration	3440	3838	3327
Medical/Allied Health	1976	1976	2080
Psychiatric Services	1954	426	1422
LINEN SERVICE	1976	1976	1984
CAMPERDOWN CAMPUS			
Nursing	24	312	0
Support Services/Administration	103	0	152
Medical/Allied Health	0	0	0
LISMORE CAMPUS	0	0	0
MACARTHUR CAMPUS	0	0	0
Total	10,716.5	9,800	11,281

Number of new 'Standard' Claims

	2007/08	2006/07	2005/06
WARRNAMBOOL CAMPUS			
Acute Services			
Nursing	7	6	7
Support Services/Administration	0	1	1
Medical/Allied Health	0	1	0
Psychiatric Services	0	0	6
LINEN SERVICE	0	0	0
CAMPERDOWN CAMPUS			
Nursing	0	2	1
Support Services/Administration	1	0	0
Medical/Allied Health	0	0	0
LISMORE CAMPUS	0	0	0
MACARTHUR CAMPUS	0	0	0
Total	8	10	15

Corporate Social Responsibility



An awards ceremony held for long-serving staff saw this group recognised for a minimum 25 years service. Of them, 40-year-honors went to Central Linen Service truck driver Kevin Bonnet (back row, third right).

South West Healthcare's commitment to and awareness of responsible business practices resulted in the following initiatives and achievements in 2007-08.

Commitment to sustainability

Our practices aim to meet the needs of the present without compromising the ability of future generations to meet their needs. Doing our best environmentally over the past 12 months earned us:

- Silver certification from Sustainability Victoria for our non-mandatory efforts in recycling across the entire organisation. Systems implemented included:
 - Tracking weights of volumes in order to benchmark.
 - Joining Barwon Wastewise Network to investigate recycling and waste management processes.
 - Recycling, for the first time, paper product.
 - Introducing clear onsite point-of-use signage to encourage on-the-spot segregation of waste products.
 - Forming a local alliance, including hospitals and councils, to develop tools for recycling hard waste such as mattresses.

Other environmentally-friendly achievements:

- Successfully trialling three makes of four-cylinder cars in our six-cylinder District Nursing fleet to reduce fuel consumption. In 2008-09 we plan to change over the entire seven-car fleet to four-cylinder cars.
- Commencing a 12-month trial of a diesel-fuelled vehicle for the Warrnambool hospital car pool.
- Successfully encouraging staff to car pool with colleagues and partner services when attending offsite meetings and conferences.
- Joining forces with 60,000 Australians in 2,600 other workplaces to hold our first Ride to Work Day to reduce greenhouse gas emissions and pressure on parking.
- Holding our first Girls Night Market to encourage employees and the community to recycle clothing.

Commitment to community

Committed to doing what we can to help make our communities (page 14) better places to live, work and play, our proudest moment for 2007-08 was the history-making recognition of our Indigenous communities when we:

- Held our first ever NAIDOC celebrations (page 28).
- Raised, for the first time in our 153 year history, a Koori flag.
- Participated in the nation's Sorry Day.

Other special things we did for our communities included:

- Participating in Macarthur's 150th celebrations. More than 1,000 spectators got to see SWH Macarthur Community Health staff dressed in period nursing uniforms on a re-enactment float in the Through the Ages street procession.
- Assisting NOISE FM to bring a third FM radio voice to our region by sharing our transmission equipment.
- Allowing some community groups to promote their services in our Warrnambool hospital foyer showcases.
- Allowing some non-SWH fundraising to be held onsite including Daffodil Day, Relay for Life, Legacy, Biggest Morning Tea and Movember activities.
- Providing health promotion keynote speakers for non-SWH community events.

We also invested in our communities by way of our philanthropic activities mentioned next.

Commitment to philanthropy

Where we can, without affecting our own fundraising and financial needs, we strive to help improve the lives of others. In 2007-08 we:

- Sourced and delivered \$70,000 of superseded endoscopic medical equipment to post-tsunami Sri Lanka where we are heavily involved in helping rebuild two eastern coast hospitals. Our theatre team had hoped to continue its on-the-ground international humanitarian aid work there this year but continuing civil unrest made this impossible.
- Provided fundraising advice to a mix of community groups for their own fundraising purposes. One such collaboration, for example, led to the raising of \$27,000 for a local family in need.



Cardiac Rehabilitation nurse consultant Fleur Martin (centre) encouraged 17 of her Allied Health colleagues to swap their cars for bikes on National Ride to Work Day.



25 years of active duty saw CEO John Krygger present Camperdown hospital registered nurses Mary Barr (left) and Susie Larkins with Staff Service Awards.

- Raised \$11,854 for the educational costs of the daughter of a respected colleague who, having suffered a heart attack, needed full-time care. With the support of the organisation's Community Partnerships Unit, Human Resources team and Finance Department, registered nurse Julie O'Brien's Ward 2 colleagues declared October 26 2007 Julie's Day during which 259 employees (nursing and non-nursing staff from every campus) donated direct from their wages. The aim was to raise \$5,000. By the end of the day \$11,854 had been collected. Staff donated \$9,321, nurses statewide donated \$2,033 and the Australian Nursing Federation gifted \$500. Tragically, Julie passed away in January.

Commitment to governance

Committed to good governance practices our Board of Directors (page 34) and Executive (page 37) undertook five formal education sessions on:

- Risk Management and Clinical Governance
- Occupational Health and Safety
- Understanding Hospital Finances
- Future Directions in Mental Health Services
- Future Directions of Health Technology

Board members also undertook governance training provided by Nous Consulting, consisting of foundation and advanced workshops.

Commitment to the workplace

Some of the extra special things South West Healthcare did for staff and volunteers in 2007-08 included holding celebratory events for the following presentations:

- 129 Staff Service Awards
- 36 Volunteer Service Awards
- 41 Nursing Education Graduations (page 20)
- 12 Advanced Diploma of Business (Human Resources) graduations (page 21)
- Our annual AEW Matthews Memorial Travelling Scholarship (page 24)
- 4 Life Governorships (pages 41, 79)
- 3 Nancy Fitzpatrick Memorial Scholarships (page 20)

We also offered:

- Free Staff Health Clinics providing a range of vaccinations.
- Free counselling, debriefing and return-to-work support via our Employee Assistance Program.
- Free stress management courses.
- \$25 towards staff's annual gym membership fees.
- Salary packaging and other benefits including salary sacrifice to superannuation.
- Promotional website support for staff raising money for worthy community causes other than our own, such as Relay for Life and Movember.

Then there were the extra special things staff did for South West Healthcare and the community:

- In fundraising terms alone, workers collectively raised \$42,025 for the purchase of medical equipment, aides and renovations in 2007-08 (pages 42, 84).
- Camperdown staff also donated an additional \$43,000 from fundraising activities held prior to 2007-08 (page 42).
- Another \$21,100 was raised and donated to us by staff involved in non-SWH-initiated community fundraisers. This saw the delivery of two new, unique and incredibly successful events:
 - o SWH Short Stay Ward nurse Deb Hoggan and SWH registered volunteer Di Papworth participated in Warrnambool's inaugural Jayson Lamb Splash Factory Bay Swim. It raised \$13,700 for cancer-related medical equipment and aides for our Children's Ward.
 - o SWH Dual Diagnosis coordinator Mark Powell teamed up with Warrnambool physiotherapist Jason Hill to cycle the 1,205 kilometres between Sydney and Melbourne. Ride For A Cure raised \$7,400 for oxygen concentrators for our Palliative Care Unit.

Corporate and Clinical Governance

Board of Directors

The board consists of ten directors responsible for overseeing the governance of the organisation and ensuring all services provided comply with the requirements of the Health Services Act 1988 and with South West Healthcare's objectives.

Appointed by the Governor-In-Council following nominations received by South West Healthcare, each director serves a

three-year term and may be eligible for re-nomination when that term ends. No director's term expired during 2007-08 however two long-serving directors retired: Immediate Past Chairman Ian Armstrong APM (October 1997 to February 2008) and David Jellie (May 1996 to November 2007).

In 2007/08 the Board of Directors met 11 times.



Chairman – Sharon Muldoon

Consultant – Disability Services, Vision Australia, Macarthur BA (Soc Sci), Cert Soc Geront, ACM

Appointed October 2000

Member Board Executive (Chair); Financial Performance, Audit and Risk, Medical Appointments (Chair), Multidisciplinary Ethics (Chair) and Human Resources (Chair) Committees

Attendance 11 of 11 (100%) Board of Directors meetings

Deputy Vice Chairman – Francis Broekman

Chief Executive Officer, Brophy Family & Youth Services Inc, Warrnambool

Bach Social Work, Master Social Services

Appointed November 2003

Member Board Executive; Financial Performance, Audit and Risk, Quality Care, Project Control Group and Human Resources Committees

Attendance 10 of 11 (91%) Board of Directors meetings

Deputy Chairman – Chris Logan

Workforce Development Manager – Grampians, Rural Workforce Agency Victoria (RWAV), Camperdown
Grad Cert Bus Admin (Deakin)

Appointed November 2004

Member Board Executive; Quality Care (Chair), Financial Performance, Audit and Risk, Medical Appointments and Human Resources Committees

Attendance 10 of 11 (91%) Board of Directors meetings

Chairman of Finance Committee – Felicity Melican

Partner, Sinclair Wilson, Accountants & Business Advisors, Warrnambool Chartered Accountants

Bach Business (Accg), Grad Dip Ed (Secondary)

Appointed November 2002

Member Board Executive; Financial Performance, Audit and Risk (Chair), Quality Care, Project Control Group and Human Resources Committees

Attendance 8 of 11 (73%) Board of Directors meetings

Immediate Past Chairman – Ian Armstrong APM

Retired Police Sergeant, Mailors Flat

Appointed October 1997

Resigned February 2008

Member Board Executive

Attendance 6 of 7 (86%) Board of Directors meetings



Mary Alexander

Journalist, The Standard, Camperdown
 Appointed November 2004
 Member Project Control Group (Chair), Quality Care and Multidisciplinary Ethics Committees
 Attendance 9 of 11 (82%) Board of Directors meetings

John Maher

Retired Senior Executive, Australia Post, Camperdown
 Appointed November 2006
 Member Financial Performance, Audit and Risk and Quality Care Committees
 Attendance 10 of 11 (91%) Board of Directors meetings

Steve Callaghan

Dealer Principal, Callaghan Motors, Warrnambool
 Bach Business (Accg)
 Appointed November 2005
 Member Financial Performance, Audit and Risk and Human Resources Committees
 Attendance 8 of 11 (73%) Board of Directors meetings

Richard Zerbe

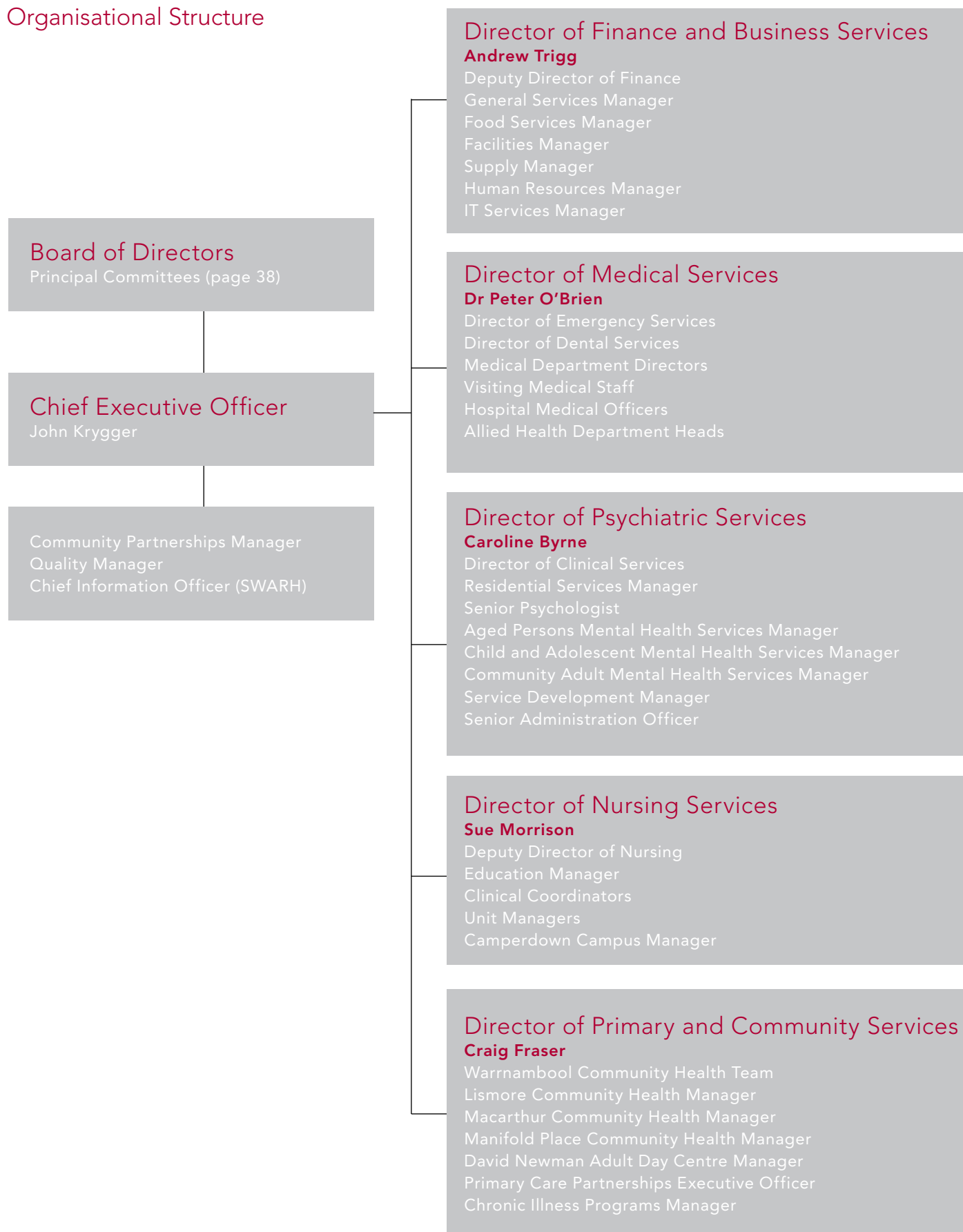
Senior Business Reporter, Glenelg Hopkins Catchment Management Authority, Warrnambool
 Bach Ag Science, Master Bus Admin
 Appointed October 2000
 Member Medical Appointments Committee
 Attendance 8 of 11 (73%) Board of Directors meetings

David Jellie

Solicitor/Partner, Jellie McDonald, Warrnambool
 BA, LLB
 Appointed May 1996
 Resigned November 2007
 Member Project Control Group Committee
 Attendance 4 of 5 (80%) Board of Directors meetings

Corporate and Clinical Governance

Organisational Structure





Executive Team

John Krygger

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

Chief Executive Officer

John has 29 years experience in the Victorian public health sector having worked in both regional and metropolitan teaching hospitals. A base hospital chief executive officer for the past 13 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 patient experience. A board member of the Victorian Hospitals Industrial Association since 1996, he is currently VHIA deputy president and chairman of the finance committee.

