



annual
report 2009

SOUTH WEST HEALTHCARE



SOUTH WEST
HEALTHCARE

Hello and welcome

This report provides performance, quality and financial information covering the 2008-09 financial year and has been prepared in accordance with the Health 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 2008-09 work and achievements we would encourage you to read our 2008 Quality of Care Report. Like this report, it is available on our website.

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Our cover: SWH Rehabilitation Unit Manager Nick Van Zelst with one of the 18,871 inpatients we cared for in 2008-09, Harold Dempsey and his great great granddaughter Caitlin Hinkley.



Another success story (see Research) for our Multidisciplinary Stroke Team. Stroke Liaison Nurse Patrick Groot and Speech Pathologist Jenna Hogarth prepare Stroke Unit patient Lucy Bell for her transfer to our Rehabilitation Unit.

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, 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, tourism, dairy, food production, manufacturing, meat processing, professional services, new-age energy, timber, aluminium and mineral sands.

Our services

We provide 122 medical, nursing, psychiatric, allied health and community health services.

Our quality programs

We are committed to continuous quality improvement and strive for best practice.

Our contribution to the community

We are the region's largest employer. 1,128 people work for South West Healthcare. Our local economy benefits to the tune of \$76 million.

Our future

Our 155th year sees us moving ahead in a very tangible way to providing the best health services possible to the community we serve. There is real excitement throughout the organisation as we commence the task of constructing the most modern and technologically advanced health facilities in regional Australia.

about this report

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Our last three annual reports have been awarded an Australasian Reporting Award for excellence.

2008
SILVER



2007
SILVER



2006
BRONZE



our year in brief 09

Performance at a Glance 2008/09

	2008/09	2007/08	% Change
Total Revenue (excludes capital items)	96,911	91,485	5.93
Total Expenditure (excludes capital items)	97,600	91,836	6.28
Total Assets	90,543	89,169	1.54
Total Liabilities	18,888	19,540	(3.34)
Total Equity	71,655	69,629	2.91

Performance Indicators

Hospital inpatients treated (separations)

Warrnambool	16,766	14,921	12.37
Camperdown	1,747	1,795	(2.67)

Inpatients average length of stay

Warrnambool	3.30	3.44	(4.07)
Camperdown	3.13	3.01	3.99

Inpatients bed days

Warrnambool	52,565	51,873	1.33
Camperdown	5,481	5,433	0.88

Nursing Home bed days

Hostel bed days	10,076	10,170	(0.92)
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Hostel bed days	2,863	2,877	(0.49)
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Non admitted patient attendances

Warrnambool	83,587	81,491	2.57
Camperdown	18,109	17,547	3.20

Emergency attendances

Warrnambool	24,152	24,135	0.07
Camperdown	3,412	3,003	13.62

Fundraising

Capital	181,139	338,136	(46.43)
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Full Time Equivalent staff	829.35	805.70	2.94
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Every 30 minutes another Australian dies from a lung disease called Chronic Obstructive Pulmonary Disease. That's why our Community Health Hospital Admission Risk Program (HARP) stepped out on World COPD Day. The 45 who took part in the 100 kilometre walk included (from left) SWH's Primary and Community Services Manager Craig Fraser, Self Management Coordinator Laura Main, HARP Coordinator Rebecca Ryan, HARP clients Geoff Whitehead and Wal Rabach and Member for South West Coast Denis Napthine. We have 80 HARP clients with COPD. In 2008-09 we extended our Warrnambool HARP program to include Camperdown and surrounds.



Health Minister Daniel Andrews shares his vision for healthcare with SWH Board of Directors Chair Sharon Muldoon, CEO John Krygger and Directors Jeff Cole, Russell Worland and Chris Logan.

09

Chairman and CEO's report

Introduction

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 2009.

This year has been a defining moment in the organisation's history. During this 12-month period we completed the numerous capital works upgrades required to accommodate patients prior to the demolition of Marcus Saltau House at our Warrnambool hospital. This was satisfactorily completed within a period of record patient admissions and increased community demand for the current services we provide.

In many respects, this has been one of the most challenging years the organisation has faced. Prior to the demolition of Marcus Saltau House, numerous structural changes were made to accommodate the 69 beds that were relocated throughout the existing site. The 'decant strategy', as it has become known, required almost military planning and resulted in 11 separate ward transfers prior to the emptying of Marcus Saltau House.

The Marcus Saltau Story

Marcus Saltau House in itself is a remarkable story. The building was constructed in 1938 as the first major expansion of the organisation's health facilities since its humble beginnings in 1854. The building was named after former board member Dr Marcus Saltau who joined the Board of Management in 1899, became Chairman in 1912 and served in that position until his retirement in 1940. In all, he contributed 41 years of outstanding voluntary service to what is now known as South West Healthcare.

Sadly, this 70-year-old building had fallen a long way behind contemporary healthcare standards and burdened the organisation with a number of structural inefficiencies not encountered with modern healthcare design. Its demolition was determined to be a necessary precursor to the construction of our brand new base hospital.

It is interesting to point out that prior to the demolition contractors arriving onsite, we set about the task of preserving foundation stones, plaques and other memorabilia which we plan to relocate to the new hospital. When the foundation stone was removed we located a time capsule that had been placed in the concrete wall on the day of the official opening in 1938. Inside the time capsule was an extensive history of the organisation, annual reports, press clippings and the Marcus Saltau story. This information will be preserved with our historical collection and has led to a desire to also place a time capsule in the new hospital for future generations to discover.

It is extremely pleasing to report that the significant and detailed planning that went into the early works package and the decant strategy delivered significant dividends with this major change being accomplished without incident. We acknowledge that we put our staff, our patients and their visitors under extreme pressure with the numerous moves. Fortunately, this inconvenience was short lived as we commenced the construction of what will be the most modern and technologically advanced health service in regional Victoria.



Health Minister Daniel Andrews and SWH CEO John Krygger stand on the site of Warrnambool's new base hospital.



Sharna and (baby #29,794) Andie Invermee was the final family to be relocated from the Midwifery Unit before Marcus Saltau House was demolished.



SWH carpenter Lindsay Hess (centre) and plumber James Moran show CEO John Krygger the time capsule.



The demolition of Marcus Saltau House makes way for the \$115 million capital project's greenfield site.



Nadine Dawe's son Levi was one of the record 18,871 inpatients we treated in 2008-09.

Financial Management

We are delighted to report that the organisation received a further \$26.2 million in the May 2009 State Budget (in addition to the \$89.2 million received in the previous two years' Budgets). The totality of this funding equates to \$115.4 million and is sufficient to complete Stage 1 of the Warrnambool redevelopment in its entirety. This will deliver a new Base Hospital for South West Victoria and a new purpose built Integrated Care Centre on our Koroit Street frontage.

This initiative 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.

Despite the temporary shortage of available beds during the year, the organisation treated a record 18,871 acute inpatients. This is the first time the organisation has passed the 18,000 mark and represents a 10.4% increase on the previous year. Furthermore, 27,564 Emergency Department patients were treated during this 12-month period which highlights the reliance on South West Healthcare in providing essential emergency and medical care to the growing population of South West Victoria.

In addition to the operational challenges of operating out of temporary accommodation, South West Healthcare faced significant challenges from a financial perspective. As a result, our financial year concluded with an operating deficit of \$689,000 which equates to 0.7% of total revenue. This challenging financial environment will remain until the new hospital is completed which, with the benefit of an efficient design, will return the organisation to surplus reporting.

Strategic Direction

In acknowledgement of the Board of Directors' principal role in developing strategy, a new five-year Statement of Strategic Direction was produced in 2008-09. This document was developed following a facilitated workshop of Board Directors, Executive and key senior staff. It is hopeful that the achievement of these new strategic directions will position the organisation for our next major growth phase and deliver a supremely capable and responsive regional health service.

The five key pillars encapsulated in the new Statement of Strategic Direction include:

- 1 Driving Quality Performance
- 2 Achieving Sustainability
- 3 Creating a Learning/Teaching/Research Culture
- 4 Encouraging Service Innovation, and
- 5 Engaging our Community

The Board is greatly appreciative of the effort of all contributors to the new Statement of Strategic Direction and looks forward to delivering on the outcomes identified.

Innovative Practices

From a patient care perspective we have been involved in some innovative process redesign strategies that will deliver significant health system improvement. We are only one of three non-metropolitan health services involved in the Department of Human Services funded Redesigning Hospital Care Program. Our focus is on improving the patient journey within our Warrnambool Emergency Department using a systematic process redesign methodology with the aim of increasing service quality and efficiency.

Similarly, we have also embraced the Better Skills, Best Care Project and are trialling the use of two new Emergency Department positions: a clinician's assistant and an operations assistant. These positions have been implemented to reduce the administrative load on our Emergency Department medical and nursing staff to enable additional time for direct patient care.

We have also continued our ongoing commitment to quality improvement and best practice and have created an enviable record of statewide recognition in this area. The 2007 Quality of Care Report was independently judged as the winner of the Quality of Care Reporting Awards for the fourth consecutive year. This is a wonderful achievement and testimony to the quality systems framework covering the broad range of services we provide.

Conclusion

It is extremely gratifying that South West Healthcare continues the pursuit of its mission to provide a comprehensive range of healthcare services to enhance the quality of life for people in South West Victoria. 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.

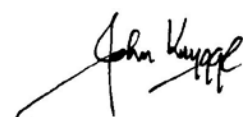
There are a number of people we would like to thank for their contribution over the past year:

- Our numerous volunteers, donors and community supporters who make such a significant contribution to our organisation.
- The Minister for Health and the Department of Human Services at both central and regional office level who work with us in a mature partnership.
- Our local elected political members who continue to keenly represent our interests.
- Our committed Board of Directors and Executive team for their proactive stewardship, and last but not least...
- Our dedicated staff who remain committed to the goals of the organisation and are keen to share in its success.

It is a result of all your contributions that South West Healthcare has completed another successful year and has such an outstanding reputation within the community and broader health sector.



SHARON MULDOON
Chairman – Board of Directors



JOHN F KRYGGER
Chief Executive
Officer



Performance 09 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 2008-09 are detailed here along with brief summaries of outcomes.

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, remains better than peer group average.
- Full ACHS accreditation maintained (see Quality Management).
- A full review of the Risk Management Framework completed by the Victorian Managed Insurance Authority resulted in a further refined and improved risk management process and plan.
- Our Psychiatric Services Division performed at the top level of statewide DHS indicators for public mental health services (see Highlights).

- Record achievements with patient-centred specific programs focusing on stroke management and Improving Care for Older Persons Initiative (see Research) and implementation of McGrath Breast Care Nurse program (photo on page 41).

2 Financial Management

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

Outcomes

- 18,870 inpatients treated for the financial year (see Performance Measures: Statistical Information). An increase of 10.4 per cent on prior year.
- Operating deficit of \$689,000 recorded due largely to structural inefficiencies during construction phase of Warrnambool hospital.
- Raised \$181,139 despite economic downturn (see Our Donors and Donations).
- Replaced entire six-cylinder District Nursing Service fleet and 50 per cent of Warrnambool hospital fleet with four-cylinder vehicles (see Corporate Social Responsibility).

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.



Associate Professor Tim Baker (second left), the first director of Deakin University's Centre for Rural Emergency Medicine, spends 1.5 days a week as an emergency physician in our Warrnambool Emergency Department.

- Providing safe work practices and a healthy working environment.
- Promoting ongoing education and professional development programs.

Outcomes

- Emergency Department Unit Manager Kate Sloan one of Victoria's first Emergency Nurse Practitioners (photo on page 11).
- Established the Centre for Rural Emergency Medicine with appointment of specialist physician Dr Tim Baker (see photo).
- Continued focus on staff welfare resulted in significant improvement in WorkCover premium costs and sick leave (see Occupation Health and Safety). In both cases, continuing at levels better than industry average.

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 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 \$26.2m (\$115m in total) towards full redevelopment of Warrnambool hospital and Integrated Care Centre. Detailed design and tender documentation completed (see Chairman and CEO's Report).
- Advanced plans for refurbishment work at Camperdown hospital midwifery unit and aged care facility, Merindah Lodge.

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

- Implemented Redesigning Hospital Care Program (see Chairman and CEO's Report and Research).
- Completed full integration of school dental and public dental services.
- Developed implementation plan for Allied Health intake system.

6 Community Health

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

Strategies

- Developing and implementing comprehensive community health plan.
- Continuing engagement with Primary Care Partnership and local government in relation to community health planning processes.
- Engaging with community (consumers, general practitioners, agencies and other service providers).
- Providing leadership and collaboration for seamless service delivery.
- Providing advocacy on key public health issues.

Outcomes

- Engaged significant number of participants for Healthy Hearts (see Research).
- Commenced planning of new three-year health promotion plan (2009-2012).
- Commenced Healthy Active South West Project (see Our Profile).
- Implemented Single Point of Entry (SPoE) for Chronic Illness Programs.
- Strong SWH participation in Great South Coast Regional Strategic Plan.

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

- Commemorated Sorry Day and NAIDOC Day (see Highlights).
- Celebrated centenary of Camperdown hospital (see Highlights).
- Formed Club Red (see Corporate Social Responsibility).
- Engaged more volunteers (see Our Volunteers).
- Community Advisory Committee (see Principal Committees) assisted in development and adoption of Community Participation Plan 2008-2010 and award-winning Quality of Care Report (see Quality Management).
- Successful collaborative partnership submission secured Headspace service for the region.

STATISTICAL INFORMATION

Acute Hospital - Warrnambool Campus	2008/09	2007/08	2006/07	2005/06	2004/05
Accommodation - Registered Beds	155	155	155	155	155
Inpatient Separations					
Public - No Charge	16,005	14,057	14,025	13,624	13,038
Private/Third Party	722	823	1,152	1,267	1,255
Nursing Home Type	39	41	39	38	18
Total Inpatient Separations	16,766	14,921	15,216	14,929	14,311
Inpatient Separations by Patient Type					
Emergency	6,378	5,237	5,398	5,443	5,118
Elective	8,996	8,316	8,431	8,342	8,171
Obstetric	1,392	1,368	1,387	1,144	1,022
Total Patients Treated	16,766	14,921	15,216	14,929	14,311
Total Patient Days in Hospital					
Public - No Charge	45,659	45,421	42,927	43,228	40,956
Private/Third Party	4,088	4,467	6,227	5,298	5,772
Nursing Home Type	2,818	1,985	1,384	1,669	1,012
Total Patient Bed Days	52,565	51,873	50,538	50,195	47,740
Daily Average of Occupied Beds	133.5	132.1	127.4	129.4	124.5
% Occupancy on Registered beds	86.1	85.2	82.2	83.5	80.3
% Occupancy on Staffed beds	97.5	98.6	95.3	93.3	92.4
Average Length of Stay	3.3	3.4	3.3	3.3	3.3
Births (Number of deliveries)	624	598	604	546	490
Theatre Operations	6,129	5,915	5,698	5,884	5,632
Endoscopy Patients	1,815	1,692	1,625	1,641	1,695
Total Operations	7,944	7,607	7,323	7,525	7,327
Day Case Surgery in Theatre	3,284	3,014	2,914	3,059	3,129
Non Inpatient Services					
Number of Attendances:					
Emergency Department	24,152	24,135	23,665	23,096	21,793
Medical/Surgical Clinics	12,375	11,668	11,072	10,975	8,439
Pathology	6,423	6,871	5,728	5,212	4,873
Medical Imaging	7,612	6,989	6,476	6,056	5,595
Pharmacy	9,494	8,836	9,478	9,445	8,672
Allied Health	12,209	12,465	12,257	14,101	13,598
Dental Unit	7,880	9,099	4,333	2,104	760
Other Programs	6,104	6,449	5,982	6,169	7,216
Rehabilitation Centre Attendances	8,224	8,055	7,920	6,795	6,978
Community Health Attendances	3,262	3,364	1,844	3,400	3,029
HARP Attendances	4,706	3,530	-	-	-
Community Health - Group Session Attendances	4,772	3,658	-	-	-
HARP Group Session Attendances	526	507	-	-	-
Total Non Inpatient Attendances	107,739	105,626	88,755	87,353	80,953
District Nursing - Care Hours	14,638	15,115	14,382	14,830	13,459
Meals					
Number of Fresh Deliver Meals	27,833	32,739	33,764	33,061	32,435
Total Number of Meals Served	289,743	295,377	294,196	296,743	266,652



SWH Emergency Department Unit Manager Kate Sloan is Victoria's only Emergency Nurse Practitioner with Forensic Nurse Examiner status. Photo: The Standard. Photographer: Damian White.

Camperdown/Lismore Campuses	2008/09	2007/08	2006/07	2005/06	2004/05
Accommodation - Registered Beds	67	67	67	67	67
Inpatient Separations by Patient Type					
Emergency	694	603	617	600	609
Elective	898	1,015	947	1,040	975
Obstetrics	155	177	156	148	129
Total Inpatient Separations	1,747	1,795	1,720	1,788	1,713
Public Separations (Acute)	1,445	1,484	1,336	1,424	1,369
Total WIES	1,123	1,114	1,094	1,182	1,196
Average Inlier Equivalent DRG Weight	0.6458	0.6234	0.6398	0.6684	0.6986
Acute Bed Days	5,481	5,433	5,457	6,198	5,260
Aged Care Bed Days	12,939	13,047	12,895	12,859	12,668
Total Beddays (Acute plus Aged Care)	18,420	18,461	18,352	19,057	17,928
% Occupancy on Available Beds					
Acute	69.79	69.57	68.04	76.71	70.97
Aged Care	98.47	99.02	98.14	97.86	96.41
Average Length of Stay					
Acute	3.13	3.01	3.15	3.50	3.05
Births	67	70	66	65	60
Total Operations	653	560	536	516	492
Day Case Surgery in Theatre (Incl above)	431	437	371	403	375
Non Inpatient Services					
Emergency Department	3,412	3,003	2,940	2,897	2,819
Outpatient Attendances	1,847	1,679	1,787	2,056	2,236
District Nursing Visits	4,120	4,539	4,467	5,164	5,881
Community Health - Contacts	4,724	4,951	4,159	3,043	2,231
Community Health - Group Session Attendances	5,043	3,772	3,504	4,763	4,318
Day Care Attendances	2,375	2,606	2,532	1,645	2,555
Total Non Inpatient Activity	21,521	20,550	19,389	19,568	20,040
Meals on Wheels Prepared	7,396	10,171	14,264	13,701	12,221

COMPARATIVE COSTS AND STATISTICS - NON ACUTE SERVICES

	2008/09	2007/08	2006/07	2005/06	2004/05
Psychiatric Services					
Statistics					
Number of Inpatient Separations	349	369	387	431	469
Bed Days	3,492	4,005	3,967	4,745	3,957
Daily Average Inpatients Accommodated	9.57	10.97	10.87	13.00	10.84
Percentage Occupancy (%)	63.78	73.15	72.46	86.67	72.27
Average Inpatient Length of Stay (days)	10.01	10.85	10.25	11.01	8.44
Number of Outpatient Contact Hours	27,209	23,931	28,072	24,606	27,152
Number of Residential Bed Days	1,255	1,474	1,709	1,721	1,618
Central Linen Service					
Kilograms Produced	776,824	763,980	718,524	712,642	709,583
Average cost per kilogram (cents)	186.17	189.99	188.18	179.59	175.29

SERVICE, ACTIVITY AND EFFICIENCY MEASURES

Statistical Comparison to Previous Years

	Actual 2008/09	Actual 2007/08	Actual 2006/07	Actual 2005/06	Actual 2004/05	
Warrnambool Campus						
Weighted Inlier Equivalent Separations	10,834	10,629	10,240	10,092	9,797	
Average Inlier Equivalent DRG Weight	0.6688	0.7392	0.7029	0.7024	0.7132	
Statistical Indicators						
% Public (Medicare) Patients Treated	95.7%	94.5%	92.5%	91.6%	91.4%	
Revenue Indicators - All Campuses						
Average Days to Collect						
	2008/09	2007/08				
Private Inpatient Fees	61.33	53.80				
TAC Inpatient Fees	74.12	123.50				
VWA Inpatient Fees	71.82	73.65				
Debtors Outstanding as at 30th June 2009						
	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2009	Total 2008
Private Inpatients	98,302	27,270	3,984	12,315	141,871	163,099
TAC Inpatients	6,624	-	-	-	6,624	17,544
VWA Inpatients	27,739	5,116	9,465	1,904	44,224	43,234
	132,665	32,386	13,449	14,219	192,719	223,877

Note: 'TAC' refers to Transport Accident Commission

'VWA' refers to Victorian WorkCover Authority

ACTIVITY BY PROGRAM
2008/09 TOTAL - ALL CAMPUSES

ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
Separations					
Same Day	9,057		10		9,067
Multi Day	8,894	567	339	40	9,840
Total Separations	17,951	567	349	40	18,907
Emergency	6,722		349		7,071
Elective	9,682	567		40	10,289
Maternity	1,547				1,547
Total Separations	17,951	567	349	40	18,907
Public Separations	16,950	525			17,475
Total WIES	11,957				11,957
Total Bed Days	48,974	9,072	3,492	13,047	74,585

NON ADMITTED PATIENTS	Acute	Sub Acute	Mental Health	Aged Care	Total
Emergency Medicine Attendances	27,564		1,773		29,337
Outpatient Services - occasions of services	51,593	8,224	71,743		131,560
Other Services - District Nursing Care Hours				19,164	19,164
Residential Bed Days			1,255		1,255

MACARTHUR CAMPUS	2008/09	2007/08	2006/07	2005/06	2004/05
District Nursing/personal care visits	1,922	1,828	2,213	2,368	2,346
Community Health contacts	1,413	1,424	1,153	1,086	986
Community Health session attendances	1,371	1,439	1,575	1,777	1,511
Day Care session attendances	935	879	999	1,284	1,265
HACC Groups	130	136	132	137	138
Meals on Wheels Prepared	573	477	1,007	1,187	1,189
Volunteer contacts	953	874	1,147	1,289	1,290

CONSOLIDATED FINANCIAL RESULTS	2008/09	2007/08	2006/07	2005/06	2004/05
	\$000	\$000	\$000	\$000	\$000
Total Revenue	97,764	93,376	87,359	80,529	77,761
Total Expenses	100,417	95,029	88,214	82,661	79,873
Operating Surplus (Deficit)	(2,653)	(1,653)	(855)	(2,132)	(2,112)
Retained Earnings (Accumulated Losses)	(8,860)	(6,207)	(4,554)	(3,699)	(1,567)
Total Assets	90,543	89,169	82,357	81,640	79,714
Total Liabilities	18,888	19,540	17,499	15,927	14,748
Net Assets	71,655	69,629	64,858	65,713	64,966
Total Equity	71,655	69,629	64,858	65,713	64,966

ATTESTATION ON DATA ACCURACY

I, John Krygger certify that South West Healthcare has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. South West Healthcare has critically reviewed these controls and processes during the year.


