



SOUTH WEST
HEALTHCARE

South West Healthcare

annual
report
2010

*"A leader in providing
innovative and quality
health services"*

ABOUT Us



One of 692 babies born at our two hospitals in 2009-10 was Kain Parsons, the son of Allansford's Melissa and Tim Parsons.

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 one of the 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 125 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. 1,159 people work for South West Healthcare. Our local economy benefits to the tune of \$78 million per annum.

Our Future

Our 156th year will be recorded in history as one of our most exciting. In this 12-month period we will open our new \$115 million Warrnambool Base Hospital. It will be one of regional Australia's most modern and technologically advanced health services and will enable us to provide world's best practice treatments, care and support to the 102,386 people who live in our part of the world; 10,323 square kilometres of South West Victoria.

About this Report

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Our past four annual reports have been awarded an Australasian Reporting Award for excellence.

2009 Silver 2008 Silver 2007 Silver 2006 Bronze

HELLO AND WELCOME

This report provides performance, quality and financial information covering the 2009-10 financial year. It 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).

The presentation of this report, unlike our fully-bound annual reports of the past, is vastly different because of State Government deadlines related to the impending 2010 State Government elections.

We hope you find this report informative and encourage you to visit our website and also read our 2010 Quality of Care Report.

How to contact us

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Our Cover: Environmental Services Assistant Jason Waterfall, Emergency Department Director Dr Matthew Wright and Clinical Nurse Specialist Meghan Fitzpatrick attend to one of the 27,409 Emergency Department patients we cared for in 2009-10.

OUR YEAR IN BRIEF

Performance Indicators

	2009/10	2008/09	% Change
Hospital inpatients treated (separations)			
Warrnambool	17,363	16,766	3.56
Camperdown	1,793	1,747	2.63
Inpatients average length of stay			
Warrnambool	3.00	3.30	(9.09)
Camperdown	3.10	3.13	(0.96)
Inpatients bed days			
Warrnambool	51,843	52,565	(1.37)
Camperdown	5,539	5,481	1.06
Nursing Home bed days			
Hostel bed days	10,162	10,076	0.85
Transitional Care bed days	2,671	2,863	(6.71)
	1,017	-	-
Non admitted patient attendances			
Warrnambool	82,173	87,147	(5.71)
Camperdown	21,825	18,109	20.52
Emergency attendances			
Warrnambool	24,549	24,152	1.64
Camperdown	2,860	2,631	8.70
Fundraising			
Capital	566,058	181,139	212.50
Full Time Equivalent staff	838.97	829.35	1.16



Our Merindah Lodge residents and staff get into the swing of St Patrick's Day. From left: the late Thelma Grenfell, Alex Walker, Patricia Povoas, Aged Care Nurses Kerry Henderson and Carole Manifold, Quality Coordinator/Infection Control Nurse Bambi Vagg, Aged Care Nurse Linda Gaut and Elaine Lucas. Photo courtesy of The Chronicle and photographer Helen Gaut.

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CHAIRMAN AND CEO'S REPORT

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Our new Warrnambool Base Hospital will be amongst the most modern and technologically advanced health services in regional Australia.

4 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 2010.

2010 has been a stellar year for the health service, having met or exceeded all performance metrics that have been put in place to judge organisational success.

Measures such as patient satisfaction, staff satisfaction, specialist recruitment, financial performance and accreditation outcome have all exceeded expectations. What is all the more remarkable is that these outstanding results have been achieved in the midst of our \$115 million Stage 1 capital redevelopment occurring on the Warrnambool site.

Increased Patient Demand

Despite bed reductions that have been put in place associated with the capital redevelopment project, the year has seen strong growth in patient demand breaking the 19,000 patients barrier for the first time with a record 19,500 acute inpatients treated during the year. This represents a 3.3 per cent increase on the previous year and has been achieved utilising less bed days.

This measure alone highlights the high degree of efficiency of which patients are treated at South West Healthcare. Furthermore the organisation treated 27,409 Emergency Department attendances. The strong demand for services highlights reliance on South West Healthcare to provide essential emergency and medical care to the growing population of South West Victoria.

In preparation for the transfer into our new Warrnambool hospital facilities, the organisation has worked extremely hard in developing numerous change management strategies to maximise the opportunity these new facilities present.

We are acutely aware that new buildings by themselves do not necessarily translate into surplus financial reporting and that management effort needs to be put in place prior to transfer to make the most of the efficiencies that new buildings potentially can deliver.

As a result, an enormous amount of effort has been put into developing new models of care, new business practices and striving for further efficiencies to ensure the organisation is financially sustainable.



A Level-3 bird's eye view of the \$115m construction site for (from left) SWH CEO John Krygger, Health Minister Daniel Andrews and SWH Chairman Sharon Muldoon.

The results this year have been rather impressive following a \$689,000 deficit in 2008–09 to a \$624,000 surplus for the year just concluded. This \$1.3 million turnaround during the reporting period is a spectacular result given it has been achieved ahead of schedule and within an environment carrying many structural inefficiencies.

Capital Redevelopment

The construction of our new Warrnambool Base Hospital has made significant progress during the reporting period and has proceeded to the fitout stage. The project has been effectively managed without incident and will deliver to the residents of South West Victoria the most modern and technologically advanced health service in regional Australia.

“The new hospital will provide additional services, additional beds and a level of patient comfort which is simply unachievable in the existing facilities. The new hospital has been designed with energy and staffing efficiency in mind and will propel the health service to another level.”

It is also pleasing to report on the completion of the Camperdown hospital midwifery redevelopment project which will ensure that mothers can give birth in a modern, yet home-like environment. The construction of a new birthing delivery room including ensuite, additional storage and waiting areas is an important step in the retention of birthing services in Camperdown.

Deakin Clinical School

The inclusion of the new Deakin Clinical School as part of the Warrnambool hospital redevelopment will also hopefully ensure that the health service is future-proofed in terms of recruitment of General Practitioners and specialists to the region. The first tranche of students commenced with us in January as part of the final two years of their medical degree. The new medical students are an impressive group of individuals who already have undergraduate career experience and it is believed they will make excellent doctors.

The students are currently being temporarily accommodated at Warrnambool's South West TAFE in preparation for the transfer to our new \$3.5 million Deakin Clinical School. The benefits to SWH of having a clinical school integrated with our health service are far reaching and we are keen to ensure students have a rich educational and clinical experience.

Providing Quality Care

Without doubt, one of the major highlights of the year has been the outstanding result received from the Australian Council of Health Standards (ACHS) organisation-wide accreditation survey.

In the first week of June, we had eight surveyors from all over Australia review all campuses over an intensive four-day period to assess our performance against national accreditation standards. At the summation conference, the surveyors provided a glowing report card and awarded the organisation 34 EA ratings (Extensive Achievement) including 19 for our acute/ community divisions and 15 for our Psychiatric Services Division.

A highlight of the accreditation survey was the awarding of an OA rating (Outstanding Achievement) to our Palliative Care team. We are aware that there is only one other palliative care service in Australia that has this rating, that being the Westmead Children's Hospital in Sydney, which places our service in illustrious company.

To achieve this remarkable outcome in the midst of a major capital redevelopment is testimony to the dedication and commitment of all staff at all levels.

In what can also be considered an outstanding achievement, South West Healthcare has, for the fifth consecutive year, won the Public Healthcare Awards' Victorian Quality of Care Award. This record achievement will in all likelihood stand the test of time as South West Healthcare provides the gold standard for Quality of Care reporting.

Community Engagement

One of our five major strategic goals is to engage with our community through developing partnerships with other local service providers to improve health outcomes for the community we serve.

This year has seen significant activity in this space with the development of plans to establish a 12-bed Rotary House complex opposite our hospital in Warrnambool and ongoing efforts to extend the current range of cancer services in association with the Peter's Project group.

Both of these community initiatives are aimed at improving the patient experience and reducing the need for patients to travel to Geelong or Melbourne for specialised care. South West Healthcare has been an active partner in both of these projects and looks forward with considerable interest to the next stage of development.



In illustrious company, we share equal honors with an interstate capital-city hospital for providing the best Community Palliative Care in Australia. Celebrating the news is some of our 77-strong team of staff and volunteers including (front row, from left) Palliative Care Medical Director Dr Eric Fairbank, Regional Palliative Care Nurse Consultant Bev King, Advance Care Planning Project Manager Janet Sherritt, Palliative Care Associate Unit Manager Rebecca Hay, Palliative Care Inpatient Unit Manager John Quinlivan.



Medical Educator Dr Brendan Condon watches over two of our first intake of Deakin Clinical School medical students. It's hoped Tein Nguyew, Michele Bardin and their 11 classmates will get such enjoyment out of working at South West Healthcare for two years that they will want to stay on. Photo courtesy of The Standard and photographer Damian White.

In a similar vein, the organisation is always extremely grateful for the level of community support that we continue to receive. A special mention this year needs to be made of the South West Healthcare Warrnambool Ladies Auxiliary and the South West Healthcare Woolsthorpe Auxiliary who each celebrated their 50th anniversary of active service to the organisation. Together with our other volunteers, the Ladies Auxiliaries are the lifeblood of our organisation and continue to raise funds for the purchase of much needed medical equipment.

Conclusion

It is truly an exciting time to be part of South West Healthcare as the organisation continues to prosper through a significant growth phase. The ongoing efforts of providing quality health services within a compromised operational environment including large scale capital construction is a remarkable achievement.

“We look forward to opening the doors of our new state-of-the-art Base Hospital in 2011 and we will continue to raise the bar of our performance goals to ensure continued success.”

As always, there are numerous people to thank, including our dedicated Board of Directors, capable Executive Team and our dedicated and committed staff. In conjunction with the continued contributions of our donors, community supporters, volunteers and auxiliary members, we have completed a year which has delivered spectacular results and achievements.

South West Healthcare has an extremely bright future and we take seriously our responsibility to ensure our health service remains responsive to the ongoing needs of our growing community.

SHARON MULDOON
Chairman
Board of Directors

JOHN F KRYGGER
Chief Executive Officer



SWH Paediatric Registrar Michelle Telfer checks in on premature twins Rhylee (left) and Jasper Moore. Photo courtesy of The Standard and photographer Rob Gunstone.

STATEMENT OF STRATEGIC DIRECTION 2009-2014

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1. Driving quality performance

Strategic Direction

To support an organisational culture that strives for improved performance with a focus on evidenced based interventions to achieve best practice patient and service outcomes.

To create a high level of risk awareness and organisational safety.

Strategies

- Promote a supportive team-based work environment which places the patient at the centre of all decision making.
- Implement practices that respond to key quality indicators benchmarked against peer organisations.
- Pursue evidence based clinical and technological innovation for implementation as routine practice.
- Implement best practice standards and policies to exceed compliance obligations.
- Regularly review and update risk management plan to reflect changing circumstances.

Linkage to Business Plan

- Adopt principles of person centred care across all patient services by ensuring responsive service models.
- Continue to strengthen focus on quality initiatives that ensure the organisation maintains accreditation status.
- Support Emergency Department Redesign project.
- Implement National Bowel Screening project.
- Implement Stroke Management protocol.
- Pursue Medicare eligible MRI licence.
- Evaluate PROMPT (electronic policy tool) and ADVENT (legislative compliance tool) to ensure organisational requirements are met.
- Ensure potential risks are captured within the Risk Register and high level risks are systematically reported to Board of Directors.

2. Achieving Sustainability

Strategic Direction

To enable the organisation to remain financially viable through sustainable management of resources.

To provide infrastructure that meets contemporary healthcare expectations and supports a green environment.

Strategies

- Align funding streams with service levels to ensure program integrity and improve accountability.
- Ensure Warrnambool hospital capital redevelopment project maintains momentum and provides necessary communication and change management strategies.
- Increase environmental awareness encouraging green practices.

Linkage to Business Plan

- Implement improved business practices throughout the organisation to ensure sustainable resource management.
- Ensure adequate resources are in place to effectively manage the capital redevelopment project.
- Develop communication strategy for all key stakeholders.
- Implement business reform strategies prior to transfer to new facilities.
- Implement process to ensure continuity of redevelopment project (Stage 2).
- Measure and monitor utility and consumables usage and aim for a material reduction.

3. Creating a Learning/Teaching/Research Culture

Strategic Direction

To further strengthen the existing culture that attracts and retains high calibre people.

To embrace the notion of the organisation as a true teaching health service.

Strategies

- Create a multidisciplinary teaching unit.
- Provide a clinical workforce to address the future needs of a growing and ageing population.
- Strengthen relationship with Deakin University in relation to the ongoing development of the clinical school.
- Develop a culture of continuous learning and the promotion of a best practice teaching environment.

Linkage to Business Plan

- Develop a multidisciplinary education business plan.
- Develop a succession and recruitment plan for current and emerging key clinical positions.
- Recruit appropriate staff to ensure supervision and support of medical students.
- Develop research focus as part of new clinical school facility.
- Encourage staff and student learning at all levels of patient care.

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SWH Community Health Dietitian Joan Robertson. Photo courtesy of The Extra and photographer Rob Gunstone.



Oncology Unit patient Peter Christoforou got a celebrity visit from Melbourne AFL footballers Rhys Healey (left), Danny Hughes and Jordie McKenzie. Photo courtesy of The Standard and photographer Damian White.



Macarthur Community Health campus Manager Fabian McLindin checks Alec Philip's blood pressure.

4. Encouraging Service innovation

Strategic Direction

To encourage innovative service delivery that is responsive to the needs of our community.

Strategies

- Complete and support area-based health service plans for Local Government Areas within the catchment.
- Adopt a population health focus to build healthy communities through integrated health promotion strategies.
- Pursue an innovative integrated care model that increases community based care through improved self management of chronic conditions.
- Establish a model of care to meet the healthcare needs of aged persons.
- Continue to pursue innovative, fully integrated information management systems.
- Investigate initiatives that enhance the organisation's role as a collaborative leader in South West Victoria.

Linkage to Business Plan

- Undertake area based service plan for Corangamite Shire Health Services to determine future development needs for Camperdown.
- Pursue evidence based strategies to improve the health of the local population.
- Implement the agreed ambulatory model of care in preparation for commissioning new Integrated Care Centre.
- Support implementation of the Transitional Care Program (TCP).
- Review provision of Residential Aged Care Services at Camperdown.
- Implement programs that minimise functional decline.
- Identify and plan key information technology strategic directions for the organisation.
- Continue involvement with SWARH and HealthSmart in accordance with DHS policies.
- Continue active participation at statewide and regional levels on alliance initiatives eg RICS and PCP.
- Lead and contribute to new developments in primary care platforms and mental health reforms.
- Investigate sub-regional business proposals.
- Provide leadership and appropriate support to all health services in the sub-region.

5. Engaging Our Community

Strategic Direction

To provide leadership that strengthens partnerships with other local service providers to improve health outcomes within the community we serve.

To ensure that South West Healthcare supports, and is supported by, its community.

Strategies

- Enhance key relationships with Local Government in all areas of the catchment.
- Further enhance relationships with other agencies to enable services to be more responsive and integrated.
- Foster engagement with the community to promote services that are responsive to special needs groups.
- Nurture community relationships to maximise fundraising opportunities.

Linkage to Business Plan

- Meet annually with each sub-regional LGA to determine opportunities for mutual benefit.
- Consider opportunities for joint governance education and training with relevant agencies.
- Pursue the implementation of the Health Improvement framework and Transition Care program in conjunction with relevant agencies.
- Develop a community engagement process with patients/ service users that seeks to improve future health outcomes.
- Develop fundraising campaigns to equip new Warrnambool hospital.