Dr Peter O'Brien

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

Director of Medical Services

Peter has headed up our medical services for the past 13 years. Prior to this he worked at Wangaratta & District Base and Benalla & District Memorial Hospitals. 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 close to three years as a medical officer in the Royal Flying Doctor Service based at Broken Hill. He is involved in a number of external committees including the Royal Australasian College of Medical Administrators Victorian State Committee and the Deakin University School of Medicine Academic Advisory Board.

Andrew Trigg

BComm (Accounting/Finance), AHSFMA, ASA

Director of Finance and Business Services

Andrew has worked in the Victorian public health sector for 23 years, joining South West Healthcare in 2005. He has held positions at executive management level for the past 13 years largely in 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 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 Services

Sue has a long association with South West Healthcare having commenced her nursing career at our Warrnambool base 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 statewide 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 1970s and since then has worked mostly in mental health and substance use in hospital and community-based services. Joining South West Healthcare in 2004, she is committed to improving service access and coordination for all people in the south west, and to reducing the stigma associated with having a mental illness. Her dedication to these causes was nationally recognised in the *Who's Who of Australian Women* in 2006.

Craig Fraser

BProsOrth, Dip App Sc

Director of Primary and Community Services

Craig has managed and developed South West Healthcare's six-site community health division for the past three years. Prior to this role he was South West Primary Care Partnership chief executive officer and before that spent a decade as manager of the Alfred Hospital's Prosthetic and Orthotic Department. There he chaired the allied health division, numerous building and program projects and was responsible for the development of a comprehensive spinal trauma management program. He has also worked in remote and regional South Australia. Craig is committed to developing South West Healthcare's newest division into a dynamic primary healthcare lead agency.

Corporate and Clinical Governance



Principal Committees

The Board of Directors is supported by nine Principal Committees.

Board Executive Committee

This committee has the authority to act on behalf of the Board of Directors, when necessary, between Board meetings. This need did not arise in 2007-08.

Members: SWH Board Chairman Sharon Muldoon (Chair) and Board Directors Ian Armstrong, Chris Logan, Felicity Melican and Francis Broekman.

Financial Performance, Audit and Risk Committee

This committee oversees the development and monitoring of performance of the organisation's strategic financial annual and business plans and risk management systems. It ensures South West Healthcare meets its Health Service Agreement budget activity targets. This committee met 11 times in 2007-08.

Members: SWH Board Directors Felicity Melican (Chair), Sharon Muldoon, Chris Logan, John Maher, Francis Broekman and Stephen Callaghan; SWH CEO John Krygger, Director of Medical Services Dr Peter O'Brien, Director of Finance and Business Services Andrew Trigg, Director of Nursing Services Sue Morrison, Director of Psychiatric Services Caroline Byrne and Deputy Director of Finance David McLaren.

Medical and Dental Appointments Advisory Committee

This committee advises the Board of Directors on the appointment, reappointment, suspension and/or termination of Senior Medical Officers, Visiting Medical Officers, Visiting Dentists and Royal Australian College of General Practitioners Registrars. This committee met three times in 2007-08.

Members: SWH Board Chairman Sharon Muldoon (Chair); Board Directors Chris Logan and Richard Zerbe; SWH CEO John Krygger, Director of Medical Services Dr Peter O'Brien, Human Resources Manager Graeme Mitchell and relevant Medical Staff Association representatives.

Quality Care Committee

This committee provides leadership and advice to the Board of Directors in the assessment and evaluation of the quality of all health services provided by the organisation. It is the major vehicle for ensuring South West Healthcare provides effective clinical governance. This committee met 11 times in 2007-08.

Members: SWH Board Directors Chris Logan (Chair), Felicity Melican, Mary Alexander, John Maher and Francis Broekman; SWH CEO John Krygger, Director of Medical Services Sue Morrison, Director of Medical Services Dr Peter O'Brien, Director of Psychiatric Services Caroline Byrne, Director of Primary and Community Services Craig Fraser, Camperdown Campus Manager Ruth Mitchell and Quality Manager Karen Harrison; Visiting Medical Officers representative Dr Eric Fairbank.

Multidisciplinary Ethics Committee

This committee provides advice to the Board of Directors on ethical issues related to the functioning of South West Healthcare. It ensures all research involving SWH patients/clients meets National Health and Medical Research Council guidelines and, on request, provides an advisory service on ethical issues to other healthcare organisations. This committee met twice in 2007-08.

Members: SWH Board Chairman Sharon Muldoon (Chair); Board Director Mary Alexander; SWH Director of Medical Services Dr Peter O'Brien, Director of Nursing Services Sue Morrison, Director of Psychiatric Services Caroline Byrne, Director of Primary and Community Services Craig Fraser and Education Manager Jenice Smart; community members Dr Bill Bateman, Vin Callaghan, Marjorie Crothers, Doug Laidlaw, Jenny Madden, Dr John Philpot and Dr Vicki Woodward.



Camperdown campus manager Ruth Mitchell and Merindah Lodge Tooliorook Hostel resident Thelma Grenfell visit the newest addition to Merindah's garden, a glorious birdhouse donated by one of our six auxiliaries (page 83), Friends and Relatives of Merindah.

Human Resources Committee

This committee is responsible for overseeing the development of the annual performance goals of the Chief Executive Officer and for reviewing the progress of these goals to facilitate the Board of Directors' annual performance assessment of the Chief Executive Officer. It also updates the Board of Directors on the implementation of the Human Resources Strategic Plan, monitors the organisation's industrial relations climate and receives recommendations for the organisation's annual AEW Matthews Memorial Travelling Scholarship. This committee met once in 2007-08.

Members: SWH Board Chairman Sharon Muldoon (Chair) and Board Directors Stephen Callaghan, Chris Logan, Felicity Melican and John Maher.

Project Control Group (PCG) Committee

This committee has the primary responsibility for overseeing the Warrnambool hospital's capital redevelopment project. It determines the scope, quality, time and budget standards and monitors the progress of the project against these standards. This committee met seven times in 2007-08.

Members: South West Healthcare's interests on this committee are served by the membership of Board Directors Ian Armstrong (Chair), Francis Broekman and Felicity Melican; SWH CEO John Krygger, Facilities Manager Wayne Hall and Director of Nursing Services Sue Morrison.

Community Advisory Committee

This committee assists South West Healthcare to appropriately integrate community and consumer perspectives into service delivery, planning and policy development. Currently revising the 2008-10 Consumer Participation Plan, reviewing the Patient Information Directory and providing stakeholder input to the Warrnambool hospital's redevelopment, this committee met four times in 2007-08.

Members: SWH Director of Nursing Sue Morrison, Deputy Director of Nursing Karen McKinnon, Quality Manager Karen Harrison and Quality Management Projects Nurse Leanne McCann; community representatives Moria Baulch, Marie Crabbe, Marjorie Crothers, Gillian Davey, Julie Hoare, Linda Holland, Bill Malseed, Keith McKenzie, Prue Neale and David Russell.

Community Advisory Committee – South Western Centre Against Sexual Assault (SW CASA)

This committee assists South West Healthcare to appropriately integrate community and consumer perspectives into the service delivery, planning and policy development of the organisation's centre against sexual assault. This committee met 10 times in 2007-08.

Members: SWH Director of Medical Services Dr Peter O'Brien, SW CASA Coordinator Helen Wilson, Emergency Department Unit Manager Kate Sloan, ED Clinical Nurse Specialist Chris Garner; community members Dr Jackie Rounsevell (chair), Bill Radley (psychologist), Lesley Williams (DHS), Larissa Fleuchar (Education Department), Acting Sergeant Tanya Barbary, Senior Constable Sally Frazer, Acting Sergeant Julieanne Barrett and Sergeant Sharon McKinnon (Victoria Police Sexual Offences and Child Abuse Unit), June Williams, Maxine Golding-Clark, Gabrielle Kenna, Sandra Laird and Anna Drylie.

Our Volunteers

Our army of volunteers grew 7.3 per cent in 2007-08 as 279 people generously donated their time, energy and expertise to assisting 44 programs at eight South West Healthcare sites.

Where our Volunteers Help

SWH Campus/Site	Volunteers	Volunteers
	007-08	2006-07
Warrnambool hospital	103	103
Camperdown hospital	81	70
Warrnambool CH	2	2
Manifold Place (Camperdown CH)	5	5
Lismore CH	19	20
Macarthur CH	38	35
Merindah Lodge	16	13
David Newman Adult Day Care Centre	15	12
Total	279	260

How our Volunteers Help

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 the 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.

Lismore

At Lismore Community Health 19 volunteers do Meals on Wheels to make sure a nutritionally balanced meal is delivered to the doorsteps of their rurally-isolated clients (and often their carers) who are frail-aged and/or living with a disability.

Camperdown

We have 81 Meals on Wheels volunteers at our Camperdown hospital. They, and the 20 at Lismore, also provide their vehicles free of charge.



One of 38 Macarthur Community Health registered volunteers, Bev Clynes spends an hour a week phoning eight rurally-isolated Telecare clients for a catch-up. Keeping social isolation at bay, three volunteers are involved in this initiative which commenced in 2000.

Merindah Lodge, the aged-care facility at our Camperdown hospital, has 16 volunteers. Eleven are Friends & Relatives of Merindah (FROM) members, two are volunteer bus drivers, one helps with craft activities, another with indoor bowls and a spot of gardening and the final ones takes a resident on regular outings.

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.

Our David Newman Adult Day Care Centre has 15 volunteers, seven of whom are trained to assist with craft, outings and games activities, and with the delivery of meals and drinks to clients. Three volunteers provide a musical program for community singing, another two entertain with country and western music and one helps with the singing and music selection. One drives the centre's bus one morning a week and the final volunteer gets to play Santa.

Macarthur

Of the 38 volunteers at Macarthur Community Health 19 are drivers who take clients to and from appointments while others drive the centre's bus the half-hour to Hamilton so that the more elderly can do their shopping. Other volunteers help with Telecare, the centre's Planned Activity Group, washing work cars and gardening.

Volunteer training and education

SWH Coordinator of Volunteers Marita Thornton oversees the training and upskilling of our volunteers as individual needs arise. This includes emergency response and fire drill training. Our peer leader volunteers also undergo regular training specific to their program as do our palliative care volunteers. Our Warrnambool volunteers also participate in a bi-annual performance review.

In 2007-08 our Nursing Services Education Program provided an Introduction to Computers course for volunteers keen to learn new things.

Our Volunteers

Life Governorship for four outstanding volunteers

Four of our volunteers joined the organisation's prestigious honor roll of Life Governors in November. Two for exemplary voluntary service to the governance of South West Healthcare:

- Retiring Director David Jellie served 11 years on the Board of Directors. Partner in a private legal practice, he applied his legal mind to a variety of complex issues. His tenure included chairing the board from 2001-03.
- Retiring Director Ian Armstrong served 10 years on the Board of Directors. The Australian Police Medal, Centenary Medal and Rotary Paul Harris Fellow recipient's contribution included holding almost every position on the board during his tenure including chairing it from 2003-06.

And two for exemplary voluntary service to our Macarthur Community Health Day Program:

- Isobel Macpherson has volunteered at our Macarthur campus for 25 years. She joined the hospital auxiliary there in 1982, took on vice presidency in 1983 and was president when the hospital changed its role to become an outreach centre in 1988. During that time she helped raise thousands of dollars for medical equipment and aides. When the auxiliary disbanded at the time of the hospital's role conversion, she moved on to the centre's Day Program which works with older members of the community. To this day she's a volunteer driver, helps run program activities and prepares the meals that go with them.

- Anne Wright has volunteered at our Macarthur campus for 23 years. She joined the hospital auxiliary in 1984 and took on a 10-year term as vice president in 1986 before becoming treasurer; the role she held until the auxiliary disbanded. She then (like Isobel) moved on to the Day Program where, to this day, she is an active volunteer. She too has helped raised thousands of dollars for medical equipment and aides.

For a full list of South West Healthcare's Life Governors see (page 79).

Our first Carers for Volunteers

South West Healthcare welcomed its first Carers for Volunteers in January when Southern Way Direct Care Service carers Brett Rantall and Garry Johnson joined our Volunteer Program to make sure a client of theirs wouldn't miss a single 'shift' of a task he adores (photo page 28).

So much in love with his hospital 'job' is Simon Ridgwell that his mum Helen has also become a registered volunteer, as back up to Brett and Garry.

Two mornings a week the 23-year-old is on deck at 8am delivering breakfast trays to patients in our Warrnambool hospital's Medical/Surgical Ward 6, with Brett or Garry in tow. His enthusiasm is palpable and his determination to embrace his intellectually disability is inspiring.

SWH Coordinator of Volunteers Marita Thornton is delighted with the initiative.



Outstanding voluntary service earned Life Governorship for (from left) David Jellie, Isobel Macpherson, Anne Wright and Ian Armstrong (page 72).

Our Donors

The treatment and care of patients was significantly enhanced by donations totalling \$338,136 in 2007-08. It allowed for the purchasing of otherwise unaffordable medical equipment and aides, the delivery of innovative programs, the further education of some very promising staff and the financing of a major redevelopment. (Pages 82-84 list the year's donations.)