JOHN KRYGGER
Chief Executive Officer

Warrnambool
27 August 2009



SWH Family Support Project Coordinator Teresa Tyacke and internationally renowned children's author Paul Jennings helped launch our Psychiatric Services' Families where a Parent has a Mental Illness (FaPMI) Strategy.



Healthy Active South West Macarthur Advisory Committee members Anna Wortley (left) and Jodie Nicholls (3rd left) with HASW project manager Catherine Loria and HASW project officer Mardi Nestor (right).

our Profile 09

OUR LOCATIONS

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

In 2008-09 we provided 122 medical, psychiatric, allied health and community health services (see Our Services) 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 (there are two, including an adult day centre)
- Macarthur
- Lismore

Our aged care facility is based at:

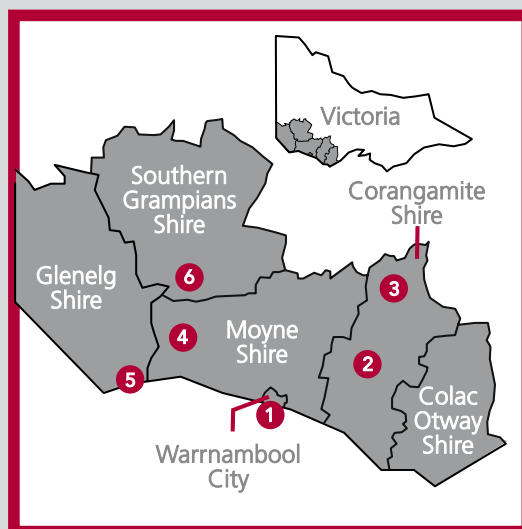
Camperdown (on the grounds of our Camperdown hospital)

South West Healthcare has served Western Victoria for more than one-and-a-half centuries. Our Warrnambool hospital is 155 years old and our Camperdown hospital turned 100 in March (see Highlights).

OUR SERVICES

In 2008-09 South West Healthcare provided 122 medical, nursing, psychiatric, allied health and community health services to the region. This was a 6.1 percent increase on the number provided in 2007-08.

Our Psychiatric Services Division implemented two of the new programs: their **Dementia Behaviour Management Advisory Service** and the latest addition to their family focus programs, **Families where a Parent has a Mental Illness (FaPMI) Strategy**. Aimed at reducing the impact of mental illness on families, particularly dependent children, this strategy is directed to all Department of Human Services-funded and delivered service providers working with families where a parent has a mental illness.



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

Although not all family members are necessarily affected by parental illness, the close to 250,000 children living in Victoria households where a parent has a mental illness are generally more at risk of experiencing poverty, housing problems, family disruption, social isolation, substance abuse and disruption of schooling. Evidence also shows 25–50 per cent of them will experience some psychological disorder in childhood, adolescence or adulthood (compared with 10–20 per cent in the general population) and 10–14 per cent will be diagnosed with a psychotic illness in their lifetime (compared with 1–2 per cent).

SWH Community Health implemented two new programs: Manifold Place’s **Living for Life Program** and Manifold Place, Lismore Community Health and Macarthur Community Health’s **Healthy Active South West**. Healthy Active South West aims to help minimise cardiovascular risk factors in men and women aged 25-50 by maximising healthy lifestyle choices through physical activities and healthy eating. HASW works with campus-specific advisory committees that include volunteer community representatives.

Our Warrnambool hospital is the home of the newly-introduced **Improving Care for Older Persons Initiative** and **Transesophageal Echocardiography** service. Each is already producing wonderful results (see Research and Highlights, respectively).

OUR COMMUNITY in 2009

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.

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 now 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 per cent compared to Victoria’s 61 per cent).

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

Macarthur in 2010

Demand for health services is expected to rise come 2010 when work starts on the development of an \$800 million power station at Orford, 20 kilometres from our Macarthur community health centre. Macarthur (population 300) is the closest town with shops to Orford (a 10-home town).

The power station development is expected to bring up to 600 construction workers to the Macarthur area from 2010-12 and provide 35 ongoing full-time jobs come 2012.

SWH Communities: Populations and Median Ages

Local Government Area	Estimated resident population at June 2006 (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	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.

Our Profile

Warrnambool in 2014

Warrnambool City Council is preparing for massive growth and the community expectations that come with it. On the cusp of spending \$8.8 million developing infrastructure in the growth areas of North East Warrnambool and Dennington, 1,200 permanent employment positions are expected to be created as a result of \$8 billion of major developments set to take place over the next five years.

They include our \$170m Warrnambool hospital redevelopment, a \$30m retail expansion and a \$33m SW TAFE expansion. During this time 5,400 construction positions will be created. By late next year four projects alone will require a construction workforce of 2,000.

Meantime new Australian Bureau of Statistics figures show more people in their late 20s and 30s are choosing to set-up house in Warrnambool than in preference to any other regional city in Australia. Warrnambool social trends author Dr Gordon Forth suspects these people are returnees coming home to start families.

OUR PATIENTS

WHERE OUR 18,871 HOSPITAL INPATIENTS LIVE

In 2008-09 the majority of our hospital inpatients, not surprisingly, hailed from the Local Government Area in which the hospital they attended is located.

Inpatient's Residence	Warrnambool hospital	Camperdown hospital
Warrnambool	9,261	20
Moyne	4,409	87
Corangamite	1,703	1,547
Glenelg	864	4
Southern Grampians	249	1
Colac Otway	69	40
Rest of Victoria	417	39
SA	56	0
NSW	33	1
QLD	21	2
WA	9	1
ACT	1	0
NT	2	0
TAS	4	0
Overseas	14	1
No fixed address	9	3
Unknown	3	1
TOTALS	17,124	1,747

NOTE: 349 Psychiatric separations are included in the Warrnambool hospital totals.

INPATIENTS x SWH HOSPITALS 2008-09 TO 2005-06

Hospital	2008/09	2007/08	2006/07	2005/06
Warrnambool	17,124	15,290	15,601	15,360
Camperdown	1,747	1,720	1,720	1,788
TOTALS	18,871	17,085	17,321	17,148

WHERE OUR 27,564 EMERGENCY DEPARTMENT PATIENTS LIVE

In 2008-09, the majority of Emergency Department (ED) patients, not surprisingly, hailed from the Local Government Area in which the hospital they attended is located.

Patient's Residence	Warrnambool ED	Camperdown ED
Warrnambool	18,286	23
Moyne	2,086	111
Corangamite	1,540	2,279
Glenelg	324	7
Southern Grampians	146	0
Colac Otway	69	46
Rest of Victoria	1,292	126
SA	110	7
NSW	130	11
QLD	94	9
WA	42	4
ACT	9	0
NT	9	0
TAS	12	1
Overseas	3	0
TOTALS	24,152	2,624

PRESENTATIONS x SWH EMERGENCY DEPARTMENTS 2008-09 TO 2005-06

Emergency Department	2008/09	2007/08	2006/07	2005/06
Warrnambool	24,152	24,135	23,665	23,087
Camperdown/Lismore	3,412	3,003	2,940	2,338
TOTALS	27,564	27,138	26,605	25,425

THE AGE OF OUR 18,871 INPATIENTS

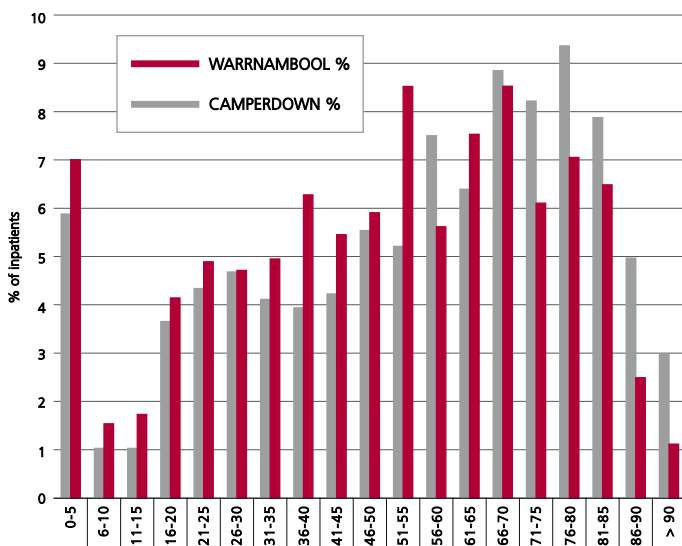
In 2008-09 the 76-80 age group was the highest rating inpatient group at our Camperdown hospital accounting for 9.4 per cent, followed by the 66-70 age group of 8.8 per cent and the 71-75 age group of 8.2 per cent.

The 51-55 and 66-70 age groups were the highest rating inpatient groups at our Warrnambool hospital, each accounting for 8.5 per cent. The 61-65 age group followed at 7.5 per cent and the 76-80 age group at 7.2 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	Warrnambool hospital		Camperdown hospital	
	Total	%	Total	%
0-5	1,199	7.0	103	5.9
6-10	263	1.5	18	1.1
11-15	296	1.7	18	1.1
16-20	709	4.1	64	3.7
21-25	837	4.9	76	4.3
26-30	807	4.7	82	4.7
31-35	847	4.9	72	4.1
36-40	1,074	6.3	69	3.9
41-45	933	5.5	74	4.2
46-50	1,011	5.9	97	5.5
51-55	1,459	8.5	91	5.2
56-60	961	5.6	131	7.5
61-65	1,289	7.5	112	6.4
66-70	1,460	8.5	155	8.8
71-75	1,045	6.1	144	8.2
76-80	1,207	7.2	164	9.5
81-85	1,110	6.5	138	7.9
86-90	426	2.5	87	5.0
>90	191	1.1	52	3.0
TOTALS	17,124	100	1,747	100

INPATIENTS BY AGE GROUP 2008-09



Eleven-year-old Jackson Parker got to meet (from left) Brent Moloney, Jack Grimes and Shane Valenti when the Melbourne Demons came to the coast. Photo: The Standard. Photographer: Cassie Cowling.

CELEBRITIES DELIVER THEIR VERSION OF HEALTHCARE

- Internationally-renowned children's author **Paul Jennings** helped our Psychiatric Services launch its FaPMI Strategy during International Day of Families (photo on page 14).
- AFL legend **Tom Hafey** was guest speaker at our Camperdown Manifold Place Men's Health Night.
- Olympian basketballer **Wayne Carroll** and celebrity **Sam Kekovich** held a fundraising dinner for our Stroke Unit while on holiday in Warrnambool.
- Celebrity chef/author/all-round great guy **Gabriel Gate** guest-spoke at our Warrnambool Mental Health Week celebrations.
- Actor **John Howard** visited patients while passing through Warrnambool with the 2008 Variety Bash (photo on page 45).
- **Santa** called for his 78th year running in a Fonterra Sports and Social Club sled jam-packed with a great bunch of carol-singing Holiday Actors.
- **Melbourne Football Club** players and **John Williamson** also visited patients at South West Healthcare (see photos and captions).



Musician John Williamson paid a surprise visit to our Warrnambool hospital where he even sang at the bedside of patients too unwell to attend his impromptu group concert. There he caught up with Merv Dowd after performing Merv's favorite song, True Blue.

Quality 09 management



Celebrating back-to-back international Baby Friendly Hospital Accreditation with SWH Warrnambool's Midwifery Unit manager Peter Logan and continuity midwife Janene Facey is Julie Maine (left) and Michelle Unwin. Their babies, Audrey and Hunter, were two of the 694 babies responsible for a 3.9 per cent increase in deliveries at our Warrnambool and Camperdown hospitals this year.

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

Much was achieved during 2008-09 including:

- Maintaining accreditation with the Australian Council on Healthcare Standards.
- Maintaining accreditation with the Aged Care Standards Accreditation Agency.
- Maintaining Baby Friendly Hospital Accreditation with the World Health Organisation and the United Nations Children's Fund (see photo).
- Ongoing 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 THE 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 brochures.

In 2008-09 we again excelled in quality service delivery:

- The 474 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 admission, staff attitudes and discharge planning.
- The 33 clients who responded to the internal client satisfaction survey run through our acute psychiatric inpatient unit rated care and treatment overall to be between 80 and 100 per cent. We are one of the few hospitals to do surveys of this kind.

- The 28 consumers who responded to the internal satisfaction survey run through our psychiatric community-based services reported an overall satisfaction of 86 per cent. Satisfaction was assessed on access, information, rights, participation, staff attitudes and exit.
- 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 81. This is three points higher than the target 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 do not far outweigh the number of complaints received:

- 945 compliments were received in 2008. Another 282 were received during the first half of 2009.
- 163 complaints, in line with raised awareness, were received in 2008. This is 15 more than in 2007. For the first half of 2009, 74 complaints were received.

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

By 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 us to strengthen our quality patient services by actively participating in a range of activities. South West Healthcare works closely with consumers (see Principal Committees) seeking their advice and opinions on a range of topics that concern patient services. In 2008-09 consumers were involved in the development of:

- Our award winning Quality of Care Report (see below).
- Patient information brochures for specific surgical procedures, equipment information and Allied Health program information.
- General hospital information for patients and families on topics including visiting hours, what to bring to hospital, locations of departments and parking facilities.

IMPROVING CLINICAL QUALITY

Full marks for accreditation

South West Healthcare has maintained its accreditation status:

- An internal self assessment was conducted against the Australian Council on Healthcare Standards which ensures that the organisation maintains its accreditation status until September 2010.
- Recent support visits conducted by the Aged Care Standards Accreditation Agency 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 patient equipment safety. As part of the committee's interest in this area, South West Healthcare has subscribed to an innovative online Equipment Library. This library is accessible to all clinical staff allowing them to access hundreds of equipment manuals stored electronically. This safety initiative has ensured that staff have access to the latest manuals which enables better and safer practice.

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

- 1,795 incidents were reported during 2008-09
- 1,730 incidents were reported during 2007-08
- 1,424 incidents were reported during 2006-07

Our Nursing Services Quality Manager Karen Harrison (right) and SWH Community Advisory Committee member Marjorie Crothers have every right to be smiling. Our 2008 Quality of Care Report is shortlisted for a Ministerial Award. The four before each won one.

This increase has been brought about by:

- Raising staff awareness about the importance of reporting incidents and near misses.
- The convenience of the 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 2008-09. Because the simple act of hand washing reduces the risk of infection to patients, this year the Hand Hygiene Project has seen 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 2009, 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 2004, 2005, 2006 and 2007 Quality of Care Reports earned us Victorian Ministerial awards for excellence. Our 2008 report has been shortlisted for the same honor.



SWH Occupational Therapist Kim Tiballs teaches strategies on how to help treat primary school children who have Motor Dyspraxia. This debilitating condition causes difficulty in planning, sequencing and then executing the correct movement to perform age-appropriate skills in a smooth and coordinated manner, at will or on command.



Education and training 09

NURSING SERVICES

South West Healthcare's Nursing Education meets the needs of rural and remote-area nurses and other health professionals working across diverse areas of healthcare provision. Our Continuing Nurse Education Program is specifically designed for health professionals working in acute, aged care and community settings in Warrnambool, Port Fairy, Camperdown, Terang, Timboon and Koroit.

In 2008-09:

- ✓ 1,055 health professionals from throughout the region participated in Continuing Nurse Education Program seminars.
- ✓ 1,784 education contact hours were provided to graduate nurses.
- ✓ 154 new SWH staff attended orientation/induction days.

Multidisciplinary education included Flinders Model: Train the Trainer; Health Coaching; Functional Independence Measure Assessment for Staff Working in Rehabilitation; Challenging Behaviours: Acquired Brain Injury; Engaging Managers in Sustainable OH&S Outcomes, and Towards Clinical Excellence: Clinical Audits.

Computer education included Basic & Advanced Excel Spreadsheets and Digital Photography.

Major study days included:

- **Cancer Symposium 2009** saw Alfred Hospital Director of Neurosurgery Professor Jeffrey Rosenfeld and local oncologists Drs John Hounsell and Terry Hayes update 120 attendees on latest cancer care treatments.
- **Assessing Competence and Documenting Clinical Performance**, a two-part series facilitated by LearnPRN's Kaye Knight, updated clinical teachers on assessing and documenting student competence in line with national standards.
- **Cultural Education** presented by Culture Works looked at how personal values and norms can influence the way health professionals interact with patients from diverse cultural backgrounds. SWH Women's Health Resource Worker Rochelle Hine introduced staff to the concepts of gender and diversity, considering how values, attitudes and assumptions impact on health service planning, policy and practice.

- **Family and Reproductive Rights Education Program** by Royal Women's hospital midwifery educators and obstetricians on female genital mutilation.
- **Paediatric Trauma Workshop**, by trauma and emergency experts from the Royal Children's hospital, primarily focused on the initial assessment and management of paediatric trauma patients and practical life sustaining procedures.

Online education

Nursing Education, in partnership with the South West Alliance of Rural Health and regional hospitals, is developing common learning packages to be used as resources by staff to demonstrate competence in mandatory training. Packages being developed include fire and emergency response, orientation, medication, calculations, blood transfusions and ward-specific learning packages for graduate nurses.

Clinical Skills Laboratory

Our Clinical Skills Laboratory continues to play a critical role in clinical education for nurses, doctors and allied health professionals. Basic life support; advanced life support; paediatric resuscitation; no lift and intravenous cannulation skills were updated in 2008-09. Assessment of skills and knowledge is enhanced by the use of scenarios and simulation mannequins. The demand for education regarding central line management saw five educational sessions scheduled for the first six months of 2009.

Criteria based discharge

Education on this process was developed in collaboration with SWH Access Manager Sue Fleming. Ongoing education will be undertaken as this initiative is implemented throughout our Warrnambool hospital.

Post graduate studies

- 7 nurses successfully completed our Critical Care course for 2008 with John Holland and Amie Brumley achieving top scores (see photo opposite).
- 3 graduate nurses are undertaking the Transition Year Program in acute, emergency and critical care areas with the objective of undertaking the Critical Care Course in 2010.

Community involvement

Promoting nursing as a career, as well as South West Healthcare as a great place to work, saw Nursing Education staff attend several career days and expos including:

- ASISIM Project Solving Rural Problems through Maths and Science Interactive Expo held at SW TAFE Glenormiston Campus.
- Careers Expo 2009 at Warrnambool's Brauer College.
- Royal College of Nursing Australia Nursing Expo in Melbourne.
- Deakin Nursing Student Information Session at Deakin University, Warrnambool.
- Speed Dating Career Day for secondary students, Warrnambool.

PSYCHIATRIC SERVICES

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

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 2008-09:

- ✓ 123 staff participated in 3,570 hours of training.
- ✓ An average 29 hours of training was provided to each staff member.
- ✓ 24 staff attended orientation.

Training included:

- **Family Interventions in Psychosis** by Frank Burbach and Roger Stanbridge from Somerset NHS Trust, UK.
- **Early Warning Signs and Working with Individuals with Motivational Difficulties** by Dr Jo Smith, Clinical Psychologist from Care Services Improvement Partnership (CSIP) National Institute for Mental Health in England (NIMHE)/ Rethink Joint UK National Early Intervention Programme Lead.
- **Cognitive Behaviour Therapy for Voices** by Dr Neil Thomas of Monash University and the Mental Illness Research Institute of Victoria.
- **Introduction to Eating Disorders and Meal Support Therapy** by Claire Diffey and Rachel Barbara of the Victorian Centre of Excellence in Eating Disorders.
- **Maudsley Model of Family-Based Intervention for Adolescent Eating Disorders Advanced Practitioner Training** 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.
- **Evidence of Absence: A Guide to Contemporary Cognitive Assessment in the Australian Context and the Changing Brain: Dynamic Neural Adaptation Across the Adult Lifespan** by Professor of Neuroscience and Clinical Neuropsychology at La Trobe University, Fellow of the College of Clinical Neuropsychology and Forensic Psychology and APS Vice President Dr Simon Crowe.
- **System to Aid Recovery** by SWH Psychiatric Services Staff Development Officer Janet Punch.
- **Outcome Measures in Clinical Practice** by SWH Psychiatric Services Division Warrnambool West Team Leader Joy Atkins.
- **Predict, Assess & Respond To challenging/aggressive behaviour (PART)** by SWH's Psychiatric Services Staff Development Officer Janet Punch, our Psychiatric Residential Unit's Neil O'Brien and Barry Rawlings, Clinical Facilitator Ashley Zanker and Terang Mortlake Health Services District NurseCarolynn Leddy.
- **Applied Suicide Intervention Skills Training** by SWH Psychiatric Services Camperdown Team Leader Kate Schlicht and SWH Social Worker Trish Norberg-Roberts.

OUR POST GRADUATE STUDENTS ARE VICTORIA'S BEST

Two South West Healthcare post graduate students topped the state in their critical care studies in 2008-09. Against 59 others, Amie Brumley earned the highest critical care exam results and was named Deakin University Victoria's best critical care stream student while John Holland top-scored in the same course's emergency nursing stream.

SWH's entire 2008 Critical Care Post Graduate Program class of seven passed the year with flying colors, delighting their Nursing Education Clinical Facilitators Ashley Zanker, Cindy Joseph and Sue Anderton.

Our Graduate Nurse Program saw 17 newly registered nurses undertake 12 months study to consolidate their skills and knowledge and assist their transition from university to the clinical environment in 2008-09. Our Transition Year Program saw three nurses undertake post graduate studies in critical, emergency and acute care nursing and then there was the Post Graduate Program that Amie and John excelled in.

Both plan to do more study a little further down the track. John wants to become a paramedic and job-share it with nursing. Amie wants to move into nursing education. For the time being though they're very happy to keep working in our Warrnambool Emergency Department.



Star Post Graduate students (see Highlights) Amie Brumley and John Holland with SWH Nursing Education Clinical Facilitator Ashley Zanker.

Education and Training

PRIMARY AND COMMUNITY SERVICES

South West Healthcare's Primary and Community Services provides the region with a wide range of best-practice services including primary care, health promotion, family planning, community health programs and dental services. Its education and training program is aimed at increasing and enhancing the already-exceptional skills and expertise of its 123-strong team.

In 2008-09:

- ✓ 56 Community Health staff participated in 1,504 hours of training.
- ✓ 15 Dental Services staff participated in 182 hours of training.
- ✓ An average 26 hours of training was provided to each Community Health staff member.
- ✓ An average 12 hours of training was provided to each Dental Services staff member.
- ✓ 7 Community Health staff attended orientation.