STATISTICAL INFORMATION

Acute Hospital - Warrnambool Campus	2009/10	2008/09	2007/08	2006/07	2005/06
Accommodation - Registered Beds	155	155	155	155	155
Inpatient Separations					
Public - No Charge	16,399	16,005	14,057	14,025	13,624
Private/Third Party	922	722	823	1,152	1,267
Nursing Home Type	42	39	41	39	38
Total Inpatient Separations	17,363	16,766	14,921	15,216	14,929
Inpatient Separations by Patient Type					
Emergency	7,471	6,378	5,237	5,398	5,443
Elective	8,488	8,996	8,316	8,431	8,342
Obstetric	1,404	1,392	1,368	1,387	1,144
Total Patients Treated	17,363	16,766	14,921	15,216	14,929
Total Patient Days in Hospital					
Public - No Charge	45,817	45,659	45,421	42,927	43,228
Private/Third Party	3,861	4,088	4,467	6,227	5,298
Nursing Home Type	2,165	2,818	1,985	1,384	1,669
Total Patient Bed Days	51,843	52,565	51,873	50,538	50,195
Transitional Care Program Bed Days	1,017	-	-	-	-
Daily Average of Occupied Beds	131.0	133.5	132.1	127.4	129.4
% Occupancy on Registered Beds	84.5	86.1	85.2	82.2	83.5
% Occupancy on Staffed Beds	97.4	97.5	98.6	95.3	93.3
Average Length of Stay	3.0	3.3	3.4	3.3	3.3
Births (Number of Deliveries)	631	624	598	604	546
Theatre Procedures	6,190	6,129	5,915	5,698	5,884
Endoscopy Procedures	2,471	2,664	2,514	2,415	2,438
Total Procedures	8,661	8,793	8,429	8,113	8,322
Day Case Surgery in Theatre	3,030	3,284	3,014	2,914	3,059
Non Inpatient Services					
Number of Attendances:					
Emergency Department	24,549	24,152	24,135	23,665	23,096
Medical/Surgical Clinics	11,880	12,375	11,668	11,072	10,975
Pathology	9,121	9,983	9,568	9,543	8,687
Medical Imaging	8,302	7,612	6,989	6,476	6,056
Pharmacy	8,782	9,494	8,836	9,478	9,445
Allied Health	10,049	12,209	12,465	12,257	14,101
Dental Unit	9,885	7,880	9,099	4,333	2,104
Other Programs	5,722	6,104	6,449	5,982	6,169
Rehabilitation Centre Attendances	7,911	8,224	8,055	7,920	6,795
Community Health Attendances	3,647	3,262	3,364	1,844	3,400
HARP Attendances	4,376	4,706	3,530	-	-
Community Health Group Session Attendances	2,072	4,772	3,658	-	-
HARP Group Session Attendances	520	526	507	-	-
Total Non Inpatient Attendances	106,816	111,299	108,323	92,570	90,828
District Nursing - Care Hours	14,591	14,638	15,115	14,382	14,830
Meals					
Total Number of Meals Served	278,666	289,743	295,377	294,196	296,743



Latest technology in our Warrnambool Emergency Department allows Centre for Rural Emergency Medicine Director, Associate Professor Tim Baker, to get a second opinion. In the blink of an eye he streams images of his patient's cornea, via a secure website, to a specialist in Melbourne.

Camperdown/Lismore Campuses	2009/10	2008/09	2007/08	2006/07	2005/06
Accommodation - Registered Beds	67	67	67	67	67
Inpatient Separations by Patient Type					
Emergency	702	694	603	617	600
Elective	951	898	1,015	947	1,040
Obstetrics	140	155	177	156	148
Total Inpatient Separations	1,793	1,747	1,795	1,720	1,788
Public Separations (Acute)	1,472	1,445	1,484	1,336	1,424
Total WIES	1,148	1,123	1,114	1,094	1,182
Average Inlier Equivalent DRG Weight	0.6451	0.6458	0.6234	0.6398	0.6684
Acute Bed Days	5,539	5,481	5,433	5,457	6,198
Aged Care Bed Days	12,833	12,939	13,047	12,895	12,859
Total Bed Days (Acute plus Aged Care)	18,372	18,420	18,461	18,352	19,057
% Occupancy on Available Beds					
Acute	70.53	69.79	69.57	68.04	76.71
Aged Care	97.66	98.47	99.02	98.14	97.86
Average Length of Stay					
Acute	3.10	3.13	3.01	3.15	3.50
Births (Number of Deliveries)	61	67	70	66	65
Total Operations	669	653	560	536	516
Day Case Surgery in Theatre (Incl above)	440	431	437	371	403
Non Inpatient Services					
Emergency Department	2,860	2,623	2,161	2,165	2,342
Outpatient Attendances	2,078	1,847	1,679	1,787	2,056
District Nursing Visits	5,617	4,120	4,539	4,467	5,164
Community Health - Contacts	7,463	4,724	4,951	4,159	3,043
Community Health - Group Session Attendances	4,174	5,150	3,772	3,504	4,763
Day Care Attendances	2,447	2,375	2,606	2,532	1,645
Total Non Inpatient Activity	24,639	20,839	19,708	18,614	19,013

Comparative Costs and Statistics - Non Acute Services

	2009/10	2008/09	2007/08	2006/07	2005/06
Psychiatric Services					
Statistics					
Number of Inpatient Separations	342	349	369	387	431
Acute Bed Days	3,992	3,492	4,005	3,967	4,745
Daily Average Inpatients Accommodated	10.94	9.57	10.97	10.87	13.00
Percentage Occupancy (%)	72.91	63.78	73.15	72.46	86.67
Average Inpatient Length of Stay (Days)	11.67	10.01	10.85	10.25	11.01
Number of Outpatient Contact Hours	30,019	27,209	23,931	28,072	24,606
Number of Residential/Extended Care Bed Days	1,105	1,255	1,474	1,709	1,721
Central Linen Service					
Kilograms Produced	800,587	776,824	763,980	718,524	712,642
Average Cost Per Kilogram (Cents)	211.49	186.17	189.99	188.18	179.59

Service, Activity and Efficiency Measures

Statistical Comparison to Previous Years

	Actual 2009/10	Actual 2008/09	Actual 2007/08	Actual 2006/07	Actual 2005/06
Warrnambool Campus					
Weighted Inlier Equivalent Separations	11,523	10,834	10,629	10,240	10,092
Average Inlier Equivalent DRG Weight	0.6828	0.6688	0.7392	0.7029	0.7024
Statistical Indicators					
% Public (Medicare) Patients Treated	94.3%	95.7%	94.5%	92.5%	91.6%
Revenue Indicators - All Campuses					
Average Days to Collect					
	2009/10	2008/09			
Private Inpatient Fees	121.90	61.33			
TAC Inpatient Fees	0.00	74.12			
VWA Inpatient Fees	72.35	71.82			
Debtors Outstanding as at 30th June 2010					
	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 2010
Private Inpatients	181,951	122,530	2,137	1,497	308,115
TAC Inpatients	-	-	-	-	-
VWA Inpatients	29,330	29,827	3,418	4,046	66,621
	211,282	152,357	5,555	5,543	374,736
					192,719

Note: TAC refers to Transport Accident Commission
VWA refers to Victorian WorkCover Authority
WIES refers to Weighted Inlier Equivalent Separations

Activity by Program

2009/10 Total - All Campuses

Admitted Patients	Acute	Sub Acute	Mental Health	Aged Care	Total
Separations					
Same Day	9,376		10		9,386
Multi Day	9,277	503	332	39	10,151
Total Separations	18,653	503	342	39	19,537
Emergency					
Emergency	6,993		342		7,335
Elective	10,116	503		39	10,658
Maternity	1,544				1,544
Total Separations	18,653	503	342	39	19,537
Public Separations					
Public Separations	17,380	463			17,843
Total WIES	12,671				12,671
Total Bed Days	48,984	8,398	5,097	12,833	75,312
Non Admitted Patients					
Acute					
Emergency Medicine Attendances	27,409		4,181		31,590
Outpatient Services - occasions of services	51,564	7,911	75,874		135,349
Other Services - District Nursing Care Hours				19,163	19,163
Macarthur Campus					
	2009/10	2008/09	2007/08	2006/07	2005/06
District Nursing/personal care visits	1,800	1,922	1,828	2,213	2,368
Community Health contacts	1,083	1,413	1,424	1,153	1,086
Community Health session attendances	1,493	1,371	1,439	1,575	1,777
Day Care session attendances	864	935	879	999	1,284
HACC Groups	123	130	136	132	137
Meals on Wheels Prepared	682	573	477	1,007	1,187
Volunteer contacts	800	953	874	1,147	1,289

Attestation on Data Integrity

I, John Krygger certify that South West Healthcare has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. South West Healthcare has critically reviewed these controls and processes during the year.



JOHN KRYGGER
Chief Executive Officer

Warrnambool
11 August 2010

PROFILE

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Occupational Therapist Natalie Hinkley (left) and Improving Care for Older Persons Project Worker Andrea Janes show off our newest Longer Stay Older Persons initiative: Memory-Difficulty Identifiers. Photo courtesy of The Extra and photographer Rob Gunstone.

OUR LOCATIONS

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

In 2009-10 we provided 125 medical, psychiatric, allied health and community health services to the 102,386 people who live in Warrnambool and the shires of Moyne, Corangamite, Grampians and Glenelg.

Our hospitals are based at:

- Warrnambool (the organisation's headquarters)
- Camperdown

Our Community 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:

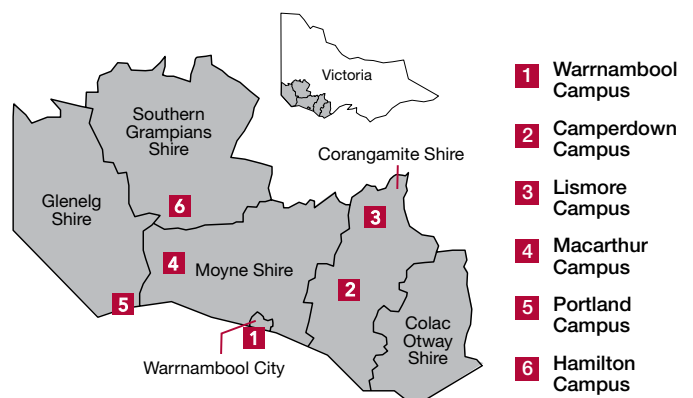
Camperdown (on the grounds of our Camperdown hospital)

“South West Healthcare has served Western Victoria for more than one-and-a-half centuries. Our Warrnambool hospital is 156 years old and our Camperdown Hospital is 101.”

OUR SERVICES

In 2009-10 South West Healthcare provided 125 medical, nursing, psychiatric, allied health and community health services to the region (for the full list see pages 42-43). Of these, the following three are new initiatives:

- The **Suicide Prevention Project** is the work of our Psychiatric Services Division and the Otway Division of GPs. The primary objective of the innovative 15-month project is to provide treatment and support to individuals at high risk of suicide or self harm at a critical point in their lives.





Trevor Absalom heads up one of our 125 services. He's the Manager of our Education Resource Centre.

The aim is to improve the integration of care between the acute sector and primary mental health for the management of this vulnerable patient group and to provide a referral pathway for GPs to better support them.

An evaluation will determine whether interventions including SWH's Emergency Department mental health nurses and out-of-hours triage staff providing support to GPs and/or providing direct support to patients make a difference. Should the project prove successful, it will be funded for a further two years.

- Our Warrnambool and Camperdown hospitals are the proud owners of two new initiatives:
 - o The **South West Area Maternity Initiative (SWAMI)** is providing assistance and support via consistent policies and practices to local health services, supporting rural women to have their babies close to home.

- o The **Victorian Infant Hearing Screening Program (VIHSP)** hopes to screen every babe born at our Warrnambool and Camperdown hospitals and the hospitals of Portland, Hamilton, Terang and Timboon before they're four months old. Mothers of newborns within the region are contacted whilst still in hospital or post-discharge. Screenings take place at our Warrnambool hospital and at the outpatient clinics of our Camperdown hospital and the clinics of other hospitals. This quick, safe, painless and free-of-charge service fast-tracks identifying babies with profound hearing impairment so that they get the best chances of developing normal speech and language by accessing diagnostic and early intervention services sooner rather than later.



The Administrative Services Officers of our Community Psychiatric Services Division are spread far and wide: (from left) Annette Elisson is based in Portland, Cheryl Donovan in Camperdown and Leanne Barker in Hamilton.



SWH Plumber James Moran and Occupational Therapy Assistant John Brooks are part of our Home Assessment Service that helps keep people safe by travelling as far as Camperdown, Timboon and Macarthur to install the likes of handrails, handheld showerheads and wheelchair-access ramps. Today it's Robert Tolley's turn.

OUR PATIENTS

Our Hospital Inpatients

We treated 629 more inpatients than ever before at our two hospitals in 2009-10: 19,500 compared to 18,871 in 2008-09. Our Warrnambool hospital recorded a 3.4 per cent inpatient increase and our Camperdown hospital recorded a 2.5 per cent inpatient increase.

INPATIENTS x SWH HOSPITALS 2009-10 to 2005-06

Hospital	09-10	08-09	07-08	06-07	05-06
Warrnambool	17,709	17,124	15,290	15,601	15,360
Camperdown	1,791	1,747	1,795	1,720	1,788
TOTALS	19,500	18,871	17,085	17,321	17,148

Where our 19,500 inpatients came from

In 2009-10 the majority of our 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	10,826	27
Moyne	3,225	62
Corangamite	1,477	1,616
Glenelg	1,080	8
Southern Grampians	279	0
Colac Otway	78	20
Rest of Victoria	539	45
SA	68	5
NSW	53	7
QLD	25	0
WA	14	0
ACT	6	0
NT	2	0
TAS	6	0
Overseas	24	1
No fixed address	6	0
Unknown	1	0
TOTALS	17,709	1,791

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

OUR EMERGENCY DEPARTMENT PATIENTS

We treated 27,409 patients at our two Emergency Departments in 2009-10. Our Warrnambool Emergency Department treated 24,549 people and our Camperdown Emergency Department treated 2,860.