Our number of registered donors increased 97 per cent in this report year. If not for the generosity of this group of 246 individuals, businesses, organisations, clubs, corporations and SWH staff, purchases and initiatives including the following would not have occurred:

- 4 trauma trolleys for our Warrnambool Emergency Department (\$32,000)
- 3 flexible cystourethroscopes for our Camperdown and Warrnambool Operating Theatres (\$40,000)
- 6 chemotherapy treatment chairs for our Chemotherapy Unit (\$25,000)
- ECG machine for our Withdrawal & Support Service and Rehabilitation Unit (\$11,000)
- Portable monitor for our Special Care Unit (\$4,500)
- Podiatry equipment for our Podiatry Unit (\$5,900)
- Pulse oximeter for Macarthur Community Health (\$2,000)
- ECG machine for Macarthur Community Health (\$10,000)
- Harmonic scalpel for our Warrnambool Operating Theatres (\$20,000)
- Defibrillator for our Intensive Care Unit (\$10,000)
- Cardiac assessment system for our Cardiac Rehabilitation Unit (\$30,000)
- 2 electric portable beds for loan to at-home Palliative Care Unit patients (\$4,760)
- 3 oxygen concentrators for Palliative Care Unit patients (\$14,300)

- 4 beds for overnight-stay parents in our Children's Ward (\$4,960)
- Hand therapy equipment for the our Occupational Therapy Unit (\$5,322)
- 7 IV poles for our Chemotherapy Unit (\$2,010)
- Redevelopment of the acute bathrooms at our Camperdown hospital (\$43,000)
- Establishment of a free DVD service for our Chemotherapy Unit (\$4,030)

Donations received from SWH staff

Our very own staff are significant donors of the organisation. In 2007-08 they raised a staggering \$42,025. (Page 84 itemises these donations and how they were spent.)

Camperdown hospital staff were also responsible for the above-listed \$43,000 donation that allowed for two-thirds of the financing of the nearly-completed Camperdown hospital acute bathrooms redevelopment. This impressive donation was the result of pre 2007-08 fundraising activities reported on in earlier SWH annual reports. The redevelopment will be completed early 2008-09.

Donations received from SWH auxiliaries

Our six auxiliaries collectively donated \$36,006 in 2007-08. The Camperdown Auxiliary's fundraising was boosted by an annual donation from Ritchies IGA Community Benefits Scheme (\$9,791) while Victoria Police's Winter Harmony Concert (\$2,500) and a Warrnambool Emergency Services Triple Zero night (\$3,000) boosted the fundraising of our Warrnambool Ladies Auxiliary. Page 83 itemises these donations and how they were spent.

[Continued page 84](#)

A desperately-needed new fleet of trauma trolleys arrive at our Warrnambool Emergency Department thanks to (from left:) Bottlemart state manager Frank Maddicks and (fourth left) the Victoria Hotel's Brian Gleeson (\$20,000), BHP Billiton Minerva Gas Plant employees at Timboon via Pip Mancer and Paul Hanlon (\$6,000) and the Warrnambool Bowls Club's Friday Bingo via board chairman Bill Smith and board member Max Thomas (\$6,000).



Financial Statements

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Board member's, accountable officer's and chief finance & accounting officer's declaration

We certify that the attached financial report for South West Healthcare has been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards, Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial report, presents fairly the financial transactions during the year ended 30 June 2008 and financial position of South West Healthcare as at 30 June 2008.

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

We authorise the attached financial report for issue on this day.



Sharon Muldoon
Chairperson

Warrnambool
11 September 2008



John F Krygger
Chief Executive Officer

Warrnambool
11 September 2008



Andrew Trigg
Chief Finance & Accounting Officer

Warrnambool
11 September 2008

Financial Statements

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members of South West Healthcare

The Financial Report

The accompanying financial report for the year ended 30 June 2008 of South West Healthcare which comprises the operating statement, balance sheet, cash flow statement, statement of changes in equity, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance & accounting officer's declaration has been audited.

The Board Members Responsibility for the Financial Report

The Board Members 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.

Auditor's 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 judgement, 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 entity's 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 entity'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.

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

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial statements published in both the annual report and on the website of South West Healthcare for the year ended 30 June 2008. The Board Members of South West Healthcare are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named above. 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 the South West Healthcare web site.

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. In conducting the audit, the Auditor-General, his staff and delegates complied 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 2008 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
12 September 2008



D D R Pearson
Auditor-General

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

Financial Statements

Operating Statement for the Year Ended 30 June 2008

	Note	2008 \$000	2007 \$000
Revenue From Operating Activities	2	90,498	84,162
Revenue From Non-operating Activities	2	987	856
Employee Benefits	2b(i)	(60,167)	(55,668)
Non Salary Labour Costs	2b(i)	(6,819)	(6,083)
Supplies and Consumables	2b(i)	(12,769)	(11,748)
Other Expenses From Continuing Operations	2b(i)	(12,081)	(11,575)
Net Result Before Capital And Specific Items		(351)	(56)
Capital Purpose Income	2	1,891	2,341
Depreciation and Amortisation	3	(2,957)	(2,973)
Specific Expense	2e	(236)	(167)
Net Result For The Period		(1,653)	(855)

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

Financial Statements

Balance Sheet as at 30 June 2008

	Note	2008 \$000	2007 \$000
ASSETS			
Current Asset			
Cash and Cash Equivalents	16	11,614	7,532
Receivables	6	1,832	1,552
Inventories	7	1,407	1,476
Other Current Assets	11	72	21
Total Current Assets		14,925	10,581
Non Current Assets			
Receivables	6	977	1,096
Investments Accounted for using the Equity Method	13	94	437
Property, Plant and Equipment	5	73,173	70,243
Total Non-Current Assets		74,244	71,776
TOTAL ASSETS		89,169	82,357
LIABILITIES			
Current Liabilities			
Payables	9	3,505	3,286
Interest Bearing Liabilities	20	5	1
Provisions	10	14,482	13,034
Other Liabilities	8	347	125
Total Current Liabilities		18,339	16,446
Non Current Liabilities			
Provisions	10	1,190	1,053
Interest Bearing Liabilities	20	11	-
Total Non-Current Liabilities		1,201	1,053
TOTAL LIABILITIES		19,540	17,499
NET ASSETS		69,629	64,858
EQUITY			
Contributed Capital	21b	54,770	48,346
Asset Revaluation Reserve	21a	21,044	21,044
Restricted Specific Purpose Reserve	21a	22	22
Accumulated Surpluses/(Deficits)	21c	(6,207)	(4,554)
TOTAL EQUITY	21d	69,629	64,858
Contingent Liabilities and Contingent Assets	15		
Commitments for Expenditure	14		

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

Financial Statements

Cash Flow Statement for the Year Ended 30 June 2008

	Note	2008 \$000	2007 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		81,062	82,735
Patient Fees Received		2,649	2,833
Private Practice Fees Received		292	370
Interest Received		668	522
Other Receipts Received		6,753	4,584
GST Received from/(paid to) ATO		1,934	(4,903)
Employee Benefits paid		(58,581)	(54,552)
Fee for service Medical Officers		(6,819)	(6,084)
Payments for Supplies and Consumables		(12,065)	(11,759)
Other Payments		(14,392)	(12,233)
Cash Generated from Operations		1,501	1,513
Capital Grants from Government		1,515	699
Capital Donations and Bequests Received		496	343
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	17	3,512	2,555
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Properties, Plant and Equipment		(4,770)	(3,850)
Proceeds from Sale of Properties, Plant and Equipment		1,327	943
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(3,443)	(2,907)
CASH FLOWS FROM FINANCING ACTIVITIES			
Contributed Capital from Government		3,791	-
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		3,791	-
NET INCREASE/(DECREASE) IN CASH HELD		3,860	(352)
CASH AND CASH EQUIVALENTS BEGINNING OF PERIOD		7,385	7,737
CASH AND CASH EQUIVALENTS END OF PERIOD	16	11,245	7,385

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

Financial Statements

Statement of Changes in Equity for the Year Ended 30 June 2008

	Note	2008 \$000	2007 \$000
Total Equity at beginning of financial year		64,858	65,713
Net result for the year		(1,653)	(855)
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		(1,653)	(855)
Transactions with the state in its capacity as owner		6,424	-
Total Equity at the end of the financial year		69,629	64,858

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

Notes to the Financial Statements

for the year ended 30 June 2008

Note 1:

a) Statement of Compliance

The financial report is a general-purpose financial report which has been prepared on an accrual basis in accordance with the Financial Management Act 1994, applicable Australian Accounting Standards (AAS), which includes the Australian accounting standards issued by the Australian Accounting Standards Board (AASB), Interpretations and other mandatory professional requirements.

b) 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 AAS's 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 2008, and the comparative information presented in these financial statements for the year ended 30 June 2007.

c) 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 AAS's.

d) Rounding off

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

e) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

f) 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.

Receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest rate method, less any accumulated impairment.

g) 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. Cost for all other inventory is measured on the basis of weighted average cost. Inventories acquired for no cost or nominal considerations are measured at current replacement cost at the date of acquisition.

h) 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.

Notes to the Financial Statements

for the year ended 30 June 2008

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.

i) Property, Plant and Equipment

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 asset, public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

Land and Buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation.

Plant, Equipment and Vehicles are measured at cost less accumulated depreciation and impairment.

Cultural, Collections, Heritage Assets and Other Non-Current Physical Assets that the State intends to preserve because of their unique historical, cultural or environmental attributes are measured at the cost of replacing the asset less, where applicable, accumulated depreciation calculated on the basis of such cost to reflect the already consumed or expired future economic benefits of the asset.

Restrictive nature of cultural and heritage assets, Crown land and infrastructures.

During the reporting period, the entity may hold cultural assets, heritage assets, Crown land and infrastructures.

Such assets are deemed worthy of preservation because of the social rather than financial benefits they provide to the community. The nature of these assets means that there are certain limitations and restrictions imposed on their use and/or disposal.

j) Revaluations of Non-Current Assets

Financial Reporting Direction (FRD) 103C 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 FRD103C 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.

k) Other Financial Assets

Other financial assets are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

South West Healthcare classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

South West Healthcare assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Loans and receivables

Trade receivables, loans and other receivables are recorded at amortised cost, using the effective interest method, less impairment.

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Held-to-maturity investments

Where the entity has the positive intent and ability to hold investments to maturity, they are stated at amortised cost less impairment losses.

l) Depreciation

Assets with a cost in excess of \$1,000 (2006-07 and 2007-08) 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.

Notes to the Financial Statements

for the year ended 30 June 2008

The following table indicates the expected useful lives of non current assets on which the depreciation charges are based.

	2008	2007
Buildings	Up to 40 years	Up to 40 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

m) Payables

These amounts consist predominantly of liabilities for goods and services. Payables are initially recognised at fair value, then subsequently carried at amortised cost and represent liabilities for goods and services provided to South West Healthcare prior to the end of the financial year that are unpaid, and arise when the Health Service becomes obliged to make future payments in respect of the purchase of these goods and services. The normal credit terms are usually Nett 30 days.

n) 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. Where a provision is measured using the cashflows estimated to settle the present obligation, its carrying amount is the present value of those cashflows.

o) 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 when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another entity or agency as a consequence of a restructuring of administrative arrangements. In the latter case, In the latter case, such transfer will be recognised as carrying 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.

p) 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 with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability using the effective interest method. Fair value is determined in the manner described in Note 20.

q) Functional and Presentation Currency

The presentation currency of South West Healthcare is the Australian dollar, which has also been identified as the functional currency of South West Healthcare.

r) 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.

s) 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 within 12 months.

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.

Notes to the Financial Statements

for the year ended 30 June 2008

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 Commonwealth 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 South West Healthcare to the superannuation plan in respect to the current services of current South West Healthcare's staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of South West Healthcare 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.

South West Healthcare made contributions to the following major superannuation plans during the year:

		Contributions Paid or Payable for the year	
		2008 \$000	2007 \$000
Defined benefits plans:	Health Super Fund	478	482
	State Superannuation Fund	135	137
Defined contribution plans:	Health Super Fund	4,021	3,867
	Hesta Super Fund	362	196

South West Healthcare does not recognise any defined benefit liability in respect of the superannuation plans because the entity 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 benefits on-costs (workers compensation, superannuation, annual leave and LSL accrued while on LSL taken in service) are recognised separately from provision for employee benefits.

t) 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.

u) 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.

v) 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.

w) 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.

Notes to the Financial Statements

for the year ended 30 June 2008

x) 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.

Entity as lessee

Finance leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, at the present value of the minimum lease payments, each determined at the inception of the lease. The lease asset is depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum lease payments are allocated between the principal component of the lease liability, and the interest expense calculated using the interest rate implicit in the lease and charged directly to the operating statement.

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 use of the leased asset.

Lease Incentives

All incentives for the agreement of a new or renewed operating lease shall be recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

The cost of leasehold improvements is capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

y) Income Recognition

Income 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. For non-reciprocal grants South West Healthcare is deemed to have assumed control 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 13/2008.

z) Income Recognition

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.

Dividend Revenue

Dividend revenue is recognised on a receivable basis.

Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset.

aa) 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.

ab) 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.

Notes to the Financial Statements

for the year ended 30 June 2008

ac) Comparative Information

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

Transfer of \$860,000 Provision for long service leave from non-current to current liabilities due to the availability of additional information.

The Share of Minority Interest in Joint Venture result of \$167,000 loss in 2006/07 was reported within operating expenses is now reported as a specific expense after expenses from Continuing Operations due to its capital nature.

ad) Asset Revaluation

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

ae) 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.

af) 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.

ag) Net Result Before Capital and 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 (o)). 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 Reversals of provisions.
- 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 (h).
- Depreciation and amortisation as described in note 1 (i) & (l).
- Assets provided or received free of charge as described in note 1 (o).
- Expenditure using capital purpose income, which comprises expenditure which either falls below the asset capitalisation threshold (note 1 (l), 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.

ah) 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.