Training included:

- **Diabetes in Our Community**, an inaugural SWH Chronic Illness Programs education day, highlighted SWH programs and services for diabetes clients across the continuum of care. Fifty regional health professionals attended.
- **Australian Health Promotion Association National Conference** by the Australian Health Promotion Association showcased health promotion embracing Aboriginal and Torres Strait Islander peoples' approach to health.
- **The Occasional Counsellor Workshop** by Kate Skilbeck on behalf of the Corangamite & Regions Primary Health Care Consortium and the Southern Grampians Carer Service Providers Network.
- **Ages & Stages: Diabetes Throughout the Lifespan** by Diabetes Australia Victoria.
- **Change Management Forum** by Colin Pidd of BTLI Consulting on behalf of the South West PCP.
- **VAADA Drug & Alcohol Conference** presented in Melbourne by the Victorian Alcohol and Drug Association.
- **3rd Australian & New Zealand Falls Prevention Conference** presented in Melbourne by the Australian and New Zealand Falls Preventions Society.
- **World of Wounds** by La Trobe University Wound Management Coordinator Jan Rice on behalf of Home & Community Care (HACC) and Latrobe University.
- **Flinders Model of Health: Chronic Disease Self-Management** by SWH's Chronic Illness Program Manager Janine Dureau-Finn and Self Management Coordinator Laura Main. A two-day workshop.
- **Infection Control Update** by Australian Dental Association Victoria and the University of Melbourne. This update occurs every two years and includes an independent audit by the HIV Dental Education Program's Dr Bill Palmer.
- **Pre School Dental Training Program for Dental Teams (Dentists/Dental Therapists and Dental Assistants): Didactic and Clinical Components** by Dental Health Services Victoria.
- **Rotary Instrumentation for Endodontics Information Seminar** by Dentsply's Julie Butcher.



Advanced Diploma of Business Management graduates: (from left) SWH Chief Biomedical Engineer Gordon Szegi, SWH Chronic Illness Program Manager Janine Dureau-Finn, South West PCP Health Promotions Officer Kathryn Peters, SWH Psychiatric Services Clinical Nurse Consultant Jayne Lewis and SWARH Administrative Support Officer Kelly Graham.

- **Health Promotion Short Course for Managers** by South West PCP's Anita Thomas.
- **Engaging Managers for Sustainable OH&S Outcomes** by ACHS consultant Allan Wilson.
- **Clinical Demonstrators Update on Introduction of New Generation Degrees** by Melbourne University Dental School.
- **Basic Life Support** by SWH Clinical Support Nurses Vikki Hoy and Mick Edwards.

NON CLINICAL SERVICES

South West Healthcare's Human Resources Unit continues to provide educational opportunities for non clinical staff in all areas. More than 65 employees have now successfully completed Certificate III or higher qualifications.

In 2008-09:

- ✓ 8 employees graduated with an Advanced Diploma of Business Management conducted through the Victorian Hospitals Industrial Association (VHIA) in conjunction with the Gordon Institute.
- ✓ 2 employees completed their Certificate III in Hospital/Community Health Pharmacy Assistance through Victoria University.
- ✓ 1 employee completed the Certificate III in Dental Assisting through RMIT University.

Human Resources currently has employees undertaking training in the following areas:

- 34 employees from our Portland and Hamilton Psychiatric Services; Lismore, Camperdown and Warrnambool Community Health centres, and our Camperdown and Warrnambool hospitals continue to undertake Certificate IV in Health Administration through SW TAFE (due for completion at the end of 2009).
- Certificate III in Electro Technology, Refrigeration & Air Conditioning (Box Hill TAFE).
- Certificate III in Hospitality - Commercial Cookery (AVTES).
- Certificate III in Dental Assisting (RMIT University).
- Certificate III in Hospital/Community Health Pharmacy Assistance (Victoria University).
- Certificate IV in Health Administration (SW TAFE).

VOLUNTEER SERVICES

South West Healthcare's Volunteer Services oversee the training and upskilling of our registered 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 2008-09:

- ✓ 93 registered volunteers participated in 573 hours of training.
- ✓ 32 registered palliative care volunteers each participated in 16 hours of training.
- ✓ 61 volunteers each participated in OH&S training.

Palliative care-specific training included:

- **Understanding the Illness of Cancer** by SWH Director of Palliative Care Dr Eric Fairbank.
- **Look Good... Feel Better** by LGFB Regional Coordinator Julie Hayden.
- **Understanding Male Grief** by SWH's Counselling and Support Services Bereavement Educator/Councillor Bev Quinn and Volunteer Services Coordinator Marita Thornton.

General training included:

- **OH&S** by SWH Environmental Safety Manager Trevor Roberts.

outstanding Achievements 09

NURSING SERVICES

- **Deakin University's Deakin-Health Super Leadership in Nursing Award (Rural)** was awarded to Redesigning Health Care Manager Leanne McCann (see Research) who has made a particularly significant contribution to nursing in our Stroke Unit and to the development and implementation of our Pressure Ulcer Prevention initiative.
- **Endorsed as one of Victoria's first Emergency Nurse Practitioners**, Emergency Department Unit Manager Kate Sloan (photo on page 11).
- **Elected to the International Wound Infection Institute** Wound Management Nurse Practitioner Terry Swanson is one of only three Australians to have received this prestigious recognition. Her Australian counterparts are renowned international speakers and world leaders on the wound management front.
- **Graduate Certificate in Gerontology** (RMIT)
Stroke Liaison Project Worker Patrick Groot
- **Graduate Certificate in Infection Control** (Adelaide University)
Infection Control Nurses Jenny Lukeis and Chantal Rayner
- **Graduate Certificate in Forensic Nursing** (Monash University)
Registered Nurse/SW CASA Project & Crisis Care Worker Hazel Bickerton
- **Post Graduate Course in Critical Care** (SWH Nursing Education)
Registered Nurses Sue Bagg, Raelene Beckman, Amie Brumley*
Jasmine Chakir, Nicole Clayton, Nicole Couch and John Holland*
*See page 21.

PSYCHIATRIC SERVICES

- **Post Graduate Diploma of Nursing Science in Mental Health** (La Trobe University)
Registered Nurse/Mental Health Clinician Judy Moodie
Registered Nurse Joanne Russell
Registered Nurse/Mental Health Clinician Emily Williams
- **Masters of Nursing Practice** (Deakin University)
Mental Health Liaison Nurse Olivia Walker
- **Advanced Diploma of Business Management** (Gordon Institute)
Psychiatric Services Clinical Nurse Consultant Jayne Lewis

PRIMARY AND COMMUNITY SERVICES

- **Advanced Diploma of Business Management** (Gordon Institute)
Director of Primary & Community Services Craig Fraser
Chronic Illness Programs Manager Janine Dureau-Finn
- **Certificate III in Dental Assisting** (RMIT University)
Dental Assistant Kimberley Lawrence
- **Flinders Program Trainer Accreditation** (Flinders University)
Self Management Coordinator Laura Main
- **Masters Stanford Trainer** (Stanford University, USA)
Self Management Coordinator Laura Main
Counsellor/Women's Health Resource Worker Helen Chapman
HARP Occupational Therapist Lisa Worden
Manifold Place Community Health Manager Sandra Poole

CLINICAL SUPPORT SERVICES

- **Certificate III in Hospital/Community Health Pharmacy Assistance** (Victoria University)
Pharmacy Assistants Karen Briffa and Margaret O'Donohue
- **Advanced Diploma of Business Management** (Gordon Institute)
Chief Biomedical Engineer Gordon Szegi

ALLIED HEALTH SERVICES

- **Advanced Diploma of Business Management** (Gordon Institute)
Speech Pathologist Kelly Carlin

NON CLINICAL SERVICES

- **Advanced Diploma of Business Management** (Gordon Institute)
Admin Support Officer SWARH Kelly Graham
SW PCP Health Promotion Officer Andrina Mitchell
SW PCP Health Promotion Officer Kathryn Peters

Sharing 09 our knowledge

During 2008-09 South West Healthcare shared its best practice expertise with hundreds of delegates attending state, national and international conferences.

Conference presentations included:

- **Solutions for the Future: New and Emerging Technologies in Wound Management** by SWH Wound Management Nurse Practitioner Terry Swanson at the Australian College of Nurse Practitioners (formerly the Australian Nurse Practitioners Association) Conference at Melbourne's Telstra Dome. Terry was a Victorian branch member of the ANPA Organising and Scientific Committees for this event. She also presented at Deakin University's International Nurses Day on **The Role of a Nurse Practitioner and Nursing in the Rural Sector** and at the Nurse Practitioners Advanced Course in Brisbane on a **Critical Review of Therapeutic Ultrasound**.
- **Establishing a Chronic Illness Program** by Chronic Illness Programs Manager Janine Dureau-Finn at the 2008 School of Rural Health Conference in Shepparton, October 2008. A poster was presented outlining the issues faced with establishing a chronic illness program in an area where chronic illness programs were predominantly acute based without a self management or community focus. The broader aim was to create an integrated Chronic Illness Program model that ensured a co-ordinated system of management where the care was client centred. The poster won the best poster award at the conference.

Janine also presented on **Diversity in Partnerships** at the Department of Human Services' The Power of Partnerships conference in Melbourne, November 2008. This presentation discussed the diversity in partnerships that are required to ensure successful outcomes for clients and service providers.



- **Sexually Abusive Behaviours – Current Perspectives and Treatment Approaches** by our South Western Centre Against Sexual Assault (SW CASA), in collaboration with Bouverie family therapist Anne Welfare.
- **Regional Infection Control Education Day** by SWH Infection Control Consultants Michelle Martin, Carol Rosevear and Jenny Lukeis involved a series of lectures presented to more than 85 SWH and regional nursing staff. It will now be an annual event.

We won two conference awards:

- The 2008 School of Rural Health Conference Best Poster Award for our Chronic Illness Programs' Establishing a Chronic Illness Program poster.
- The 2008 ACHS National Forum on Safety and Quality Best Poster Award for our Stroke Team's Excellence in Regional/Rural Stroke Care poster.

We also shared our expertise by:

- Delivering our Wound Management Unit's annual Wound Seminar and Trade Exhibition and first-ever wound management workshops for health professionals and for the public. More than 100 attended.
- Our Dental Services delivering oral health presentations to Warrnambool City Council's Child and Maternal Health Nurses and First Mum's group, and to residents, carers and staff at Warrnambool's aged-care Lyndoch facility (also offered dental assessments); running a field trip to our Warrnambool Dental Clinic for Southern Way (disability respite care) clients; promoting oral health (also offered dental examinations) for clients at Kirrae Health Services and Gunditjmarra Aboriginal Cooperative.

SWH Lismore Community Health clients recognised Walktober with a Mount Elephant Experience.



Left: Australia wide almost four million people over 25 have high blood pressure. It's the most significant risk factor for stroke. That's why Registered Nurse Nayani Edirimanna and other nurses from our Stroke Unit and Surgical/Medical Ward got involved in two Know Your Numbers campaigns during 2008-09. Over 14 days at Warrnambool's Gateway Plaza they tested 400 people including shopper Yvonne Cassady. Only 21 per cent had a normal reading.

Stroke is Australia's biggest killer and a leading cause of disability. Our region has a higher-than-state-average rate of stroke. In the past 12 months our Stroke Unit has treated 110 stroke patients and 50 'mini' stroke (TIA/Transient Ischaemic Attack) patients.

- Sharing our clinical policies via an electronic network (Prompt) that provides password-driven access for approved nursing and medical staff throughout the region and for Deakin University and SW TAFE staff. In total, Prompt is being called upon 1,500 times a month.
- Providing keynote speakers, assistance and support for non-SWH events including:
 - o Prostate Cancer Information Day which attracted 150 men and women and led to the formation of Warrnambool's first Prostate Cancer Support Group. Ran monthly by males involved, SWH Continence/Urology Nurse Consultant Sharon Homberg is providing assistance.
 - o Physical assessments for farmers at the 2009 Victorian Dairy Conference was provided by Manifold Place Community Health.
- Providing staff to promote health-sector careers in dentistry, physiotherapy, human resources, pathology, psychology, radiography, social work, speech therapy, podiatry, health information management, diabetes education and nursing to:
 - o 200+ senior school students and their parents at the bi-annual Warrnambool and District Careers Teachers Association's Careers Expo. Held over three nights, eight of our departments and units were involved.
 - o 100 students from local secondary colleges at Warrnambool's first Speed Dating Jobs Expo.

TAKING IT TO THE STREETS

Our education and training program extended way beyond the walls of our campuses in 2008-09 when we helped spread the word of 29 community awareness campaigns.

We worked in supermarkets, on bikes, at farmers' days, on city greens and even mountain tops to drive home key health messages to help keep our communities healthy.

Campaigns our campuses actively participated in included:

- ✓ A Taste of Harmony – Food Services, Psychiatric Services and SWH Cultural Diversity Committee (see Highlights)
- ✓ April Falls Day – Macarthur Community Health
- ✓ Biggest Morning Tea – Manifold Place, Merindah Lodge
- ✓ Continence Awareness Week – Allied Health
- ✓ Daffodil Day – Manifold Place
- ✓ Girls Nite In – Manifold Place
- ✓ Give it a Go Week – Manifold Place
- ✓ Great Australian Bite – Manifold Place
- ✓ Heart of Corangamite Community Bike Ride – Manifold Place
- ✓ Infection Control Week – Nursing Services
- ✓ International Midwives Day – Camperdown Hospital (see Highlights)
- ✓ International Day of Families – Psychiatric Services (see Highlights)
- ✓ International Nurses Day – SWH Nurse Practitioners
- ✓ International Women's Day – Warrnambool Community Health
- ✓ Know your Numbers – Stroke Unit
- ✓ NAIDOC Week – Warrnambool Community Health
- ✓ National Asthma Week – Warrnambool Community Health
- ✓ National Wound Awareness Week – Allied Health
- ✓ Oral Health – Dental Services
- ✓ Reclaim the Night – Warrnambool Community Health
- ✓ Ride to Work Day – Allied Health, David Newman Adult Day Centre
- ✓ 16 Days of Action Against Violence Against Women – Warrnambool Community Health
- ✓ Stress Down Day – Health Information Services, Warrnambool Community Health
- ✓ Stroke Awareness Week – Stroke Unit, Macarthur Community Health
- ✓ Walktober – Lismore Community Health, Manifold Place
- ✓ World COPD Day (Lung Health Awareness Month) – Warrnambool Community Health (see page 3)
- ✓ World Hand Hygiene Day – Nursing Services
- ✓ World Mental Health Day – Psychiatric Services, Lismore Community Health
- ✓ Zaidee's Rainbow Foundation Hair Net Day – Warrnambool Operating Theatres

Research 09

South West Healthcare recognises the vital role research plays in progressing healthcare. Research is actively encouraged and supported.

REDESIGNING HOSPITAL CARE

Having won the Deakin–Health Super Leadership in Nursing (Rural) Award 2008 for her work and leadership role in establishing a formalised acute stroke service at our Warrnambool hospital (an acute stroke unit and development of the Stroke Liaison Nurse role), SWH's Leanne McCann will use her award money in July 2009 to fund a two-week study tour of the UK.

Since completing her stroke-related work Leanne has now moved into a new area of work called Redesigning Hospital Care. This state government-funded initiative assists hospital departments to assess how they carry out their work by mapping out current processes, identifying areas for improvement and trialling initiatives to enhance the patient journey and improve work flow. It encourages involvement of all staff related to that area of work which supports a team approach to change which is important in sustaining improvements. The first work-area to embark on the redesign journey is our Warrnambool Emergency Department.

In the UK Leanne will visit a number of hospitals recognised for well-established redesign work to gain further insight into establishing this method of improvement into a health service. She will also consult with staff from the NHS Institute of Innovation and Improvement to investigate practical application of redesign in a variety of settings; leadership strategies for introducing redesign methodology; ideas for successfully-introduced solutions, and hints for overcoming barriers.

STROKE REHABILITATION

Our region has a higher-than-state-average rate of stroke which is Australia's biggest killer and a leading cause of disability. In the past 12 months our Stroke Unit has treated 110 stroke patients and 50 'mini' stroke (TIA/Transient Ischaemic Attack) patients.

Since being formally established in 2007-08 (see above: Redesigning Health Care), our acute stroke service, complete with a dedicated multidisciplinary stroke team, has become a nationally-acclaimed leader in providing timely, evidence-based stroke care including the administration of 'clot busting' medication (thrombolysis) for patients who meet the medical criteria for eligibility.



Patient Norma Warnett, music therapist Garry Price and SWH Improving Care for Older Persons Initiative project worker/registered nurse Andrea Janes can vouch for the remarkable benefits of our Music Therapy program.



An international study tour is the result of SWH Redesigning Health Care Manager Leanne McCann winning the prestigious Deakin-Health Super Leadership in Nursing Award (Rural).

The service is exceeding national benchmarks in areas including:

- A thrombolysis rate of 13 per cent compared to 3 per cent nationally.
- An average acute length of stay in hospital of 5.9 days versus 11 days nationally.
- A significantly lower number of patients being transferred to inpatient rehabilitation which is freeing up beds for incoming patients.

Our multidisciplinary stroke team, comprising stroke clinicians, occupational therapists, physiotherapists, registered nurses, speech therapists and counsellors, is now participating in a cutting-edge international research project called A Very Early Rehabilitation Trial (AVERT).

AVERT is the first large, multi-centre, single blind, randomised controlled trial of very early rehabilitation (with a focus on mobility) versus standard care after stroke. It includes a comprehensive economic evaluation.

A range of facts have combined to make AVERT an important study to undertake including evidence that stroke units reduce death and disability but there's little evidence about the factors responsible for this effect; promotion of the concept of very early rehabilitation/mobilisation in a range of acute stroke guidelines with limited evidence; recognition that we need simple and widely applicable interventions to reduce the burden of stroke; recognition that poorly designed rehabilitation studies have failed to contribute evidence needed to support these interventions, and acknowledgement that the cost effectiveness of any new intervention must also be considered.

OLDER PERSONS MUSIC THERAPY

An evaluation of the Music Therapy component of our Warrnambool hospital's Improving Care for Older Persons Initiative proves beyond doubt the invaluable mark it is making on reducing functional decline in our older acute-setting patients.

Australia wide, 34-50 per cent of older people experience functional decline (the reduced ability to perform activities of daily living due to a decrease in physical or cognitive functioning) while they are in a hospital. In 30 per cent of these cases this decline is unrelated to the primary diagnosis and for those ultimately discharged 50 per cent never fully recover.

Determined to improve this situation, in 2007 our Medical/Palliative Care Unit introduced what's believed to still be the only acute-setting Music Therapy program in rural Victoria. The one-hour, twice-weekly sessions are conducted by registered music therapist Garry Price who is regional Victoria's sole registered music therapist and just one of 288 practising in Australia in 2008.

By exercising a range of complex skills as interventions to help address physical, psychological, emotional, cognitive and social needs of individuals within a therapeutic relationship, Garry's planned and creative use of music helps to attain and maintain health and wellbeing. His therapy improves quality of life by providing a meaningful and purposeful activity that can be actively or passively participated in. It also allows opportunity for expression of patients' feelings as well as cognitive stimulation which assists in maintaining alertness, interest and general intellectual function.

In September, SWH Improving Care for Older Persons Initiative project worker and registered nurse, Andrea Janes, commenced an evaluation of the program involving 14 patients. It included a pre-attendance assessment, a second assessment one week into the three-week program and a post-attendance assessment at its end. An interdisciplinary team of nursing staff, occupational therapists and Garry were involved in the development process which included group and individual interaction, observation of behaviour, level of physical participation, facial expression, verbal interaction, verbal expansion of ideas, orientation and short term memory recall.

The evaluation results are impressive. They include:

- 100 per cent success rate in settling restless patients. Not one of the 65 per cent observed to be restless before the therapy was unsettled by the end of it.
- 64 per cent increase in physical participation (patients using their hands and/or feet).
- 51 per cent of patients initiated detailed discussions with the therapist and/or the group by the end of the program.
- 93 per cent increase in patients showing memory recall greater than one week in general conversation.
- 100 per cent increase in patients being fully orientated (knowing day, person and place).

Our Music Therapy program is providing tremendous results in enhancing acute-setting patients' cognitive, physical and social behaviours. Andrea now plans to further promote the value of this therapy by evaluating the program at the 12-month mark to write a journal-friendly paper.

Music Therapy is not the only initiative our Medical/Palliative Care Unit is providing to help reduce functional decline. Stepping Out With Confidence (a mobility program) and the volunteer-run VIPER (Volunteer Implemented Patient Engagement Regime) are others and in 2009-10 a communal dining initiative will be established.

BENEFITS OF OPERATING THEATRE EXPERIENCE FOR UNDERGRADUATE NURSES

SWH Clinical Facilitator for Perioperative Education Paula Touzeau continued her PhD research on Benefits of Operating Theatre Experience for Undergraduate Nurses. This research looks at the educational benefits of witnessing and participating in surgery, and its ability to then provide information useful to caring for patients before and after their operations. With data collection now complete the final task of analysing and writing up the findings is underway.

IMPROVING PARENT/CHILD RELATIONSHIPS

SWH Psychiatric Service's Child and Adolescent Mental Health Service (CAMHS) commenced exciting research into the effectiveness of a new program aimed at helping relationships between clients and their children and decreasing behavioural concerns. In collaboration with Deakin University, this research uses a 20-week program called Attachment Based Therapy. Preliminary trials conducted in 2007 demonstrated large reductions in child behavioural problems, use of more confident and warm parenting approaches and increased closeness between caregivers and their children. This latest research sees CAMHS testing the effectiveness of ABT in enhancing relationships between parents and their children.

HEALTHY HEARTS

An evaluation of our unique Community Health Healthy Hearts program, aimed at addressing the higher-than-state-average rate of cardiovascular disease in men in our Corangamite and Warrnambool catchment areas, is about to commence.

Eighty-six men have so far participated in Healthy Hearts at our Macarthur, Lismore, Camperdown and Warrnambool Community Health centres. The program aims to successfully encourage them to adopt a healthier lifestyle and, as a consequence, reduce their individual risk of developing cardiovascular disease.

Aged 30-55, participants are assessed prior to the program (this includes a physical assessment) before attending four two-hour education sessions over a month. They then attend three, six and 12 month post-education sessions. This follow up includes a repeat of the physical assessment and a review of individual action plans to determine whether, for example, diets and levels of physical activity have improved.