PATIENTS x SWH EMERGENCY DEPARTMENTS (ED) 2009-10 to 2005-06

ED	09-10	08-09	07-08	06-07	05-06
Warrnambool	24,549	24,152	24,135	23,665	23,096
Camperdown	2,860	2,623	2,161	2,165	2,342
TOTALS	27,409	26,775	26,296	25,830	25,438

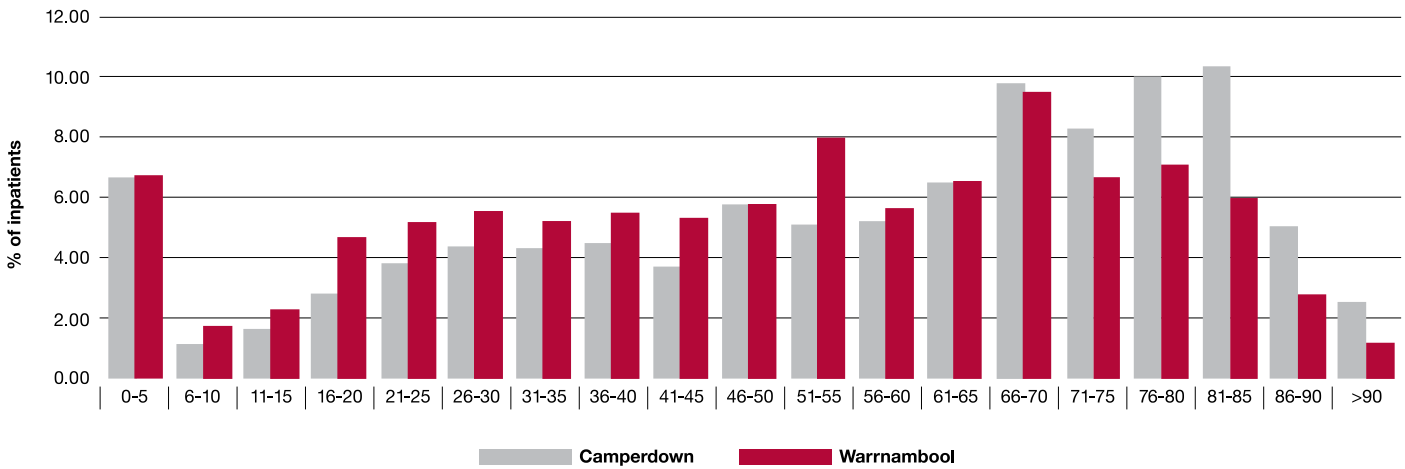
Where our 27,409 Emergency Department patients came from

In 2009-10 the majority of Emergency Department patients, not surprisingly, hailed from the Local Government Area in which the hospital they attended is located.

Patient's Residence	Warrnambool	Camperdown
Warrnambool	16,919	35
Moyne	3,907	106
Corangamite	1,359	2,495
Glenelg	281	10
Southern Grampians	166	3
Colac Otway	69	32
Rest of Victoria	1,385	146
SA	132	10
NSW	146	11
QLD	88	7
WA	47	2
ACT	10	1
NT	8	1
TAS	17	1
Overseas	3	0
No fixed address	12	0
Unknown	0	0
TOTALS	24,549	2,860

NOTE: Lismore Community Health figures are included in the Camperdown totals.

INPATIENTS BY AGE GROUP 2009-10



The age of our 19,500 inpatients

The 81-85 age group was the highest rating inpatient group at our Camperdown hospital, accounting for 10.3 per cent, followed by the 76-80 age group of 9.9 per cent and the 66-70 age group of 9.7 per cent. (In 2008-09 the 76-80 age group rated highest with 9.4 per cent, followed by the 66-70 age group with 8.8 per cent and the 71-75 age group with 8.2 per cent.)

The 66-70 age group was the highest rating inpatient group at our Warrnambool hospital accounting for 9.4 per cent, followed by the 51-55 age group at 7.9 per cent and the 76-80 age group at 7.0 per cent. (In 2008-09 the 51-55 and 66-70 age groups shared top spot on 8.5 per cent, followed by the 61-65 age group with 7.5 per cent and the 76-80 age group with 7.2 per cent.)

It is worth noting the 0-5 inpatient figures at both hospitals (6.7 per cent at Warrnambool and 6.6 per cent at Camperdown) include Midwifery Unit births while our Camperdown hospital figures do not include our aged-care Merindah Lodge residents.

SWH INPATIENTS x AGE GROUP 2009-10

Inpatient Ages	Warrnambool hospital		Camperdown hospital	
	Total	%	Total	%
0-5	1,178	6.65	118	6.58
6-10	296	1.67	19	1.06
11-15	393	2.22	28	1.56
16-20	817	4.61	49	2.73
21-25	905	5.11	67	3.74
26-30	970	5.48	77	4.29
31-35	911	5.15	76	4.24
36-40	960	5.42	79	4.41
41-45	930	5.25	65	3.63
46-50	1,011	5.71	102	5.69
51-55	1,400	7.91	90	5.02
56-60	987	5.58	92	5.13
61-65	1,146	6.47	115	6.41
66-70	1,666	9.41	174	9.70
71-75	1,168	6.6	147	8.20
76-80	1,242	7.02	178	9.93
81-85	1,046	5.91	184	10.26
86-90	481	2.72	89	4.96
>90	197	1.11	44	2.45
TOTALS	17,704	100	1,793	100

QUALITY MANAGEMENT

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“**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 staff of the Quality Unit.**”

Much was achieved during 2009-10 including:

- Maintaining accreditation with the Australian Council on Healthcare Standards at our recent organisation-wide survey (see Chairman and CEO's Report).
- 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.
- Achieving full compliance with the National Standards for Mental Health at our recent organisation-wide survey with 15 Extensive Achievement ratings (see Highlights).
- Maintaining accreditation with the Department of Health Services' Home and Community Care Program.
- Completion of Department of Health Emergency Department Redesign Project (see Research and Highlights).
- Commencement of Releasing Time to Care – Productive Ward projects (see Highlights and our 2010 Quality of Care Report).

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 2009-10 we excelled in quality service delivery:

- The 422 consumers 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 randomly selected group of patients who responded to the Department of Human Services' Victorian Patient Satisfaction Monitor (an external questionnaire that covers a range of questions relating to admission, complaints management, physical environment, general information and overall care) delivered an overall care index of 80 per cent. This is two points higher than the target set for the Category B hospitals' Care Index of 78.

There are 23 hospitals in this category. South West Healthcare consistently ranks among Victoria's top three rural regional facilities.



Staff who contributed to Merindah Lodge's well-deserved accreditation status: (from left) the aged care facility's Unit Secretary Maureen Bant and Nurses Donna Cannard and Cynthia Lucas. Photo courtesy of The Chronicle and photographer Helen Gaut.

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:

- 892 compliments were received in 2009. Another 249 were received during the first half of 2010.
- 154 complaints, in line with raised awareness, were received in 2009. This is nine less than in 2009. For the first half of 2010, 54 complaints were received.

Every complaint is monitored and actioned and is reported to the Quality Care Committee (see Corporate and Clinical Governance) and other management committees each month. Staff are also involved in monthly education with regard to managing complaints. Service improvements are 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 well below the expected Victoria wide timeframe response rate of 30 days. South West Healthcare aims, and on average succeeds, in responding 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 Corporate and Clinical Governance) seeking their advice and opinions on a range of topics that concern patient services.

In 2009-10 consumers were involved in the development of:

- Our award winning Quality of Care Report (see page 19).
- Patient information brochure review – all types of brochures available for patients were reviewed and changes made to bedside information.

- General hospital information for patients and families on topics including visiting hours, what to bring to hospital, locations of departments and parking facilities. This is reviewed annually with our Community Advisory Committee.
- Invitation extended to consumers to participate in working party meetings involving hospital services such as the Food Services Working Party.
- Invitation extended to consumers to participate in the external accreditation survey – meeting surveyors and telling their stories.

IMPROVING CLINICAL QUALITY

Full Marks For Accreditation

South West Healthcare has maintained its accreditation status:

- An external organisation-wide survey was conducted against the Australian Council on Healthcare Standards which ensures the organisation maintains its accreditation status until September 2012 (see Chairman and CEO's Report and Highlights).
- Recent support visits conducted by the Aged Care Standards Agency saw Merindah Lodge, our aged-care facility at Camperdown, maintain accreditation status until 2011 (see photo).

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 (Riskman) which then feeds a risk management plan to provide the Board of Directors and Executive with a risk profile for the entire organisation.

Recent changes include a review and update of the risk assessment tool staff use to assess all risks in their departments.

Our Risk Management was ranked an 'Extensive Achievement' at the recent organisation-wide survey by four external surveyors.

Clinical Risk Management: Patient Safety Comes First

Clinical risk management is the mainstay 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 staff have access to latest manuals which enables better and safer practice.

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

- 1,812 incidents were reported during 2009-10
- 1,795 incidents were reported during 2008-09
- 1,730 incidents were reported during 2007-08
- 1,424 incidents were reported during 2006-07

This increase has been brought about by:

- Raising staff awareness about the importance of reporting incidents and near misses.
- The convenience of 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 continue increasing the level of hand hygiene compliance for staff, patients and visitors in 2009-10. The simple act of hand washing reduces the risk of infection to patients. During the year our Infection Control Consultants and the Hand Hygiene Project Worker effectively increased the rate of compliance to 66 per cent (against the required target of 55 per cent).

Hand gel dispensers are now located at all hospital bedsides and hand hygiene stations around wards, in hospital corridors, at all hospital entrances, lifts and all clinical areas such as patient cubicles.

Clinical Guidelines

We continue 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. There were 2,021 guidelines accessed by clinical staff at South West Healthcare in March 2010, for example.

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 received an award for excellence at a function in Melbourne attended by the Premier and the Minister for Health (see Chairman and CEO'S Report and Highlights). Our 2009 report has again been shortlisted as a finalist.

RESEARCH

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

In 2009-10 the work of two employees was deservedly recognised on the research front:

- SWH Perioperative Education Clinical Facilitator Paula Foran was awarded the **2009 Johnson & Johnson Victorian Perioperative Nurses Group Research Scholarship** for her PhD research on the benefits of operating theatre experience for undergraduate nurses. She investigated 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. Her completed findings revealed undergraduate nurses who participated in a guided learning experience in the operating suite achieved a 77 per cent pass rate when tested on areas of pre and post operative nursing care, compared to a 56 per cent pass rate for those who did not.

Paula was also awarded the 2009 Deakin University-Health Super Excellence in Nursing Leadership (Rural) Award, following in the footsteps of SWH Redesigning Care Manager Leanne McCann who won the title a year earlier (see below).

- **Our prestigious 2009 SWH AEW Matthews Memorial Travelling Scholarship** was awarded to Psychiatric Services Division Primary Mental Health Team Leader Catriona Campbell. In November 2010 she will attend the 10th International Forum on Mood and Anxiety Disorders in Vienna. This conference will be supplemented with attendance at the Primary Care Live and Nurses Working in Clinics 2010 conferences in London. Her international study tour also includes time in Gloucestershire to revisit the team who developed the stress management course Catriona and her colleagues deliver at SW TAFE and SWH. This site visit will ensure course materials are current and further develop valuable international relationships.

Other international research in 2009-10 included:

- **Redesigning Health Care** by SWH Redesigning Health Care Manager Leanne McCann who used her 2008 Deakin University-Health Super Leadership in Nursing (Rural) Award grant to fund a two-week study tour of the United Kingdom. In July 2009 she visited a number of hospitals recognised for well-established redesign work to gain further insight into establishing this method of improvement. She also met with NHS Institute of Innovation and Improvement staff 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.



SWH Perioperative Education Clinical Facilitator Paula Foran (left) accepts one of two research awards she won in 2009-10 from Deakin University Head of School – Nursing and Midwifery, Professor Maxine Duke.

Returning to SWH, Leanne commenced the roll-out of the internationally successful Releasing Time to Care-Productive Ward program making our Warrnambool and Camperdown hospitals the first hospitals in Victoria to implement it and our Psychiatric Services Division the first mental health service in Australia to do the same (see Highlights).

- **Review of the Memphis Police Crisis Intervention Team** by SWH Psychiatric Services Division Director Caroline Byrne. This internationally-recognised team's training program assists police to deal more effectively and sensitively with people experiencing acute mental health difficulties. The 2010 review included a shift of challenging call-outs riding alongside a Memphis team member to observe interactions with the public and assist with managing these difficult situations.

National research included:

- **A Very Early Rehabilitation Trial (AVERT)** is a world-first, stroke-specific research project involving our nationally acclaimed interdisciplinary Stroke Team. This trial concentrates on very early rehabilitation (with a focus on mobility) versus standard care after stroke. A range of combined facts make AVERT an important study to undertake including evidence that stroke units reduce death and disability but little evidence about the factors responsible for this effect; the promotion of the concept of very early rehabilitation/mobilisation in a range of acute stroke guidelines with limited evidence; recognition that simple and widely applicable interventions to reduce the burden of stroke are needed; 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. One of 30 health services involved worldwide, our AVERT team has recruited six stroke survivors to participate.
- **Australian Stroke Clinical Registry (AusCR)** sees our Stroke Liaison Nurse Patrick Groot engaged in this nationwide stroke and TIA data collection process. The primary purpose is to collect information that will lead to a better understanding of clinical care and health outcomes, the development of interventions and policies to improve the quality and safety of stroke care delivery in Australia and the assessment of changes in clinical practice and health outcomes over time. In the future, AusCR may also provide a framework for other research.



Delighted with Primary Mental Health Team Leader Catriona Campbell's AEW Matthews Memorial Travelling Scholarship is her SWH Psychiatric Services Division colleagues Community Adult Mental Health Services Manager Nicholas Place, Staff Development Officer Janet Punch and Director Caroline Byrne.

- **Benefits of Operating Theatre Experience for Undergraduate Nurses** (see page 20).
- **Carer Perception of Cognitive Functioning in the Aged** by our Psychiatric Services Aged Persons' Mental Health Services in collaboration with Deakin University. This study was aimed at increasing the accuracy of cognitive screening in the elderly. It involved testing the cognitive functioning of 52 aged clients (aged 65 and above) with the comprehensive and recently-developed cognitive screen, NuCog. The nominated carer of the client was also interviewed with carer questionnaire CogRisk and the results of these questions compared directly with NuCog. The information provided by the carer was found to add accuracy and strength to the cognitive screen. The benefit of more accurate cognitive testing for the clients and family is that memory enhancing medication can be commenced to slow the progression of dementia. The advantage to the community is that this early detection of cognitive impairment and commencement of memory enhancers reduces the cost of caring for people with dementia.
- **Department of Health Victoria Review of Access to Emergency Surgery** saw SWH selected as the only regional health service of six Victorian health services to participate in research designed to advance understanding of emergency surgery. Site visits to our Warrnambool hospital operating theatres in December 2009 were conducted to develop a profile of existing models for emergency surgical services and identify issues and challenges impacting high quality, safe and timely emergency surgery. In addition, models of emergency surgery delivery interstate and overseas were reviewed and existing statewide data and health service level data examined. Our Perioperative Education Clinical Facilitator Paula Foran represents SWH on the Department of Human Services' Emergency Surgery Working Party.
- **Healthy Hearts**, our Community Health program aimed at addressing the higher-than-state-average rate of cardiovascular disease in men in our Corangamite and Warrnambool catchment areas, shows encouraging results. Data, co-analysed by Deakin University's Department of Rural Health, indicates participants reassessed three months after the program's end had statistically reduced their cardiovascular disease risk with significant improvement in systolic blood pressure measurements, weight, waist circumference, hip circumference, body fat measurement (BMI), total cholesterol levels and low density lipid levels.

Six months after, statistically significant improvements remained in weight, waist circumference, body fat measurements, systolic blood pressure and BMI and 12 months after, statistically significant improvements remained in waist and hip circumference. This indicates the 80+ Macarthur, Lismore, Camperdown and Warrnambool Community Health participants have made lifestyle modifications to reduce their risk of developing Type 2 Diabetes and cardiovascular disease. The challenge now is to motivate them to maintain these improvements long term.

- **Intervention for Depression among Palliative Care Patients and their Families: Training Program for Care Staff** sees SWH's Palliative Care Unit partnering with Deakin University researchers David Mellor and Tanya Davison to develop a new training manual to better equip palliative care workers in identifying inpatients at risk of, or experiencing, depression. Data collated from the interviews of recruited carers, staff and managers will lead to the development of an education package staff will be trained in, from August 2010. Follow up interviews with participating carers will be conducted in November. By March 2011 a three-month training post-test will have been conducted with staff and the control group. The research report will be written by Deakin in April 2011.
- **Utilising Outcome Measures in Public Mental Health** by SWH Psychiatric Services Division Psychologist Joy Atkins. This study evaluated a clinician training program to improve compliance with national outcome measures. The training program was developed in conjunction with consumers and clinicians in response to specific issues associated with the use of measures including lack of perceived worth, limited understanding about how the measures might be used and a sense that measures were more a bureaucratic than clinical tool. Following the training program, clinicians were more likely to perceive outcome measures as worthwhile and useful tools to use with consumers and were more likely to collect both clinician and client rated outcome measures post-training.