Notes to the Financial Statements

for the year ended 30 June 2008

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.

ai) New Account Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2008 reporting period. As at 30 June 2008, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008. 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 Entities Annual Statements
AASB 2007-2 Amendments to Australian Accounting Standards arising from AASB Interpretation 12.	Amendments arise from the release in February 2007 of Interpretation 12 Service Concession Arrangements.	Beginning 1 July 2008	The impact of any changes that may be required cannot be reliably estimated and is not disclosed in the financial report.
AASB 8 Operating Segments.	Supersedes AASB 114 Segment Reporting.	Beginning 1 January 2009	Not applicable.
AASB 2007-3 Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 and AASB 1038].	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	Impact expected to be not significant.
AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12].	Option to expense borrowing cost related to a qualifying asset had been removed. Entities are now required to capitalise borrowing costs relevant to qualifying assets.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.

Notes to the Financial Statements

for the year ended 30 June 2008

Standard/Interpretation	Summary	Applicable for reporting periods beginning on or ending on	Impact on Entities Annual Statements
AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101.	Editorial amendments to Australian Accounting Standards to align with IFRS terminology.	Beginning 1 January 2009	Impact expected to be not significant.
Interpretation 12 Service Concession Agreements.	Amendments arising from the release of AASB 2007-6.	Beginning 1 January 2009	Impact expected to be not significant.
AASB 1004 (Revised) Contributions.	Relocation of requirements on contributions from AASs 27, 29 and 31, into AASB 1004.	Beginning 1 July 2008	Impact expected to be not significant.
Interpretation 1038 (Revised) Contributions by Owners Made to Wholly-Owned Public Sector Entities.	Relocation of the requirements on contributions from AASs 27, 29 and 31, into AASB 1004.	Beginning 1 July 2007	Impact expected to be not significant.
AASB 2007-9 Amendments to Australian Accounting Standards arising from the Review of AASs 27, 29 and 31 [AASB 3, AASB 5, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137].	<p>Relocation of certain relevant requirements from AASs 27, 29 and 31, into existing topic-based Standards. In particular, this Standard addresses:</p> <ul style="list-style-type: none"> (a) the notion of reporting entity as it applies to local governments, governments and government departments; (b) restructures of local governments; (c) infrastructure, cultural, community and heritage assets; (d) control in the public sector; and (e) obligations arising from local government and government existing public policies, budget policies, election promises or statements of intent. <p>This Standard also makes consequential amendments, arising from the short-term review of the requirements in AASs 27, 29 and 31, to AASB 5, AASB 8, AASB 101 and AASB 114.</p>	Beginning 1 July 2008	Impact expected to be not significant.

Notes to the Financial Statements

for the year ended 30 June 2008

Note 2: Revenue

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2008	2007	2008	2007	2008	2007
	\$000	\$000	\$000	\$000	\$000	\$000
Revenue from Operating Activities						
Government Contributions						
- Department of Human Services	76,956	71,275	-	-	76,956	71,275
- Dental Health Services Victoria	880	309	-	-	880	309
- Commonwealth Government						
- Residential Aged Care Subsidy	1,266	1,287	-	-	1,266	1,287
- Other	1,398	1,397	-	-	1,398	1,397
Indirect Contributions by Human Services						
- Insurance	1,960	2,392	-	-	1,960	2,392
- Long Service Leave	704	372	-	-	704	372
Patients and Resident Fees (refer note 2c)	2,692	2,748	-	-	2,692	2,748
Sub -Total Revenue from Operating Activities	85,856	79,780	-	-	85,856	79,780
Business Units and Specific Purpose Funds						
Private Practice Fees	-	-	292	370	292	370
Catering and Commissions	-	-	344	393	344	393
Sales	-	-	1,697	1,451	1,697	1,451
Training and Staff development	-	-	38	108	38	108
Fundraising	-	-	54	50	54	50
Linen Service	-	-	731	730	731	730
Property Income	-	-	324	314	324	314
Other	-	-	15	23	15	23
Total Business Units and Specific Purpose Funds			3,495	3,439	3,495	3,439
Other Revenue from operating Activities	1,411	1,257	-	-	1,411	1,257
Sub -Total Revenue from Operating Activities	87,267	81,037	3,495	3,439	90,762	84,476
Revenue from Non Operating Activities						
Interest	-	-	722	542	722	542
Sub -Total Revenue from Non Operating Activities	-	-	722	542	722	542
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Equipment and Infrastructure	1,515	2,126	-	-	1,515	2,126
Commonwealth Government Capital Grants	-	-	-	-	-	-
Residential Accommodation Payments (refer note 2c)	158	140	-	-	158	140
Net Gain/(Loss) on Sale of Non-Current Assets (refer note 2d)	-	-	(63)	(79)	(63)	(79)
Donations and Bequests	-	-	282	154	282	154
Sub -Total Revenue from Capital Purpose Income	1,673	2,266	219	75	1,892	2,341
Total Revenue (refer note 2a)	88,940	83,303	4,436	4,056	93,376	87,359

Notes to the Financial Statements

for the year ended 30 June 2008

Note 2a: Analysis of Revenue by Source (based on the consolidated view of note 2)

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000
Revenue from Services Supported by Health Service Agreement										
Government Grants	47,785	4,127	3,402	3,758	1,891	1,895	12,570	1,722	3,350	80,500
Indirect Contributions by Human Services	2,664	-	-	-	-	-	-	-	-	2,664
Patient and Resident Fees (refer Note 2c)	1,417	283	-	-	353	520	-	33	86	2,692
Other	1,199	-	-	-	-	-	212	-	-	1,411
Capital Purpose Income	1,673	-	-	-	-	-	-	-	-	1,673
Sub-Total Revenue from Services Supported by Health Services Agreement	54,738	4,410	3,402	3,758	2,244	2,415	12,782	1,755	3,436	88,940
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units and Specific Purpose Funds	-	-	-	-	-	-	-	-	3,495	3,495
Other	-	-	-	-	-	-	-	-	722	722
Capital Purpose Income	-	-	-	-	-	-	-	-	219	219
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	4,436	4,436
Total Revenue	54,738	4,410	3,402	3,758	2,244	2,415	12,782	1,755	7,872	93,376

	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	43,908	3,959	3,309	3,311	1,764	1,902	11,948	1,964	2,203	74,268
Indirect Contributions by Human Services	2,654	-	-	-	10	-	67	7	26	2,764
Patient and Resident Fees (refer Note 2c)	1,507	287	-	-	361	526	-	29	38	2,748
Other	1,174	-	-	-	-	-	83	-	-	1,257
Capital Purpose Income	2,266	-	-	-	-	-	-	-	-	2,266
Sub-Total Revenue from Services Supported by Health Services Agreement	51,509	4,246	3,309	3,311	2,135	2,428	12,098	2,000	2,267	83,303
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units and Specific Purpose Funds	-	-	-	-	-	-	-	-	3,439	3,439
Other	-	-	-	-	-	-	-	-	542	542
Capital Purpose Income	-	-	-	-	-	-	-	-	75	75
Sub Total Revenue From Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	4,056	4,056
Total Revenue	51,509	4,246	3,309	3,311	2,135	2,428	12,098	2,000	6,323	87,359

Notes to the Financial Statements

for the year ended 30 June 2008

Note 2b: (i) Expenses

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2008	2007	2008	2007	2008	2007
	\$000	\$000	\$000	\$000	\$000	\$000
Services Supported by Health Services Agreement						
Employee Benefits						
Salaries and Wages	52,092	48,223	843	880	52,935	49,103
Workcover	673	717	8	10	681	727
Long Service Leave	1,576	1,170	30	28	1,606	1,198
Superannuation	4,857	4,549	88	91	4,945	4,640
Total Employee Benefits	59,198	54,659	969	1,009	60,167	55,668
Non Salary Labour Costs						
Fee for Service Medical Officers	6,819	6,083	-	-	6,819	6,083
Supplies and Consumables						
Drug Supplies	3,600	3,723	-	-	3,600	3,723
Medical and Surgical Supplies	7,565	6,634	448	353	8,013	6,987
Food Supplies	914	781	242	257	1,156	1,038
Total Supplies and Consumables	12,079	11,138	690	610	12,769	11,748
Other Expenses from Continuing Operations						
Domestic Services and Supplies	1,132	1,115	130	148	1,262	1,263
Fuel Light Power and Water	730	685	61	64	791	749
Insurance Costs Funded by DHS	1,959	2,392	-	-	1,959	2,392
Repairs and Maintenance	1,065	1,142	717	571	1,782	1,713
Maintenance Contracts	474	461	-	-	474	461
Motor Vehicles	544	493	14	17	558	510
Administrative Expenses	3,725	3,319	602	321	4,327	3,640
Patient Transport	885	807	-	-	885	807
Bad Debts	7	5	-	-	7	5
Audit Fees - VAGO Audit of Financial statements	36	35	-	-	36	35
Total Other Expenses from Continuing Operations	10,557	10,454	1,524	1,121	12,081	11,575
Depreciation and Amortisation	-	-	2,957	2,973	2,957	2,973
Specific Expense	236	167	-	-	236	167
Total Expenses	88,889	82,334	6,140	5,713	95,029	88,214

Notes to the Financial Statements

for the year ended 30 June 2008

Note 2b: (ii) Analysis of Expenses by Source (based on the consolidated view)

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC incl Mental Health	Mental Health	Primary Health	Other	Total
	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000	2008 \$000
Services Supported by Health Services Agreement										
Employee Benefits	35,347	2,736	2,254	2,490	1,488	2,018	9,427	1,163	2,277	59,200
Non salary labor benefits	5,046	390	322	355	212	1	-	166	325	6,817
Supplies and consumables	8,509	658	543	599	358	352	232	280	548	12,079
Other expenses from continuing operations	5,161	551	454	502	300	239	2,657	234	459	10,557
Sub-Total Expenses from Services Supported by Health Services Agreement	54,063	4,335	3,573	3,946	2,358	2,610	12,316	1,843	3,609	88,653
Services Supported by Hospital and Community Initiatives										
Employee Benefits									969	969
Supplies and Consumables									691	691
Other Expenses from continuing operations									1,523	1,523
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives									3,183	3,183
Services Supported by Capital Sources										
Depreciation and Amortisation (refer note 3)									2,957	2,957
Specific Expense	236									236
Total Expenses	54,299	4,335	3,573	3,946	2,358	2,610	12,316	1,843	9,749	95,029

	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	32,473	2,577	2,118	2,137	1,377	2,046	9,269	1,120	1,542	54,659
Non salary labor benefits	4,555	361	297	300	193	4	-	157	216	6,083
Supplies and consumables	7,835	622	512	516	332	352	327	270	372	11,138
Other Expenses from continuing operations	5,758	459	375	282	181	240	2,689	198	271	9,685
Sub-Total Expenses from Services Supported by Health Services Agreement	50,621	4,019	3,302	3,235	2,083	2,642	12,285	1,745	2,401	82,333
Services Supported by Hospital and Community Initiatives										
Employee Benefits									1,009	1,009
Supplies and consumables									610	610
Other Expenses from continuing operations									1,122	1,122
									2,741	2,741
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	50,621	4,019	3,302	3,235	2,083	2,642	12,285	1,745	5,142	85,074
Services Supported by Capital Sources										
Depreciation and Amortisation (refer note 3)									2,973	2,973
Specific Expense	167									167
Total Expenses	50,788	4,019	3,302	3,235	2,083	2,642	12,285	1,745	8,115	88,214

Notes to the Financial Statements

for the year ended 30 June 2008

Note 2c: Patients and Resident Fees

	Total 2008 \$000	Total 2007 \$000
Patient and Resident Fees Raised		
Recurrent		
Acute		
- Inpatients	1,417	1,507
- Outpatients	755	714
Residential Aged Care		
- Nursing Home	520	527
Total Recurrent	2,692	2,748
Capital Purpose:		
Residential Accommodation Payments	158	140
Total Capital	158	140

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

	Total 2008 \$000	Total 2007 \$000
Proceeds from Disposal of Non-Current Assets		
Land and Buildings	317	-
Plant and Equipment	-	79
Motor Vehicles	1,010	864
Total Proceeds from Disposal of Non-Current Assets	1,327	943
Written Down Value of Assets Sold		
Land and Buildings	316	-
Plant and Equipment	-	83
Motor Vehicles	1,074	939
Total Written Down Value of Assets Sold	1,390	1,022
Net Gains/(Loss) on Disposal of Non-Current Assets	(63)	(79)

Notes to the Financial Statements

for the year ended 30 June 2008

Note 2e: Specific Expenses

	Total 2008 \$000	Total 2007 \$000
Share of Net Result of Joint Venture Accounted for using the Equity method	236	167
Total	236	167

Note 3: Depreciation and Amortisation

	Total 2008 \$000	Total 2007 \$000
Buildings	1,246	1,236
Plant and Equipment	314	316
Medical Equipment	464	491
Computers and Communications	372	387
Furniture and Fittings	93	96
Motor Vehicles	459	441
Leased Assets	9	6
Total	2,957	2,973

Notes to the Financial Statements

for the year ended 30 June 2008

Note 4: Segment Reporting

	Hospital Warrnambool Campus		Hospital Camperdown Campus		Nursing Home Camperdown Campus		Linen Service		Mental Health		Macarthur		Eliminations		Consolidated	
	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000	2008 \$000	2007 \$000
External Segment Revenue	70,603	65,222	6,063	6,202	2,564	2,526	731	730	12,913	12,192	503	487	-	-	93,377	87,359
Intersegment revenue	-	-	-	-	-	-	760	625	-	-	-	-	(760)	(625)	-	-
Total Revenue	70,603	65,222	6,063	6,202	2,564	2,526	1,491	1,355	12,913	12,192	503	487	(760)	(625)	93,377	87,359
Non cash expenses other than depreciation	69,351	63,131	6,108	5,904	2,513	2,531	1,314	1,222	12,030	11,830	521	456	-	-	91,837	85,074
Intersegment expenses	760	625	-	-	-	-	-	-	-	-	-	-	(760)	(625)	-	-
Loss Share of net result from joint venture	236	167	-	-	-	-	-	-	-	-	-	-	-	-	236	167
Depreciation	2,094	2,163	250	245	21	14	137	129	425	394	30	28	-	-	2,957	2,973
Total Expenses	72,441	66,086	6,358	6,149	2,534	2,545	1,451	1,351	12,455	12,224	551	484	(760)	(625)	95,030	88,214
Net Result from ordinary activities	(1,838)	(864)	(295)	53	30	(19)	40	4	458	(32)	(48)	3			(1,653)	(855)
Segment assets	69,954	63,912	3,998	3,942	1,127	1,086	2,423	2,340	10,528	9,569	1,045	1,071	-	-	89,075	81,920
Share of JV assets from SWARH	94	437	-	-	-	-	-	-	-	-	-	-	-	-	94	437
Total Assets	70,048	64,349	3,998	3,942	1,127	1,086	2,423	2,340	10,528	9,569	1,045	1,071			89,169	82,357
Total Liabilities	14,166	12,684	1,929	1,755	503	492	312	270	2,490	2,178	140	120			19,540	17,499
Acquisition of property, plant and equipment	5,383	2,934	501	1,523	163	48	6	195	1,139	780	85	53			7,277	5,533

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.