DIABETES CASE STUDY WINS NATIONAL AWARD

SWH HARP Diabetes Care coordinator Katherine Stewart's case study of a patient diagnosed with type 1 diabetes 18 years ago earned her one of ten national ADEA-Abbott Case Study Awards at the 2008 Australian Diabetes Association Annual Scientific Meeting. Her four-page case study was published in the Abbott Diabetes Care Case Study Book 2008.

Highlights

09

There was much to celebrate in 2008-09. On top of our exciting Warrnambool hospital redevelopment and implementing new programs (see Chairman and CEO's Report and Our Profile), our Camperdown hospital turned 100. Our Psychiatric Services was named Victoria's best. So too were our post graduate nursing students. We were nationally recognised for our NAIDOC work, established a region-first heart screening service, wrapped-up a \$150,000 public appeal and fed 200 in the name of harmony.

We are proud of the many milestone achievements featured throughout this annual report which we encourage you to read at your leisure. For a quick fix, however, here are some of our favourites.

MAJOR HIGHLIGHTS

- Treated a record 18,871 inpatients (a 10.4 per cent increase on 2007-08) during a year in which our Warrnambool hospital capital redevelopment project dictated we relocate 69 hospital inpatients to new accommodation within the hospital's multi-storey wing (see Chairman and CEO's Report).
- Secured further \$26.2m in funding to complete the \$115m Stage 1 of our capital redevelopment, the largest regional health initiative of its kind undertaken by a Victorian government (see Chairman and CEO's Report).
- Won the highest statewide Quality of Care award for a fourth successive year (see Quality Management).



100 years to the day, our Camperdown hospital blows out the candles.



The Board at the Camperdown hospital's Centenary Ball. From left: Ron and Sharon (chair) Muldoon, John (director) and Dianne Maher, and Robyn and Chris (director) Logan.

A CENTURY OF HEALTHCARE AT CAMPERDOWN

A magical evening of fundraising and frivolity unfolded on March 28 when 230 guests gathered at a ball to celebrate our Camperdown hospital's centenary. The hospital blew out 100 candles on March 16 – one century to the day it admitted its very first patients.

It was the generosity of the Manifolds that saw to the hospital's establishment. In the early 1900s they donated their Robinson-Street 'Monamythga' house and 750 pounds to have it converted. A success story from the beginning, in the past year alone this hospital has treated 2,624 people in its Emergency Department, admitted 1,747 inpatients, performed 653 operations and helped deliver 67 new bundles of joy. And that's not counting the economic impact of providing employment for close to 150 staff.

The \$7,544 raised from the centenary ball, organised by a team of hospital staff headed up by registered nurses Tash Swayn and Vicki Brebner, went towards the hospital's \$150,000 Midwifery Unit Redevelopment Appeal. At that time, the appeal total was \$110,209 with \$75,000 of it having come from South West Healthcare and the remaining \$35,209 from staff and community fundraising. This included the staff-organised centenary charity bowls and golf day a month earlier, which raised \$8,151.

Shortly after the ball, Camperdown's Ritchies IGA Supermarket and our Camperdown & District Hospital Auxiliary joined forces to end the appeal by committing the still-needed \$30,000.

The hospital's centenary year has been a big one for mums and babies. Not only will they reap the benefits of a modern midwifery unit but also the benefits of first-ever dedicated antenatal rooms, officially opened in May.



Camperdown campus manager Ruth Mitchell (left) with Camperdown Ritchies IGA manager David Schmidt and Camperdown & District Auxiliary members Vanessa Wilson-Browne, Lou Ebbelaar, Harold Hanlon and Matthew Clarke.



Celebrating the great news that our Psychiatric Services is Victoria's best is (from left) Community Adult Mental Health Services Manager Nicholas Place, Psychologist Jay Robinson, Primary Mental Health Team Leader Catriona Campbell and Psychiatric Services Director Caroline Byrne (seated).



Midwives and guests at the opening of our Camperdown antenatal rooms: Toni-Anne McLennan, Rebecca Thompson, Michelle Shawcross and daughter Mia, Kate Turner, Neave Thompson, Sharon Spicer and Georgia Walsh. Photo: Camperdown Chronicle. Photographer: Helen Gaut.

OUR PSYCHIATRIC SERVICES ARE VICTORIA'S BEST

Our Psychiatric Services were rated the best of all Victoria's public mental health services – both rural and metropolitan – in 2008-09.

It received winning scores from the government for the quickest time taken to admit patients from the Emergency Department to the Psychiatric Residential Unit, for the time spent providing treatment to consumers in the community and for the number of people provided with services.

SWH Psychiatric Services Director Caroline Byrne is proud that her 129-strong team (working out of offices in Warrnambool, Camperdown, Hamilton and Portland) has been recognised for their hard work and commitment in providing clinical care for people of all ages across the entire southwest region. She says people with mental illness have a hard enough time dealing with the effects of their illness, as well as associated stigma, so it's great we can tell them they're getting the best help there is in the whole of the state.



OUR COMMUNITY'S HUGE HEART SAVES OTHERS THEIRS

No longer do locals who need to be screened for valvular heart disease or causes of stroke have to travel to Geelong or Melbourne because our Critical Care Unit now has the \$40,000 community-donated piece of equipment vital to the procedure.

Physician Mark Page and Critical Care Unit Manager Marcia Beard used the TOE (transesophageal echo) probe for the very first time on June 25 when it was feared Terang's Michelle Whiteside may have had a small hole in her heart, like her daughter. The procedure revealed her heart was fine and Mark suspects her recent near black-out may have been caused by exhaustion.

'It's so good to have this probe in Warrnambool. We're really lucky,' Michelle told a media contingent covering the TOE probe's first day on the job.

It took seven months to raise the \$40,000 needed to pay for the probe and another five to prepare for its arrival. Donors included the Warrnambool Bowls Club (\$11,000), SWH staff (\$6,500), SWH's Woolsthorpe Auxiliary (\$5,750), Portland Aluminium/Alcoa (\$5,000), Warrnambool's Bill Johnstone (\$2,920), the Warrnambool police's Jeremy Rea The Good Guys-sponsored Triple Zero Night (\$1,960) and a young man so impressed with our hospital care he donated \$1,200 left over from his holiday.

Twice in 2008 South West Healthcare raised money for medical equipment to help look after the hearts of locals. While the TOE probe is expected to be used 70 times a year, the \$38,000 Cardiac Assessment System the Collier Charitable Foundation (\$25,000) and the Gwen & Edna Jones Foundation (\$13,000) generously paid for has already been used 170 times. Ranging in age from 11- 85 years old, of these 170 people, 24 were found to need, and have since had, lifesaving stents or bypass surgery.

A relieved Michelle Whiteside with Critical Care Unit Manager Marcia Beard and physician Mark Page shortly after her TOE probe procedure.



Standing proudly with our NAIDOC Day-inspired mosaic are artists (from left) Paul Kelly, Wally Lowe, Daphne Lowe and Robert Lowe senior. They created the massive centrepiece while the border tiles were painted by our NAIDOC Day participants.

NATIONAL APPLAUSE FOR OUR ABORIGINAL HEALTH WORK

The groundbreaking work of our Community Health Aboriginal Health Unit received national recognition in 2008-09 when it was showcased as one of eight (of 122) health services leading the way in engaging local Aboriginal communities. In particular, the unit was applauded for developing systems and practices that have led to strong and productive partnerships with like-minded local Koori health agencies.

In turn, these partnerships have led to history-making outcomes including SWH raising a Koori flag for the first time in 153 years; significant annual NAIDOC celebrations and our very own commemoration of Sorry Day. South West Aboriginal Health Promotion & Chronic Care (AHPACC) – a program involving local Aboriginal Health agencies working together to focus on prevention and treatment of diabetes, cardiovascular disease and lung disease within the Aboriginal community – has also been established, along with cultural-focused programs encompassing physical activities and nutrition. And a spectacular wall-hanging made by local Indigenous artists and NAIDOC Day participants now takes pride of place in our Warrnambool hospital foyer.

In 2008-09, on behalf of the Victorian Department of Human Services, the Health Issues Centre undertook an audit of 122 Quality of Care reports (see Quality Management). In the process of auditing these reports it became apparent many health services were finding it challenging to engage their Aboriginal and Torres Strait Islander communities. Given the urgent need to address the many complex health issues for Indigenous Australians it decided to showcase, on its website, the work of eight health services making significant steps to improving care for Aboriginal and Torres Strait Islander consumers. We were one of them.

A TASTE OF HARMONY

Our Food Services provided the critical ingredient to the success of our first-ever A Taste of Harmony in March. Timed to coincide with National Harmony Day and the United Nation's International Day for the Elimination of Racial Discrimination, our chefs joined forces with our Cultural Diversity Committee and Psychiatric Services to cook up an international storm.

Dishes from all parts of the world were served to 150 SWH employees in our Warrnambool hospital staff canteen to celebrate the rich mix of heritage that exists between the 1,128 of us.

At last count our multicultural workforce included people born in Australia, Belgium, Fiji, Germany, Hungary, India, Ireland, the Netherlands, New Zealand, Scotland, Sweden, Sri Lanka, the UK and the US. Between us, we speak Bengali, Dutch/Flemish, English, Egyptian, Fijian, Finnish, French, German, Hindi, Hungarian, Kannada, Latin, Malay, Papua New Guinea Pidgin, Swedish and Tamil.

Our Food Services chefs who helped celebrate the cultural heritage of our 1,128 staff: (from left) John Malseed, Patrice Kelly, Robyn Drake, Sharyn Weber and Gary Smith.



Corporate 09 social responsibility

South West Healthcare's commitment to and awareness of responsible business practices resulted in the following initiatives and achievements in 2008-09:

Commitment to sustainability

Inspired by our non-mandatory efforts having earned silver certification from Sustainability Victoria in 2007-08, over the past 12 months we have:

- Implemented a new recycling process to address the reconstruction and renovation demands of our Warrnambool hospital redevelopment project.
- Tracked weights of volumes to provide benchmarking reaccreditation data for Sustainability Victoria.
- Implemented DHS program resourceSmart to ensure key environmental performance indicators (office waste, green purchasing, energy use etc) are measured.
- Recycled paper product and investigated options for recycling hard waste such as mattresses.

In our bid to further reduce fuel consumption we:

- Implemented a policy to replace six-cylinder Warrnambool hospital pool cars with four-cylinder cars (where sixes aren't needed). This led to:
 - o Our entire seven-car District Nursing Service fleet becoming four-cylinder.
 - o 50 per cent of our Warrnambool hospital fleet becoming four-cylinder.
- Added a diesel-fuelled vehicle to our Warrnambool hospital car pool.
- Commenced plans for the 2009-10 trialling of an electric bike for staff travelling short distances around Warrnambool.
- Held our second annual Ride to Work Day which saw our Cardiac Rehabilitation Unit organising 15 Allied Health staff to ride to our Warrnambool hospital and Camperdown staff joining in, for the first time, with a ride to our David Newman Adult Day Centre.



Vying for SWH's Foreshore Triathlon medals: pharmacist Kellie Thornton (left), Symbion imaging technologist Graeme Osborne and Short Stay Ward nurse Deb Hoggan.

Commitment to community

- Held our second NAIDOC Day celebrations (see Highlights).
- Provided volunteers for first-aid related duties at the Tararer Festival, one of the region's most significant annual events for promoting reconciliation.
- Supported CFA volunteer (Hopkins Curdies Group Communications Officer), SWH Supply Department storeman Gary Toohey, to join a Black Saturday strike team.
- Allowed community groups including Red Cross to promote their services in our Warrnambool hospital foyer.
- Provided health promotion keynote speakers for non-SWH events (see Sharing our Knowledge).
- Provided Occupational Therapy Unit expertise for the course design of Port Fairy's 2008 Gopher Scooter Grand Prix & Scooter Club Drive-By.
- Carried out 400 free blood-pressure checks at Warrnambool's Gateway Plaza (see Education and Training: Taking it to the streets).
- Shared our transmission equipment with NOISE FM to provide a third FM radio voice to our communities.

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



Warrnambool Blood Donor Centre manager Ann Barker (left) helps SWH Club Red members Discharge Planning/Wannon and Post Acute Care manager Fiona Torpy and Nursing Management receptionist Robyn Findlow prepare to give blood. Photo: The Extra. Photographer: Cassie Cowling.

South West Healthcare Club Red

Committed to doing what we can to help make our communities (see Our Profile) better places to live, work and play, one of our proudest moments for 2008-09 was forming a SWH Club Red to encourage staff to donate blood to help save lives. In total, 36 SWH staff and friends – 32 of them first-time donors – gave 18 litres of blood over 12 hours to help save more than 100 lives at Christmas time.

The types of people to benefit from this initiative include road trauma survivors, cancer, burns and haemophilia patients, critically ill unborn babies and one of our very own staff, Warrnambool Midwifery Unit midwife Megan Lenahan. For the past five years Megan has spent a half-day a week in our Day Stay Unit receiving a transfusion to treat a disorder called Primary Immune Deficiency Disorder. This makes her immune-deficient to infections and reactions. Multiple blood donors are needed for the immunoglobins she needs.

Our Club Red continues. By this Christmas its members will have helped save 432 lives.



Megan Lenahan says blood donors and our 'incredibly caring' Day Stay Unit staff including Unit Manager Sheryl McLaughlan are gifts from above.



SWH CEO John Krygger with Camperdown campus 10-year Staff Service Award recipients (from left) clinical nurse specialist Joanne Teal, midwife Robyn Gordon and registered nurse Moya Fleming.

Commitment to philanthropy

Where we can, without affecting our own fundraising and financial needs, we strive to help improve the lives of others. In 2008-09:

- Our Dietetics Unit organised a Healthy Lunch for Allied Health staff to bring theirs from home, rather than buy it, then donate the \$4 saved to February's Black Saturday bushfires appeal.
- Our Community Health collected, from clients, no-longer-needed insulin and strips for Insulin For Life Australia, a not-for-profit organisation that distributes otherwise-wasted diabetes supplies at times of emergency and natural disaster to recognised organisations with approved monitoring systems in developing countries.
- Our Community Partnerships Unit joined forces with Rotary Daybreak for Project Uplift to collect 1,500 un-wanted bras for women in developing countries in a bid to reduce rashes, fungal infections and abscesses that the airflow of a bra can help eliminate.
- Our Supply Department supported the work of Landcare Australia by donating the proceeds of recycled toner cartridges.
- Our Community Partnerships Unit held a Christmas Market to provide fundraising opportunities for not-for-profit organisations including OXFAM, Warrnambool & District Breast Cancer Support Group and Warrnambool Chaplaincy.
- Our two hospitals allowed some non-SWH fundraising to be held onsite including Daffodil Day, Relay for Life, Legacy, Biggest Morning Tea and Movember.

Commitment to governance

Committed to good governance practices, our Board of Directors and Executive undertook four formal education sessions on OH&S Clinical Governance, Financial Literacy for Directors, Capital Redevelopment Upgrade and Environmental Safety.

Each director also undertook governance training provided by Nous Consulting. All nine have now completed the Foundation Workshop. Three have completed the Advanced Workshop.



They've worked for SWH for 110 years. From left: registered nurse Helen Kenna (35 years) with Board of Directors Chair Sharon Muldoon, Food Services' Cheryl Fox (35 years) and registered nurse Barbara Maher (40 years).



Registered Nurses Vicki Brebner (left) and Tash Swayn headed up the staff-organised Camperdown Hospital Centenary Ball which raised \$7,544 to help close our \$150,000 Camperdown Midwifery Unit Redevelopment Appeal.

Commitment to the workplace

Some of the special things South West Healthcare did for staff and volunteers in 2008-09 included holding celebrations to recognise the outstanding achievements of:

- 75 recipients of Staff Service Awards.
- 29 recipients of Volunteer Service Awards (see Our Volunteers).
- 7 Nursing Education Graduates (see Education and Training).
- 8 Advanced Diploma of Business Graduates (see Education and Training).
- 1 Life Governorship recipient (see Life Governors).
- 1 Certificate of Appreciation recipient (see Life Governors).

We also offered:

- Staff Health Clinics including the provision of vaccinations and immunisations.
- Counselling, debriefing and return-to-work and other support services via our Employee Assistance Program (see Occupational Health and Safety).
- Stress management and mindfulness courses.
- Corporate rates and subsidies towards annual gym membership fees which 75 staff took advantage of.
- Salary packaging and other benefits including meal entertainment benefits and superannuation services.
- Promotional website support for staff raising money for worthy community causes other than our own, such as Relay for Life and Movember.
- Medals for the first SWH campus-based female and male to cross Warrnambool's inaugural Foreshore Triathlon finishing line.

Some of the special things our 1,128 staff did for our communities in 2008-09 included raising \$31,757 to help pay for otherwise unaffordable medical equipment, aides and renovations:

- SWH Workplace Giving Program – \$4,200 Part-paid for Stroke Unit's first (\$15,715) stroke-specific patient lifter.
- SWH Camperdown Centenary Ball – \$7,544 Helped close \$150,000 Camperdown Midwifery Unit Redevelopment Appeal.
- SWH Camperdown Charity Bowls/Golf Day – \$8,151 As above.
- SWH Warrnambool Staff Ball – \$2,500 Part-paid for \$40,000 Critical Care Unit transesophageal echo (TOE) probe.
- SWH Warrnambool Charity Golf Day – \$5,700 Earmarked for yet to be decided piece of Warrnambool Operating Theatre's equipment.
- SWH Warrnambool ED May Races Marquee – \$2,367 Paid for a TV and DVD system for Emergency Department Paediatric Consulting Room and another for ED monitored-patient cubicles.
- SWH Warrnambool Girls Night Market – \$1,295 Part-paid for \$6,500 Warrnambool Midwifery Unit jaundice meter.

With SWH's blessing Supply Department storeman Gary Toohey joined a CFA Black Saturday fire-fighting strike team in Gippsland.





Every two years SWH staff are encouraged to anonymously fill in the public sector's People Matter Survey to help maintain our high standards. In the last survey we favorably compared to other Victorian health services. Issues canvassed include work environment and job satisfaction.

Making the most of the 2009 survey are (from left) dietitian Jessica Pietsch, clinical support nurse Vikki Hoy, Food Services assistant Helen Carey, plumber Alan Bidmade and Environmental Services assistant Prue Moroni.

occupational Health & Safety 09

Due to an increasing emphasis on risk management, we have two senior managers who are responsible for employee health and welfare (including WorkCover) and environmental safety. Employee Health and Welfare Manager Amy Hilton and Environmental Safety Manager Trevor Roberts oversee the occupational health and safety of our 1,128 employees.

Between the two, significant outcomes were recorded in 2008-09.

EMPLOYEE HEALTH AND WELFARE

Our employee health and welfare role is primarily focused on the ongoing development and maintenance of staff health, wellbeing, return-to-work and safety programs including incident/accident prevention; injury and compensations claims management; return-to-work and rehabilitation, and employee assistance programs.

2008-09 achievements included:

- 7 per cent reduction in average cost of compensation claims, from \$25,250 to \$23,475.
- 23 per cent reduction in number of standard claims, from 13 to 10.
- 24 per cent reduction in premium costs, from \$733,000 to \$557,000.
- 43 per cent reduction in number of claims per \$1m of remuneration, from 0.28 to 0.16.
- 46 per cent reduction in claims cost per \$1m of remuneration, from \$7,121 to \$3,844.
- Dramatic improvement in our employer performance rating, from 18.8 per cent worse to 14.3 per cent better than industry average.
- 23 staff now trained to deliver debriefing/defusing services.

ENVIRONMENTAL SAFETY

Our environmental safety 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, and implementation and monitoring of OH&S inspections.

2008-09 achievements included:

- 61 managers completed OH&S for Managers training course.
- 55 departments conducted monthly OH&S inspections with 98.6 per cent compliance.
- 100 per cent compliance increase for the testing and tagging of electrical items following system improvements.
- 66 per cent reduction of staff falls on Warrnambool hospital, ground-floor linoleum following implemented controls. From six in 2006-07 to two in 2007-08 to just one fall in 2008-09.
- Purchase of electric-propelled trolley to reduce manual handling risk for Supply Department staff.
- Completion of risk assessments for transferring Merindah Lodge residents to and from vehicles.
- Production of induction video to train Camperdown campus staff on the day-trips' transporting, by bus, of David Newman Adult Day Centre clients and Merindah Lodge residents.
- Commencement of District Nursing Service evaluation of a Vehicle Safety & Driver Ergonomics training package.
- Production of online version of Fire and Emergency Response training (to be installed early 2009-10).
- 685 staff attended Fire and Emergency Response training.

STAFF NUMBERS (Full Time Equivalent/FTE)

Full Time Equivalent	Jun-09	Jun-08	Jun-07	Jun-06
Administration/ Clerical	117.30	124.30	120.62	115.74
Ancillary Support	99.81	91.57	91.05	**
Hotel/Allied Services	126.00	123.62	125.20	128.31
Medical	32.36	31.35	28.47	32.96
Medical Support	40.35	31.64	27.92	109.20
Nursing	413.53	403.22	383.58	374.64
TOTAL	829.35	805.70	776.84	760.85

**Included in Medical Support prior to 2007

STAFF GENDER & EMPLOYMENT STATUS

	June 2009	June 2008	June 2007	June 2006
Female				
Full Time	222	218	234	227
Part Time	590	564	540	517
Casual	92	110	86	96
(Sub Total)	904	892	860	840
Male				
Full Time	167	163	157	150
Part Time	41	45	44	45
Casual	16	13	9	8
(Sub Total)	224	221	210	203
TOTAL	1128	1113	1070	1043

WORKCOVER: HOURS LOST & CLAIMS

Hours Lost to Injury or Illness	2008/09	2007/08	2006/07	2005/06
WARRNAMBOOL CAMPUS				
Acute Services				
Nursing	2478	1243.5	1272	2316
Support Services/Administration	3619	3440	3838	3327
Medical/Allied Health	2705	1976	1976	2080
Psychiatric Services	1891	1954	426	1422
LINEN SERVICE	0	1976	1976	1984
CAMPERDOWN CAMPUS				
Nursing	0	24	312	0
Support Services/Administration	0	103	0	152
Medical/Allied Health	0	0	0	0
LISMORE CAMPUS	168	0	0	0
MACARTHUR CAMPUS	0	0	0	0
TOTAL	10861	10716.5	9800	11281

Number of new "Standard" Claims	2008/09	2007/08	2006/07	2005/06
WARRNAMBOOL CAMPUS				
Acute Services				
Nursing	8	7	6	7
Support Services/Administration	3	0	1	1
Medical/Allied Health	0	0	1	0
Psychiatric Services	0	0	0	6
LINEN SERVICE	0	0	0	0
CAMPERDOWN CAMPUS				
Nursing	0	0	2	1
Support Services/Administration	0	1	0	0
Medical/Allied Health	0	0	0	0
LISMORE CAMPUS	1	0	0	0
MACARTHUR CAMPUS	0	0	0	0
TOTAL	12	8	10	15



Sharon Muldoon



Felicity Melican



Chris Logan



Steve Callaghan

09 corporate & clinical Governance

BOARD OF DIRECTORS

The board consists of 10 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.