Published research for 2009-10:

- **Excellence in Regional Stroke Care: An Evaluation of the Implementation of a Stroke Care Unit in Regional Australia** was authored by SWH's Redesigning Care Manager Leanne McCann, Stroke Liaison Nurse Patrick Groot, Stroke Physician Chris Charnley and James Cook University Professor of Nursing – Tropical Health Anne Gardner. Published in August 2009 by the Australian Journal of Rural Health, this study demonstrated the introduction of formalised stroke care to a regional hospital resulted in improved compliance with key performance indicators and better patient outcomes. The results included improved timeliness of brain scans and assessments by multidisciplinary specialists (including care and discharge planning with patients/families), proving evidence-based specialised stroke care can be offered with confidence in regional populations.

EDUCATION AND TRAINING

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Nurses travelled from every corner of the region to learn from global expert on adverse events, Dr Michael Buist.

NURSING SERVICES

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

In 2009-10:

- ✓ 896 health professionals attended Continuing Nursing Education programs. This equates to 7,176 hours of education (not including orientation and updates)
- ✓ 117 new staff attended our Corporate Orientation program
- ✓ 209 nurses attended our Nursing Update educational program
- ✓ 1,875 education contact hours were provided to graduate nurses
- ✓ 6 registered volunteers attended computer training

Key initiatives for ongoing professional development included:

• Preceptorship and Mentoring education

The need to have skilled health professionals acting as mentors and preceptors for undergraduate students has become increasingly important as the demand for clinical placements grows. Nurses working in clinical areas need to have the skills required to supervise, educate and nurture future nurses while, at the same time, looking after patients – a challenging balance that our nurses manage extremely well.

In 2010 we brought nationally-renowned mentoring expert, the Australian Mentoring Centre's Gilly Johnson, to Warrnambool for an interactive preceptorship and mentoring workshop.

• Patient Deterioration education

Fully supporting the Australian Commission on Safety and Quality in Health Care's call to further educate health professionals in relation to recognising patient deterioration through accurate patient assessment, Nursing Education spearheaded the following:

- Implemented a database of all MET (Medical Emergency Team) calls reported on Riskman (our secure and confidential electronic repository of all SWH-based accidents and incidents), reviewed all related clinical documentation and established a working party to investigate measures for health professionals to respond more readily to the deteriorating patient.
- Funded three SWH Nurses to attend the two-day The Deteriorating Patient Conference held by Change Champions in Sydney.
- Brought to Warrnambool global expert on adverse events, Dr Michael Buist, to head-up a SWH Advanced Care Study Day focusing on recognition of the deteriorating patient (see photos).

• Clinical Simulations education

Our Basic Life educational initiative was expanded in February 2010 to include the staging of mock clinical scenarios in our Emergency Department. This exercise is proving valuable for participating staff from SWH and neighbouring regional hospitals including those at Port Fairy and Cobden.

- **Cultural Awareness education**

Our SWH Cultural Responsive Plan provides strategic direction to Nursing Education to ensure quality care is provided to patients with cultural and linguistically diverse (CALD) backgrounds. New staff are educated on the demographics of our local area and resources that are available for them when caring for CALD patients. The use of the interpreter service is also explained and is promoted to patients and their families through the use of a recognised sign.

Gender and Diversity education provided by SWH Warrnambool Community Health further explores issues around gender and diversity, participants' values and norms and how they can affect the way they interact with one another.

PSYCHIATRIC SERVICES

South West Healthcare's 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.



Organisers of the Advanced Care Study Day, SWH Nurse Teacher Sue Arderton (left) and Education Manager Jenice Smart, with Dr Buist.

In 2009-10:

- ✓ 119 staff participated in 2,558 hours of training
- ✓ An average 21.4 hours of training was provided to each staff member
- ✓ 13 staff attended orientation

Training included:

- **Predict, Assess & Respond To challenging/aggressive behaviour (PART)** by SWH's Psychiatric Services Staff Development Officer Janet Punch, Psychiatric Inpatient Unit Deputy Unit Manager Barry Rawlings and Programme Nurse Neil O'Brien and Deakin University/Greater Green Triangle Rural Medical School Clinical Skills Educator Ashley Zanker.
- **Applied suicide intervention skills training** by SWH's Psychiatric Services Primary Mental Health Team Clinician Kate Schlicht and Counselling & Support Services Social Worker Trish Norberg-Roberts.
- **Working with families and children** by statewide Families where a Parent has a Mental Illness Coordinator, Rose Cuff.
- **Motivational interviewing** by SWH Psychiatric Services Dual Diagnosis Clinician Mark Powell and Team Leader Fred Nittsjo.
- **Working with the complexities of Borderline Personality Disorder** by Spectrum's (statewide Personality Disorder Service of Victoria) Debbie Dick and Julian Browne.
- **Shared decision making in mental healthcare: A recovery & person centred approach** by American peak body, the Substance Abuse Mental Health Service Administration. SWH Psychiatric Services Director Caroline Byrne attended this during her US study tour in 2010 (see Research).

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 and 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 2009-10:

- ✓ 50 Community Health staff participated in 1,052 hours of training
- ✓ 11 Dental Services staff participated in 119 hours of training
- ✓ An average 21 hours of training was provided to each Community Health staff member
- ✓ An average 10 hours of training was provided to each Dental Services staff member
- ✓ 5 Community Health staff attended orientation

Training included:

- **Diabetes in our community** - a SWH Chronic Illness Programs education day highlighting SWH programs and services for diabetes clients across the continuum of care.
- **Diabetes: It's more than glucose control** by Diabetes Australia.

- **Gender and diversity training** by SWH Community Health's Women's Health Resource Worker Rochelle Hine.
- **Aboriginal health promotion short course** by Aboriginal Health Promotions and Chronic Care (AHPACC).
- **Girls on the go** by RMIT.
- **Motivational interviewing** by Clinical Nurse Consultant Darron Webber.
- **A framework for understanding poverty** by Social Solutions Managing Director Nairn Walker.
- **Introduction to health promotion** by SWH Community Health Quality and Health Promotion Program Manager Catherine Loria and SW PCP Health Promotion Officer Andrina Mitchell.
- **Flinders Model: chronic condition self-management** by SWH's Chronic Illness Programs Manager Janine Dureau-Finn and Chronic Illness Programs Self-Management Facilitator Laura Main.
- **Advanced wound care** by Wound Scope's Sandy Dean.

NON CLINICAL SERVICES

South West Healthcare's Human Resources department continues to provide educational opportunities for non clinical staff in all areas. More than 107 employees have now successfully completed Certificate III or higher qualifications.

In 2009-10:

- ✓ 31 employees graduated with a Certificate IV in Health Administration (SW TAFE) (see photo)
- ✓ 1 employee graduated with a Certificate III in Hospitality – Commercial Cookery (AVTES)
- ✓ 15 employees graduated with a Certificate IV in Front Line Management (SW TAFE)
- ✓ 23 employees commenced training in the following areas:
 - Certificate III in Electro Technology, Refrigeration & Air Conditioning (Box Hill TAFE)
 - Certificate III in Hospitality – Commercial Cookery (AVTES)
 - Certificate IV in Hospitality – Commercial Cookery (AVTES)
 - Certificate III in Dental Assisting (RMIT)
 - Certificate III in Hospital /Community Health Pharmacy Assistance (SW TAFE)
 - Certificate III in Sterilisation Services (Mayfield Education)
 - Certificate III in Transport & Logistics – Warehousing & Storage (Warrnambool Community College)
 - Certificate III in Retail Operations (AVTES)
 - Certificate II in Hospitality – School Based Traineeship (Westvic Group Training)
 - Advanced Diploma of Business Management – Human Resources (Gordon Institute)



SWH Student of the Year, Supplies Department Acting Assistant Manager Beth McGinley, with our other Warrnambool, Portland and Hamilton-based Certificate IV Health Administration graduates. Photo courtesy of The Extra and photographer Aaron Sawall. Our Camperdown and Lismore campuses' Cert IV Student of the Year was Camperdown Hospital Receptionist/Office Administrator Jan Chapman.

VOLUNTEER SERVICES

South West Healthcare's Volunteer Services oversees 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 2009-2010:

- ✓ 85 registered volunteers participated in 485 hours of training
- ✓ 40 registered palliative care volunteers each participated in 16 hours of training
- ✓ 45 volunteers each participated in OH&S training

Palliative care-specific training included:

- **Non-malignant disease and prognostic guidelines** by SWH Palliative Care Director Dr Eric Fairbank.
- **The fitting of prosthesis for breast cancer patients** by SWH Certified Fitter Coral Roberts.
- **Sharing insights from our own hands-on experience** by SWH Counselling and Support Services Bereavement Educator/Counsellor Bev Quinn and SWH Volunteer Services Coordinator Marita Thornton.
- **The role of the breast care nurse** by SWH McGrath Foundation Nurse/Palliative Care Unit Associate Unit Manager Rebecca Hay.

General training included:

- **OH&S** by SWH Environmental Safety and Security Manager Trevor Roberts.
- **Infection control** by SWH Infection Control Nurse Jenny Lukeis.



Named the best in Victoria, Psychiatric Services Division Director Caroline Byrne (front, third left) and some of her amazing team.

“We are extremely proud of the many achievements featured throughout this report which we encourage you to read at your leisure. For the time being however, here’s a snapshot of what we regard to be some of our very best work.”

MAJOR HIGHLIGHTS

- We treated a record 19,500 inpatients (a 3.3 per cent increase on 2008-09).
- We recorded a \$624,000 surplus (a \$1.3m turnaround on our 2008-09 deficit).
- We recorded our highest-ever Australian Council on Healthcare Standards’ accreditation results including our first-ever Outstanding Achievement rating.
- We future-proofed the region from the nation’s doctor drought by welcoming our first class of Deakin University School of Medicine students.
- We won an unheard-of fifth excellence award for our Quality of Care Report.

You can read more on each of these in our Chairman and CEO’s Report on pages 4-7.

Groundbreaking initiatives

In February 2010 South West Healthcare became the first Victorian health service and first Australian mental health inpatient unit to adopt an internationally revered initiative that’s freeing-up nurses so that more time can be spent, hands-on, with patients (see page 26, our 2010 Quality of Care Report and website story: Patients the winners of another SWH Victoria-first).

A perfect fit with our strategic direction goals, SWH Redesigning Health Care Manager Leanne McCann assessed the Releasing Time to Care (RTTC) model while on her UK study tour in July 2009 (see Research).

By the time our new \$115 million Warrnambool Base Hospital opens in May 2011, the 24 frontline staff we’ve trained as RTTC Improvement Facilitators will have helped implement the program at our Warrnambool and Camperdown campuses. Leanne, meantime, will continue to collect and analyse baseline data to help guide priority areas in our bid to achieve a minimum 60 per cent increase in direct patient care.



Testimony to the hard work of our entire workforce, Health Department Secretary Fran Thorn (left) presents SWH Quality Manager Karen Harrison and SWH Director of Nursing Sue Morrison with our fifth Quality of Care Report excellence award.



We're the first Victorian health service and first Australian mental health inpatient unit to adopt the international Releasing Time to Care (RTTC) initiative. RTTC Master Trainer Marion Dixon (left) travelled to Australia to train SWH frontline staff including Acute Unit Manager Jill Hallinan and Redesigning Health Care Manager Leanne McCann. Photo courtesy of The Standard and photographer Damian White.

Our innovative Enhancing Practice Program, meanwhile, has led to 25 person centred care initiatives. The latest include:

- The development of a Discharge Planning Guide for Nurses; a patient brochure promoting our Rehabilitation Unit services and a patient brochure, book mark and poster promoting our Hand Massage Service.
- A review of post-discharge personal alarm systems for patients; the pathway for our palliative care patients and our Counselling and Support Services (CASS) clients and our Personal Passport initiative.

Our Psychiatric Services are Victoria's best

In 2009-10 our Psychiatric Services Division (see photo page 25) maintained its position as regional Victoria's best public mental health service and was most-often ranked number-one for the entire state.

It received winning scores from the government for admitting consumers to a hospital bed within eight hours; reducing rates of seclusion; lowering readmission rates and increasing levels of care, pre and post admission. It then received its first-ever accreditation-rated Excellent Achievement (EA) results. Fifteen of them, in fact.

The stars of our acclaimed STARbeat choir with choir mistress, Psychiatric Services Division Participation Support Officer Brooke Williamson.



At the independent accreditation summation (see Chairman and CEO's Report), the Australian Council on Healthcare Standards' lead mental health surveyor described the service as superior, its performance as exceptional, and its best feature as its commitment to consumer participation. Its staff development program was labelled as 'leading the pack'.

The service also made history by becoming the first Australian mental health inpatient unit to adopt the above-mentioned Releasing Time To Care initiative.

On top of our history-making Quality of Care Report award we had many other initiatives and employees publicly recognised for excellence in 2009-10:

- SWH Perioperative Education Clinical Facilitator Paula Foran won both the 2009 Deakin University–Health Super Excellence in Nursing Leadership (Rural) Award and the 2009 Johnson & Johnson Victorian Perioperative Nurses Group Research Scholarship (see Research).
- SWH Wound Management Nurse Practitioner Terry Swanson was admitted as a Fellow of the Australian Wound Management Association (see website story: SWH nurse practitioner internationally recognised).
- Our 2009 Annual Report earned an Australasian Reporting Award for Excellence.
- STARbeat, our Psychiatric Services Division choir, was a finalist of the Western District Employment Access Social Inclusion and Collaboration Awards (see photo and website story: STARbeat's star shines bright).

We publicly recognised the outstanding achievements of staff, volunteers, donors and life governors by holding formal celebrations for:

- 138 recipients of Staff Service Awards (see photo page 27).
- 12 recipients of Volunteer Service Awards.
- 31 Certificate IV in Health Administration graduates (see Education and Training).
- 3 Life Governorship recipients (see Life Governors).
- The members of both our Warrnambool Ladies Auxiliary and Woolsthorpe Auxiliary for their 50 years voluntary service (see Chairman and CEO's Report).



Two special ceremonies were held in 2009-10 to recognise the 138 staff who have given 10 to 40 years service to SWH, including this 35-year group: (from left) Food Services Chef John Malseed, Psychiatric Services Division Screening Enhancement Worker James Smith, Acute Psychiatric Inpatient Unit Deputy Unit Manager Gary Struth, Emergency Department Associate Unit Manager Lynn Gardiner and Clinical Coordinator Evelyn Smith with Board Chairman Sharon Muldoon. Absent is a sixth 35-year staff member, Acute Psychiatric Inpatient Unit Deputy Unit Manager Stephen Kelly. Meantime two Merinda Lodge employees recorded 40 years service: Nurse Carole Manifold (photo page 3) and Associate Unit Manager Margaret Wickham.

Our Psychiatric Services Division joined 17,000 other people around the globe to condemn racism and celebrate multiculturalism. Sharing curries and countries at this Vindaloo Against Violence event is Catriona Campbell and India Gate restaurant owner Isaac Samuel. Photo courtesy of The Standard and photographer Leanne Pickett.