Notes to the Financial Statements

for the year ended 30 June 2008

Note 5: Property, Plant and Equipment

	Gross Cost/ Valuation 2008 \$000	Gross Cost/ Valuation 2007 \$000	Accum. Deprec. 2008 \$000	Accum. Deprec. 2007 \$000	Net Assets at 2008 \$000	Net Assets at 2007 \$000
Land at valuation	10,800	10,925	-	-	10,800	10,925
Buildings at valuation	49,181	49,325	2,459	1,233	46,722	48,092
Sub-total	59,981	60,250	2,459	1,233	57,522	59,017
Buildings at cost	2,192	1,588	15	2	2,177	1,586
Buildings under construction	5,487	1,875	-	-	5,487	1,875
Plant and Equipment at cost	7,102	6,623	5,001	4,720	2,101	1,903
Medical Equipment at cost	7,853	7,435	5,830	5,423	2,023	2,012
Computers and Communications at cost	3,624	3,595	2,848	2,784	776	811
Furniture and Fittings at cost	1,524	1,476	1,012	921	512	555
Motor Vehicles at cost	3,247	3,088	690	609	2,557	2,479
Leased Assets	46	24	28	19	18	5
Sub-total	31,075	25,704	15,424	14,478	15,651	11,226
Total	91,056	85,954	17,883	15,711	73,173	70,243

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 and Equipment

	Land \$000	Buildings \$000	Plant & Equip. \$000	Medical Equip. \$000	Comp. & Comm. \$000	Furniture & Fittings \$000	Motor Vehicles \$000	Leased Assets \$000	Total \$000
2008									
Carrying amount at start of year	10,925	51,553	1,903	2,012	811	555	2,479	5	70,243
Additions	-	4,271	512	475	337	50	1,610	22	7,277
Disposals	125	192	-	-	-	-	1,073	-	1,390
Revaluation increments/(decrements)	-	-	-	-	-	-	-	-	-
Depreciation/amortisation expense refer note 3	-	1,246	314	464	372	93	459	9	2,957
Carrying amount at end of year	10,800	54,386	2,101	2,023	776	512	2,557	18	73,173
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	237	170	1,309	-	5,519
Disposals	-	-	61	8	-	6	940	7	1,022
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

Notes to the Financial Statements

for the year ended 30 June 2008

Note 6: Receivables

	Total 2008 \$000	Total 2007 \$000
Current		
Acute - Inpatient	244	212
Acute - Outpatient	53	49
Aged Care - Nursing Home	31	37
Regional Institutions	716	535
Linen Service Debtors	94	72
Accrued Government Grants	277	614
GST Receivable	316	-
Interest	109	55
Total	1,840	1,574
Less Allowance for doubtful debts	(8)	(22)
Total Current Receivables	1,832	1,552
Non Current		
DHS Long Service Leave	977	1,096
Total Non Current Receivables	977	1,096
(a) Movement in the Allowance for doubtful debts		
Balance at beginning of year	22	29
Amounts written off during the year	(20)	(26)
Amounts recovered during the year	6	5
Increase/(decrease) in allowance recognised in Profit or loss	-	14
Balance at end of year	8	22

(b) Ageing analysis of receivables

Please refer to note 19 (c) for the ageing analysis of receivables

(c) Nature and extent of risk arising from receivables

Please refer to note 19 (c) for the nature and extent of credit risk arising from receivables

Note 7: Inventories

	Total 2008 \$000	Total 2007 \$000
Pharmaceuticals at cost	338	319
Medical and Surgical at cost	201	278
Stationery at cost	101	80
Domestic and Maintenance at cost	56	53
Food Supplies at cost	26	29
Kiosk and Healthcare Shop Supplies at cost	83	76
Bulk Linen Store - Linen Service at cost	132	153
Linen in Use at net realisable value	470	488
Total	1,407	1,476

Notes to the Financial Statements

for the year ended 30 June 2008

Note 8: Other Liabilities

	2008 \$000	2007 \$000
Patient Trust	347	125
Total	347	125
Represented by the following assets:		
	2008 \$000	2007 \$000
Cash Assets (Note 16)	347	125
Total	347	125

Note 9: Payables

	2008 \$000	2007 \$000
Current		
Trade Creditors	2,176	1,378
Accrued Grants	105	11
Accrued Expenses	1,224	1,441
GST Payable	-	456
Total Current	3,505	3,286

(a) Maturity analysis of payables

Please refer to Note 19d for the ageing analysis of payables

(b) Nature and extent of risk arising from payables

Please refer to Note 19d for the nature and risk arising from payables

Note 10: Provisions

	2008 \$000	2007 \$000
Current		
Employee Benefits (refer Note 10a)		
- unconditional and expected to be settled within 12 months	7,137	6,443
- unconditional and expected to be settled after 12 months	5,456	4,891
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months (nominal value)	1,071	966
Unconditional and expected to be settled after 12 months (present value)	818	734
Total	14,482	13,034
Non-current		
Employee Benefits (Note 10a)	1,035	916
Provisions related to employee benefit on-costs	155	137
Total	1,190	1,053

Notes to the Financial Statements

for the year ended 30 June 2008

Note 10a: Employee Benefits

	2008 \$000	2007 \$000
Current (refer to Note 1s)		
Unconditional long service leave entitlements	7,199	6,466
Accrued wages and salaries	2,775	2,433
Annual leave entitlements	4,360	3,998
Accrued days off	148	137
Total*	14,482	13,034
*Current Employee benefits that:		
Expected to be utilised within 12 months (nominal value)	8,069	7,409
Expected to be utilised after 12 months (present value)	6,413	5,625
	14,482	13,034
Non-Current (refer Note 1 s)		
Conditional long service leave entitlements (present value)	1,190	1,053
Total	1,190	1,053
Movement in Long Service Leave:		
Balance at start of year	7,519	7,146
Provision made during the year	1,627	1,211
Settlement made during the year	757	838
Balance at end of year	8,389	7,519

Note 11: Other Current Assets

	2008 \$000	2007 \$000
Prepayments	72	21
Total Current	72	21

Note 12: Economic Dependency

South West Healthcare receives a significant portion of its operating revenue from the Department of Human Services.

In a letter dated 29 July 2008 the Department undertook to provide South West Healthcare with adequate cash flow support to enable it to meet its current and future obligations as and when they fall due for a period up to September 2009 should such support be required.

This support is conditional upon the South West Healthcare's Board committing to achieving the agreed budget targets, and all requirements of the Health Service Agreement in 2008-09.

Notes to the Financial Statements

for the year ended 30 June 2008

Note 13: Investments Accounted for using the Equity Method

The hospital has joint venture interest of 15.36% (21.46% 2006/07) 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 2008 \$000	Total 2007 \$000
Investment in Jointly Controlled Entities	94	437
Summarised Financial Information of Jointly Controlled Entities:		
Current Assets	127	169
Non-current Assets	108	563
Share of Total Assets	235	732
Current Liabilities	139	200
Non Current Liabilities	1	95
Share of Total Liabilities	140	295
Net Assets	95	437
Revenue		
Grants	21	48
Memberships and Consultancies	415	375
Cash Call	236	-
Total Revenue	672	423
Expenses		
IT Support and Maintenance	314	275
Salaries and Administration	209	182
Depreciation	90	133
Impairment and Redistribution	295	-
Total Expenses	908	590
Profit/(Loss)	(236)	(167)
Capital Commitments	-	27
This represents the hospital's 15.36% share of joint venture outstanding capital commitments for IT services, materials and equipment.		

Notes to the Financial Statements

for the year ended 30 June 2008

Note 14: Commitments

	2008 \$000	2007 \$000
Capital Commitments		
<i>Payable:</i>		
Land and Buildings	5,525	297
Total Capital Commitments	5,525	297
Land and Buildings		
Not later than one year	4,490	297
Later than 1 year and not later than 5 years	1,035	-
Total	5,525	297
<p>The hospital had outstanding commitments at 30 June, 2008 for the supply of works, services and materials to the value of \$5,524,768 (\$297,112 in 2007).</p>		
Lease Commitments		
Cancelable		
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Not later than one year	7	2
Later than one year but not later than 5 years	13	-
Minimum Lease Payments	20	2
Less Future Finance Charges	(4)	(1)
Total	16	1
Representing Lease Liabilities		
Current (Note 20)	5	1
Non-Current (Note 20)	11	-
Total	16	1
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	161	152
Later than one year but not later than 5 years	142	261
Total	303	413

Note 15: Contingent Liabilities and Contingent Assets

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

Notes to the Financial Statements

for the year ended 30 June 2008

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.

	2008 \$000	2007 \$000
Cash on Hand	4	5
Cash at Bank	110	127
Deposits at Call	11,500	7,400
Cash at End of Reporting Period	11,614	7,532
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	11,245	7,385
Cash for Monies Held in Trust		
- Endowment Fund	22	22
- Deposits at Call	347	125
Total	11,614	7,532

Note 17: Reconciliation of Net Result for the year to Net Cash Inflow/(Outflow) from Operating Activities

	2008 \$000	2007 \$000
Net Result for the period	(1,653)	(855)
Non Cash Movements		
Depreciation	2,957	2,973
Capital Grants	-	(1,428)
Net (Gain)/Loss from Sale of Plant and Equipment	63	79
(Increase)/Decrease in Receivables	35	(17)
(Increase)/Decrease Other Current Liabilities	105	-
Increase/(Decrease) in Payables	48	195
Increase/(Decrease) in Employee Entitlements	1,705	1,453
(Increase)/Decrease in Other Current Assets	252	155
Net Cash Inflow/(Outflow) From Operating Activities	3,512	2,555

Notes to the Financial Statements

for the year ended 30 June 2008

Note 18a: Responsible Person-Related Disclosures

Responsible Ministers:	Period:
The Honourable B. Pike	01/07/07 - 2/08/07
The Honourable D. Andrews	03/08/07 - 30/06/08
Governing Board:	
Mrs. S. Muldoon	01/07/07 - 30/06/08
Mr. I. Armstrong (Retired)	01/07/07 - 29/02/08
Mr. F. Broekman	01/07/07 - 30/06/08
Mr. D. Jellie (Retired)	01/07/07 - 30/11/07
Ms. F. Melican	01/07/07 - 30/06/08
Mr. R. Zerbe	01/07/07 - 30/06/08
Mrs. M. Alexander	01/07/07 - 30/06/08
Mr. C. Logan	01/07/07 - 30/06/08
Mr. S. Callaghan	01/07/07 - 30/06/08
Mr. J. Maher	01/07/07 - 30/06/08
Accountable Officer:	
Mr. J. Krygger	01/07/07 - 30/06/08

	Total Remuneration 2008	2007
Remuneration of Responsible Persons Income Band:		
\$250,000 - \$259,999	1	-
\$220,000 - \$229,999	-	1
\$0 - \$9,999	12	12
Total Numbers	13	13
	\$000	\$000
Total Remuneration	258	225

Nil remuneration is received by Board of Directors.

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet.

Retirement Benefits of Responsible Persons

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

0	0
---	---

	2008 \$000	2007 \$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	1
Mr S.Callaghan is a director of Callaghan Motors which provides repairs, maintenance and purchase of motor vehicles on normal & commercial terms & conditions.	321	168
Other Receivables from and Payables to Responsible Persons and their Related Parties		
Aggregate amounts payable at balance date	0	0

Notes to the Financial Statements

for the year ended 30 June 2008

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 2008	Total Remuneration 2007
\$260,000 - \$269,999	1	-
\$250,000 - \$259,999	-	1
\$150,000 - \$159,999	1	-
\$140,000 - \$149,999	3	1
\$130,000 - \$139,999	-	3
Total Numbers	5	5
	\$000	\$000
Total Remuneration	843	816

Remuneration includes Superannation Guarantee Levy, Employer superannuation contributions, deemed value of motor vehicle and all non-cash benefits.

Note 19: Financial Instruments

(a) Significant accounting policies

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

(b) Categorisation of financial instruments

	Note	Category	Carrying Amount 2008 \$000	Carrying Amount 2007 \$000
Financial Assets				
Cash and cash equivalents	16	N/A	11,614	7,532
Receivables	6	Loans and Receivables	2,493	2,648
Financial Liabilities				
Payables	9	Financial liabilities measured at amortised cost	3,505	2,830
Interest Bearing Liabilities	20	Financial liabilities measured at amortised cost	16	1
Accommodation Bonds	8	Financial liabilities measured at amortised cost	347	125

The carrying amount must exclude types of statutory financial assets and liabilities (i.e. GST input tax credit).

Notes to the Financial Statements

for the year ended 30 June 2008

Note 19: Financial Instruments (cont.)

(c) Credit Risk

South West Healthcare's exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table. For interest rates applicable to each class of asset refer to individual notes to the financial statements.