In 2008/09 the Board of Directors met 11 times.

CHAIRMAN Sharon Muldoon

Macarthur
Consultant – Disability Services, Vision Australia
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 10 of 11 (91%) Board meetings

DEPUTY CHAIRMAN Felicity Melican

Warrnambool
Partner – Sinclair Wilson, Accountants & Business Advisors, Chartered Accountants
Bach Business (Accg), Grad Dip Ed (Secondary)

Appointed November 2002
Member Board Executive; Financial Performance, Audit and Risk; Quality Care and Human Resources Committees; Project Control Group
Attendance 9 of 11 (82%) Board meetings

DEPUTY VICE CHAIRMAN Chris Logan

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

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

Corporate and Clinical Governance



Mary Alexander



Francis Broekman

CHAIRMAN OF FINANCE COMMITTEE Steve Callaghan

Warrnambool
Dealer Principal – Callaghan Motors
Bach Business (Accg)

Appointed November 2005
Member Board Executive; Financial Performance, Audit and Risk (Chair) and Human Resources Committees
Attendance 10 of 11 (91%) Board meetings

Mary Alexander

Camperdown
Journalist – The Standard
Partner, Dairy Farming Business

Appointed November 2004
Member Multidisciplinary Ethics (Chair) and Quality Care Committees
Attendance 10 of 11 (91%) Board meetings

Francis Broekman

Warrnambool
Chief Executive Officer – Brophy Family & Youth Services Inc
Bach Social Work, Master Social Services

Appointed November 2003
Member Financial Performance, Audit and Risk Committee; Project Control Group
Attendance 7 of 11 (64%) Board meetings

Jeff Cole

Warrnambool
Financial Controller – Everyday Cheese Operations,
National Foods Limited
MBA, CPA, Bach Business (Accg)

Appointed July 2008
Member Financial Performance, Audit and Risk and Quality Care Committees
Attendance 8 of 11 (73%) Board meetings

John Maher

Camperdown
Retired Senior Executive – Australia Post

Appointed November 2006
Member Financial Performance, Audit and Risk, Quality Care and Human Resources Committees
Attendance 9 of 11 (82%) Board meetings

Russell Worland

Warrnambool
Consultant – Watertight Pty Ltd
Dip Public Administration (Local Government)

Appointed July 2008
Member Project Control Group (Chair)
Attendance 10 of 11 (91%) Board meetings

Richard Zerbe

Warrnambool
Senior Business Reporter – Glenelg Hopkins Catchment Management Authority
Bach Ag Science, MBA

Appointed October 2000
Member Medical Appointments Committee
Attendance 8 of 11 (73%) Board meetings

Jeff Cole



John Maher

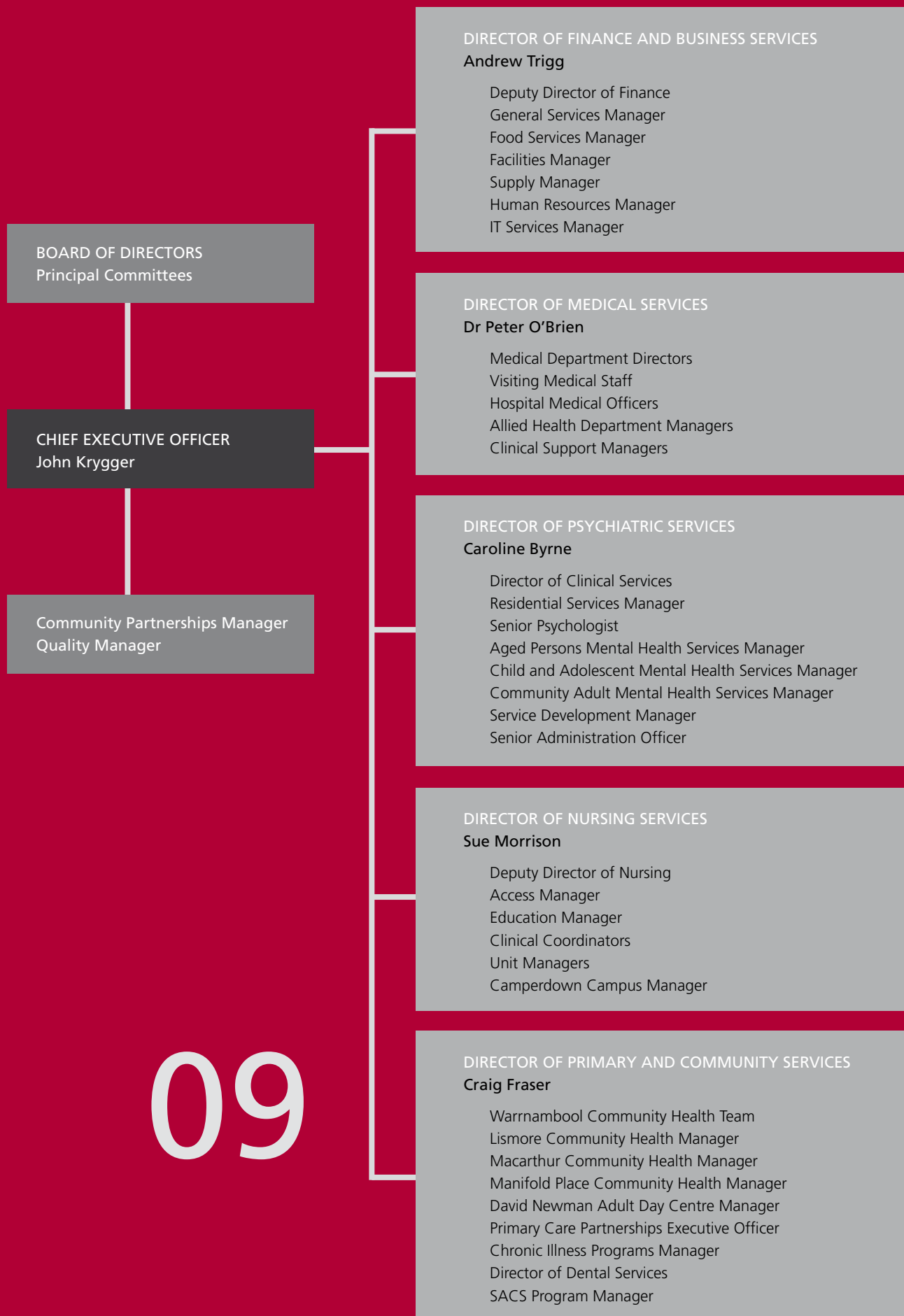


Russell Worland



Richard Zerbe





09



John Krygger



Sue Morrison



Dr Peter O'Brien



Caroline Byrne



Andrew Trigg



Craig Fraser

EXECUTIVE TEAM

John Krygger Chief Executive Officer

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

John has 30 years experience in the Victorian public health sector having worked in both regional and metropolitan teaching hospitals. A base hospital CEO for the past 14 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.

Sue Morrison Director of Nursing Services

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

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 for the past 12 years, she is committed to improving 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.

Dr Peter O'Brien Director of Medical Services

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

Peter has headed up our medical services for the past 14 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.

Caroline Byrne Director of Psychiatric Services

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

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 southwest, 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.

Andrew Trigg Director of Finance and Business Services

BComm (Accounting/Finance), AHSFMA, ASA

Andrew has worked in the Victorian public health sector for 24 years, joining South West Healthcare in 2005. He has held positions at executive management level for the past 14 years in, largely, roles that have combined chief finance officer duties with executive responsibility for corporate/support services. Originally from Ballarat, with subsequent appointments at Kilmore and Djerriwarrh Health Services (including Bacchus Marsh and Melton Regional Hospital), he has extensive experience, understanding and commitment to the rural and regional health sector.

Craig Fraser Director of Primary and Community Services

BProsOrth, Dip App Sc

Craig has managed and developed South West Healthcare's six-site community health division for the past four years. Prior to this role he was South West Primary Care Partnership 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.



Our Principal Committees ensure our 122 medical, nursing, psychiatric, allied health and community health services (see Our Services) are relevant, ethical and best practice. Of the 46,077 people we treated in 2008-09, Herbert (Darkie) Ballis, pictured here with SWH District Nursing Services Care Manager/Registered Nurse Sandy Westley, was one of those to benefit.

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 2008-09.

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

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 2008-09.

Members: SWH Board Directors Steve Callaghan (Chair), Francis Broekman, Jeff Cole, Chris Logan, John Maher, Felicity Melican, Sharon Muldoon; 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, Director of Primary and Community Services Craig Fraser 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 2008-09.

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 10 times in 2008-09.

Members: SWH Board Directors Chris Logan (Chair), Mary Alexander, Jeff Cole, John Maher and Felicity Melican; SWH CEO John Krygger, Director of Nursing 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 four times in 2008-09.

Members: SWH Board Directors Mary Alexander (Chair) and Sharon Muldoon; 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, Education Manager Jenice Smart and Perioperative Education Facilitator Paula Touzeau; community members Dr John Philpot, Vin Callaghan, Marjorie Crothers, Jenny Madden and Dr Vicki Woodward.

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. 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 twice in 2008-09.

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

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 ten times in 2008-09.

Members: South West Healthcare's interests on this committee are served by the membership of Board Directors Russell Worland (Chair), Francis Broekman and Felicity Melican; SWH CEO John Krygger, Facilities Manager Wayne Hall and Director of Nursing 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 2008-09.

Members: SWH Director of Nursing Sue Morrison, Quality Manager Karen Harrison; community representatives Moira Baulch, Marie Crabbe, Marjorie Crothers, Gillian Davey, Julie Hoare, Linda Holland, Bill Malseed, Keith McKenzie, Prue Neale, Liz Groot and David Russell.



Forty-four Australian communities have been blessed with a dedicated McGrath Breast Care Nurse. Ours is Rebecca Hay. Since taking on the role in early 2009, Rebecca has provided physical, psychological and emotional support for 55 local women diagnosed with breast cancer, and their families. This specialised support, funded by the McGrath Foundation, is available to women at any stage of their treatment.



our Volunteers 09

Following a growth of 7.3 per cent in 2007-08, our army of volunteers grew a further 3.2 per cent this financial year when 288 local 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 2008-09	Volunteers 2007-08	Volunteers 2006-07
Warrnambool hospital	112	103	103
Camperdown hospital	82	81	70
Warrnambool CH	4	2	2
Manifold Place (Camperdown CH)	5	5	5
Lismore CH	20	20	20
Macarthur CH	33	38	35
Merindah Lodge	17	16	13
David Newman Adult Day Care Centre	16	15	12
TOTAL	288	279	260

With 85 years voluntary service between them, Camperdown Campus manager Ruth Mitchell (third from left) presented certificates of appreciation to Camperdown hospital employee Di Fitzwilliam for her 20th consecutive Murray to Moyne Cycle Relay ride, Camperdown Rotary Club member Richard Robertson in recognition of his club's 40 years of Meals on Wheels deliveries and Lois Dupleix for 25 years with our Camperdown & District Hospital Auxiliary.

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/Palliative Care Unit, 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 42 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 four Peer Leader volunteers who help run group activities for the Better Health Self Management Program.

@ Lismore

At Lismore Community Health 20 volunteers do Meals on Wheels to make sure a nutritionally balanced meal is delivered to the doorsteps of rurally-isolated clients (and often their carers) who are frail, aged and/or living with a disability.



SWH Coordinator of Volunteers Marita Thornton (centre) with Daryl Howland, Moira Baulch, Ron Sproles and David Russell who received certificates of appreciation for, so far, donating 6,900 hours of their lives to helping out at our Warrnambool hospital.

@ Camperdown

We have 82 Meals on Wheels volunteers at our Camperdown hospital. They, and the 20 at Lismore, also provide their vehicles free of charge.

Merindah Lodge, the aged-care facility at our Camperdown hospital, has 17 volunteers. Ten 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 one 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 Centre has 16 volunteers providing weekly assistance with craft, outings and games activities and the delivery of meals to clients. Volunteer musicians run a community singing initiative and present country and western concerts. There's also a volunteer bus driver, volunteers working with the centre's Memory Enhancement Program and a volunteer who plays Santa.

@ Macarthur

Of the 33 volunteers at Macarthur Community Health, 19 are drivers who take clients to and from appointments. Others drive the centre's bus the half-hour to Hamilton so that the more-elderly can do their shopping. The rest help with Telecare, the centre's Planned Activity Group, washing work cars and gardening.

Education and training

SWH Coordinator of Volunteers Marita Thornton oversees the training and upskilling of our registered volunteers as individual needs arise (see Education and Training).

Other volunteers

Volunteers not mentioned in this section include our Board of Directors, community members on our Multidisciplinary Ethics Committee and our Community Advisory Committee (see Corporate and Clinical Governance) and members of our Warrnambool Ladies Auxiliary, Woolsthorpe Auxiliary and Camperdown and District Auxiliary (see Our Donors).

09 Our Donors

The treatment and care of patients was significantly enhanced by donations totalling \$181,139 in 2008-09. It allowed for the purchasing of otherwise unaffordable medical equipment and aides, the establishment of a region-first heart screening service and the financing of another exciting major redevelopment project for our Camperdown hospital (see Highlights).

We thank everyone who provided financial and in-kind assistance this year, particularly given tough economic times and the wonderful support our local community gave to communities devastated by February's Black Saturday bushfires. More than \$300,000 was donated to the bushfire appeal from our catchment area. We believe this is why our 2008-09 donations were 46.4 per cent less than in 2007-08.

Some of the fantastic things your donations paid for:

- \$15,000 Neo Natal Unit vital signs monitor
- \$6,500 Midwifery Unit jaundice meter
- Two \$625 Stroke Unit posture mirrors*
- Two \$500 Speech Pathology Unit Go Talk aides*
- \$1,500 Warrnambool Operating Theatre wireless laptop*
- \$40,000 Critical Care Unit transesophageal echo (TOE) probe*
- The \$780 establishment of a free DVD service for our Dialysis Unit clients*
- Four \$1,200 District Nursing Service on-the-road medical laptops*
- Two \$950 District Nursing Service coagucheck meters
- Two \$2,500 Palliative Care Unit Atama reclining chairs
- \$2,500 Paediatric Unit humidifier
- \$5,000 of gym equipment for our Macarthur Community Health clients
- \$5,000 of gym equipment for our Lismore Community Health clients
- \$12,000 Oncology Unit emergency response trolley*
- \$400 Oncology Unit cannulation stool
- \$10,000 Critical Care Unit/Emergency Department capnography machine
- Three new-model \$2,500 Palliative Care Unit syringe drivers*
- \$280 Surgical Ward Enhancement Practice Program Nintendo DS Lite*

* The first time we've been able to afford to buy/finance this.



Warrnambool & District Country Music Group members (from left) Neil Orr and Pat and John Anscombe give SWH Community Partnerships Manager Suzan Morey two \$950 coagucheck meters for our District Nursing Service.

Our brilliant staff

Our very own staff are significant donors of the organisation. In 2008-09 they raised a staggering \$31,757 (see Corporate Social Responsibility).

Our brilliant auxiliaries

Our auxiliaries collectively donated \$18,816 in 2008-09:

- **Camperdown and District Auxiliary's** \$1,000 helped pay for a \$1,924 Catering Department trolley to transport meals more safely from the hospital kitchen to Merindah Lodge.

This auxiliary also pledged \$30,000 towards our successful 2008-09 \$150,000 Camperdown Hospital Midwifery Unit Redevelopment Appeal. This gift, half of it courtesy of Camperdown's Ritchies IGA Community Benefit Program, will be donated closer to the project's 2009-10 completion.

- **Friends and Relatives of Merindah's** \$3,104 will be used for the ongoing development of Merindah Lodge's new garden (\$2,028) and for yet-to-be-decided items for inside the aged care facility.
- **Lismore Ladies Auxiliary's** \$1,462 paid for a \$158 wound-management digital camera for Lismore Community Health district nurses, a \$154 water cooler and \$600 table for the centre's waiting room, \$300 of garden plants and a \$250 trailer for the ride-on-mower.
- **Warrnambool Ladies Auxiliary's** \$7,500 paid for a \$3,500 electric bed for loan to at-home Palliative Care patients and partnered with the Victoria Police 2008 Winter Harmony Concert (\$2,500) to pay for a third of a \$15,000 vital signs monitor for our Neo Natal Unit.

This auxiliary will hold its 50th Annual General Meeting in 2009-10.

- **Woolsthorpe Auxiliary's** \$5,750 helped pay for the \$40,000 Critical Care Unit transesophageal echo (TOE) probe needed to establish our region-first valvular heart disease and causes of stroke screening service on June 22.



Three luncheons organised by Warrnambool's Judy Doherty (left) and Pauline Burleigh have raised \$6,292 for medical equipment and aides for our Oncology Unit. Held annually, this fundraising event is generously supported by venue provider, City Memorial Bowls Club, and numerous other local businesses.

Our brilliant Murray to Moyné Cycle Relay Teams

Four teams covered 520 kilometres of bitumen between Mildura and Port Fairy for South West Healthcare in this year's M2M cycle relay. In total, they raised \$10,250:

- **Fire Flyers'** \$2,600 bought a \$1,500 Operating Theatres' wireless laptop with the remainder put towards a \$26,000 piece of skin grafting equipment.
- **Flames'** \$1,300 bought an art-based software system to complement the innovative Residential Rehabilitation Program for clients in our Psychiatric Residential Unit.
- **HARP-(H)oons'** \$4,350 paid for first-ever gym equipment for cardiac and pulmonary chronic illnesses clients participating in our Camperdown Community Health Early Intervention Program at Manifold Place.
- **Warrnambool College's** \$2,000 has been earmarked for new Paediatric Unit medical equipment for our new Warrnambool base hospital when it opens in 2011.

This M2M ride was Warrnambool College's 20th. A commendable effort.

Donations in memory of 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 2008-09, 32 people were honored in this way (see Donations).

We are also extremely grateful for the commissioned painting donated in memory of Marjorie Guyett by daughters Helen, Margaret, Ann and Janet.

Donations from in-kind donors

We have already acknowledged the tremendous work done by our 288 registered volunteers (see Our Volunteers) 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 and appeals. We would also, this year, not otherwise have owned a \$26,341 ultrasound machine, generously gifted by the Warrnambool Physicians Group.

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.

Newborn Logan Gavin hadn't a clue as to what all the fuss was about but believe us, it was very big deal. From left, representatives of the four groups who helped pay for our \$15,000 Neo Natal Unit vital signs monitor: SWH Warrnambool Ladies Auxiliary co-president Margot Johnson, Victoria Police leading senior constable Trudy Morland, 2008 Variety Bash's motoring events manager Stuart Telfer and participant John Howard (the actor) and Warrnambool Greyhound Racing Club general manager Matt Ansell.





In just one night \$28,250 of donations arrived to help us buy the \$40,000 TOE probe we needed to save locals from having to go to Geelong or Melbourne to be screened for valvular heart disease and causes of stroke (see Highlights). Representing these donors: (from left) Warrnambool Bowls Club general manager Stephen De Martin and chairman Robert Anderson (\$11,000), SWH employees Jackie Day and Judy Dalton (\$6,500), Portland Aluminium/Alcoa's Paul Thornton (\$5,000), SWH Woolsthorpe Auxiliary's Wendy Ludeman and Jan Hurlstone (\$5,750) and ACE Radio general manager Peter Headen. Ace Radio continues to provide the most remarkable and otherwise unaffordable promotional coverage of our fundraising appeals, events and good-news stories.