The SWH Stroke Team in training for the 2010 national whaleboat titles: (from left) Environmental Services' Corey O'Connor, Medical Services Coordinator Peter Martin, Nursing Education Clinical Facilitator Ashley Zanker, Stroke Liaison Nurse Patrick Groot, Chief Physiotherapist Bore Hoekstra and recently retired Linen Services worker Colin McDonald. Absent is Withdrawal & Support Service Nurse Carl McMeel and team manager Counselling and Support Services' Larry Abrahams.

Our 1,159 staff also did us proud by – in their own time – raising money and community awareness to help us care for the people in our 10,323 square kilometre catchment area by:

- Donating \$113,483 to help pay for otherwise unaffordable medical equipment and capital works projects (see Donors).
- Donating enough blood by Christmas-time to have helped save the lives of 432 road trauma survivors; cancer, burns and haemophilia patients and critically ill unborn babies. Our SWH Club Red members also answered the urgent call for blood in the lead-up to the 2010 Queens Birthday weekend.
- Raising awareness of our region's biggest killer, stroke, by entering our SWH Stroke Team in the 2010 national whaleboat racing championships. Competing against 50 other teams, including some from the US, we came fourth in the open men's (see photo and website story: SWH's Stroke Team takes to the water).

During this 12-month period we also:

- Provided 125 medical, nursing, psychiatric, allied health and community health services (see Services).
- Led six, and participated in another four, nationally significant research projects (see Research).
- Participated in 24 community awareness campaigns (see Sharing Our Knowledge).
- Raised more money than ever before via donations and events (see Donors).
- Established the Joan Cockayne Palliative Care Scholarship to allow SWH staff and volunteers to further their palliative care studies.

Our commitment to responsible business practices resulted in some tremendous environmental initiatives and achievements, including:

- Our non-mandatory efforts were rewarded with Waste Wise recertification by Sustainability Victoria. Its assessors were particularly impressed with our reduction in waste management costs via the establishment of green-waste collection initiatives and other continuous improvement measures for reducing, re-using and recycling.

Celebrating our multicultural communities and workforce, we:

- Joined the worldwide Vindaloo Against Violence campaign for a public display of solidarity against racism by dining en masse at Warrnambool's Indian restaurant (see photo and website story: Sharing curries and countries).
- Our Food Services staff, with the support of the organisation's Cultural Diversity Committee, again served international dishes on National Harmony Day 2010. This event celebrated the rich heritage of our 1,159 strong workforce which, at last count, consisted of people born in Australia, Belgium, Canada, India, Ireland, Italy, the Netherlands, New Zealand, Norway, the Phillipines, Scotland, South Africa and Sri Lanka. Between us, we speak Afrikaans, Bengali, Dutch, English, Flemish, French, Gaelic, Hindi, Italian, Kannada, Malaysian, Maori, Norwegian, Sinhalese, Spanish, Tagalog, Tamil and Telugu.
- Held our third NAIDOC celebrations and provided first-aid volunteers for the Tararer Festival, one of the region's most significant annual events for promoting reconciliation.

And where we could, without affecting our own vital fundraising needs, we helped other people with theirs:

- We supported veteran cyclist Ian Turner to fundraise for two local children seriously injured in a 2009 bus accident by providing collection tins.
- 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.
- We held a Christmas Market for not-for-profit organisations including OXFAM, St John of God Auxiliary and Warrnambool Chaplaincy.
- We allowed some non-SWH fundraising to be held onsite, such as the RSL's Remembrance Day Poppy Appeal, Daffodil Day, Relay for Life, Legacy, Biggest Morning Tea and Movember.
- Our Supply Department supported the work of Landcare Australia by donating the proceeds of recycled toner cartridges.



SHARING OUR KNOWLEDGE



Ride to Work Day 2009 saw our Counselling and Support Services' Shane Storer (left) and Larry Abrahams take our green-friendly electric bike for its maiden run (see website story: SS ABRAHAMS joins SWH fleet).

“During 2009-10 South West Healthcare shared its best practice expertise with hundreds of delegates attending state, national and international conferences.”

(We suggest you also read our Research section of this report.)

We held nationally-significant events of our own and presented at those of others, including:

- **SWH's 2010 Lactation mysteries revealed**, the two-day/two-yearly educational event of our Midwifery Unit, saw 220 Australian health professionals hearing the latest on the likes of Contraception and the breastfeeding woman; How cuddles work: The mechanism of loving arms; Breastfeeding beyond babyhood and Doctors' breastfeeding attitudes and knowledge.
- **The value of operating room experience for surgical nursing** (see Research) by SWH Perioperative Education Clinical Facilitator Paula Foran at the Dynamic & Diversity of Nursing Art & Science 3rd World Conference, Thailand, and the Australian College of Operating Room Nurses National Conference.
- **Both sides of the story** by Psychiatric Services Division Service Development and Support Unit Manager Jodi Bateman and Consumer Consultant Eila Lyon. The findings of their Evaluating the Effectiveness of Participation in Health research grant were presented at a number of conferences including the Department of Health's Participate in Health Conference and Make Measures Matter conference, Victoria University's My Story Matters and Community Southwest's Towards 2020 Collaboration: Doing it Better.
- **Opportunities to strengthen and sustain partnerships** by SWH Chronic Illness Programs Manager Janine Dureau-Finn and Chronic Disease Early Intervention Coordinator Laura Main at the 4th biennial Victorian Rural Health Conference. The conference focused on opportunities and challenges associated with building a high quality and sustainable rural health system in Victoria.
- **Connected and collaborative care** by SWH Stroke Liaison Nurse Patrick Groot and Western District Health Services Deputy Director of Nursing Bronwyn Roberts at the inaugural Australasian Clinical Networks Conference, Network to Network 2010.
- **A model for supporting rural dual diagnosis clinicians using electronic and face-to-face mediums** by SWH Psychiatric Services Division Dual Diagnosis Clinician Mark Powell. This paper, presented at the Collaborative Psychiatric Nursing Conference, discussed the successful handling of tyranny-of-distance issues that have earned the Victorian Dual Diagnosis Initiative Rural Forum the reputation as a leader of change. Delivering service to 96 per cent of Victoria, the Forum's ten rural dual diagnosis clinicians support each other via unique applications of modern technology that provide peer supervision and regular meeting opportunities.
- **SWH'S Longer Stay Older Persons initiatives** by SWH LSOP Project Worker Andrea Janes at the DHS Symposium and the Cross-Regional LSOP Symposium. The Council on the Ageing also showcased these initiatives at the International Federation on Ageing Conference.
- **Family friend or blow in: Offering a visiting social work service in rural centres in Victoria** by SWH SW CASA Coordinator Helen Wilson and La Trobe University's Dr John McCormack at the 9th Biennial National Rural Remote Social Work Conference.
- **Appropriate use of dressings** by SWH Wound Management Nurse Practitioner Terry Swanson at the Seeds of Knowledge: Wound Infection Forum.
- **Spreading the word about Manifold Place services** by SWH Manifold Place Manager Sandra Poole. Presented to service club including Cobden Probus and Cobden and Camperdown's St Vincents.
- **Responding to sexual assault** by SWH SW CASA Coordinator Helen Wilson at the Victorian Women's Lawyers Association and to a range of other groups including school nurses, residential care workers and SWH Psychiatric Services Division workers.
- **Drug and alcohol issues in practice – links, supports and everything else** by SWH Psychiatric Services Division Dual Diagnosis Clinician Mark Powell. This discussion paper was presented to the Australian College of Mental Health Nurses Private Practice Special Interest Group.
- **The courage to care** by SWH Perioperative Education Clinical Facilitator Paula Foran at the Victorian Perioperative Nurses Group State Conference.
- **The value of guided practice** by SWH Perioperative Education Clinical Facilitator Paula Foran at Deakin University's Faculty of Arts & Education Doctoral Summer School.
- **Scrapes, scratches and healing: Diabetes and wound management** by SWH Wound Management Nurse Practitioner Terry Swanson at the Diabetes Association Public Forum.
- **Regional perspectives of the Victorian Stroke Clinical Network** by SWH Stroke Liaison Nurse Patrick Groot at the Australasian Neuroscience Nurses Association Victoria Stroke Seminar.



SWH Community Health Women's Health Resource Worker Rochelle Hine (right) worked tirelessly for the safety of local women in 2009-10. She's at this Violence Against Women community awareness activity with Liz O'Connor (left) and Tegan Russell. Photo courtesy of The Extra and photographer Aaron Sawall.

- **Modern wound management** by SWH Wound Management Nurse Practitioner Terry Swanson at the Otway Division of General Practice Primary Care Conference.

We also shared our expertise by:

- Our SW Centre Against Sexual Assault speaking to 710 students at eight schools from Balmoral to Terang on sexual assault and drink-spiking; visiting four primary schools from Dartmoor to Koroit to deliver the Three Kinds of Touches program to 303 students; participating in the evaluation of sexual assault reform, and updating and distributing a Guide to Female Practitioners in South West Victoria.
- 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 staff to promote health-sector careers in dentistry, occupational therapy, physiotherapy, psychology, nutrition, social work, speech therapy, podiatry, health information management and nursing by facilitating a strong work experience program with all local secondary schools (allowing Years 10, 11 and 12 students to complete a week's work with us); facilitating one to 12-week clinical placements of university students in their chosen discipline/profession, and presenting at various forums and information sessions on health sector roles and careers.
- Delivering our annual Wound Seminar & Trade Exhibition.
- SWH Wound Management Nurse Practitioner Terry Swanson representing Victoria on the national panel for the Australian Commission on Safety and Quality in Healthcare to develop a safety standard on the prevention and management of pressure ulcers, and participating on expert panels for the Nurses Board of Victoria, Curtin University's Wound Management Evidence Summaries and the DHS Advisory Group for the Victorian Wound Management Project.
- SWH Perioperative Education Clinical Facilitator Paula Foran representing Victoria on the DHS Emergency Surgery Working Party that's reviewing access to emergency surgery in Victoria and Endoscopy Working Party that's reviewing endoscopic services.

- SWH Chronic Illness Programs Manager Janine Dureau-Finn participating in SW PCP's Chronic Disease Network of regional health professionals.
- SWH Psychiatric Services Division's Early Intervention and Dual Diagnosis Team Leader Jodi Radley educating 400 Headspace, drug and alcohol services workers, GPs, teachers, police and private practitioners on engaging and screening young people for mental health and substance use issues; she and Dual Diagnosis Clinician Mark Powell training 50 local psychiatric disability support services and Brophy Family & Youth Services workers in motivational interviewing, an intervention technique for assisting people to change; she and Clinical Director Dr James Blacket training 25 GPs in the assessment and treatment of anxiety and depressions through the Beyond Blue Young Minds program; and Dr Blacket and Addiction Physician Dr Roger Brough conducting the Can Do program for GPs, primary health providers and schools in the engagement, assessment and management of young people with substance use, including working with the family.

OUR COMMUNITY AWARENESS CAMPAIGNS

Our education and training program extended way beyond the walls of our campuses in 2009-10 when we helped spread the word of 24 community awareness campaigns:

- A Taste of Harmony – Food Services and Cultural Diversity Committee
- Biggest Morning Tea – Lismore Community Health
- Diabetes Awareness Day – Manifold Place
- Community and Christmas – Manifold Place and Warrnambool Emergency Department
- Close the Gap: Demand Indigenous Health Equality – Warrnambool Community Health
- Elephant in the Room: Wound Awareness Week – Allied Health
- Field of Women - Community Palliative Care
- Girls Nite In – Manifold Place
- Give it a Go Week – Lismore Community Health
- Healthy Eating Day – Lismore Community Health and Manifold Place
- International Women's Day – Warrnambool Community Health
- Indigenous Mini Games – Warrnambool Community Health
- Know your Numbers – Stroke Unit
- Living with Cancer – Manifold Place
- Mental Health Week – Psychiatric Services
- NAIDOC Week – Warrnambool Community Health
- Name it, Voice it, Walk it, Stamp it out: Community Safety Walk – Warrnambool Community Health (see photo)
- Pint Ribbon Breakfast – Lismore Community Health
- Reclaim the Night – Warrnambool Community Health
- Ride to Work Day – Allied Health (see photo)
- Smiles4Miles – Manifold Place and Lismore Community Health
- Stress Out Day – Manifold Place
- Stroke Awareness Week – Stroke Unit and Lismore Community Health
- Vindaloo Against Violence – Psychiatric Services (see Highlights)
- Violence Against Women – Warrnambool Community Health
- Walktober – Lismore Community Health
- World COPD Day (Lung Health Awareness Month) – Warrnambool Community Health
- Zest for Life – Psychiatric Services

OCCUPATIONAL HEALTH AND SAFETY

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“With a continued focus on risk management, staff health and wellbeing, and safety and security, two senior managers oversee the occupational health and safety (OH&S) of our employees.”

Staff Health & Wellbeing Manager Amy Hilton is primarily responsible for the ongoing development and maintenance of staff health, wellbeing, return to work and safety programs including incident/accident prevention, injury and compensations claims management, rehabilitation and employee assistance programs.

Safety & Security Manager Trevor Roberts' role is primarily focused on providing assistance to managers and staff in relation to safety, security and risk management including provision of policies, safe work procedures and information, security of staff and assets, staff training to meet compliance with the O&HS Act (2004) and other relevant legislation and codes of practice.

Significant outcomes were recorded in 2009-10:

- Decrease in average claims cost from \$60,809 to \$14,683
- Improved performance rating from 0.856895 to 0.697435
- Decrease in number of claims per \$1m of remuneration from 0.24 to 0.17
- Decrease in claims cost per \$1m of remuneration from \$14,371 to \$2,455
- Improved claims cost rate from 1.44 per cent to 0.25 per cent
- Decrease in number of standard claims from 12 to 9
- Development and roll out of online Fire and Emergency Response Training
- 94 per cent of staff completed Fire and Emergency Response Training
- 31 staff completed nationally recognised Emergency Warden and Fire Fighting training at the CFA Training Headquarters in Penshurst
- Implementation of an OH&S Guideline for staff working offsite (in the community) on days of elevated fire danger
- Completion of action plan from an external Security Audit resulted in significant security improvements at all campuses
- 56 departments conducted monthly OH&S inspections with 99 per cent compliance
- Dramatic decrease in people smoking outside Warrnambool hospital main entrance due to introduction of a closed circuit camera and recorded voice announcement educating visitors about our No Smoking Policy
- Numerous on-the-ground OH&S improvements made as a result of targeted inspections and a continuous focus on OH&S by all staff



Val Santos (left) and Martin Trevan are part of our Biomedical Engineering Services that helps keep patients and workers at our SWH campuses safe by servicing hundreds of pieces of medical equipment each year. They also provide this technical support to a wide range of health professionals working in other public and private hospitals, private and government organisations and private businesses throughout the region.