Interest rate exposure and ageing analysis of financial asset as at 30/06/08

2008	*Weighted Average Effective Interest Rates (%)	Carrying Amount \$'000	Interest Rate Exposure		Not Past Due and Not Impaired \$'000	Past Due But Not Impaired				Impaired Financial Assets \$'000	
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000		Less than 1 month \$'000	1-3 months \$'000	3 months -1 year \$'000	1-5 years \$'000		Over 5 years \$'000
Financial Assets											
Cash and Cash Equivalents	7.17	11,614	11,500	114	11,614						
Receivables - Debtors		2,493		2,493	2,350	92	51				
Total Financial Assets		14,107	11,500	114	13,964	92	51	-	-	-	-
2007											
Financial Assets											
Cash and Cash Equivalents	6.05	7,532	7,400	132	7,532						
Receivables- Debtors		2,648		2,648	2,535	71	42				
Total Financial Assets		10,180	7,400	132	10,067	71	42	-	-	-	-

(d) Liquidity Risk

The following table discloses the contractual maturity analysis for South West Healthcare's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

Interest rate exposure and maturity analysis of financial liabilities as at 30/06/08

2008	Carrying Amount \$'000	Interest Rate Exposure		*Weighted Average Effective Interest Rates (%)	Contractual Cash Flows \$'000	Maturity Dates						
		Fixed Interest Rate \$'000	Variable Interest Rate \$'000			Less than 1 month \$'000	1-3 months \$'000	3 months -1 year \$'000	1-5 years \$'000	Over 5 years \$'000		
Payables:												
Trade creditors and accruals	3,505		3,505		3,505							
Interest Bearing Lease	16	16		5.50	20			1	4		11	
Accommodation Bonds	347		347		347			347				
Total Financial Liabilities	3,868	16	-	3,852	3,872	3,505	348	4	11	-	-	-
2007												
Payables:												
Trade creditors and accruals	2,830				2,830							
Interest Bearing Lease	1	1		5.50	1			1				
Accommodation Bonds	125		125		125			125				
Total Financial Liabilities	2,956	1	-	2,955	2,956	2,830	126	-	-	-	-	-

Notes to the Financial Statements

for the year ended 30 June 2008

Note 19: Financial Instruments (continued)

(e) Market Risk

Currency Risk

South West Healthcare is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through the South West Healthcare's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, the health service mainly undertake financial liabilities with relatively even maturity profiles.

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, South West Healthcare believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Federal Bank of Australia).

- A parallel shift of +1% and -1% in market interest rates (AUD) from year-end rates of 6%;
- A parallel shift of +1% and -1% in inflation rate from year-end rates of 2%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by South West Healthcare at year end as presented to key management personnel, if changes in the relevant risk occur.

	Carrying Amount	Interest Rate Risk				Other Price Risk			
		-1%		+1%		-1%		+1%	
		Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000
2008									
Financial Assets									
Cash and Cash Equivalents(i)	11,614	(116)	(116)	116	116				
Receivables	2,493	-	-	-	-				
Financial Liabilities									
Trade creditors and accruals	3,505	-	-	-	-				
Interest Bearing Liabilities	16	-	-	-	-				
Accommodation Bonds	347	(3)	(3)	3	3				
2007									
Financial Assets									
Cash and Cash Equivalents	7,532	(75)	(75)	75	75				
Receivables	2,648	-	-	-	-				
Financial Liabilities									
Trade creditors and accruals	2,830	-	-	-	-				
Interest Bearing Liabilities	1	-	-	-	-				
Accommodation Bonds	125	(1)	(1)	1	1				

Notes to the Financial Statements

for the year ended 30 June 2008

Note 20: Interest Bearing Liabilities

	2008 \$000	2007 \$000
Current		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 19)	5	1
Total Current	5	1
Non Current		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 19)	11	-
Total Non-Current	11	-
Total Interest Bearing Liabilities	16	1

Current		
Secured	5	1
Non Current		
Secured	11	-

South West Healthcare has a fixed interest secured loan over 4 years for the purchase of an item of office equipment.

Finance costs incurred during the year are accounted for as follows:

Included in Other Expenses from Continuing Operations	1	2
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(a) Maturity analysis of interest bearing liabilities

Please refer to note 20 (d) for the ageing analysis of interest bearing liabilities.

(b) Nature and extent of risk arising from interest bearing liabilities

Please refer to note 20 (d) for the nature and extent of risks arising from interest bearing liabilities.

(c) Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the loans.

Note 21: Equity and Reserves

	2008 \$000	2007 \$000
(a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	21,044	21,044
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
Capital Contribution received from Victorian Government	6,424	-
Balance at the end of the reporting period	54,770	48,346
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(4,554)	(3,699)
Net Result for the Year	(1,653)	(855)
Balance at the end of the reporting period	(6,207)	(4,554)
(d) Equity		
Total Equity at the Beginning of the reporting period	64,858	65,713
Net Result for Year	(1,653)	(855)
Transactions with the state in its capacity as owner	6,424	-
Total Equity at the end of the reporting period	69,629	64,858

Note 22: Events occurring after the Balance Sheet Date

There were no events occurring after reporting date which require more information.

Our Senior Staff

CHIEF EXECUTIVE OFFICER

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

MEDICAL SERVICES

Director of Medical Services

Dr P O'Brien MBBS, Dip Obst RACOG, MHA, AFCHSE CHE, FRACMA, FACRRM

Director of Emergency Services

Dr Q Sukabula MBChB (Otago)

Departmental Directors

Anaesthetics

Dr K Prest MBBS, FANZCA

Critical Care Unit

Dr N Bayley MBBS, FRACP

Obstetrics

Dr C Beaton MBChB (Edin), FRANZCOG, FRCOG

Palliative Care

Dr E Fairbank MBBS, DPHC, FRACGP, FACHPM

Surgical Services

Mr S Fischer MBBS, FRACS

Graduate Medical Education Regional

Supervisor

Dr B Oppermann MBBS, MSc (Anat), D Obst RACOG

Hospital In The Home Medical Officer

Dr E Fairbank MBBS, DPHC, FRACGP, FACHPM

Medical Services Coordinator

Mr Peter Martin Cert App Sc, Adv Dip Bus Man, Cert IV Workplace T&A

Senior Medical & Dental Officers

– Warrnambool campus

Medical Staff Association Chairperson

Dr BF Kay MBBS, D Obst RACOG, FACRRM, FRACGP

Anaesthetists

Dr P Arnold MBBS, FANZCA

Dr A Cain MBBS, FANZCA

Dr K Cronin MBBS, FANZCA

Dr M Duane MBBS, FANZCA

Dr A Dawson MBBS, FANZCA

Dr G Kilminster MBBS, FANZCA

Dr M Koo MBBS, FANZCA

Dr K Prest MBBS, FANZCA

Dental Officers

Director of Dental Services/Senior Dentist

Dr D Mercado DDM, MDSc (Pros)

Dental Officers (Public Clinic)

Dr D Arasu BDS^c*

Dr H Chuen BDS^c*

Dr N Liew BDS^c

Dental Officers (Visiting)

Dr E Carlsson DDS (Stockholm)

Dr C Cugadasan BSc (Hons), BDS^c

Dr T Davies BDS^c

Dr D Geryga BDS^c

Dr M Johns BDS

Dr M Palam BDS^c, BSc

Dr RJ Sanderson BDS

Dr SW Wilde BDS (Liverpool)

Drug & Alcohol Physician

Dr RJ Brough MBBS, D Obst RCOG, APSAD

Cert, FACRRM, FACHAM

General Practitioners

Dr A Baldam MBBS, BSc, Dip Av Med,

AFOM (RCP), DRCOG

Dr IT Barratt BSc, MBBS, DRCOG

Dr WJ Bateman MBBS, DRCOG, FRACGP*

Dr L Cameron MBBS

Dr A Chow MBBS, FRACGP

Dr T Cimpoesu MB (Rom), FRACGP

Dr J Duffy MBBS

Dr A Dunbar MBChB, MRCP (UK), FRCP

(Edin), Dip Trav Med

Dr M Dunkley MBBS, DRANZCOG, FRACGP

Dr D Dwyer MBBS, Dip RACOG

Dr EC Fairbank MBBS, DPHC, FRACGP, FACHPM

Dr B Francis MBChB

Dr M Grave BSc, MBBS, FRACGP, Cert

Man Med (RACGP), Grad Dip Fam Med

(Monash), Cert Man Med (Paris), Dip Phys Med (Sydney)

Dr K Gunn MBBS, D (Obst) RACOG

Dr P Hall MBBS, D Obst RACOG, DA

(London), FACRRM

Dr GG Irvine MBBS, D Obst RACOG

Dr BF Kay MBBS, D Obst RACOG, FACRRM, FRACGP

Dr S King MBBS, FRACGP

Dr Manderson BSc (Hons), PhD, MBBS,

FRACGP

Dr C McKellar MBBS

Dr C Mooney MBChB, MRCS, LRCP,

DRCOG

Dr J Oleson MBBS

Dr P Oliver MBBS, FACRRM

Dr B Oppermann MBBS, MSc (Anat), D

Obst RACOG, FACRRM

Dr MR Page MBBS, D Obst RACOG,

FACRRM

Dr J Pan BM Grad Dip Med Lab Sc

Dr JD Philpot MBBS

Dr MG Quinn, MBBS

Dr F Reid MBChB, DAMFARCS

Dr E Renouf MBBS (Hons)

Dr A Robson MBBS (Hons), FRACGP

Dr JM Rounsevell MBBS

Dr N Ryan MBBS, DA, FRACGP

Dr S Singh MBBS, MSurgOrtho

Dr T Slattery MBBS

Dr SW Smith MBBS, DRACOG, FACRRM

Dr P Viney MBChB, DRANZCOG

Dr E Walsh MBBS

Dr CW Walters BMedSc, MBBS

General Surgeons

Mr S Fischer MBBS, FRACS

Mr P Gan MBBS, FRACS

Mr S Mackay MBBS, FRACS

Mr B Mooney MBChB, BAO (Hons), BSc

(Anat) (Hons), MCh, FRCSI, FACRRM, FRACS

Mr C Murphy MBChB, FRACS, FRCS

(Glasgow), FRCSI

Neurologists

Dr T O'Brien MBBS, FRACP

Dr J Waterston MBBS, MD, FRACP

Neurosurgeon

Mr Tiew Han MBBS, FRACS

Obstetricians & Gynaecologists

Dr C Beaton MBChB (Edin), FRANZCOG, FRCOG

Dr J Friebe MBBS, FRANZCOG

Dr E Uren MBBS, FRANZCOG

Dr A Woodford MBBS, BMedSci,

MRANZCOG

Dr V Woodford MBBS (Hons), FRANZCOG

Oncologist

Dr T Hayes MBBS (Hons), BMedSci (Hons), FRACP

Ophthalmologist

Dr F Irani MBBS, Dip Anat, FRANZCO

Orthopaedic Surgeons

Mr D Mladenovic MD (Belgrade), Spec Dip Ortho (Novi Sad)

Mr NA Sundaram MBBS, LRCP, MRCS,

FRACS, MCh (Orth), FRCS (Edin & London),

FRCS (Orth), FAOA

Oto-Rhino-Laryngologists

Dr A Cass MBBS, FRACS

Dr B Clancy MBBS, FRACS

Paediatricians

Dr C Fiedler MD, FRACP (Paed)

Dr G Pallas BMed, FRACP (Paed)

Dr N Thies MBBS, DCH (London), FRACP

(Paed)

Paediatric Surgeon

Mr A Woodward MBBS, FRCS, FRACS

Pathologist

Dr A Sharard MBChB, MD (Path)

Physicians

Dr N Bayley MBBS, FRACP

Dr C Charnley MBBS, FRACP

Dr J Hounsell BSc, MBBS, FRACP, FRCPA

Dr C Lewis MBBS, FRACP

Dr B Morphet MBBS, FRACP

Dr S Nagarajah MBBS, FRACP

Dr M Page MBBS, FRACP

Psychiatrists

Dr M Atkins MBChB, Dip Ophth, LRCP

(Edin), LRCS (Edin), LRCP&S (Glas), FRANZCP

Dr G Ridley MBChB, MRCPsych, FRANZCP

Prof R Harvey MBBS, MD, MRCPsych,

FRANZCP, FOAP*

Radiologists

Dr W Beck MBChB, FFRad(D)

Dr D Boldt MBChB (Otago), FRACR

Dr P Tauro MBBS, FRACR

Dr R White MBBS, FRACR

Our Senior Staff

Dr S Woodward MBBS, Dip Med Rad,
MRACR, Dip Diag US, Grad Dip Epid
Biostat

Urologist

Mr B Mooney MBChB, BAO (Hons), BSc
(Anat) (Hons), MCh, FRCSI, FACRRM, FRACS

Senior Medical & Dental Officers - Camperdown campus

Medical Staff Association Chairperson

Dr EG Lyon MBChB

Dental Officer (Visiting)

Dr AH Wigell BSc (Hon), LDS (Vic)

General Practitioners

Dr AL Brown MBBS, Dip Obst RACOG, Adv
Cert Sports Med, FRACGP

Dr JM Brown MBBS, Dip Obst RACOG,
FRACGP

Dr MD Brownstein MBBS, DRANZCOG,
FRACGP

Dr TRC Fitzpatrick, MBBS

Dr E Grambas MBBS, Grad Dip Comp (MIT)

Dr A Griffiths MBBS, BSc (Hon), DRCOG,
Dip Obst RACOG

Dr S Hueneke BMed, DRANZCOG

Dr M Joshi MBBS

Dr EG Lyon MBChB

Dr C McKellar MBBS

Dr SJ Menzies MBBS, M Med, FRACGP,
DRANZCOG, FACRRM

Dr RA Stewart MBBS, DRANZCOG,
FACRRM

Dr J Thomas MBBS, Dip Anaes

Dr J van Leerdam MBChB, MRCGP,
MACNM, DA, DRCOG

Dr A Wong MBBS, FRACGP, DRACOG, Dip
Rur Med*

General Surgeons

Mr S Eaton MBBS, FRACS

Mr T Fisher MBBS, FRACS

Obstetricians & Gynaecologists

Dr C Beaton MBChB (Edin), FRANZCOG,
FRCOG

Dr J Friebe MBBS, FRANZCOG

Dr E Uren MBBS, FRANZCOG

Dr A Woodford MBBS, BMedSci,
MRANZCOG

Dr V Woodford MBBS (Hons), FRANZCOG

Oto-Rhino-Laryngologist

Dr B Clancy MBBS, FRACS

Orthopaedic Surgeon

Mr JW Skelley MBChB (Otago), FRACS,
FAOA

Paediatrician

Dr N Thies MBBS, DCH (London), FRACP
(Paediatrics)

Physicians

Dr N Bayley MBBS, FRACP

Dr C Charnley MBBS, FRACP

Dr J Hounsell BSc, MBBS, FRACP, FRCPA

Dr C Lewis MBBS, FRACP

Dr S Nagarajah MBBS, FRACP

Dr M Page MBBS, FRACP

Psychiatrists

Dr M Atkins MBChB, Dip Ophth, LRCP
(Edin), LRCS (Edin), LRCP&S (Glas),
FRANZCP

Prof R Harvey MBBS, MD, MRCPsych,
FRANZCP, FOAP*

Urologist

Mr L Dodds MBBS, FRACS (Urol)