Donations 09

SWH Auxiliaries

Camperdown & District Hospital	1,000
Friends of Merindah Lodge (FROM)	3,104
Lismore Ladies	1,462
Warrnambool Ladies	7,500
Woolsthorpe	5,750

SWH Murray2Moynce Cycle Relay Teams

Fireflyers	2,600
Flames	1,300
HARP-(H)oons	4,350
Warrnambool College	2,000

SWH Staff

SWH Workplace Giving Program	4,200
Camperdown Hospital Centenary Ball	7,544
Camperdown Hospital Centenary Bowls/Golf Day	8,151
Warrnambool Staff Ball	2,500
Warrnambool ED May Races Marquee	2,367
Warrnambool Charity Golf Day	5,700
Warrnambool Girls Christmas Market	1,295

SWH Supporters

Alcoa/Portland Aluminium	5,000
Amaranth Beauty & Dermal Therapies	100
ANZ Bank Branches of SW Vic	904
Drs Chris Beaton & Kathleen Braniff	250
Jim Bell	100
Brigitte Benzing	100
Vicki Bond	100
Brophy Family & Youth Services	200
Arthur Bruce	2,066
Lynette Bruce	220

Daniel Burke	200
Pauline Burleigh & Judy Doherty	2,873
Cally Hotel (Warrnambool) Social Club	500
Cambourne Clinic	200
Carroll Promotions	720
Centrelink Warrnambool Staff	2,500
Chevrolet Car Club of Vic, SW region	1,405
Cobden Community Bank	250
Coles Staff, Centro Plaza	180
Coles Staff, Gateway Plaza	120
Collier Charitable Fund	8,000
Corangamite Shire Council	1,000
Country Concerts for Charity, Warrnambool	2,496
T Cowell	110
Donors gifting \$2-49 (60 in total)	975
Donors gifting \$50-99 (10 in total)	525
Gallery Club, Warrnambool	500
Lola Goodall	400
Estate of John Gordon	1,564
Greater Green Triangle	400
PJ Hall & CE Norman	1,800
Heart Support Aust, Warrnambool branch	100
Vincent Hennessey	200
Trish Henning	643
Jaz Boutique	886
Jeremy Rae The Good Guys	1,209
Bill Johnstone	4,720
Maureen Kelly	350
MJ & DM Kelly	300
Estate of Gwenda Killen	29,953
Laryngectomee Group	150
Leahy's Retravasation, Warrnambool	125
Joan Lee	500

Donations

Bruce Leishman	200	Warrnambool Ostomy Association	1,500
Glen Little	100	Warrnambool Quilters	2,500
Lunchtime Ladies	130	Warrnambool & District Breast Cancer Support Group	2,299
Maddens Lawyers	200	Warrnambool & District Caledonian Society	300
Martin Financial Advisers Pty Ltd	1,200	Warrnambool & District Country Music Group	2,400
Hugh McDonald	100	Warrnambool & District Historical Vehicle Club	65
Phyllis McLeish	313	Warrnambool & District Motorcycle Owners Club	1,000
Pauline Mibus	200	Warrnambool West Primary School	150
Bruce Fraser-Mitchell	1,200	Warrnambool Wolves	200
Alexander Murdoch Fraser Trust	517	Wentworth Women's Clinic	200
MT Shambrock Pty Ltd	200	RN & SE Wilton	200
National Australia Bank Camperdown	169	Woorndoo Hall Committee	100
Jim Newton	100		
Carmel & Nell O'Brien	100	Donations in loving memory of...	
Jenny Owen	100	Malcolm Bald	3,000
Pat's of Mortlake	585	Lynette Bartlett	500
Estate of Rev Reg Peirce	100	John Bourke	200
Port Fairy Folk Festival Committee	1,000	Kevin Brown	25
Lorna Price	500	George Cane	200
Regional One Credit Union	1,500	Neil Clark	355
Rotary Daybreak	1,200	James (Jim) Clarke	640
Jo Russell	3,000	James (Jim) Macdonald Cook	220
John & Sue Sambell	200	Jacinta Farrelly	3,000
Sawyer Hill & Brooks	100	Henry Gilbert	1,000
Anthony Serra	100	Graeme Holdsworth	195
Sinclair Wilson	250	Daniel Kelly	350
South Warrnambool Kindergarten	530	Norma Kelly	167
South West Academy of Sport	200	Chris Leone	1,200
South West TAFE	500	Lorna Madden	105
South Western District Restoration Group	500	Carol Mansbridge	1,141
St Joseph's Primary School, Camperdown	100	Mavis McDonnell	2,000
Sporting Shooters Association of Aust SW branch	4,000	Brian McMillen	286
Thanks to St Jude	300	Phillip Membrey	400
Eric Tonkin	100	Edward Moore	500
Trinity Lutheran Women's Guild	852	Trevor Murphy	250
Triple Zero Committee	1,960	John Noonan	100
Ray & Joyce Uebergang Foundation	4,800	Tony O'Flaherty	4,000
Uniting Church Fellowship, Allansford	100	Marilyn O'Neil	60
Uniting Church Evening Fellowship	1,500	John Ploenges	2,150
Bambi Vagg	260	Harold Porter	740
Variety Club	2,500	Tony Rowe	380
Warrnambool Bowls Club	7000	Bill Sadler	530
Warrnambool Charity Dance Group	1,465	Maria Saric	457
Warrnambool Country Music Group	2,400	Laurence Thornton	435
Warrnambool 4WD Club	2,027	Cyril Trigg	365
Warrnambool Greyhound Racing Club	2,500	Charlie (Tug) Wilson	535
Warrnambool Masonic Lodge	500		

SWH Warrnambool Ladies Auxiliary members (from left) Helen Nunn and Joy Hartley with SWH Certificate of Appreciation recipient Paul Cowell.



Our newest Life Governor Edna Keillor (second left) shares the moment with SWH Woolsthorpe Auxiliary colleagues (from left) Sue Sambell, Cate Dickson and Jan Hurlestone.

our Life Governors

09

Mrs Jan Aitken
 Dr BS Alderson
 Mrs BS Alderson
 Mr Lyell Allen
 Mr AL Anderson
 Mrs GI Anderson
 Mrs Isabel Anderson
 Mrs JF Anderson
 Mr Ian Armstrong
 Mrs Joan Askew
 Mr R Baker
 FH Baker
 Mrs VG Balmer
 Mr NI Bamford
 Mrs Heather Barker
 WT Barr
 Mrs M Baulch
 Mrs Beverley Bell
 Mrs Shirley Bell
 Mrs JA Bell
 Mr GB Bennett
 Mrs Iris M Bickley
 Miss Helen Bishop
 Mr RJ Borbidge
 Mr NC Boyd
 Mr CG Boyle
 Mr N Bradley
 Mr D Bradshaw
 Mr GN Brown
 Dr Anthony (Tony) Brown
 Mrs IV Bruce
 LG Buchholz

Mr T Buckley
 Mr CW Burgin
 Mrs L Burleigh
 Mrs Lorna Burnham
 Mrs Jean Byron
 Mr Jack Caple
 Mr Stan Carroll
 Mrs Valda Carroll
 Mrs P Chadwick
 Mrs EC Chaffey
 ML Charles
 Mrs FAJ Chislett
 Mrs Helen Chislett
 Mr David Chittick
 Mrs Diane Clanchy
 Mr John Clark
 Mr Alistair C Cole
 Mrs SE Cole
 LJ Collins
 Mrs Joy Conlin
 Mrs Frances Coupe
 Mrs M Cox
 Mrs Marjorie Crothers
 Mr JP Daffy
 Mrs RC Dawson
 Mr A DeGaris
 Mr S DeGaris
 Mrs Gloria Dickson
 Miss Judy Donnelly
 Miss Helen Douglas
 Mr GW Dowling
 Mrs L Dowling

Mr Tony Dupleix
 Mrs Veronica Earls
 Mrs A Elliot
 G Elliot
 Mr PV Emery
 Mr W Ferguson
 Mr J Finch
 Mr ER Ford
 Mrs June Foster
 Mrs CE Fraser
 BD French
 R Gellie
 Mrs FM George
 Mr MW George
 Mrs NF Gilbert
 Mrs Shirley Goldstraw
 Mrs Margaret Good
 Mrs Joan Goodacre
 Mrs E Goodwin
 Mrs Lesley Gordon
 Mrs P Grace
 HT Grimwade
 Mrs Sheila Habel
 Mr RE Harris
 Mrs Joy Hartley
 Mr AJ Hartley
 Mrs A Havard
 Mrs Monica Hayes
 Mr P Heath
 Mrs Mavis Heazlewood
 Dr Les Hemingway
 Mrs Joan Henderson

Mr Oscar Henry
 Mrs P Hill
 Mr AJ Hill
 Mrs DM Hill
 Mr GL Hill
 Mr J Hill
 Miss L Hill
 AK Hirth
 Mr W Hocking
 Mrs Ann Holmes
 Mr John Holmes
 Mr W Holmes
 HJ Holmes
 Mr WJ Holton
 Mrs A Hooton
 GN Hornsby
 JS Hosking
 Mr L Howard
 Mrs E Howell
 Mrs Sharon Huf
 Mrs Mary Hutchings
 Mr R Hyde
 Mrs Winnie Hynes
 Mr David Jellie
 Mr DA Jenkins
 Mrs Doris Johnson
 Mr Barry Johnson
 Mrs Margot Johnson
 Mr Rex Johnson
 Mrs Isobel Jones
 Mr HT Jones
 Mrs Edna Keillor*
 Mr AE Kelly
 Mr DJ Lafferty
 Mrs Helen Laidlaw
 Mrs Val Lang
 Mr GA Larsen
 Mrs B Layther
 S Lee
 Sen AWR Lewis
 Mr PE Lillie
 Mr FG Lodge
 Mrs Hilary Lodge
 Mr RW Lucas
 Mrs Wendy Ludeman
 Mrs AG Lumsden
 Mrs P Luxton
 Dr E Lyon
 Mr ID Macdonald
 Mrs ID Macdonald

Mrs AF MacInnes
 S Mack
 MC Mack
 Mrs Isobel Macpherson
 Mrs L Maher
 Mr WG Manifold
 Mr NS Marshall
 Mrs Norma Marwood
 Mrs M Mathison
 Mrs D McConnell
 Mrs Arthur McCosh
 Mrs L McCosh
 Mrs R McCrabb
 Mr John McGrath
 Mr Peter McGregor
 Mr Ernie McKenna
 Mrs Mary McKenna
 Mrs Judy McKenzie
 Mrs Nola McKenzie
 Mr Trevor McKenzie
 Mrs Judy McKenzie
 Mrs H McLaren
 Mrs Shirley McLean
 Mr C McLeod
 Mr Don McRae
 Mrs W McWhinney
 Dr John Menzies
 JE Meyer
 Mr J Miller
 Mr Andrew Miller
 Mr Ivan Mirtschin
 Miss MI Mitchell
 Mrs Coral Moore
 Mrs JP Moore
 Mr Robert Moore
 Mr F Moore
 Mr James Moran
 Mr J Morris Jnr
 Mr W Morris
 Mrs I Mulligan
 AE Murdock
 Mrs G Mutton
 Nestle Sports & Social Club
 Mrs Sheryl Nicolson
 Mr AW Noel
 Mrs HW Norman
 Mrs Alison Northeast
 Mr Edward Northeast
 Mr JB Norton
 Mrs Helen Nunn

Dr Keith Nunn
 Mrs Barbara O'Brien
 Mrs M Officer
 Mrs Judy O'Keefe
 Miss K O'Leary
 JR Oman
 Mr L O'Rourke
 Mr W Owens
 Mr Ken Parker
 Mrs TJ Parker
 Mrs GR Parsons
 Mrs ME Paterson
 Mr DR Patterson
 Mrs Phyllis Peart
 Dr Ian Pettigrew
 Mr Bill Phillipot
 Ms Barbara Piesse
 Mrs G Pike
 Mrs L Price
 Mrs Gloria Rafferty
 Mrs Margaret Richardson
 Mr DM Ritchie
 Mr Ric Robertson
 Mrs Phillip Ross
 Mr NJ Rowley
 Mr Peter Roysland
 Mr JC Rule
 Mrs Gladys Russell
 Mr Leo Ryan
 Mrs Sue Sambell
 Mr John Samon
 Mr RG Sampson
 Mrs Eileen Savery
 Mr AE Scott
 Mr L Sedgley
 Mr TT Shaw
 Mrs AB Smart
 Mr M Smill
 Mrs Ann Smith
 Michelle Smith
 Mr Ron Sproles
 Miss June Stewart
 Mr GC Sullivan
 Mrs B Surkitt
 Mrs N Swinton
 Mrs Stuart Swinton
 Mr DN Symons
 Mrs NM Tapp
 Mrs D Taylor
 Mrs Robbie Taylor

Miss Kate Taylor
 Mr F Taylor
 Mr HC Taylor
 Miss Yvonne Teale
 Mrs A Thorpe
 Mr JT Thornton
 Mrs AJ Trotter
 Mr SW Waldron
 Mr JB Walker
 Mrs H Wallace
 Mrs RJ Wallace
 Mrs E Watson
 RJ Webster
 Mrs D Wedge
 RV Wellman
 Mr AC Whiffen
 Mrs JC Whitehead
 Mr G Whiteside
 Mr J Wilkinson
 Mrs June Williams
 Mrs Rita Williams
 Mrs Zelda Williams
 Mrs GJ Wilson
 Mr John Wilson
 Mrs NT Wines
 Mr WJ Wines
 Mrs Anne Wright
 Mrs Edna Wynd

* Edna Keillor was awarded life governorship at our 2008 AGM for 16 years outstanding contribution to our SWH Woolsthorpe Auxiliary. At the same time, Pauline (Paul) Cowell's eight years voluntary work with our Warrnambool Ladies Auxiliary earned her a certificate of appreciation.

Our condolences are extended to the family and friends of Life Governor Margaret (Peggy) Gibbs who passed away on 7 January 2009 and Life Governor Ainslie Crothers who passed away on 6 February 2009.

Financial statements 09

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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, Australian Accounting 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 2009 and financial position of South West Healthcare as at 30 June 2009.

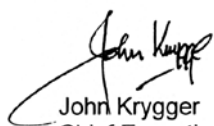
We are not aware of any circumstance which would render any particulars included in the financial report to be misleading or inaccurate.

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



Sharon Muldoon
Chairperson

Warrnambool
27 August 2009



John Krygger
Chief Executive Officer

Warrnambool
27 August 2009



Andrew Trigg
Chief Finance & Accounting Officer

Warrnambool
27 August 2009

Auditor General's Report

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board, South West Healthcare

The Financial Report

The accompanying financial report for the year ended 30 June 2009 of South West Healthcare which comprises the operating statement, balance sheet, statement of changes in equity and cash flow statement, 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 and accounting officer's declaration has been audited.

The Members of the Board's Responsibility for the Financial Report

The Members of the Board of South West Healthcare are responsible for the preparation and 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 the 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 Members of the Board, as well as evaluating the overall presentation of the financial report.

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

Auditor General's Report

VAGO

Victorian Auditor-General's Office

Independent Auditor's Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial report published in both the annual report and on the website of South West Healthcare for the year ended 30 June 2009. The Members of the Board of South West Healthcare are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. 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 website.

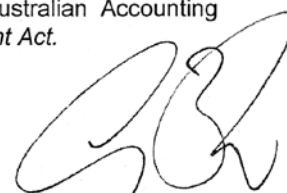
Independence

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 2009 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*.

MELBOURNE
27 August 2009



D D R Pearson
Auditor-General

Operating Statement

for the year ended 30 June 2009

	Note	2009 \$000	2008 \$000
Revenue from Operating Activities	2	96,223	90,762
Revenue from Non-operating Activities	2	688	722
Employee Benefits	3	(64,635)	(60,166)
Non Salary Labour Costs	3	(7,741)	(6,819)
Supplies and Consumables	3	(13,257)	(12,769)
Other Expenses from Continuing Operations	3	(11,967)	(12,080)
Net Result Before Capital and Specific Items		(689)	(350)
Capital Purpose Income	2	853	1,891
Depreciation and Amortisation	4	(3,044)	(2,957)
Share of Net Result of Joint Venture Accounted for using the Equity method	3	249	(236)
Finance Costs	5	(1)	(1)
Expenditure Using Capital Purpose Income	3	(21)	-
NET RESULT FOR THE YEAR		(2,653)	(1,653)

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

Balance Sheet

as at 30 June 2009

	Note	2009 \$000	2008 \$000
ASSETS			
Current Assets			
Cash and Cash Equivalents	6	8,694	11,614
Receivables	7	1,796	1,832
Inventories	8	1,487	1,407
Other Current Assets	9	-	72
Total Current Assets		11,977	14,925
Non-Current Assets			
Receivables	7	-	977
Investments Accounted for using the Equity Method	10	344	94
Property, Plant and Equipment	11	78,222	73,173
Total Non-Current Assets		78,566	74,244
TOTAL ASSETS		90,543	89,169
LIABILITIES			
Current Liabilities			
Payables	12	3,530	3,505
Interest Bearing Liabilities	13	5	5
Employee Benefits and Related On-costs Provisions	14	13,576	14,482
Other Liabilities	15	294	347
Total Current Liabilities		17,405	18,339
Non-Current Liabilities			
Provisions	14	1,478	1,190
Interest Bearing Liabilities	13	5	11
Total Non-Current Liabilities		1,483	1,201
TOTAL LIABILITIES		18,888	19,540
NET ASSETS		71,655	69,629
EQUITY			
Property, Plant and Equipment Revaluation Reserve	16a	13,749	21,044
Restricted Specific Purpose Reserve	16a	22	22
Contributed Capital	16b	66,744	54,770
Accumulated Surpluses/(Deficits)	16c	(8,860)	(6,207)
TOTAL EQUITY	16d	71,655	69,629
Contingent Liabilities and Contingent Assets	20		
Commitments for Expenditure	19		

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

Statement of Changes in Equity

for the year ended 30 June 2009

	Note	2009 \$000	2008 \$000
Total Equity at Beginning of Financial Year		69,629	64,858
Gain/(Loss) on Asset Revaluation	16a	(7,295)	-
Net Income Recognised Directly in Equity		(7,295)	-
Net result for the year		(2,653)	(1,653)
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		(9,948)	(1,653)
Transactions with the State in its capacity as owner	16b	11,974	6,424
Total Equity at the end of the Financial Year		71,655	69,629

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

Cash Flow Statement

for the year ended 30 June 2009

	Note	2009 \$000	2008 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		86,658	81,062
Patient Fees Received		2,664	2,649
Private Practice Fees Received		323	292
Interest Received		697	668
Other Receipts Received		6,682	6,285
GST Received from/(paid to) ATO		3,248	3,531
Employee Benefits paid		(65,375)	(58,581)
Fee for service Medical Officers		(7,740)	(6,819)
Payments for Supplies and Consumables		(15,342)	(15,044)
Other Payments		(12,151)	(12,542)
Cash Generated from Operations		(336)	1,501
Capital Grants from Government		694	1,515
Capital Donations and Bequests Received		329	496
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	17	687	3,512
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non-Financial Assets		(12,774)	(4,770)
Proceeds from Sale of Non-Financial Assets		1,406	1,327
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(11,368)	(3,443)
CASH FLOWS FROM FINANCING ACTIVITIES			
Contributed Capital from Government		7,814	3,791
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		7,814	3,791
NET INCREASE/(DECREASE) IN CASH HELD		(2,867)	3,860
CASH AND CASH EQUIVALENTS BEGINNING OF PERIOD		11,245	7,385
CASH AND CASH EQUIVALENTS END OF PERIOD	6	8,378	11,245

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

Notes to the Financial Statements

for the year ended 30 June 2009

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) and Australian Accounting Interpretation. AASs include Australian equivalents to International Financial Reporting Standards.

The entity is a not-for-profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" entities under the AASs.

b) Basis of preparation

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial 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 AASs 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 2009, and the comparative information presented in these financial statements for the year ended 30 June 2008.

c) Reporting Entity

The financial statements include all the controlled activities of the South West Healthcare Service.

d) Rounding off

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

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 three 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.

Bases used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

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) 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.

Notes to the Financial Statements

for the year ended 30 June 2009

h) Other Financial Assets (continued)

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.

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

	2009	2008
Buildings	Up to 40 years	Up to 40 years
Plant and Equipment	Up to 20 years	Up to 20 years
Medical Equipment	Up to 20 years	Up to 20 years
Computers and		
Communications	Up to 5 years	Up to 5 years
Furniture and 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

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 recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

j) Revaluations of Non-Current Physical Assets

Non-current physical assets measured at fair value are revalued in accordance with FRD 103D. This revaluation process normally occurs every five years based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. 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.

In accordance with FRD 103D, South West Healthcare's non-current physical assets were subjected to a detailed valuation in the current financial year.

k) Depreciation and Amortisation

Assets with a cost in excess of \$1,000 (2007-08 and 2008-09) 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.

l) Net Gain/(Loss) on Non-Financial Assets

Net gain/(loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

Impairment of Non-Financial Assets

Intangible assets with indefinite useful lives (and intangible assets not yet available for use) are tested annually for impairment (i.e. as to whether their carrying value exceeds their recoverable amount, and so require write-downs) and whenever there is an indication that the asset may be impaired. All other assets are assessed annually for indications of impairment, except for:

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

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

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. 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.

m) Net Gain/(Loss) on Financial Instruments

Net gain/(loss) on financial instruments includes realised and unrealised gains and losses from revaluations of financial instruments that are designated at fair value through profit or loss or held-for-trading, impairment and reversal of impairment for financial instruments at amortised cost, and disposals of financial assets.

Notes to the Financial Statements

for the year ended 30 June 2009

Impairment of Financial Assets

Bad and doubtful debts are assessed on a regular basis. Those bad debts considered as written off are classified as an expense.

Financial Assets have been assessed for impairment in accordance with Australian Accounting Standards. Where a financial asset's fair value at balance date has reduced by 20 per cent or more than its cost price; or where its fair value has been less than its cost price for a period of 12 or more months, the financial instrument is treated as impaired.

In order to determine an appropriate fair value as at 30 June 2009 for its portfolio of financial assets, South West Healthcare obtained a valuation based on the best available advice using an estimated fair value through a reputable financial institution. This value was compared against valuation methodologies provided by the issuer as at 30 June 2009. These methodologies were critiqued and considered to be consistent with standard market valuation techniques. Prices obtained from both sources were compared and were generally consistent with the full portfolio. The above valuation process was used to quantify the level of impairment on the portfolio of financial assets as at year end.

n) 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.

o) Provisions

Provisions are recognised when the entity 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.

p) 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, 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.

q) 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 13.

r) 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 the entity.

s) 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.

Commitments and contingent assets and liabilities are presented on a gross basis.

t) 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.

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.

Notes to the Financial Statements

for the year ended 30 June 2009

t) Employee Benefits (continued)

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 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	
	2009	2008
	\$000	\$000
Defined benefits plans:		
Health Super Fund	465	478
State Superannuation Fund	139	135
Defined contribution plans:		
Health Super Fund	4,236	4,021
Hesta Super Fund	531	362
	5,371	4,996

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.

u) 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.

v) 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.

w) 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 10.

x) 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.

y) 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.

Finance Leases

Entity as lessor

Rental income from operating lease is recognised on a straight-line basis over the term of the relevant lease.

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, the present value of the minimum lease payment, 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.

Operating Leases

Operating lease payments, including any contingent rentals, are recognised as an expense 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.

Notes to the Financial Statements

for the year ended 30 June 2009

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.

Leasehold Improvements

The cost of leasehold improvements are 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.

z) 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. For reciprocal grants, South West Healthcare is deemed to have assumed control when the performance has occurred 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 Metropolitan Health and Aged Care Services Division Hospital Circular 34/2008.

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.

(ac) Change in Accounting Policies

In accordance with Victorian Government Financial Reporting Direction 103D 'Non-Current Physical Assets', South West Healthcare measures plant and equipment, and medical equipment assets at fair value from 1 July 2008. Previously these assets were measured at cost. This change in accounting policy is required to ensure that Victoria's Whole of Government financial report, to which South West Healthcare is consolidated into, complies with the requirements of AASB1049 Whole of Government and General Government Sector Financial Reporting. As this change is the initial application of a policy to revalue assets in accordance with AASB116 Property, Plant and Equipment the change is treated as a revaluation in the current year.

ad) Comparative Information

There have been no material changes to previous year's figures.

ae) Property, Plant and Equipment Revaluation Reserve

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

af) Specific Restricted Purpose Reserve

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

ag) Contributed Capital

Consistent with UGI Interpretation 1038 Contributions by Owners made to Wholly-Owned Public Sector Entities and FRD 119 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.

Notes to the Financial Statements

for the year ended 30 June 2009

ah) Net Result Before Capital & Specific Items

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

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer note 1 (p)). 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 (l) & (m).
- Depreciation and amortisation as described in note 1(k).
- Assets provided or received free of charge as described in note 1(p).
- Expenditure using capital purpose income, which comprises expenditure which either falls below the asset capitalisation threshold (note 1 (k), 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.

ai) Category Group

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

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

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

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

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

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

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

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

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

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

aj) New Account Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2009 reporting period. As at 30 June 2009, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2009. South West Healthcare has not and does not intend to adopt these standards early.