Staff Gender & Employment Status

	June 2010	June 2009	June 2008	June 2007	June 2006
Female					
Full Time	223	222	218	234	227
Part Time	611	590	564	540	517
Casual	108	92	110	86	96
(Sub Total)	942	904	892	860	840
Male					
Full Time	158	167	163	157	150
Part Time	47	41	45	44	45
Casual	12	16	13	9	8
(Sub Total)	217	224	221	210	203
TOTAL	1,159	1,128	1,113	1,070	1,043

Staff Numbers (Full Time Equivalent/FTE)

Full Time Equivalent	June 2010	June 2009	June 2008	June 2007	June 2006
Administration/Clerical	116.69	117.30	124.30	120.62	115.74
Ancillary Support	93.49	99.81	91.57	91.05	**
Hotel/Allied Services	126.58	126.00	123.62	125.20	128.31
Medical	35.09	32.36	31.35	28.47	32.96
Medical Support	41.86	40.35	31.64	27.92	109.20
Nursing	425.15	413.53	403.22	383.58	374.64
TOTAL	838.86	829.35	805.70	776.84	760.85

**Included in Medical Support prior to 2007

WorkCover: Hours Lost & Claims

Hours lost to injury & illness	2009/2010	2008/2009	2007/2008	2006/2007	2005/2006
WARRNAMBOOL CAMPUS					
Acute Services					
Nursing	2,776	2,478	1,244	1,272	2,316
Support Services/Administration	5,148	3,619	3,440	3,838	3,327
Medical/Allied Health	3,300	2,705	1,976	1,976	2,080
Psychiatric Services	276	1,891	1,954	426	1,422
LINEN SERVICE	0	0	1,976	1,976	1,984
CAMPERDOWN CAMPUS					
Nursing	0	0	24	312	0
Support Services/Administration	0	0	103	0	152
Medical/Allied Health	0	0	0	0	0
LISMORE CAMPUS	0	168	0	0	0
MACARTHUR CAMPUS	0	0	0	0	0
TOTAL	11,500	10,861	10,717	9,800	11,281

Number of new 'Standard' Claims	2009/2010	2008/2009	2007/2008	2006/2007	2005/2006
WARRNAMBOOL CAMPUS					
Acute Services					
Nursing	5	8	7	6	7
Support Services/Administration	2	3	0	1	1
Medical/Allied Health	1	0	0	1	0
Psychiatric Services	1	0	0	0	6
LINEN SERVICE	0	0	0	0	0
CAMPERDOWN CAMPUS					
Nursing	0	0	0	2	1
Support Services/Administration	0	0	1	0	0
Medical/Allied Health	0	0	0	0	0
LISMORE CAMPUS	0	1	0	0	0
MACARTHUR CAMPUS	0	0	0	0	0
TOTAL	9	12	8	10	15

CORPORATE AND CLINICAL GOVERNANCE

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Sharon Muldoon

Felicity Melican

Chris Logan

Steve Callaghan

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 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 2009-10:

- There was one vacancy on the board
- The Board of Directors met 11 times

Chairman SHARON MULDOON

Macarthur

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

Appointed Member October 2000
Board Executive (Chair);
Financial Performance, Audit and Risk;
Medical Appointments (Chair), Multidisciplinary
Ethics 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
CA, Bach Business (Accg), Grad Dip Ed (Secondary)

Appointed Member November 2002
Board Executive; Financial Performance,
Audit and Risk; Quality Care and Human
Resources Committees; Project Control Group
Attendance 6 of 9 (67%) board meetings

Deputy Vice Chairman CHRIS LOGAN

Camperdown

Community Relations Advisor – Origin
Grad Cert Bus Admin (Deakin), MBA

Appointed Member November 2004
Board Executive; Quality Care; Financial
Performance, Audit and Risk; Medical
Appointments and Human Resources
Committees
Attendance 10 of 11 (91%) board meetings



Mary Alexander

Francis Broekman

Jeff Cole

John Maher

Russell Worland

Chairman of Finance Committee
STEVE CALLAGHAN

Warrnambool

Dealer Principal – Callaghan Motors
Bach Business (Accg)

Appointed Member November 2005
Board Executive; Financial Performance,
Audit and Risk (Chair) and Human Resources
Committees

Attendance 8 of 11 (73%) board meetings

MARY ALEXANDER

Camperdown

Journalist – The Standard, Partner – Dairy Farming Business

Appointed Member November 2004
Multidisciplinary Ethics (Chair), Quality Care
and Medical Appointments Committees

Attendance 10 of 10 (100%) board meetings

FRANCIS BROEKMAN

Warrnambool

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

Appointed Member November 2003
Financial Performance, Audit and Risk and
Quality Care Committees; Project Control
Group

Attendance 7 of 10 (70%) board meetings

JEFF COLE

Warrnambool

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

Appointed Member July 2008
Financial Performance, Audit and Risk;
Quality Care and Medical Appointments
Committees

Attendance 7 of 11 (64%) board meetings

JOHN MAHER

Camperdown

Retired Senior Executive – Australia Post

Appointed Member November 2006
Financial Performance, Audit and Risk;
Quality Care (Chair), Medical Appointments
and Human Resources Committees

Attendance 10 of 11 (91%) board meetings

RUSSELL WORLAND

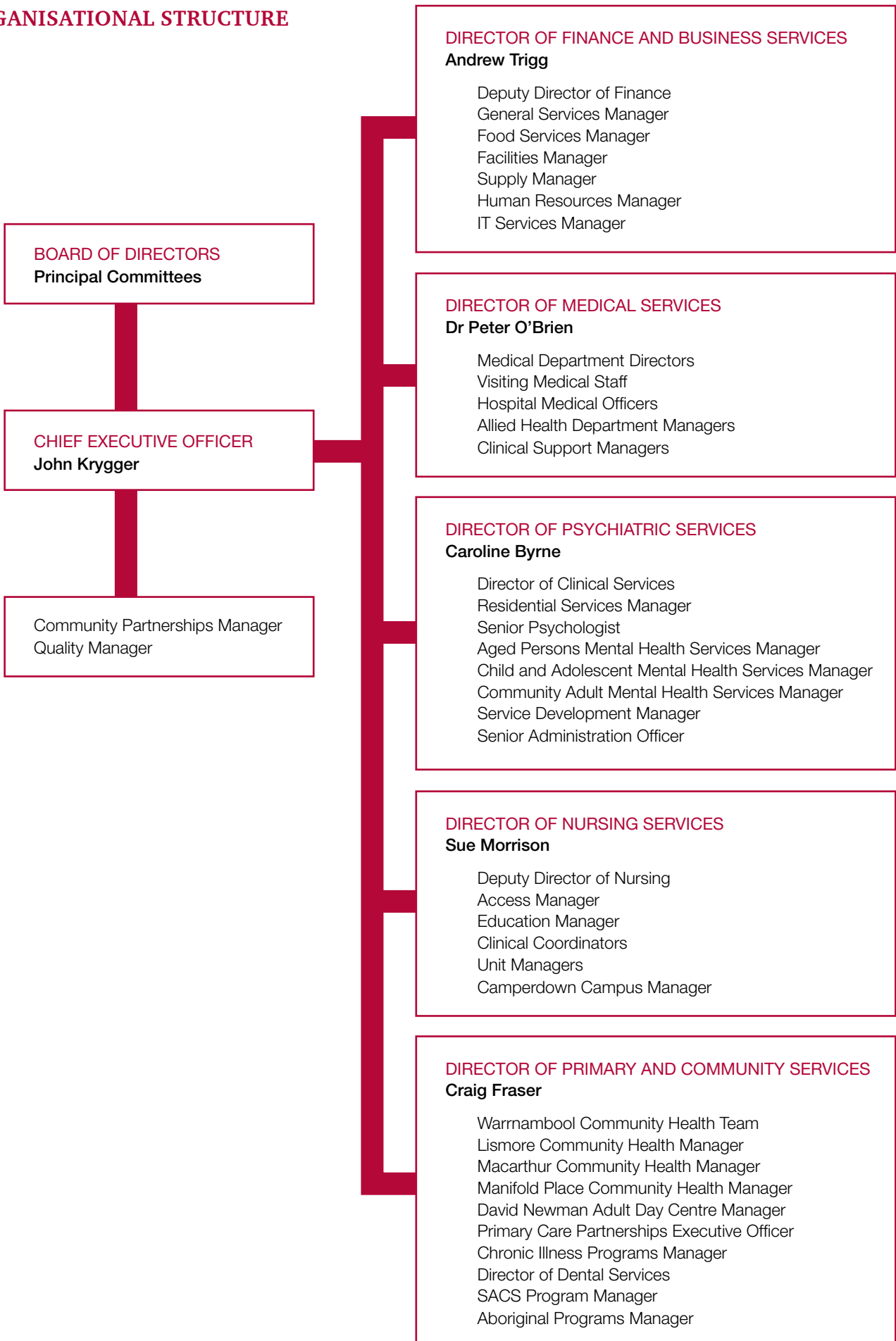
Warrnambool

Consultant – Watertight Pty Ltd
Dip Public Admin (Local Government), CM

Appointed Member July 2008
Project Control Group (Chair)

Attendance 10 of 10 (100%) board meetings

ORGANISATIONAL STRUCTURE



BOARD OF DIRECTORS
Principal Committees

CHIEF EXECUTIVE OFFICER
John Krygger

Community Partnerships Manager
Quality Manager

DIRECTOR OF FINANCE AND BUSINESS SERVICES
Andrew Trigg

Deputy Director of Finance
General Services Manager
Food Services Manager
Facilities Manager
Supply Manager
Human Resources Manager
IT Services Manager

DIRECTOR OF MEDICAL SERVICES
Dr Peter O'Brien

Medical Department Directors
Visiting Medical Staff
Hospital Medical Officers
Allied Health Department Managers
Clinical Support Managers

DIRECTOR OF PSYCHIATRIC SERVICES
Caroline Byrne

Director of Clinical Services
Residential Services Manager
Senior Psychologist
Aged Persons Mental Health Services Manager
Child and Adolescent Mental Health Services Manager
Community Adult Mental Health Services Manager
Service Development Manager
Senior Administration Officer

DIRECTOR OF NURSING SERVICES
Sue Morrison

Deputy Director of Nursing
Access Manager
Education Manager
Clinical Coordinators
Unit Managers
Camperdown Campus Manager

DIRECTOR OF PRIMARY AND COMMUNITY SERVICES
Craig Fraser

Warrnambool Community Health Team
Lismore Community Health Manager
Macarthur Community Health Manager
Manifold Place Community Health Manager
David Newman Adult Day Centre Manager
Primary Care Partnerships Executive Officer
Chronic Illness Programs Manager
Director of Dental Services
SACS Program Manager
Aboriginal Programs Manager



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, AFACHSM CHE, AIM

John has over 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 15 years, he was appointed to his current position in 2003. A member of a number of statewide advisory committees and networks, John has a strong commitment to regional health services with a particular interest in health facility design and the effect this has on the patient experience.

SUE MORRISON Director of Nursing Services

RN, MBA (USQ), MHA (UNSW), BN, Dip Nursing, Cert of Computer Business Applications, FRCNA, AFACHSM 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 13 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

MBBS, Dip Obst RACOG, MHA, AFACHSM CHE, FRACMA, FACRRM

Peter has headed up our medical services for the past 15 years. 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, the Deakin University School of Medicine Academic Advisory Board and the Department of Health and Clinical Engagement Advisory Group. This year he was appointed Clinical Associate Professor of the Deakin Clinical School.

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 34 years ago. Working in a range of mental health and substance use services in both community-based agencies and hospital settings, she made the transition to senior management in 1990 before joining South West Healthcare in 2004. Committed to improving service access and continuity of care for people experiencing mental health difficulties in the southwest, and to reducing the stigma associated with having a mental illness, her Psychiatric Services Division consistently ranks in the top three of the Victorian Department of Health's mental health services and is most often benchmarked as the leader in key quality indicators. Caroline's dedication to these causes has earned her a Department of Health Victorian Travelling Fellowship and national recognition in the Who's Who of Australian Women.

ANDREW TRIGG Director of Finance and Business Services

BComm (Accounting/Finance), AHSFMA, ASA

Andrew has worked in the Victorian public health sector for 25 years, joining South West Healthcare in 2005. He has held positions at executive management level for the past 15 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 onsite primary and community health division for the past five years. During this time he has aligned the organisation's multiple community health sites, established Warrnambool Community Health and developed new chronic illness, sub-acute and Aboriginal services. Prior to this he spent a decade managing allied health programs and initiatives at Melbourne's Alfred Hospital before becoming executive officer of South West Primary Care Partnership.

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 2009-10.

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 2009-10.

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 twice in 2009-10.

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



SWH's Healthy Active South West Project Officer Mardi Nestor (left) and Manifold Place Health Promotion Officer Katie McKean promote healthier food choices in Camperdown.

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 eight times in 2009-10.

Members: SWH Board Directors John Maher (Chair), Mary Alexander, Jeff Cole 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 Rod Jubb 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 2009-10.

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 Clinical Facilitator Paula Foran; 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 progress against these goals. It also 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 2009-10.

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 2009-10.

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, Director of Nursing Sue Morrison and Facilities Manager Wayne Hall.

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 2009-10.

Members: SWH Director of Nursing Sue Morrison, Deputy Director of Nursing Karen McKinnon, Quality Manager Karen Harrison, Health Information Project Worker Janet Sherritt; community representatives Moira Baulch, Marjorie Crothers, Gillian Davey, Julie Hoare, Linda Holland, Bill Malseed, Alex McBurnie, Keith McKenzie, Prue Neale, Liz Groot and David Russell.



Tanya Debono and her photographs that featured in our local Aboriginal Women's Healing Group, the Nardu Girls, Coming Together exhibition. This initiative was one of many success stories for our Warrnambool Community Health Aboriginal Health Promotion and Chronic Care program in 2009-10, in collaboration with Warrnambool City Council Family Services and Kirrae Aboriginal Health Services.

VOLUNTEERS

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“Our army of volunteers swelled another 12.2 per cent this financial year when 323 local people generously donated their time, energy and expertise to assisting 44 programs at eight South West Healthcare sites.”

The Australian Bureau of Statistics' Earnings Estimates (November 2009) consider a volunteer's per-hour value to be worth \$25.49.

WHERE OUR VOLUNTEERS HELP

SWH Campus/Site	Volunteers 2009-10	Volunteers 2008-09	Volunteers 2007-08	Volunteers 2006-07
Warrnambool hospital	112	112	103	103
Camperdown hospital	100	82	81	70
Warrnambool CH	14	4	2	2
Manifold Place (Camperdown CH)	5	5	5	5
Lismore CH	18	20	20	20
Macarthur CH	38	33	38	35
Merindah Lodge	17	17	16	13
David Newman Adult Day Care Centre	19	16	15	12
TOTAL	323	288	279	260



Manifold Place National Diabetes Services Scheme volunteers, Pam Redgewell (left) and Judy Carpenter, distribute lifesaving supplies to Camperdown and district diabetes clients. Photo courtesy of The Chronicle and photographer Helen Gaut.

HOW OUR VOLUNTEERS HELP

@ Warrnambool

At our Warrnambool hospital 70 volunteers participate in 28 onsite programs. They help out in services including the Supply Department, Library, Pharmacy, Ostomy and Hospital to Home Discharge Service. There's also Pre Admission Clinic guides, rehabilitation patient escorts, onsite raffle-ticket sellers and volunteer involvement with photo-copying, collating, collecting ice and much, much more on an 'on call' basis each week-day morning. Others help patients at mealtimes, with music therapy in our Medical/Surgical Ward and at the communal lunch in our Rehabilitation Unit. They also 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 14 volunteers who help run group activities for the Better Health Self Management Program.



Anne Gibbs (left) and other Sunnycove residents knitted 70 Red Cross Trauma Teddies for Red Cross Region 5 Chairwoman Linda Carr to deliver to us in 2009-10. The bears are a huge hit with young patients in our Emergency Department and Paediatric Unit. Photo courtesy of The Extra and photographer Madeleine McNeil.

@ Lismore

At Lismore Community Health 18 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.