ALLIED HEALTH

Chiefs

Dietitian

Ms S Baudinette BSc (Nutrition), Grad Dip
(Dietetics)

Occupational Therapist

Ms J Gibbs BAppSc (OT), MAHTA, MOTA,
MOT

Physiotherapist

Mr B Hoekstra Dip Psyche (Neth), Dip Phys
(Neth), BPsych (Neth), MPhys (Uni Melb),
MAPA

Podiatrist

Ms K Harris BPod (Hons)

Ms J Weir BAppSc (Pod), Grad Dip Rehab
Studies (acting)

Speech Pathologist

Ms K Brown BAppSc (Sp Path), MSpPath

Ms K Carlin BA/BSpPath (Hons) (acting)

Managers

Biomedical Engineering Services

Mr G Szegi BAppSc (Biophysics/
Instrumental Science)

Centre Against Sexual Assault

Coordinator

Mrs H Wilson B Commerce, Dip Soc Studies

Counselling & Support Services

Mr S Storer BA, BSW

Health Information Services

Ms M Atkinson Ass Dip (MRA), RMRA

Director of Pharmacy

Mr B Dillon BPharm, Grad Dip Hosp Pharm

Librarian

Ms JG Dalton TPTC, ALAA

Medical Imaging Technologists

Mr L Pontonio MIR, Dip App Sc (Med
Radiography) (Warrnambool campus)

Ms D Shelton MIR (Camperdown campus)

PRIMARY & COMMUNITY SERVICES

Director of Primary & Community

Services

Mr C Fraser BProsOrth, Dip App Sc

Managers

Chronic Illness Program

Ms J Dureau-Finn BNurs

David Newman Centre Coordinator

Ms J White RN, Cert Diversional Therapy

Lismore Community Health

Ms J Hirth RN, RM, WHNPTP*

Macarthur Community Health

Ms C Loria RN, RM, Cert CCU, Cert

Oncology, Grad Dip Comm Health

Ms C Freckleton RN, RM

Manifold Place Community Health

Ms S Poole RN, Cert Paed

Primary Care Partnership Executive

Officer

Ms H Steenbergen BAppSc (HM)*

Mr G Hamilton RN, Dip App Sc (Nurs), Grad
Dip Health Admin, BA, MMan

Quality Coordinator

Ms C Loria RN, RM, Cert CCU, Cert

Oncology, Grad Dip Comm Health

Aboriginal Liaison Officer

Ms L Green Cert Aged & Dis Services, Cert

Equity Pub Serv, Cert Diabetes Prev & Man

NURSING SERVICES DIVISION

Director of Nursing

Mrs S Morrison RN, MBA (USQ), MHA
(UNSW), BN, Dip Nursing, Cert Computer

Business Applications, FRCNA, AFCHE,
CHE

Deputy Director of Nursing

Mrs K McKinnon RN, MA (Health Studies),
RM, Cert Post Basic Theatre, Cert Infant

Welfare, Bed, Dip Technical Teaching, Cert
Technical Teaching, Cert Microcomputing

Applications, MRCNA

Managers

Access

Mrs K Redford RN, RM, BN, Grad Cert
Critical and Emergency Care, Grad Dip

Health Informatics*

Mrs S Fleming RN, BN, Cert IV Small
Business Management (from August 2007)

Education

Mrs J Smart RN, MPET, BMan: Employment
Relations (USA), Cert IV Workplace T&A,
MRCNA

Perioperative Services

Mr A Kelly RN, Grad Dip Health Admin &
Info Systems, Cert Perioperative Nursing

Quality

Mrs K Harrison RN, MHSM (CSU), ON, BN,
Grad Cert. (Adv Nurs), MRCNA, CHE

Unit Managers

Ward 1: Day Procedure, Haemodialysis

and Endoscopy

Mrs E Karlinski RN, RM, Adv Dip Mgt, Cert
IV Workplace T&A

Ward 2: Short Stay

Mrs J Rowe RN, Cert Workplace Leadership,
Dip Bus

Our Senior Staff

Ward 3: Child & Adolescent

Mrs S Marsh RN, Cert Computer Business Applications, MRCNA

Ward 4: Intensive Care/Critical Care

Ms M Beard RN, MNP (Critical Care), BN, Grad Dip Critical Care (RMIT), Cert IV Workplace T&A, MRCNA

Ward 5: Medical/Surgical

Ms J Hallinan RN, Cert Workplace Leadership, Dip Business

Ward 6: Medical/Surgical and Palliative Care

Mr J Quinlivan RN, RPN, BN, Dip Fine Arts, Cert Computer Business Applications, Grad Cert Health Management

Ward 7: Midwifery & Neo Natal

Special Care

Mr P Logan RN, MPH (Latrobe), RM, BN, Grad Dip Public Health

Ward 8: Rehabilitation and Withdrawal & Support Service

Mrs K McCarthy RN, Cert Rehabilitation, Cert Workplace Leadership, Dip Business

District Nursing Service/Hospital in the Home

Mrs L Brooks RN, RM, MNS, BN, Grad Dip Adv Nurs Ed, MRCNA

Emergency Department

Ms K Sloan RN, MNP (Emergency), RM, Cert Coronary Care, BN, Grad Dip Health Serv Man, Grad Cert Nursing (Forensic), MRCNA, MCENA, MFAMSAC

Operating Theatre

Ms R Piper RN, RM, Cert Perioperative Nursing

PSYCHIATRIC SERVICES

Director of Psychiatric Services

Mrs C Byrne RPN, Grad Dip Social Sc (Drug Dependence), Grad Dip Bus (Health Admin), MAS (Innovation & Service Man, RMIT)

Director of Clinical Services

Dr James Blacket MB, BS (Hons), FRANZCP, FACHAM

Managers

Aged Persons Mental Health

Mr R Porter BA, RPN, Ad Dip (Bus Man) Acc

Child & Adolescent Mental Health Services

Ms R Knapp BSc, BA (Hons) Psychology, M Psych (Ed & Dev), Ad Dip (Bus Man) Acc

Community Adult Mental Health Services

Mr N Place BA, BSW, Ad Dip (Bus Man) Acc (from April 2008)

Primary Mental Health

Mr N Place BA, BSW, Ad Dip (Bus Man) Acc (until April 2008)

Regional Coordinator

Ms I Purcell BA (Hons), BSW, Ad Dip (Bus Man) Acc (until April 2008)

Residential Psychiatric Services

Mr C Healey RPN Psych Nurs (Grad Cert), Ad Dip (Bus Man) Acc

Service Development

Mrs J Bateman BSc (Hons), MAPS, Ad Dip (Bus Man) Acc (from April 2008)

Quality Coordinator

Mrs J Bateman B Sc (Hons), MAPS, Ad Dip (Bus Man) Acc (until April 2008)

Ms J Russell RN (from May 2008)

Staff Development Officer

Mrs J Punch RPN, Cert IV Workplace T&A (TAFE), Ad Dip Bus Man) Acc

Warrnambool Community Psychiatric

Services

Mr T Reading B App Sc (OT), Ad Dip (Bus Man) Acc*

Psychiatric Medical Services

Dr C Seetha MB, BS MD (India) DRM, DNB*

Dr I Neerakal MB, BS (India)

Dr J Deb MB, BS (India)

Dr MG Ivers MB, BS, FRANZCP

Dr S Kasimahanti MB, BS, MD (India) Assoc Prof Psych (India)

A/Prof R Harvey MD, MRC Psych, FRANZCP*

Dr M Atkins MRC Psych, FRANCP

Dr G Ridley MB, ChB, MRC Psych,

FRANZCP

CAMPERDOWN CAMPUS

Campus Manager

Ms R Mitchell RN, RM, MHSM (CSU), Grad Dip Clinical Practice (Aged Care), BN, Cert Gynaecological Diseases Nursing, Cert Applied Art, Cert IV Workplace, T&A, MRCNA

Unit Managers

Acute Services

Mrs J Ellis RN, RM*

Mr R Jubb RN MHS, Grad Dip Crit Care, Dip Bus

Aged Care Facility (Merindah Lodge)

Mrs J Riches RN, BN, Grad Dip Aged

Service Man (until July 2007)*

Mrs S Heaton-Harris RN (August 20 - March 2008)*

Mrs M Wickham RN (from June 2008)

Operating Theatre

Mrs N Delaney RN, Grad Dip Perioperative Nursing, Cert III Sterilisation/Technician,

Dip Bus

FINANCE AND BUSINESS SERVICES

Director of Finance & Business Services

Mr A Trigg BComm (Accounting/Finance), AHSFMA, ASA

Deputy Director of Finance

Mr D McLaren BBus (Deakin), ASA

Assistant Director of Finance

Ms L Bramich, BBus (Deakin), ASA, CPA

Managers

Community Partnerships

Ms S Morey, FIA

Employee Health and Welfare

Miss A Hilton BA (Deakin University)

Facilities

Mr W Hall Cert Hospital Supply Man (Mayfield)

Food Services

Mr D Church Cert Catering, LIHHC, Dip FSM

General Services

Mr D Miller Adv Cert Man (TAFE)

Human Resources

Mr G Mitchell BEc (Monash), BHA (UNSW)

Deputy Human Resources

Mr A Giblin Adv Dip Bus Man (Gordon Inst), Dip Human Resources (TAFE), Cert IV Workplace T&A

ICT Services

Mr G Hall BBus(Computing)(Deakin)

Remuneration

Mrs L Uzukuraitis

Supply

Mr T Hoy Cert Hospital Supply Man (Mayfield)

SOUTH WEST ALLIANCE OF RURAL HEALTH

Chief Information Officer

Mr Garry DrUIT BSc (Sydney), BEc (Deakin)

Managers

Member Development

Mr Gerard Cashill Grad Dip IT (Swinburne)

Patient and Client Systems

Mr Mark Johnstone RN, BBus (Deakin)

Policies and Administration

Mr Dennis O'Malley BComm (Electronic Commerce Management/Financial Planning), Dip IT

Regional ICT Technical Specialist

Mr Les Payti MACS, CBA (RMIT)

* Resigned during 2007-08.

Our Life Governors

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

• Our 2007 Life Governors (photo page 41).

Our Services

	Warrnambool Hospital	Camperdown Hospital	WBooI CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBooI PSD	CDown PSD	Hamilton PSD	Portland PSD
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			•	•	•	•						
Contenance 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	•											
*Hand Therapy	•											
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							•					
Midwifery												
Inpatient	•	•										
Rural Maternity Initiative		•										

* Established in 2007-08.

Our Services

	Warrnambool Hospital	Camperdown Hospital	WBooI CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBooI PSD	CDown PSD	Hamilton PSD	Portland PSD
Continuity Midwifery Program	•											
Domiciliary	•	•										
Needle Syringe Program			•	•								
Neonatal Special Care	•											
Nutrition	•	•										
Obstetrics												
Specialist	•											
General Practitioner	•	•										
Occupational Therapy	•			•	•	•		•				
Oncology	•											
Operating Theatre & Recovery	•	•										
Ophthalmology	•											
Orthopaedics	•	•										
Ostomy Association 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 Continuing Care								•	•	•	•	
Adult Crisis Assessment & Treatment	•							•	•	•	•	
Aged Persons Mental Health	•							•	•	•	•	
Child & Adolescent Team	•							•	•	•	•	
* Consumer & Carer Participation	•							•	•	•	•	
Early Intervention & Dual Diagnosis	•							•	•	•	•	
* Multiple & Complex Needs Initiative								•				
Primary Mental Health	•							•	•	•	•	
* Triage & Consultation Liaison	•							•	•	•	•	
Psychogeriatric Education								•	•	•	•	
Residential Rehabilitation	•											
* Strengthening Schools Program								•	•	•	•	
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			•									

* Established in 2007-08.

Donations

Alcoa Australia (Portland Aluminium)	5,000	Gibbs, Graham	50
Alcoholics Anonymous Camperdown	90	Gilbert, HM & NF	100
Allinson, Robin	400	Goodall, Lola	600
Armadio of Warrnambool	500	John Frederick Gordon Estate	1,745
Arnold, Tim	50	Great South Coast Food & Wine Group	84
Arnott, R	50	Haig Hotels for Loch Ard Motel	50
Asset Auction Services	200	Health Super Pty Ltd	500
Avraam, Peter	260	Heatherlie Homes residents	529
Axed Blood Bank Girls	110	Hellier, A	50
Barling, C	50	Hennessey, Vincent	100
Bartlett, Jennifer	100	Hill, Jason	1,391
Baudinette & Associates	200	Holland, Thomas	50
Beaton, J & Braniff, KM	250	Isles General Store	200
DJ Bell Pty Ltd	200	Jervies, Katherina	125
Benzing, Brigitte	100	Jervies, Mark	150
Better Hearing Australia	250	Jones, Christian	71
BHP Billiton Minerva Gas Plant (Timboon) staff	6,000	Gwen & Edna Jones Foundation	13,000
Boston Scientific	500	Jones, John R	100
Boutell, Emma	50	Kearton, Claire	200
Boyer, Tom & Robin	200	Keilor, Richard	300
Brauer College	200	Kelly, J & J	100
Brian, Tom	50	Kiwanis Club Warrnambool	500
Brough, Dr Rodger	50	Ladies in Black	284
Burleigh, Pauline & Doherty, Judy	2,337	Lady Bay Apartments	150
Burton, Sylvia & John	150	AL Lane Foundation	7,500
Business & Professional Women SW Victoria	101	Lee, IJ	100
Byaduk Spring Flower Show Committee	1,200	Lehman, N & J	50
Caledonian Hotel	620	Lillie, Jon	50
Cally Social Club Warrnambool	1,100	Lions Club Lismore	250
Campbell, Catriona	50	Lions Club Warrnambool	4,000
Cancer Self Help Support Group	122	Liquor Marketing Group Pty Ltd	20,000
Chapman, Mark	50	Lizzies of Port Fairy	1,306
Chevrolet Car Club of Victoria, SW Branch	800	Logans Beach Resort & Day Spa	2,400
Christchurch Mothers' Union	100	Lynch, Margaret	100
Coffey Hunt	200	Macarthur Friendship Dinner group	70
Collier Charitable Trust	24,989	Macarthur Gourmet Dinner Group	108
Combined Pensioners Association Warrnambool	1,000	Macey's Carpets	150
Condon, P & J	100	Macnelly Corporation	100
Country Music Concerts	350	Martin Financial Advisers Pty Ltd	1,300
Crothers, Marjorie	150	Masonic Lodge Pirron Yallock	50
Crowe, Dudley	50	Masonic Lodge Warrnambool	2,724
CWA Allansford	100	Matko Hire	100
CWA Camperdown Evening Group	100	McCosh, Alistair	200
Dalton, J	3,000	McGhie family	500
Dalton, JG & KM	200	McLaren, David & Narelle	50
Darriwill Farm Warrnambool	500	Meat Barns Australia	100
Donors gifting up to \$49 (120 in total)	2,522	Medical and Optical Instruments	100
Donor wishing to remain anonymous	1,000	Medtronic Australia	100
KJ Douglass Family Trust	20,000	Melican, Felicity	5,000
Dowell, Robert	50	Men's Probus Club Warrnambool	136
Dwyer, Gerard & Val	100	Mooney, Claire & Brendan	500
Dwyer, Dean	200	National Australian Pipelines	100
Dwyer, Nicole	200	National Servicemen's Assoc, SW District sub-branch	2,010
Elings, Willie	500	Neegon, Anne	100
Fary Rendering	200	Nicholson, Jamie	300
Flaherty, Jens	200	Norberg-Roberts, T & Roberts, EG	100