Notes to the Financial Statements

for the year ended 30 June 2009

Standard/Interpretation	Summary	Applicable for reporting periods beginning on or ending on	Impact on Entities Annual Statements
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]	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2008-3 Amendments to AASB arising from AASB 3 & AASB 127 [AASB 1, 2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 137, 138 & 139 and Interpretation 9 & 107]	This Standard gives effect to consequential changes arising from revised AASB 3 and amended AASB 127. The Prefaces to those Standards summarise the main requirements of those Standards.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-5 Amendments to AASBs arising from the Annual Improvements Project [AASBs 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 140, 141, 1023 & 1308]	A suite of amendments to existing standards following issuance of IASB Standard Improvements to IFRSs in May 2008. Some amendments result in accounting changes for presentation, recognition and measurement purposes.	Beginning 1 January 2009	Impact is being evaluated.
AASB 2008-6 Further Amendments to Australian Accounting Standards arising from the Annual Improvements project [AASB 1 & AASB 5]	The amendments require all the assets and liabilities of a for-sale subsidiary's to be classified as held for sale and clarify the disclosures required when the subsidiary is part of a disposal group that meets the definition of a discontinued operation.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-7 Amendments to AASB Cost of an Investment in a Subsidiary, Jointly Controlled Entity or Associate [AASB 1, AASB 118, AASB 121, AASB 127 & AASB 136]	Changes mainly relate to treatment of dividends from subsidiaries or controlled entities.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-8 Amendments to Australian Accounting Standards – Eligible Hedged Items [AASB 139]	The amendments to AASB 139 clarify how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item, should be applied in particular situations.	Beginning 1 January 2009	Impact is being evaluated.
AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101	Amendments to AASB 1049 for consistency with AASB 101 (September 2007) version.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2009-1 Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities [AASB 1, AASB 111 & AASB 123]	Amendments to Australian Accounting Standards to allow borrowing costs of Not-for-Profit Public Sector Entities to be expensed.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2009-2 Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments [AASB 4, AASB 7, AASB 1023 & AASB 1038]	Amendments to AASB 7 to enhance disclosures about fair value measurements and liquidity risk. Editorial amendments to AASB 4, AASB 1023 and AASB 1038 resulting from the amendments to AASB 7	Beginning 1 January 2009	Impact expected to be insignificant.

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 2: REVENUE

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Revenue from Operating Activities						
Government Grants						
- Department of Human Services	82,954	76,956	-	-	82,954	76,956
- Dental Health Services Victoria	1,009	880	-	-	1,009	880
- Commonwealth Government						
- Residential Aged Care Subsidy	1,475	1,266	-	-	1,475	1,266
- Other	1,451	1,398	-	-	1,451	1,398
Total Government Grants	86,889	80,500	-	-	86,889	80,500
Indirect Contributions by Human Services						
- Insurance	1,947	1,960	-	-	1,947	1,960
- Long Service Leave	(338)	704	-	-	(338)	704
Total Indirect Contributions by Department of Human Services	1,609	2,664	-	-	1,609	2,664
Patient and Resident Fees (refer note 2b)	2,521	2,692	-	-	2,521	2,692
Total Patient and Resident Fees	2,521	2,692	-	-	2,521	2,692
Business Units and Specific Purpose Funds						
Private Practice Fees	-	-	339	292	339	292
Catering and Commissions	-	-	311	344	311	344
Sales	-	-	1,785	1,697	1,785	1,697
Training and Staff Development	-	-	13	16	13	16
Fundraising	-	-	40	54	40	54
Linen Service	-	-	861	731	861	731
Property Income	-	-	327	324	327	324
Other	-	-	71	37	71	37
Total Business Units and Specific Purpose Funds			3,747	3,495	3,747	3,495
Other Revenue from Operating Activities	1,457	1,411	-	-	1,457	1,411
Sub-Total Revenue from Operating Activities	92,476	87,267	3,747	3,495	96,223	90,762
Revenue from Non Operating Activities						
Interest	-	-	688	722	688	722
Sub-Total Revenue from Non Operating Activities	-	-	688	722	688	722
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Equipment and Infrastructure	694	1,515	-	-	694	1,515
Commonwealth Government Capital Grants						
Residential Accommodation Payments (refer note 2b)	149	158	-	-	149	158
Net Gain/(Loss) on Sale of Non-Financial Assets (refer note 2c)	-	-	(131)	(63)	(131)	(63)
Donations and Bequests	-	-	141	282	141	282
Sub-Total Revenue from Capital Purpose Income	843	1,673	10	219	853	1,892
Total Revenue (refer note 2a)	93,319	88,940	4,445	4,436	97,764	93,376

Indirect contributions by Department of Human Services:

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

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 2a: REVENUE

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000
Revenue from Services Supported by Health Service Agreement										
Government Grants	50,682	4,493	3,683	4,040	1,939	2,096	13,543	2,039	4,374	86,889
Indirect Contributions by Human Services	1,609									1,609
Patient and Resident Fees (refer Note 2b)	1,173	265			444	516		36	87	2,521
Other	1,156						301			1,457
Capital Purpose Income	843									843
Sub-Total Revenue from Services Supported by Health Services Agreement	55,463	4,758	3,683	4,040	2,383	2,612	13,844	2,075	4,461	93,319
Revenue From Services Supported by Hospital and Community Initiatives										
Business Units and Specific Purpose Funds									3,747	3,747
Other									688	688
Capital Purpose Income									10	10
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	4,445	4,445
Total Revenue	55,463	4,758	3,683	4,040	2,383	2,612	13,844	2,075	8,906	97,764

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC	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	1,853	12,612	1,722	3,350	80,500
Indirect Contributions by Human Services	2,664	-	-	-	-	-	-	-	-	2,664
Patient and Resident Fees (refer Note 2b)	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	2,373	12,824	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	2,373	12,824	1,755	7,872	93,376

Indirect contributions by Department of Human Services:

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

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 2b: PATIENTS AND RESIDENT FEES

	Total 2009 \$000	Total 2008 \$000
Patient and Resident Fees Raised		
Recurrent		
Acute - Inpatients	1,173	1,417
- Outpatients	832	755
Residential Aged Care - Nursing Home	516	520
Total Recurrent	2,521	2,692
Capital Purpose:		
Residential Accommodation Payments	149	158
Total Capital	149	158

NOTE 2c: NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

	Total 2009 \$000	Total 2008 \$000
Proceeds from Disposal of Non-Current Assets		
Land and Buildings	-	317
Plant and Equipment	1	-
Motor Vehicles	1,406	1,010
Total Proceeds from Disposal of Non-Current Assets	1,407	1,327
Less: Written Down Value of Non-Current Assets Sold		
Land and Buildings	-	316
Plant and Equipment	6	-
Motor Vehicles	1,532	1,074
Total Written Down Value of Non-Current Assets Sold	1,538	1,390
Net Gains/(Loss) on Disposal of Non-Current Assets	(131)	(63)

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 3: EXPENSES

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Employee Benefits						
Salaries and Wages	57,342	52,092	906	843	58,248	52,935
WorkCover	538	673	9	8	547	681
Long Service Leave	450	1,576	18	30	468	1,606
Superannuation	5,279	4,857	92	88	5,371	4,945
Total Employee Benefits	63,609	59,198	1,025	969	64,634	60,167
Non Salary Labour Costs						
Fee for Service Medical Officers	7,741	6,819	-	-	7,741	6,819
Supplies and Consumables						
Drug Supplies	3,752	3,600	-	-	3,752	3,600
Medical and Surgical Supplies	7,818	7,565	489	448	8,307	8,013
Food Supplies	896	914	302	242	1,198	1,156
Total Supplies and Consumables	12,466	12,079	791	690	13,257	12,769
Other Expenses from Continuing Operations						
Domestic Services and Supplies	1,263	1,132	148	130	1,411	1,262
Fuel Light Power and Water	874	730	66	61	940	791
Insurance Costs Funded by DHS	1,947	1,959	-	-	1,947	1,959
Repairs and Maintenance	1,011	1,064	717	717	1,728	1,781
Maintenance Contracts	478	474	-	-	478	474
Motor Vehicles	565	544	15	14	580	558
Administrative Expenses	3,631	3,683	196	602	3,827	4,285
Patient Transport	946	885	-	-	946	885
Bad Debts	11	7	-	-	11	7
Audit Fees - VAGO Audit of Financial statements	39	36	-	-	39	36
Audit Fees - Other	61	42	-	-	61	42
Total Other Expenses from Continuing Operations	10,826	10,556	1,142	1,524	11,968	12,080
Expenditure using Capital Purpose Income						
Other Expenses	21	-			21	-
Total Expenditure using Capital Purpose Income	21				21	-
Depreciation and Amortisation			3,044	2,957	3,044	2,957
Share of Net Result of JV accounted for using Equity Method	(249)	236		-	(249)	236
Finance Costs	1	1		-	1	1
Total Expenses	94,415	88,889	6,002	6,140	100,417	95,029

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 3a: ANALYSIS OF EXPENSES BY SOURCE

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000	2009 \$000
Services Supported by Health Services Agreement										
Employee Benefits	35,172	3,349	2,746	3,011	1,776	2,017	10,666	1,547	3,325	63,609
Non salary labour benefits	7,735					6				7,741
Supplies and Consumables	8,537	699	573	628	371	358	283	323	694	12,466
Other Expenses from continuing operations	5,185	584	479	525	310	216	2,677	270	580	10,826
Finance Costs (refer note 5)	1									1
Sub-Total Expenses from Services Supported by Health Services Agreement	56,630	4,632	3,798	4,164	2,457	2,597	13,626	2,140	4,599	94,643
Services Supported by Hospital and Community Initiatives										
Employee Benefits									1,025	1,025
Supplies and Consumables									791	791
Other Expenses from continuing operations									1,142	1,142
Depreciation and Amortisation (refer note 4)									3,044	3,044
Share of Net Result of JV accounted for using Equity Method	(249)								-	(249)
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	(249)	-	-	-	-	-	-	-	6,002	5,753
Services Supported by Capital Sources										
Other Expenses									21	21
Sub-Total Expenses from Services Supported by Capital Resources									21	21
Total Expenses	56,381	4,632	3,798	4,164	2,457	2,597	13,626	2,140	10,622	100,417

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC	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	33,990	3,035	2,502	2,762	1,650	1,980	9,465	1,290	2,526	59,200
Non salary labour benefits	6,816					1				6,817
Supplies and Consumables	8,509	658	543	599	358	352	232	280	548	12,079
Other Expenses from continuing operations	5,160	551	454	502	300	235	2,661	234	459	10,556
Finance Costs (refer note 5)	1									1
Sub-Total Expenses from Services Supported by Health Services Agreement	54,476	4,244	3,499	3,863	2,308	2,568	12,358	1,804	3,533	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
Depreciation and Amortisation (refer note 4)									2,957	2,957
Share of Net Result of JV accounted for using Equity Method	236									236
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	236								6,140	6,376
Total Expenses	54,712	4,244	3,499	3,863	2,308	2,568	12,358	1,804	9,673	95,029

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 4: DEPRECIATION AND AMORTISATION

	2009 \$000	2008 \$000
Depreciation		
Buildings	1,248	1,246
Plant and Equipment	354	314
Medical Equipment	507	464
Computers and Communications	346	372
Furniture and Fittings	93	93
Motor Vehicles	492	459
Total Depreciation	3,040	2,948
Amortisation		
Leased Assets	4	9
Total Amortisation	4	9
Total Depreciation and Amortisation	3,044	2,957

NOTE 5: FINANCE COSTS

	2009 \$000	2008 \$000
Finance Charges on Finance Leases	1	1
Total	1	1

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 6: 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.

	2009 \$000	2008 \$000
Cash on Hand	4	4
Cash at Bank	444	110
Deposits at Call	8,246	11,500
Cash at End of Reporting Period	8,694	11,614
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	8,378	11,245
Cash for Monies Held in Trust		
- Endowment Fund	22	22
- Deposits at Call	294	347
Total	8,694	11,614

NOTE 7: RECEIVABLES

	2009 \$000	2008 \$000
Current		
Contractual		
Acute - Inpatient	193	244
Acute - Outpatient	83	53
Aged Care - Nursing Home	36	31
Regional Institutions	614	716
Linen Service Debtors	96	94
Accrued Investment Income	101	109
Less Provision for Bad Debts	(12)	(8)
	1,111	1,239
Statutory		
GST Receivable	299	316
Accrued Government Grants	386	277
	685	593
Total Current Receivables	1,796	1,832
Non-Current		
Statutory		
Long Service Leave - DHS	-	977
Total Non-Current Receivables	-	977
Total Receivables	1,796	2,809
(a) Movement in the Allowance for doubtful debts		
Balance at beginning of year	8	22
Amounts written off during the year	(11)	(20)
Amounts recovered during the year	15	6
Balance at end of year	12	8

(b) Ageing analysis of receivables

Please refer to note 18 (b) for the ageing analysis of receivables

(c) Nature and extent of risk arising from receivables

Please refer to note 18 (b) for the nature and extent of credit risk arising from receivables

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 8: INVENTORIES

	2009 \$000	2008 \$000
Pharmaceuticals at cost	318	338
Medical and Surgical at cost	296	201
Stationery at cost	107	101
Domestic and Maintenance at cost	49	56
Food Supplies at cost	24	26
Kiosk and Healthcare Shop Supplies at cost	95	83
Bulk Linen Store - Linen Service at cost	164	132
Linen in Use at Net Realisable Value	434	470
Total	1,487	1,407

NOTE 9: OTHER CURRENT ASSETS

	2009 \$000	2008 \$000
Prepayments	-	72
Total Current	-	72

NOTE 10: INVESTMENTS ACCOUNTED FOR USING THE EQUITY METHOD

	2009 \$000	2008 \$000
Investment in Jointly Controlled Entities	344	94

Name of Entity	Principal Activity	Country of Incorporation	Ownership Interest	
Jointly Controlled Entities			2009	2008
			%	%
South West Alliance of Rural Health (SWARH)	Information Technology Services	Australia	15.36	15.36

Summarised Financial Information of Jointly Controlled Entities:

	2009 \$000	2008 \$000
CURRENT ASSETS	767	127
NON-CURRENT ASSETS	40	108
SHARE OF TOTAL ASSETS	807	235
CURRENT LIABILITIES	461	139
NON-CURRENT LIABILITIES	2	1
SHARE OF TOTAL LIABILITIES	463	140
NET ASSETS	344	95
SHARE OF JV PROFIT/(LOSS)	249	(236)
CAPITAL COMMITMENTS	81	0

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 2009

NOTE 11: PROPERTY, PLANT AND EQUIPMENT

	Gross Cost/ Valuation 2009 \$000	Gross Cost/ Valuation 2008 \$000	Accum. Deprec. 2009 \$000	Accum. Deprec. 2008 \$000	Net Assets at 2009 \$000	Net Assets at 2008 \$000
Land at fair value	16,235	10,800	-	-	16,235	10,800
Buildings at fair value	43,304	49,181	-	2,459	43,304	46,722
Subtotal	59,539	59,981	-	2,459	59,539	57,522
Buildings at fair value	0	2,192	0	15	0	2,177
Buildings under construction at cost	9,949	5,488	1	1	9,948	5,487
Plant and Equipment at fair value	5,723	7,102	3,437	5,001	2,286	2,101
Medical Equipment at fair value	8,197	7,853	5,749	5,830	2,448	2,023
Computers and Communications at fair value	3,441	3,624	2,731	2,848	710	776
Furniture and Fittings at fair value	1,358	1,524	846	1,012	512	512
Motor Vehicles at fair value	3,346	3,247	577	690	2,769	2,557
Leased Assets at cost	46	46	36	28	10	18
Subtotal	32,060	31,076	13,377	15,425	18,683	15,651
Total	91,599	91,057	13,377	17,884	78,222	73,173

Reconciliations of the carrying amounts of each class of asset for the consolidated entity at the beginning and end of the previous and current financial year is set out below:

	Land	Buildings	Plant & Equip.	Medical Equip.	Comp. & Comm.	Furniture & Fittings	Motor Vehicles	Leased Assets	Total
Balance at 1 July 2007	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)
Depreciation/amortisation expense (refer note 4)	-	(1,246)	(314)	(464)	(372)	(93)	(459)	(9)	(2,957)
Balance at 1 July 2008	10,800	54,386	2,101	2,023	776	512	2,557	18	73,173
Additions		12,844	541	932	280	93	2,236	-	16,926
Disposals			(6)				(1,532)		(1,538)
Revaluation increments/(decrements)	5,435	(12,730)							(7,295)
Depreciation/amortisation expense (refer note 4)	-	(1,248)	(350)	(507)	(346)	(93)	(492)	(8)	(3,044)
Balance at 30 June 2009	16,235	53,252	2,286	2,448	710	512	2,769	10	78,222

Land and buildings carried at valuation

An independent valuation of the Health Service's property, plant and equipment was performed by the Valuer-General Victoria to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The Valuation was based on independent assessments.

The effective date of the valuation is 30 June 2009.

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 12: PAYABLES

	2009 \$000	2008 \$000
Current		
Contractual		
Trade Creditors	1,826	2,176
Accrued Grants	-	105
Accrued Expenses	1,704	1,224
Total Current	3,530	3,505

(a) Maturity analysis of payables

Please refer to Note 18(c) for the ageing analysis of payables

(b) Nature and extent of risk arising from payables

Please refer to Note 18(c) for the nature and risk arising from payables

NOTE 13: INTEREST BEARING LIABILITIES

CURRENT

Australian Dollar Borrowings

Finance Lease Liability (i) (refer Note 19)	5	5
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Total Current	5	5
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NON CURRENT

Australian Dollar Borrowings

Finance Lease Liability (refer Note 19)	5	11
---	---	----

Total Non-Current	5	11
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Total Interest Bearing Liabilities	10	16
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(i) Secured by the assets leased. Finance leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

South West Healthcare has a fixed interest secured loan over four 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	1
---	---	---

(a) Maturity analysis of interest bearing liabilities

Please refer to note 18(c) for the ageing analysis of interest bearing liabilities

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

Please refer to note 18(c) 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

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 14: EMPLOYEE BENEFITS AND RELATED ON-COSTS PROVISIONS

	2009 \$000	2008 \$000
CURRENT		
Employee Benefits		
- unconditional and expected to be settled within 12 months	6,487	7,137
- unconditional and expected to be settled after 12 months	5,113	5,456
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months (nominal value)	1,362	1,071
Unconditional and expected to be settled after 12 months (present value)	614	818
Total Current Provisions	13,576	14,482
NON-CURRENT		
Employee Benefits	1,319	1,035
Provisions related to employee benefit on-costs	159	155
Total Non-Current Provisions	1,478	1,190
	2009 \$000	2008 \$000
Current Employee Benefits		
Unconditional LSL entitlement	6,573	7,199
Accrued wages and salaries	1,914	2,775
Annual leave entitlements	4,906	4,360
Accrued days off	183	148
Non-Current Employee Benefits		
Conditional long service leave entitlements (present value)	1,478	1,190
Total	15,054	15,672
Movement in Long Service Leave:		
Balance at start of year	8,389	7,519
Provision made during the year	471	1,627
Settlement made during the year	810	757
Balance at end of year	8,050	8,389

NOTE 15: OTHER LIABILITIES

	2009 \$000	2008 \$000
Monies Held in trust		
- Patient Monies held in Trust	294	347
Total	294	347
	2009 \$000	2008 \$000
Represented by the following assets:		
Cash Assets (Note 6)	294	347
Total	294	347

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 16: EQUITY AND RESERVES

	2009 \$000	2008 \$000
(a) Reserves		
Property, Plant and Equipment Revaluation Reserve		
Balance at the beginning of the reporting period	21,044	21,044
Revaluation Increment/(Decrements)		
Land	5,128	-
Buildings	(12,423)	-
Balance at the end of the reporting period	13,749	21,044
Represented by:		
Land	11,950	6,822
Buildings	1,799	14,222
	13,749	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	13,771	21,066
(b) Contributed Capital		
Balance at the beginning of the reporting period	54,770	48,346
Capital Contribution received from Victorian Government	11,974	6,424
Balance at the end of the reporting period	66,744	54,770
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(6,207)	(4,554)
Net Result for the Year	(2,653)	(1,653)
Balance at the end of the reporting period	(8,860)	(6,207)
(d) Total Equity at end of year	71,655	69,629

NOTE 17: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES

	2009 \$000	2008 \$000
Net Result for the Year	(2,653)	(1,653)
NON CASH MOVEMENTS		
Depreciation and Amortisation	3,044	2,957
Net (Gain)/Loss from Sale of Plant and Equipment	131	63
Share of operating result of Joint Venture	(249)	236
Change in Inventories	(77)	67
Change in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	36	35
(Increase)/Decrease Other Current Liabilities	(158)	105
Increase/(Decrease) in Payables	130	48
Increase/(Decrease) in Employee Entitlements	358	1,705
(Increase)/Decrease in Other Current Assets	125	(51)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	687	3,512

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 18: FINANCIAL INSTRUMENTS

(a) Financial Risk Management Objectives and Policies

South West Healthcare's principal financial instruments comprise of:

- Cash assets
- Term Deposits
- Receivables
- Payables
- Finance Lease payables
- Accommodation Bonds

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. The main purpose in holding financial instruments is to prudentially manage South West Healthcare financial risks within the government policy parameters.

Categorisation of financial instruments

Details of each categories in accordance with AASB 139, shall be disclosed either on the face of the balance sheet or in the notes.

	Carrying Amount 2009 \$000	Carrying Amount 2008 \$000
Financial Assets		
Cash and cash equivalents	8,694	11,614
Loans and Receivables	1,497	2,493
Total Financial Assets (i)	10,191	14,107
Financial Liabilities		
At amortised cost	3,834	3,868
Total Financial Liabilities (ii)	3,834	3,868

i) The total amount of financial assets disclosed here excludes statutory financial receivables (i.e. GST input tax credit recoverable)

ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. Taxes payable)

(b) 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.