@ Camperdown

We have 83 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. Nine are Friends & Relatives of Merindah (FROM) members, two are volunteer bus drivers, one helps with craft activities, one with indoor bowls and a spot of gardening, one with gardening, another with activities and the final two visit residents.

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 38 volunteers at Macarthur Community Health, 18 are drivers who take clients to and from appointments, as well as driving the centre's bus the half-hour to Hamilton so that elderly clients can do their shopping. Three volunteers assist with Telecare, 19 with the centre's Planned Activity Group, two with playing music and four with washing work cars and gardening.

THE EDUCATION AND TRAINING OF OUR VOLUNTEERS

SWH Coordinator of Volunteers Marita Thornton oversees the training and upskilling of our registered volunteers as individual needs arise.

OUR OTHER VOLUNTEERS

Additional to the 323 volunteers accounted for above, there are many others who also donate their time, energy and expertise to help South West Healthcare grow. They include our Board of Directors, community members on our Multidisciplinary Ethics Committee and Community Advisory Committees (see Clinical and Corporate Governance) and the dozens who fundraise for us including members of our six auxiliaries, two Murray to Moyno Relay Cycle teams and off-duty staff (see Our Donors).



SWH Warrnambool Hospital volunteer and Warrnambool Operation Christmas Child Coordinator Lorraine Fitzgerald helps patient Doris Williams with her artwork. Photo courtesy of The Extra and photographer Monique Patterson.

LIFE GOVERNORS

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Three remarkable volunteers were awarded life governorships at our 2009 Annual General Meeting: Helen Gollop and Margot Lee (pictured with Board Chairman Sharon Muldoon) for their outstanding contribution to our Lismore Community Health service and Glenda McIlveen for her equally outstanding contribution to our Camperdown hospital. Just-retired SWH Board Director Richard Zerbe was awarded a Certificate of Appreciation for his outstanding voluntary service to the organisation.

Mrs Jan Aitken
 Dr B S Alderson
 Mrs B S Alderson
 Mr Lyell Allen
 Mr A L Anderson
 Mrs G I Anderson
 Mrs Isabel Anderson
 Mrs J F Anderson
 Mr Ian Armstrong
 Mrs Joan Askew
 Mr R Baker
 F H Baker
 Mrs V G Balmer
 Mr N I Bamford
 Mrs Heather Barker
 W T Barr
 Mrs M Baulch
 Mrs Beverley Bell
 Mrs Shirley Bell
 Mrs J A Bell
 Mr G B Bennett
 Mrs Iris M Bickley
 Miss Helen Bishop
 Mr R J Borbidge
 Mr N C Boyd
 Mr C G Boyle
 Mr N Bradley
 Mr D Bradshaw
 Mr G N Brown
 Dr Anthony (Tony) Brown
 Mrs I V Bruce
 L G Buchholz
 Mr T Buckley
 Mr C W Burgin
 Mrs L Burleigh
 Mrs Lorna Burnham
 Mrs Jean Byron
 Mr Jack Caple
 Mr Stan Carroll
 Mrs Valda Carroll
 Mrs P Chadwick
 Mrs E C Chaffey
 M L Charles
 Mrs F A J Chislett
 Mrs Helen Chislett
 Mr David Chittick
 Mrs Diane Clanchy
 Mr John Clark
 Mr Alistair C Cole

Mrs S E Cole
 L J Collins
 Mrs Joy Conlin
 Mrs Frances Coupe
 Mrs M Cox
 Mrs Marjorie Crothers
 Mr J P Daffy
 Mrs R C Dawson
 Mr A DeGaris
 Mr S DeGaris
 Mrs Gloria Dickson
 Miss Judy Donnelly
 Miss Helen Douglas
 Mr G W Dowling
 Mrs L Dowling
 Mr Tony Duplex
 Mrs Veronica Earls
 Mrs A Elliot
 G Elliot
 Mr P V Emery
 Mr W Ferguson
 Mr J Finch
 Mr E R Ford
 Mrs June Foster
 Mrs C E Fraser
 B D French
 R Gellie
 Mrs F M George
 Mr M W George
 Mrs N F Gilbert
 Mrs Shirley Goldstraw
 Mrs Helen Gollop*
 Mrs Margaret Good

Mrs Joan Goodacre
 Mrs E Goodwin
 Mrs Lesley Gordon
 Mrs P Grace
 H T Grimwade
 Mrs Sheila Habel
 Mr R E Harris
 Mrs Joy Hartley
 Mr A J 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 A J Hill
 Mrs D M Hill
 Mr G L Hill
 Mr J Hill
 Miss L Hill
 A K Hirth
 Mr W Hocking
 Mrs Ann Holmes
 Mr John Holmes
 Mr W Holmes
 H J Holmes
 Mr W J Holton
 Mrs A Hooton
 G N Hornsby
 J S Hosking
 Mr L Howard

Mrs E Howell
 Mrs Sharon Huf
 Mrs Mary Hutchings
 Mr R Hyde
 Mrs Winnie Hynes
 Mr David Jellie
 Mr D A Jenkins
 Mrs Doris Johnson
 Mr Barry Johnson
 Mrs Margot Johnson
 Mr Rex Johnson
 Mrs Isobel Jones
 Mr H T Jones
 Mrs Edna Keillor
 Mr A E Kelly
 Mr D J Lafferty
 Mrs Helen Laidlaw
 Mrs Val Lang
 Mr G A Larsen
 Mrs B Layther
 Mrs Margot Lee*
 S Lee
 Sen A W R Lewis
 Mr P E Lillie
 Mr F G Lodge
 Mrs Hilary Lodge
 Mr R W Lucas
 Mrs Wendy Ludeman
 Mrs A G Lumsden
 Mrs P Luxton
 Dr E Lyon
 Mr I D Macdonald
 Mrs I D Macdonald



Life Governor David Bradshaw was awarded a much-deserved Order of Australia Medal in the 2009 Queen's Birthday Honours for having, 38 years ago, masterminded our Camperdown & District Auxiliary's most profitable annual fundraiser, A Spring Catalogue. To this day he still sources quality artworks for this exhibition. Photo courtesy of The Chronicle and photographer Helen Gaut.



Christmas 2009 saw Life Governor, Nestle Sports & Social Club (now the Fonterra Sports & Social Club), bring Santa to our Warrnambool hospital for the 79th year in a row. Accompanied by his usual enthusiastic bunch of young carol-singing Holiday Actors, St Nick's first stop was a visit to newborn Jordy Macpherson, big brother Billy and parents Sarah and Jeremy. Photo courtesy of The Standard and photographer Angela Milne.

Mrs A F MacInnes
 S Mack
 M C Mack
 Mrs Isobel Macpherson
 Mrs L Maher
 Mr W G Manifold
 Mr N S 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
 Mrs Glenda McIvreen*
 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
 J E Meyer
 Mr J Miller
 Mr Andrew Miller
 Mr Ivan Mirtschin
 Miss M I Mitchell

Mrs Coral Moore
 Mrs J P Moore
 Mr Robert Moore
 Mr F Moore
 Mr James Moran
 Mr J Morris Jnr
 Mr W Morris
 Mrs I Mulligan
 A E Murdock
 Mrs G Mutten
 Nestle Sports & Social Club
 Mrs Sheryl Nicolson
 Mr A W Noel
 Mrs H W Norman
 Mrs Alison Northeast
 Mr Edward Northeast
 Mr J B Norton
 Mrs Helen Nunn
 Dr Keith Nunn
 Mrs Barbara O'Brien
 Mrs M Officer
 Mrs Judy O'Keefe
 Miss K O'Leary
 J R Oman
 Mr L O'Rourke
 Mr W Owens
 Mr Ken Parker
 Mrs T J Parker
 Mrs G R Parsons
 Mrs M E Paterson
 Mr D R Patterson
 Mrs Phyllis Peart
 Dr Ian Pettigrew

Mr Bill Phillpot
 Ms Barbara Piesse
 Mrs G Pike
 Mrs L Price
 Mrs Gloria Rafferty
 Mrs Margaret Richardson
 Mr D M Ritchie
 Mr Ric Robertson
 Mrs Phillip Ross
 Mr N J Rowley
 Mr Peter Roysland
 Mr J C Rule
 Mrs Gladys Russell
 Mr Leo Ryan
 Mrs Sue Sambell
 Mr John Samon
 Mr R G Sampson
 Mrs Eileen Savery
 Mr A E Scott
 Mr L Sedgley
 Mr T T Shaw
 Mrs A B Smart
 Mr M Smill
 Mrs Ann Smith
 Michelle Smith
 Mr Ron Sproles
 Miss June Stewart
 Mr G C Sullivan
 Mrs B Surkitt
 Mrs N Swinton
 Mrs Stuart Swinton
 Mr D N Symons
 Mrs N M Tapp

Mrs D Taylor
 Mrs Robbie Taylor
 Miss Kate Taylor
 Mr F Taylor
 Mr H C Taylor
 Miss Yvonne Teale
 Mrs A Thorpe
 Mr J T Thorton
 Mrs A J Trotter
 Mr S W Waldron
 Mr J B Walker
 Mrs H Wallace
 Mrs R J Wallace
 Mrs E Watson
 R J Webster
 Mrs D Wedge
 R V Wellman
 Mr A C Whiffen
 Mrs J C Whitehead
 Mr G Whiteside
 Mr J Wilkinson
 Mrs June Williams
 Mrs Rita Williams
 Mrs Zelda Williams
 Mrs G J Wilson
 Mr John Wilson
 Mrs N T Wines
 Mr W J Wines
 Mrs Anne Wright
 Mrs Edna Wynd

SERVICES

	Warrnambool Hospital	Camperdown Hospital	Warrnambool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBooi PSD	CDown PSD	Hamilton PSD	Portland PSD
Aboriginal Health	•	•	•	•	•	•		•				
Aboriginal Health Promotion Program			•									
Acute Care	•	•										
Aged Care (residential)								•				
Anaesthetics												
Specialist	•											
General Practitioner		•										
Better Health Self Management			•	•	•	•						
Breast Cancer Support	•	•										
Cancer Support Team	•											
Cardiac Rehabilitation	•											
Centre Against Sexual Assault (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												
South West Equipment Library	•											
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				•								
Longer Stay Older Persons	•											
Meals on Wheels		•			•	•						
Medical Imaging	•	•										
Memory Enhancement Program								•				
Midwifery												
Inpatient	•	•										
Rural Maternity Initiative		•										
Continuity Midwifery Program	•											
Domiciliary	•	•										

ACF Aged Care Facility
 ADC Adult Day Centre
 CDown Camperdown
 PSD Psychiatric Services Division
 WBoo Warrnambool

	Warrnambool Hospital	Camperdown Hospital	Warrnambool CH	CDown CH Manifold Place	Lismore CH	Macarthur CH	CDown ADC David Newman	CDown ACF Merindah Lodge	WBoo PSD	CDown PSD	Hamilton PSD	Portland PSD
Music Therapy (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								•	•	•	•	•
Primary Mental Health Team								•	•	•	•	•
Psychogeriatric Education								•	•			
Residential Rehabilitation	•											
Strengthening Schools Program								•	•	•	•	•
Suicide Prevention Program*	•											
Triage & Consultation Liaison	•							•	•	•	•	•
Refugee Health			•									
Rehabilitation												
Inpatient	•											
Rehabilitation Community Centre	•											
Respiratory Health	•	•										
Service Information Hub			•	•								
Sexual Assault After Hours Crisis Care	•											
Smoking Cessation			•									
South West Area Maternity Initiative*	•	•										
South West Healthcare Supplies (shop)	•											
Speech Pathology	•			•								
Stomal Therapy	•											
Stroke Liaison	•											
Telemetry	•											
Transesophageal Echocardiography	•											
Urology	•	•										
Victorian Infant Hearing Screening Program*	•	•										
Women's Health	•		•	•	•	•						
Wound Management	•											
Volunteer Program	•	•	•	•	•							
Young Women's Pregnancy & Parenting	•											
Youth Clinic			•									

* New programs delivered in 2009-10 (see pages 14-15).

DONORS



Ashlee Wackett was the first patient to benefit from the success of our 2009 Christmas Ball. It paid for the \$32,000 skin grafting Dermatome Machine Surgeon Carl Murphy used to help treat her burn. Donors on the night included BHP Billiton Minerva Gas Plant (\$8,000), Jeremy Rae The Good Guys (\$5,000), Pauline Burleigh and Judi Doherty (\$5,520), Warrnambool & District Breast Cancer Support Group (\$4,241), Spotlight Warrnambool (\$1,575) and our Fireflyers Murray2Moynne Team (\$1,100). Photo courtesy of The Standard and photographer Damian White.

“The treatment and care of our patients – today’s and tomorrow’s – was significantly enhanced by donations totalling \$566,058 this financial year. It allowed for the purchasing of never-before-owned medical equipment, assisted significantly with desperately-needed redevelopment projects and saw to the establishment of exciting new initiatives.”

In the six years our Community Partnerships Unit (responsible for our fundraising and donor management) has existed, this is the first time we have surpassed the half-million-dollar mark. We thank everyone who provided the unprecedented financial and in-kind assistance to make this happen. It has helped make up for the 46 per cent (\$338,136) decrease in giving we experienced in 2008-09 courtesy of that year’s tough economic times.

Of particular significance is the one-off \$224,558 donation we received this year from former members of the Warrnambool Co-op Society. This gift, courtesy of 10,445 people, was put towards the following:

- The construction of our Camperdown hospital Midwifery Unit ensuite, staffroom and toilet – 31,000
- The development of our first-ever Camperdown Merindah Lodge palliative care suite – \$14,000
- The equipping and furnishing of 11 (of 12) one-bedroom Surgical Unit patient suites for our new Warrnambool hospital – \$153,558

- The purchasing of our first-ever Video Bronchoscope for the region’s cancer patients – \$19,500
- The upgrading of our Warrnambool Theatre’s patient-positioning aides – \$6,500

Other 2009-10 donations helped us to buy our first-ever:

- \$32,000 skin-grafting Dermatome Machine for the region’s cancer and burns patients (see photo)
- \$15,715 Stroke Specific Patient Lifter for our Warrnambool Stroke Unit
- \$1,760 Detachable Upper Limb Model for educating our Occupational Therapy Unit clients on the upper-arm anatomy, post-surgery
- Five \$304 Care Alerts for our at-home Warrnambool Palliative Care Unit clients
- \$8,500 Cough Assist (stimulator) for free loan to the region’s profoundly ill children via our equipment library (SWEL)
- \$6,900 Bili Blanket (phototherapy system) for our Camperdown Midwifery Unit (photo page 46)
- \$1,163 Hemocue (blood analyser) for our Warrnambool Emergency Department
- \$2,162 Orthotics Video Software for our Warrnambool Podiatry Unit
- \$6,664 Midogas Unit for our Warrnambool Emergency Department

The community’s generosity also paid for these first-time initiatives:

- Establishment of the Joan Cockayne Palliative Care Educational Scholarship – \$8,600
- Establishment of our Merindah Lodge gardens – \$10,544
- Establishment of our Psychiatric Residential Unit community garden – \$1,000
- Production of our Psychiatric Services Division’s STARbeat choir CD – \$1,000

As always, our brilliant auxiliaries, staff and Murray2Moyne Relay Cycle Teams played a star role on the fundraising front, responsible for donations totalling \$66,716, \$4,800 and \$113,483 respectively, while the families and friends of loved ones gifted \$67,497 in their memory.