Donations

O'Brien, Steve	200	Warrnambool Agricultural Pty Ltd	300
Ogden, Audrey	100	Warrnambool Bombers Support Group	1,000
Paraska Pty Ltd (Passlow Ford)	50	Warrnambool Bowls Club Friday Bingo	11,000
Patches Plus	400	Warrnambool Cake Decorators Association of Victoria	250
Pats of Mortlake	434	Warrnambool Caravan Repairs	200
Peddie, David	500	Warrnambool Charity Dance	1,159
Estate of Rev Reg Peirce	100	Warrnambool District Country Music Group	600
Pike, WA	100	Warrnambool Football Club	5,870
Plummer, Louis	100	Warrnambool Garden Club	100
Plummer, Phillip	50	Warrnambool Hydraulics Pty Ltd	200
Port Campbell Shopping	50	Warrnambool Ice Creamery	50
Powell, Ian	100	Warrnambool Wolves Football Club	750
Powell, Mark	1,391	Warrnambool & District Breast Cancer Support Group	2,533
Prager, Daniel	100	Warrnambool & District Ostomy Association	1,000
Price, Lorna	500	Wathen, Mary	200
Priceline Pharmacy Warrnambool	160	West, M & M	50
Quality Kitchens & SW Postformer	60	West Fridge	200
Rauert, V & R	250	Western District Employment Access Charitable Trust	5,322
Rea, M & J	50	Wilkinson, C	50
Rendall, Betty	100	Wilson, Darryl	200
Ridley, Dr Graham	100	Woodford Primary School	193
Ritchies IGA Camperdown	205		
Ritchies IGA Community Benefits Scheme	9,791	Raised by SWH Auxiliaries	
Robinson, Peter	100	Camperdown Auxiliary	16,000
Rotary Club of Warrnambool Daybreak	200	Earmarked (mostly) for ongoing SWH Camperdown	
Rotary Club of Warrnambool East	3,600	Midwifery Unit Redevelopment Appeal.	
Royal Hotel Sport & Recreation Club	578	Camperdown Trolley Auxiliary	1,200
Rubber Band	265	Paid for dining room chairs for Merindah Lodge's	
Rudge, Tim	50	Tooliorook Hostel.	
Ryan, Brendan	157	FROM	3,042
Ryan, Les	50	Paid for digital camera, plasma TV and craft supplies	
Ryan Moves	1,970	for Merindah Lodge's nursing home.	
Sawyer Hill & Brooks	50	Lismore Ladies Auxiliary	1,602
Schubert, Andrea	50	Paid for paper shredder, lawn mower, garden supplies,	
Sheppard, G & M	400	woollen products and Lions cakes.	
Shimmer & Shine	635	Warrnambool Ladies Auxiliary	9,162
Simpson, Alan	200	Paid for hydro dissection unit for Warrnambool Operating	
Sinclair Wilson	6,963	Theatres, portable electric bed for palliative care patients at home	
Smith, Evelyn	100	and plaster cutter for Warrnambool Emergency Department.	
South Warrnambool Presbyterian Ladies Guild	250	Woolsthorpe Auxiliary	5,000
SW TAFE Community Chest	500	Paid for external pacemaker tester and CO2 ventilator	
South Western CASA	300	tester adaptor for Biomedical Division. Part-paid for vital	
Southern Appliances	200	signs monitor for Warrnambool Pre Admission Clinic.	
Southwest Property Developments	500		
Spikin, Marilyn	60	Raised by SWH Murray2Moyne Teams	
Sporting Shooters Association, SW Branch	5,000	Crater Cruisers	2,945
Sutherland, Dr Ian	50	Donated to ongoing SWH Camperdown Midwifery Unit	
SWH Camperdown Staff Auxiliary	43,000	Redevelopment Appeal.	
SWH Macarthur Daycare clients	326	Flames	1,869
The Dive Inn	50	Part-paid for oxygen concentrator for Warrnambool Palliative	
Thiele, Murray	150	Care Unit.	
Triple Zero 2007	3,000	Fire Flyers	1,500
Uniting Church Evening Fellowship	500	Earmarked for yet to be decided piece of Warrnambool	
Vagg, Bambi	260	Operating Theatres equipment.	
Van Doorn, A & F	100	HARP-(H)oons	2,748
Victoria Police (Winter Harmony 2007)	2,500	Paid for video conferencing equipment for Community Health.	

Donations

Warrnambool College	1,600	Annie Melican	1,100
Paid for an overnight parent's bed for Warrnambool Children's Ward.		Leeanne Milson	195
		Debbie Murphy	285
		Neville North	160
		Tony O'Flaherty	5,000
Raised by SWH Staff		Rhelma Price	214
SWH Staff Workplace Giving Program	4,000	Vera Reading	500
Donated to ongoing SWH \$40,000 Transesophageal Echo Probe Appeal to establish a region first screening service for valvular heart disease and causes of stroke.		Margaret Skinner	1,084
		John Smart	2,380
SWH Camperdown Staff Ball	11,276	Jessie Sweetnam	100
Donated to ongoing SWH Camperdown Midwifery Unit Redevelopment Appeal.		Thomas Tobin	580
SWH Camperdown Charity Bowls/Golf Day	4,759		
As above.			
SWH Warrnambool Charity Golf Day	9,000		
Earmarked for yet to be decided piece of Warrnambool Operating Theatres equipment.			
SWH Warrnambool Christmas Ball	7,256		
Part-paid for three flexible cystourethroscopes (\$40,000) for Warrnambool and Camperdown Operating Theatres.			
SWH Warrnambool Staff Ball	2,500		
As above.			
SWH Warrnambool May Races Parade	1,128		
Part-paid for \$10,000 Capnography Machine for Warrnambool Emergency Department and Intensive Care Unit.			
SWH Warrnambool Girls Night Market	1,106		
As above.			
SWH Warrnambool May Races Marquee	1,000		
Paid for Ring Cutter for Warrnambool Emergency Department.			
Donations in loving memory of...			
John Adam	1,000		
Graham Adams	1,820		
Malcolm Bald	200		
John Barnes	90		
Alan Clewer	20		
John Curran	150		
Albert Duynhoven	20		
Nancy Fitzpatrick	1,500		
Garry Fox	180		
Helen Fox	92		
Peter Furr	450		
John Goldstraw	100		
Andrew Green	1,156		
Gwen Holloway	145		
Keith Hume	515		
Nina Isbel	100		
Arthur Jenkinson	110		
Ted John	55		
Leon Jubb	1,910		
Ron Knight	225		
Helen Le Cerf	50		
Chris Leone	1,300		
Stan Mathieson	50		
Audrey McLennan	450		
Brian Meddings	100		
Lorraine Medley	700		

Our Donors continued from page 42

Donations received from SWH Murray to Moyne Teams

Five teams of cyclists and support crews participate in the 520 kilometre Mildura to Port Fairy M2M Cycle Relay each year for various South West Healthcare campuses. In 2007-08 they collectively raised \$10,622. Page 81 itemises how much each team raised and what it helped us purchase. Page 28 recognises one particularly inspiring participant.

Donations received in memory of passed loved ones

We truly appreciate the donations we continue to receive from people who, at a time of great loss, think to help others. In 2007-08, 37 people were honored in this way. Donations totalling \$24,086 helped finance an innovative music therapy program for palliative care patients, respite for older mentally unwell and often depressed clients being cared for by their adult children in need of a break, holiday camps for children with serious mental illness, a palliative care oxygen concentrator and three palliative care scholarships (page 20).

We are also extremely grateful for the near-new medical equipment and aides families donate following the passing of loved ones. In 2007-08 this included an electric scooter, ezi lift chair and special care chair totalling \$5,800.

Donations received from in kind donors

We have already acknowledged the tremendous work done by our 279 registered volunteers (page 40) but we also have an army of in kind donors who voluntarily donate their time and expertise and/or generously donate goods and services. Without this group of donors we would not have the manpower, auction items, raffle prizes, food, drinks and venues needed to run successful fundraising events.

We are also grateful for the in kind donors who support the fundraising activities of clubs, groups and organisations that donate their proceeds to South West Healthcare. In 2007-08 there were 220 of them.

Disclosure Index

The Annual Report of South West Healthcare 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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Statutory Requirements

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 183 requests under the Freedom of Information Act were processed during the 2007/2008 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	Mr Myles Hawkins, 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:

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

Consultancies under \$100,000

Five consultancies at a total cost of \$241,000 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. For the month of July 2007 the Responsible Minister was The Hon Bronwyn Pike. From August 2007 the Responsible Minister was The Hon Daniel Andrews.

Commercial Appointments

External Auditors	Coffey Hunt & Co
Internal Auditors	RSM Bird Cameron
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, Warrnambool 3280
The Ombudsman	Level 3, 459 Collins Street, Melbourne 3000 (Phone 1800 806 314.)

Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, John Francis Krygger certify that South West Healthcare has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the Executives to understand, manage and satisfactorily control risk exposures. The audit committee verifies this assurance and that the risk profile of South West Healthcare has been critically reviewed within the last 12 months.



JOHN F KRYGGER
Chief Executive Officer

Warrnambool
11 September 2008

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Glossary

ACF	Aged Care Facility	NP	Nurse Practitioner
ACHS	Australian Council on Healthcare Standards	O&G	Obstetricians and Gynaecologists
ACSAA	Aged Care Standards Accreditation Agency	OCI	Overall Care Index
ADC	Adult Day Centre	OH&S	Occupational Health and Safety
AHPACC	Aboriginal Health Promotion and Chronic Care Program	PCG	Project Control Group
APM	Australia Police Medal	PSD	Psychiatric Services Division
CDown	Camperdown	RACGP	Royal Australian College of General Practitioners
CEO	Chief Executive Officer	RACMA	Royal Australasian College of Medical Administrators
CH	Community Health	RFID	Radio Frequency Identification
CREM	Centre for Rural Emergency Medicine	SL	Stroke Liaison
CWA	Country Women's Association	SLN	Stroke Liaison Nurse
DHS	Department of Human Services	SOCAU	Sexual Offences and Child Abuse Unit
DMS	Director of Medical Services	SW	South West
DNS	Director of Nursing Services	SW CASA	South Western Centre Against Sexual Assault
DVA	Department of Veteran's Affairs	SWARH	South West Alliance of Rural Health
ED	Emergency Department	SWEL	South West Equipment Library (for seriously ill & disabled children)
EWP	Early Works Package	SWH	South West Healthcare
FROM	Friends & Relatives of Merindah (Lodge)	T&A	Training and Assessment
GP	General Practitioner	VHIA	Victorian Hospitals Industrial Association
HACC	Home and Community Care	WBool	Warrnambool
HARP	Hospital Admission Risk Program	WIES	Weighted Inlier Equivalent Separation
LGA	Local Government Area		
M2M	Murray to Moyne Cycle Relay Team		
NAIDOC	National Aboriginal and Islander Day of Celebrations		
NDSS	National Diabetes Services Scheme		

SWH HOSPITALS



Warrnambool Hospital
Ryot Street
Warrnambool 3280
ph. (03) 5563 1666
fax. (03) 5563 1660



Camperdown Hospital
Robinson Street
Camperdown 3260
ph. (03) 5593 7300
fax. (03) 5593 2659

SWH COMMUNITY PSYCHIATRIC SERVICES



Warrnambool
Bohan Place, Lava Street
Warrnambool 3280
ph. (03) 5561 9100
fax. (03) 5561 3813



Camperdown
64 Scott Street
Camperdown 3260
ph. (03) 5593 6000
fax. (03) 5593 2403



Portland
63 Julia Street
Portland 3305
ph. (03) 5522 1000
fax. (03) 5523 4212



Hamilton
12 Foster Street
Hamilton 3300
ph. (03) 5551 8418
fax. (03) 5571 1995

SWH COMMUNITY HEALTH CENTRES



Warrnambool Community Health
Henna Street
Warrnambool 3280
ph. (03) 5564 4190
fax. (03) 5563 1660



Manifold Place
Manifold Street
Camperdown 3260
ph. (03) 5593 1892
fax. (03) 5593 2010



David Newman Adult Day Centre
Church Street
Camperdown 3260
ph. (03) 5593 2717
fax. (03) 5593 3087



Lismore Community Health
High Street
Lismore 3324
ph. (03) 5558 3000
fax. (03) 5596 2265



Macarthur Community Health
12 Ardonachie Street
Macarthur 3286
ph. (03) 5552 2000
fax. (03) 5576 1098

SWH AGED CARE FACILITY



Merindah Lodge
Robinson Street
Camperdown 3260
ph. (03) 5593 1290
fax. (03) 5593 2659