Ageing analysis of financial asset as at 30 June

	Carrying Amount \$000	Not Past Due and Not Impaired \$000	Past Due but Not Impaired				Impaired Financial Assets \$000
			Less than 1 Month \$000	Not Impaired 1-3 Months \$000	3 months -1 Year \$000	1-5 Years \$000	
2009							
Financial Assets							
Cash and Cash Equivalents	8,694	8,694	-	-	-	-	-
Receivables - Debtors	1,497	1,362	135	-	-	-	-
Total Financial Assets	10,191	10,056	135	-	-	-	-
2008							
Financial Assets							
Cash and Cash Equivalents	11,614	11,614	-	-	-	-	-
Receivables - Debtors	2,493	2,350	92	51	-	-	-
Total Financial Assets	14,107	13,964	92	51	-	-	-

Ageing analysis of financial assets must exclude the types of statutory financial assets (i.e. GST input tax credit)

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 18: FINANCIAL INSTRUMENTS (continued)

(c) 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.

Maturity analysis of financial liabilities as at 30 June

	Carrying Amount \$'000	Contractual Cash Flows \$'000	Maturity Dates			
			Less than 1 Month \$'000	1-3 Months \$'000	3 Months - 1 Year \$'000	1-5 Years \$'000
2009						
Financial Liabilities						
Trade creditors and accruals	3,530	3,530	3,530	-	-	-
Interest Bearing Lease	10	10	-	1	5	4
Accommodation Bonds	294	294	294	-	-	-
Total Financial Liabilities	3,834	3,834	3,824	1	5	4
2008						
Financial Liabilities						
Trade creditors and accruals	3,505	3,505	3,505	-	-	-
Interest Bearing Lease	16	16	-	1	4	11
Accommodation Bonds	347	347	347	-	-	-
Total Financial Liabilities	3,868	3,868	3,852	1	4	11

Ageing analysis of financial liabilities must exclude the types of statutory financial assets (i.e. GST payable)

(d) Market Risk

South West Healthcare's exposure to market risk are primarily through interest rate risk with only insignificant exposure to foreign currency risk and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed in the paragraph below.

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 undertakes financial liabilities with relatively even maturity profiles.

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 18: FINANCIAL INSTRUMENTS (continued)

(d) Market Risk (continued)

Interest Rate Exposure of Financial Assets and Liabilities as at 30 June

	*Weighted Average Effective Interest Rates (%)	Carrying Amount \$000	Interest Rate Exposure		
			Fixed Interest Rate \$000	Variable Interest Rate \$000	Non Interest Bearing \$000
2009					
Financial Assets					
Cash and Cash Equivalents (i)	6.15	8,694	8,046	648	-
Receivables - Debtors		1,497	-	-	1,497
Total Financial Assets		10,191	8,046	648	1,497
Financial Liabilities					
Trade creditors and accruals		3,530	-	-	3,530
Interest Bearing Lease	4.95	10	10	-	-
Accommodation Bonds		294	-	-	294
Total Financial Liabilities		3,834	10	-	3,824
2008					
Financial Assets					
Cash and Cash Equivalents (i)	7.17	11,614	11,500	114	-
Receivables - Debtors		2,493	-	-	2,493
Total Financial Assets		14,107	11,500	114	2,493
Financial Liabilities					
Trade creditors and accruals		3,505	-	-	3,505
Interest Bearing Lease	5.50	16	16	-	-
Accommodation Bonds		347	-	-	347
Total Financial Liabilities		3,868	16	-	3,852

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

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 18: FINANCIAL INSTRUMENTS (continued)

(d) Market Risk (continued)

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 Reserve 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
2009									
Financial Assets									
Cash and Cash Equivalents (i)	8,694	(87)	(87)	87	87				
Receivables	1,497	-	-	-	-				
Financial Liabilities									
Trade creditors and accruals	3,530	-	-	-	-				
Interest Bearing Liabilities	10	-	-	-	-				
Accommodation Bonds	294	3	3	(3)	(3)				
	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)				

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

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 19: COMMITMENTS

	2009 \$000	2008 \$000
Capital Commitments		
<i>Payable:</i>		
Land and Buildings	79,261	5,525
Total Capital Commitments	79,261	5,525
Land and Buildings		
Not later than one year	25,000	4,490
Later than one year and not later than five years	54,261	1,035
Total	79,261	5,525
Lease Commitments		
<i>Cancelable</i>		
Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Not later than one year	7	7
Later than one year but not later than five years	6	13
Minimum Lease Payments	13	20
Less Future Finance Charges	(3)	(4)
Total	10	16
Representing Lease Liabilities		
Current (Note 13)	5	5
Non-Current (Note 13)	5	11
Total	10	16
Operating Commitments		
<i>Non-cancellable</i>		
Operating Leases		
Commitments in relation to rental of buildings and medical equipment leases are payable as follows:		
Not later than one year	152	161
Later than one year but not later than five years	79	142
Total	231	303

NOTE 20: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

	2009 \$000	2008 \$000
Details of estimates of maximum amounts of contingent liabilities are as follows:		
Contingent Liabilities		
Quantifiable		
Other - Recallable DHS Capital Grant	99	-
Total Quantifiable Liabilities	99	-

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

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 21: SEGMENT REPORTING

	Hospital Warrnambool Campus		Hospital Camperdown Campus		Nursing Home Camperdown Campus		Linen Service		Mental Health		Macarthur		Eliminations		Consolidated	
	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
External Segment Revenue	73,353	70,602	6,509	6,063	2,612	2,564	861	731	13,767	12,913	662	503	-	-	97,764	93,376
Intersegment Revenue	-	-	-	-	-	-	711	760	-	-	-	-	(711)	(760)	-	-
Total Revenue	73,353	70,602	6,509	6,063	2,612	2,564	1,572	1,491	13,767	12,913	662	503	(711)	(760)	97,764	93,376
Non cash expenses other than depreciation	73,352	69,350	6,529	6,108	2,542	2,513	1,316	1,314	13,342	12,030	541	521	-	-	97,622	91,836
Intersegment expenses	711	760	-	-	-	-	-	-	-	-	-	-	(711)	(760)	-	-
Share of net result from joint venture	(249)	236	-	-	-	-	-	-	-	-	48	30	-	-	(249)	236
Depreciation	2,157	2,094	281	250	22	21	131	137	405	425	48	30	-	-	3,044	2,957
Total Expenses	75,971	72,440	6,810	6,358	2,564	2,534	1,447	1,451	13,747	12,455	589	551	(711)	(760)	100,417	95,029
Net Result for Year	(2,618)	(1,838)	(301)	(295)	48	30	125	40	20	458	73	(48)			(2,653)	(1,653)
Segment assets	67,421	69,954	5,164	3,998	1,835	1,127	2,037	2,423	12,362	10,528	1,380	1,045	-	-	90,199	89,075
Share of JV assets from SWARH	344	94	-	-	-	-	-	-	-	-	-	-	-	-	344	94
Total Assets	67,765	70,048	5,164	3,998	1,835	1,127	2,037	2,423	12,362	10,528	1,380	1,045			90,543	89,169
Total Liabilities	14,244	14,166	1,654	1,929	446	503	277	312	2,143	2,490	124	140			18,888	19,540
Acquisition of property, plant and equipment	13,727	5,383	394	501	140	163	8	6	2,533	1,139	124	85			16,926	7,277

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
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 2009

NOTE 22a: RESPONSIBLE PERSON-RELATED DISCLOSURES

Responsible Ministers:	Period:
The Honourable Daniel Andrews, MLA, Minister for Health	01/07/2008 - 30/06/2009
Governing Board:	
Mrs. S. Muldoon	01/07/2008 - 30/06/2009
Mr. F. Broekman	01/07/2008 - 30/06/2009
Ms. F. Melican	01/07/2008 - 30/06/2009
Mr. R. Zerbe	01/07/2008 - 30/06/2009
Mrs. M. Alexander	01/07/2008 - 30/06/2009
Mr. C. Logan	01/07/2008 - 30/06/2009
Mr. S. Callaghan	01/07/2008 - 30/06/2009
Mr. J. Maher	01/07/2008 - 30/06/2009
Mr. J. Cole	01/07/2008 - 30/06/2009
Mr R. Worland	01/07/2008 - 30/06/2009
Accountable Officer:	
Mr. J. Krygger	01/07/2008 - 30/06/2009

Remuneration of Responsible Persons

	Total Remuneration	
	2009	2008
Income Band:		
\$270,000 - \$279,999	1	-
\$250,000 - \$259,999	-	1
\$0	11	12
Total Numbers	12	13
	2009	2008
	\$000	\$000
Total Remuneration	274	258

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
	2009	2008
	\$000	\$000
Other Transactions of Responsible Persons and their Related Entities		
Mr S.Callaghan is a director of Callaghan Motors which provides repairs, maintenance and purchase of motor vehicles on normal and commercial terms and conditions.	371	321

Notes to the Financial Statements

for the year ended 30 June 2009

NOTE 22b: RESPONSIBLE PERSON-RELATED DISCLOSURES

Executive Officer Disclosures

The numbers of executive officers, other than Ministers and Accountable Officers, and their base and 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		Base Remuneration	
	2009	2008	2009	2008
\$270,000 - \$279,999	1	-	1	-
\$260,000 - \$269,999	-	1	-	1
\$150,000 - \$159,999	1	1	1	1
\$140,000 - \$149,999	2	3	2	3
\$120,000 - \$129,999	1	-	1	-
Total Numbers	5	5	5	5
	\$000	\$000	\$000	\$000
Total Remuneration	841	843	841	843

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

NOTE 23: EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

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

NOTE 24: ECONOMIC DEPENDENCY

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

In a letter dated 23 July 2009 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 2010.

This support is conditional upon South West Healthcare's Board committing to achieving the agreed budget targets.

our Services 09

	Warrnambool Hospital	Camperdown Hospital	Warrnambool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBooool 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 (SW CASA)	•			•								
Community Health Dietitian			•	•	•	•						
Community Health Nursing			•	•	•	•						
Continence Advisory	•			•								
Coronary Care	•											
Counselling & Support	•		•	•	•	•						
Day Surgery	•	•										
Dentistry	•											
Dermatology (private consultations)	•											
Diabetes Education & Resources	•	•	•	•	•	•		•				
Diabetes Aust NDSS sub-agent	•			•								
Discharge Planning	•	•			•	•						
District Nursing	•	•			•	•						
Drug & Alcohol Withdrawal & Support												
Inpatient	•											
Outpatient	•											
Ear, Nose & Throat Surgery	•											
Emergency	•	•										
Endoscopy	•	•										
Exercise Stress Testing	•											
Equipment Hire												
SWEL	•											
South West Healthcare Supplies	•											
Evening Support					•							
Family Planning & Education			•									
Fracture Clinic	•											
Fresh Deliver Meals	•											
GP Clinics					•	•						
Gastroenterology	•											
General Medicine	•	•										
General Surgery	•	•										
Geriatric Medicine	•											
Gynaecology												
Specialist	•	•										
General Practitioner		•										
Haemodialysis	•											
Hand Care Therapy	•											
HARP	•	•	•	•								
Health Education	•	•										
Health Promotion Programs	•		•	•	•	•						
Healthy Active South West*				•	•	•						
Home Care Program (Paediatrics)	•											
Hospital In The Home	•											
Improving Care For Older Persons Initiative*	•											
Infection Control Service	•	•										
Intensive Care/Critical Care	•											
Library	•	•	•	•	•	•	•	•				
Living for Life Program*				•								
Meals on Wheels		•			•	•						
Medical Imaging	•	•										
Memory Enhancement Program								•				
Midwifery												
Inpatient	•	•										
Rural Maternity Initiative		•										
Continuity Midwifery Program	•											
Domiciliary	•	•										

our Services 09

	Warrnambool Hospital	Camperdown Hospital	Warrnambool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBooL PSD	CDown PSD	Hamilton PSD	Portland PSD
Music Therapy (in an acute hospital setting)	•											
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	•							•	•	•	•	
Dementia Behaviour Management Advisory Service*								•	•	•	•	
Early Intervention & Dual Diagnosis	•							•	•	•	•	
Families where a Parent has a Mental Illness*								•	•	•	•	
Multiple & Complex Needs Initiative								•				
Primary Mental Health Team								•	•	•	•	
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	•											
Transesophageal Echocardiography*	•											
Urology	•	•										
Women's Health	•		•	•	•	•						
Wound Management	•											
Volunteer Program	•	•	•	•	•							
Young Women's Pregnancy & Parenting	•											
Youth Clinic			•									

* New programs delivered in 2008-09

our ⁰⁹ Senior Staff

CHIEF EXECUTIVE OFFICER

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

MEDICAL SERVICES

Director of Medical Services

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

Departmental Directors

Anaesthetics

Dr K Prest MBBS, FANZCA

Critical Care Unit

Dr N Bayley MBBS, FRACP

Emergency Services

Dr Q Sukabula MBChB (Otago)

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

Obstetrics

Dr C Beaton MBChB (Edin), FRANZCOG,
FRCOG

Palliative Care

Dr E Fairbank MBBS, DPHC, FRACGP,
FACHPM

Surgical Services

Mr S Fischer MBBS, FRACS

Senior Medical 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 A Dawson MBBS, FANZCA

Dr M Duane MBBS, FANZCA

Dr C Humphries MBBS, FANZCA

Dr G Kilminster MBBS, FANZCA

Dr M Koo MBBS, FANZCA*

Dr K Prest MBBS, FANZCA

Drug & Alcohol Physician

Dr RJ Brough MBBS, D Obst RCOG, APSAD
Cert, FACRRM, FACHAM

General Practitioners

Dr N Aung MBChB

Dr A Baldam MBBS, BSc, Dip Av Med,
AFOM (RCP), DRCOG

Dr IT Barratt BSc, MBBS, DRCOG

Dr L Cameron MBBS

Dr A Chow MBBS, FRACGP

Dr T Cimpoesu MB (Rom), FRACGP

Dr J Duffy MBBS

Dr M Dunkley MBBS, DRANZCOG,
FRACGP

Dr D Dwyer MBBS, Dip RACOG*

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 M 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 MM Saka MBChB

Dr M Saka MBChB

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

Oncologists

Dr T Hayes MBBS (Hons), BMedSci

(Hons), FRACP

Dr J Hounsell BSc, MBBS, FRACP,

FRCPA

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 Morphett 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 MG Ivers MBBS, FRANZCP
Dr G Ridley MBChB, MRCPsych, FRANZCP

Radiologists

Dr W Beck MBChB, FFRad(D)*
Dr D Boldt MBChB (Otago), FRACR*
Dr P Tauro MBBS, FRACR
Dr R White MBBS, FRACR
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 Hueneker 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, MRCPG, MACNM, DA, DRCOG

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

Psychiatrist

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

Urologist

Mr L Dodds MBBS, FRACS (Urol)

ALLIED HEALTH

Department Managers

Counselling & Support Services

Mr S Storer BA, BSW

Dietetics

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

Occupational Therapy

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

Physiotherapy

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

Podiatry

Ms K Harris BPod (Hons)
Ms J Weir BAppSc (Pod), Grad Dip Rehab Studies (acting)

Speech Pathology

Ms K Brown BAppSc (Sp Path), MSpPath
Ms K Carlin BA/BSpPath (Hons) (acting)

CLINICAL SUPPORT SERVICES

Service Managers

Biomedical Engineering Services

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

Centre Against Sexual Assault

Mrs H Wilson B Commerce, Dip Soc Studies

Education Resource Centre (Library)

Ms JG Dalton TPTC, ALAA

Health Information Services

Ms M Atkinson Ass Dip (MRA), RMRA

Medical Imaging Service

Mr L Pontonio MIR, DipAppSc (Med Radiography) (Warrnambool campus)
Ms D Shelton MIR (Camperdown campus)

Pathology Service

Dr A Sharard MBChB, MD (Path)
Ms Peta Martin MAppSc, BAppSc

Pharmacy

Mr B Dillon BPharm, Grad Dip Hosp Pharm

PRIMARY & COMMUNITY SERVICES

Director of Primary & Community Services

Mr C Fraser BProsOrth, Dip App Sc

Campus Managers/Coordinators/EOs

David Newman Adult Day Centre

Ms J White RN, Cert Diversional Therapy

Lismore Community Health

Ms J Hirth RN, RM, WHNPTP*
Mr A Doull RN, MBA (from July 2008)

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

Ms H Steenbergen BAppSc (HM)*
Mr G Hamilton RN, Dip App Sc (Nurs), Grad Dip Health Admin, BA, MMan

Program Managers

Aboriginal Liaison Officer

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

Chronic Illness Programs

Ms J Dureau-Finn BNurs

Quality Coordinator

Ms C Loria RN, RM, Cert CCU, Cert Oncology, Grad Dip Comm Health

SACS Manager

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

Dental Officers

Director of Dental Services/Senior Dentist

Dr D Mercado DDM, (UP Mla) MDSc (Melb)

- **Warrnambool Dental Officers (Public Clinic)**
Dr D Arasu BDS*
Dr H Chuen BDS*
Dr. T Fang BDS (Melb)
Dr. P Kao BDS (Melb)
Dr N Liew BDS
- **Warrnambool Dental Officers (Visiting)**
Dr E Carlsson DDS (Stockholm)
Dr C Cugadasan BSc (Hons), BDS
Dr T Davies BDS
Dr D Geryga BDS
Dr M Johns BDS
Dr M Palam BDS, BSc
Dr RJ Sanderson BDS
Dr SW Wilde BDS (Liverpool)

NURSING SERVICES

Director of Nursing

Mrs S Morrison RN, MBA (USQ), MHA (UNSW), BN, Dip Nursing, Cert Computer Business Applications, FRCNA, AFCHSE, 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 S Fleming RN, BN, Cert IV Small Business Management

Education

Mrs J Smart RN, MPET, Bachelor of Management: Employment Relations (USA), Cert IV Workplace Training & Assessment, MRCNA

Environmental Safety

Mr T Roberts MBA (Deakin), Cert Management (SCU), Cert Workplace Leadership

Quality

Mrs K Harrison RN, MHSM (CSU), ON, BN, Grad Cert (Advanced Nursing), MRCNA, AAQHR

Perioperative Services Manager

Mr A Kelly RN, Grad Dip Health Administration & Information Systems, Cert Perioperative Nursing

Unit Managers

Acute Care

Ms J Hallinan RN, Cert Workplace Leadership, Dip Business

Critical Care

Ms M Beard RN, MNP (Critical Care), BN, Grad Dip Critical Care (RMIT), Cert IV Workplace Training & Assessment, MRCNA, MACCCN

Day Stay/Haemodialysis

Mrs E Karlinski RN, RM, Adv Dip Mgt, Cert IV Workplace Training & Assessment*
Ms Sheryl McLaughlan RN, BN (from May 2009)

District Nursing Service/Hospital in the Home

Mrs L Brooks RN, RM, MNS, BN, Grad Dip Adv Nurs Ed, Adv Dip Business (Human Resources), MRCNA

Emergency Department

Ms K Sloan RN, MNP (Emergency), RM, Coronary Care Cert, BN, Grad Dip HS Management (CSU), MRCNA, MCENA, MCNPA

Medical/Palliative Care

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

Midwifery/Neonatal/Gynaecology

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

Operating Theatres

Ms R Piper RN, RM, Cert Perioperative Nursing

Paediatrics

Mrs S Marsh RN, Cert Computer Business Applications, MRCNA

Rehabilitation and Withdrawal &

Support Service

Mrs K McCarthy RN, Cert Rehabilitation, Cert Workplace Leadership, Dip Business
Mr N Van Zelst RN, Cert Rehabilitation, Cert Management (Acting for Leave Relief from August 2008)

Surgical/Oncology

Mrs J Rowe RN, Cert Workplace Leadership, Dip Business

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 J 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

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

- **Quality Coordinator**

Ms J Russell RN (until May 2009)

- **Staff Development Officer**

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

Psychiatric Medical Services

Dr M Atkins MRC Psych, FRANCP

Dr J Deb MB, BS (India)

Dr MG Ivers MB, BS, FRANZCP

Dr S Kasimahanti MB, BS, MD (India)

Assoc Prof Psych (India)

Dr I Neerakal MB, BS (India)

Dr R Ranasinghe MB, BS, MD (Sri Lanka)

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

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

Aged Care Facility (Merindah Lodge)

Mrs M Wickham RN

Operating Theatre

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

FINANCE & 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 & 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), Adv Dip HR (Gordon Inst), 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)

* Resigned during 2008-09.

Disclosure 09 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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Manner of Establishment

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

Freedom of Information Requests

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

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

A total of 206 requests under the Freedom of Information Act were processed during the 2008-09 financial year.

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

Principal Officer	Mr John F Krygger, Chief Executive Officer
Medical Principal Officer	Dr Peter 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

One consultancy at a total cost of \$7,000 was 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, the Honourable 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 F Krygger	Chief Executive Officer South West Healthcare, Warrnambool, VIC 3280
The Ombudsman	Level 3, 459 Collins Street, Melbourne, Victoria 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
27 August 2009

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Glossary 09

ACF	Aged Care Facility
ACHS	Australian Council on Healthcare Standards
ACSAA	Aged Care Standards Accreditation Agency
ADC	Adult Day Centre
AGM	Annual General Meeting
ANPA	Australian Nurse Practitioners Association
APS	Australian Psychological Society
ATB	Attached Based Therapy
Aust	Australia
AVERT	A Very Early Rehabilitation Trial
AVTES	Australian Vocational Training & Employment Services
CAMHS	Child and Adolescent Mental Health Service
CDown	Camperdown
CEO	Chief Executive Officer
CH	Community Health
COPD	Chronic Obstructive Pulmonary Disease
CREM	Centre for Rural Emergency Medicine
DHS	Department of Human Services
Dr	Doctor
DVA	Department of Veteran's Affairs
ED	Emergency Department
EO	Executive Officer
4WD	Four wheel drive (vehicle)

FaPMI	Families where a Parent has a Mental Illness (strategy)
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HASW	Healthy Active South West (program)
LGFB	Look Good... Feel Better (program)
m	million
M2M	Murray to Moyne (cycle relay team)
NAIDOC	National Aboriginal and Islander Day of Celebrations
NHS	National Health Service
OH&S	Occupational Health and Safety
PCP	Primary Care Partnerships
PCU	Palliative Care Unit
PSD	Psychiatric Services Division
SA	South Australia
SW	South West
SW CASA	South Western Centre Against Sexual Assault
SWARH	South West Alliance of Rural Health
SWEL	South West Equipment Library (for seriously ill and disabled children)
SWH	South West Healthcare
T&A	Training and Assessment
TIA	Transient Ischaemic Attack
UK	United Kingdom
USA	United States of America
VAADA	Victorian Alcohol and Drug Association
VHIA	Victorian Hospitals Industrial Association
WBool	Warrnambool
WIES	Weighted Inlier Equivalent Separation

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
Community Health**
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