We have already acknowledged the tremendous work done by our 323 registered volunteers (see Volunteers) but we also have an army of inkind donors who voluntarily donate their time and expertise and generously donate goods and services. Without this group of donors we would not have the manpower, auction items, raffle prizes, food, drinks, venues, advertising and media coverage needed to run successful fundraising events and appeals. We would particularly like to thank ACE Radio, The Standard, The Extra and The Chronicle for their inkind promotional coverage.

We are also grateful for the inkind donors who support the fundraising activities of clubs, groups and organisations that donate their proceeds to South West Healthcare.

DONATIONS RECEIVED IN 2009-10

SWH Auxiliaries

Camperdown & District Hospital	41,702*
Camperdown Hospital Trolley	1,795
Friends of Merindah Lodge (FROM)	10,119
Lismore Ladies	1,600
Warrnambool Ladies (turned 50 this year)	9,500^
Woolsthorpe (turned 50 this year)	2,000

* Includes a \$6,702 gift from the 2009 Camperdown Cruise Committee and a \$15,000 gift from Ritchies IGA, Camperdown.

^ Includes a \$5,000 donation from an anonymous donor.

SWH Murray2Moyne Cycle Relay Teams

Flames	2,000
Warrnambool College (their 21st ride)	2,800

SWH Staff

SWH Workplace Giving Program	3,500
Camperdown Fete Committee	38,683
Camperdown Hospital Ball	5,311
Camperdown Hospital Charity Bowls & Golf Day	6,031
Warrnambool Christmas Ball	42,000
Warrnambool ED May Races Marquee	5,166
Warrnambool Golf Day	12,260
Warrnambool Girls Christmas Market	532

SWH Supporters

Anonymous donors x 3	19,800
Alexander Murdoch Trust	412
Alice Austin Bequest	8,000
ASPIRE	150
Bartlett, Jennifer	300
Benzing, Brigitte	850
BHP Billiton Minerva Gas Plant Workers	8,000
Blackmore, Christine & Daryl and Paul Lyons	1,395
Burleigh, Pauline and Judi Doherty	3,477
Centrelink Warrnambool Staff	655
Chevrolet Car Club of Vic, SW region	1,500
Collier Charitable Fund	9,000
Combined Pensioners Association, Warrnambool	1,000
Country Garden Club, Allansford	189
Country Women's Association, Allansford	500
Country Women's Association, Warrnambool	500
Christian's Bus Co	100
Crothers, Marjorie	200
Field & Game Association of Australia	960
Gleeson, Damian	1,520
Goodall, Lola	1,000
John Gordon Bequest	1,974
Goyen, Lyn & Neil	500
Grant, Peter	406
Gwen & David Gale Bequest	39,284
Hamilton & District Stock Agents Association	200
Hampden Hotel Social Club	500
Hennessey, Vincent	100
Holland, Neil	100
Jeremy Rae The Good Guys	5,475
Johnstone, Bill	2,250
Laang Hall Ladies Committee	2,000
AL Lane Foundation	7,500
Lawrence, R & S	300
Leura Hotel Social Club	395
Lions Club, Lismore	500
Lions Club, Warrnambool	4,500
Macarthur Craft Group	150
Macarthur Gourmet Dinner Group	130
Manifold, Carole	3,433
Martin Financial Advisers Pty Ltd	1,200
Masonic Lodge, Warrnambool	500
McDowall, BW & LG	100
McMeel, Anne, Bill & Ron	100
McMeel, J	100
Merrivale Primary School	255
MIX Fashion	142
Mortlake Power Station Combined Workforce	6,000



Warrnambool Community Health Executive Assistant Michelle Malone shows Gwen Grayson and Ray Hoy the photocopier their \$7,879 Warrnambool & District Ostomy Association donation paid for.



Jodie and Adam Narik's little girl Matilda was the first baby to use our Camperdown Hospital Midwifery Unit's \$6,900 Bili Blanket. The state-of-the-art phototherapy system was the result of Arthur Bruce's incredibly successful 2009 Camperdown Cruise. He's here with Nurse Lauren Hart. Photo courtesy of The Chronicle and photographer Helen Gaut.

National Australian Bank, Camperdown	710
Nunn, Helen & Keith	100
Owen, Jenny	100
Rev Reg Peirce Bequest	100
Rafferty's Social Club	1,000
Rea, Anne & Friends	430
Rentsch's Scrap Metal	900
Rotary Club, Camperdown	900
Royal Hotel Social Club	1,000
Rubber Band	673
Selkirk, Elsie	500
South West TAFE	750
South Western District Restoration Group	400
Sporting Shooters Association of Aust – South West	3,540
Spotlight, Warrnambool	1,575
Stokes, Joseph	1,050
Temperance Alliance, Warrnambool	7,500
Tir Na Nog	3,829
Uniting Church Evening Fellowship, Warrnambool	1,000
Vagg, Bambi	260
Wallace, Neville	1,000
Warrnambool Charity Dance Group	1,500
Warrnambool Co-op Society (former members of)	224,558
Warrnambool Football & Netball Club	7,630
Warrnambool Wolves	200
Warrnambool & District Breast Cancer Support Group	2,089
Warrnambool & District Caledonian Society	200
Warrnambool & District Country Music Group	1,006
Warrnambool & District Historical Vehicle Club	732
Warrnambool & District Motorcycle Owners Club	2,100
Warrnambool & District Old Time Dance Club	1,500
Warrnambool & District Ostomy Association (see photo)	8,928
Wilson Real Estate	4,000

Donations in loving memory of...

Alice Austin	8,000
Sidney Auty	155
Malcolm Bald	655
Alan (Beato) Beaton	160
Norma Boldiston	20
Geoff Bristol	210
Kerry Brown	245
Joan Cockayne	8,600
Ellen Crow	100
Thomas Crowe	100
Connie Fitzgerald	140
Ray Fleming	360
Gwen & David Gale	39,284
Patricia (Pat) Hogg	240
Nancy Hollingsworth	562
Noel Jubb	100
Chris Leonie	1,200
Martin (Marty) Lyons	1,395
Barb (Mahony) Meade	530
Eugene McMeel	730
Eileen Molan	95
Michael O'Brien	3,829
Rev Reg Peirce	100
Bernard Place	300
John Ploenges	20
Terence (2-PAK) Russell	70
Margaret Sparrow	10
Ted Ward	72
Ron Waterfall	215

In order to reduce printing costs the above list does not include donations of less than \$100.

SENIOR STAFF

CHIEF EXECUTIVE OFFICER

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

MEDICAL SERVICES

Director of Medical Services

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

Departmental Directors

Anaesthetics

Dr K Prest MBBS, FANZCA*
Dr A Dawson MBBS, FANZCA

Critical Care

Dr N Bayley MBBS, FRACP

Emergency Services

Dr Q Sukabula MBChB (Otago)*
Dr M Wright MBBS, FACEM

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 T&A

Obstetrics

Dr C Beaton MBChB (Edin), FRANZCOG, FRCOG

Palliative Care

Dr E Fairbank MBBS, DPHC, FRACGP, FACHPM

Rehabilitation Services

Dr S Malcolm MBBS, FAFRM (FRACP)

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 K Prest MBBS, FANZCA
Drug & Alcohol Physician
Dr RJ Brough MBBS, D Obst RCOG, APSAD Cert, FACRRM, FACHAM

General Practitioners

Dr A Baldam MBBS, BSc, Dip Av Med, AFOM (RCP), DRCOG
Dr IT Barratt BSc, MBBS, DRCOG
Dr 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 M Grave BSc, MBBS, FRACGP, Cert Man Med (RACGP), Grad Dip Fam Med (Monash), Cert Man Med (Paris), Dip Phys Med (Sydney)
Dr Emma Greenwood MBBS, Dip RANZCOG, FRACGP
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 M Lockhart MBBS
Dr J Manderson BSc (Hons), PhD, MBBS, FRACGP
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 JD Philpot MBBS
Dr MG Quinn, MBBS
Dr F Reid MBChB, DAMFARCS
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 CW Walters BMedSc, MBBS

General Surgeons

Mr S Fischer MBBS, FRACS
Mr P Gan MBBS, FRACS
Mr B Mooney MBChB, BAO (Hons), BSc (Anat) (Hons), MCh, FRCSI, FACRRM, FRACS
Mr C Murphy MBChB, FRACS, FRCS (Glasgow), FRCSI

Neurologist

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 Bainbridge MBBS, FRCS (Ed) (Orth), FRACS
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 D Boldt MBChB (Otago), FRACR*

Dr Vijay S Patheyar MBBS, MD, DNB, FRCR

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 N Aung MBChB
Dr AL Brown MBBS, Dip Obst RACOG, Adv Cert Sports Med, FRACGP
Dr J Bye MBBS, M Int Health

Dr TRC Fitzpatrick, MBBS
Dr E Grambas MBBS, Grad Dip
Comp (MIT)
Dr G Kunjidapaadhum MBBS, DTCD,
FRACGP
Dr EG Lyon MBChB
Dr SJ Menzies MBBS, M Med, FRACGP,
DRANZCOG, FACRRM
Dr W Rouse MBBS, Grad Dip Rural
Health, DRANZCOG, FRACGP
Dr RA Stewart MBBS, DRANZCOG,
FACRRM
Dr J Thomas MBBS, Dip Anaes
Dr J van Leerdam MBChB, MRCGP,
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 Surgeons

Mr D Bainbridge MBBS, FRCS (Ed)
(Orth), FRACS
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-Dwyer BAppSc (OT), MAHTA,
MOTA, MOT

Physiotherapy

Mr B Hoekstra Dip Psych (Neth),
Dip Phys (Neth), BPsych (Neth), MPhys
(Melb University), MAPA

Podiatry

Ms K Anderson BPod (Hons)

Speech Pathology

Ms K Brown BAppSc (Sp Path), MSpPath

CLINICAL SUPPORT SERVICES

Service Managers

Biomedical Engineering Services

Mr G Szegi BAppSc (Biophysics/
Instrumental Science)

Centre Against Sexual Assault

Mrs H Wilson MSW, BComm,
Dip Soc Studies

Education Resource Centre (Library)

Ms JG Dalton TPTC, ALAA*

Mr T Absalom BA, BEEd, ALIA

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 P 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 M Williams RN, BApp Sci,
Adv Nursing (Comm Health Major),
Grad Dip Geront
Mr A Doull RN, MBA*

Macarthur Community Health

Mr F McLindin RN
Ms C Loria RN, RM, Cert CCU,
Cert Oncol, Grad Dip Comm Health*
Ms C Freckleton RN, RM*

Manifold Place Community Health

Ms S Poole RN, Cert Paed

Primary Care Partnership

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

Program Managers

Aboriginal Liaison

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

Chronic Illness Programs

Ms J Dureau-Finn BNurs, Adv Dip
Bus Man

Quality & Health Promotion

– Community Health

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

SACS

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

Dental Officers

Director of Dental Services/Senior

Dentist

Dr D Mercado DDM, (UP Mla)
MDS (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*

Dr K Supasisi BDS

Dr K Trinh 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, AFCHSM 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 T&A, MRCNA

Perioperative Services

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

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

Safety & Security

Mr T Roberts MBA (Deakin), Cert Management (SCU), Cert Workplace Leadership, Adv Dip OH&S

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 T&A, MRCNA, MACCCN

Day Stay/Haemodialysis

Ms S McLauchlan RN, BN

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, Cert IV in Workforce Training

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

Mr N Van Zelst RN, Cert Rehabilitation, Cert Management (acting for leave relief from August 2008)

Mrs H Moyle, RN Dip of Applied Science in Nursing, BN, Adv Dip of Management, Cert IV Workplace T&A (from September 22 2009)

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, Ad Dip (Hum Res) Acc

Child & Adolescent Mental Health Services

Ms R Knapp BSc, BA (Hons) Psychology, M Psych (Ed & Dev), Ad Dip (Bus Man) Acc*
Ms J Radley RPN, Grad Dip Child Psychotherapy, Grad Cert Developmental Psychiatry, Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) Acc (acting from August 2009)

Community Adult Mental Health Services

Mr N Place BA, BSW, Ad Dip (Bus Man) Acc, Ad Dip (Hum Res) 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 Doman Cert IV Health Admin Cert IV Frontline Man (from December 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, FRANZCP*

Dr J Deb MB, BS (India)

Dr B Flynn BSc (Med) FRANZCP

Dr MG Avers 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*
Mr R Jubb RN MHS, Grad Dip Crit Care, Dip Bus (acting for leave relief from Oct 18 2009/appointed March 8 2010)

Unit Managers

Acute Services

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

Mr G Holmes RN, Grad Cert Ortho (acting from Oct 18 2009/appointed April 19 2010)

Aged Care Facility (Merindah Lodge)

Mrs M Wickham RN*

Mrs J McCalman RN, Grad Dip of Health Science (from Nov 30 2009)

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, MFIA

Facilities

Mr W Hall Cert Hospital Supply Man (Mayfield)

Deputy Facilities

Mr S Kendrick B Eng (Hons) Integrated Engineering MIHEA (Nottingham Trent University)

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)

ICT Services

Mr G Hall BBus(Computing)(Deakin University)*

Remuneration

Mrs L Uzkuraitis

Staff Health & Wellbeing

Miss A Hilton BA (Deakin University)

Supply

Mr T Hoy Cert Hospital Supply Man (Mayfield)

*Resigned during 2009-10.

APPENDIX I

Summary of financial results performance at a glance

Summary of financial results	2009/10	2008/09	2007/08	2006/07	2005/06
Revenue (excludes capital items)	104,350	97,160	91,484	85,018	79,177
Expenditure (excludes capital items)	103,728	97,600	91,834	85,074	78,850
NET RESULT BEFORE CAPITAL ITEMS	622	(440)	(350)	(56)	327
Capital revenue	28,550	853	1,891	2,341	1,352
Capital/other expenditure	5,905	10,361	3,194	3,140	3,811
COMPREHENSIVE RESULT FOR THE YEAR	23,267	(9,948)	(1,653)	(855)	(2,132)
Total Assets	119,377	90,543	89,169	82,357	81,640
Total Liabilities	24,455	18,888	19,540	17,499	15,927
Net Assets	94,922	71,655	69,629	64,858	65,713
Total Equity	94,922	71,655	69,629	64,858	65,713

APPENDIX 2

DISCLOSURE INDEX

The Annual Report of South West Healthcare is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

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SD 4.2(d)	Rounding of amounts	9
Legislation		
<i>Freedom of Information Act 1982</i>		Appendix 3
<i>Whistleblowers Protection Act 2001</i>		Appendix 3
<i>Victorian Industry Protection Act 2003</i>		N/A
<i>Building Act 1993</i>		Appendix 3
<i>Financial Management Act 1994</i>		Appendix 1, Page 9

APPENDIX 3

STATUTORY REQUIREMENTS

Manner of Establishment

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

Freedom of Information Requests

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

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

A total of 219 requests under the Freedom of Information Act were processed during the 2009-10 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:

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

Consultancies under \$100,000

Two consultancies at a total cost of \$20,054 were conducted during the report year.

Building Act 1993

Compliance

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

Competitive Neutrality

Policy Statement

In April 1995, the Council of Australian Governments (COAG) agreed to implement a National Competition Policy. The Victorian State Government has supported this initiative by issuing, in 1996, a Competitive Neutrality Policy of its own, which applies to organisations including public hospitals and associated facilities.

South West Healthcare has implemented competitive neutral pricing principles for all new contracts for services provided to the private sector, to ensure a level playing field.

APPENDIX 3

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, Victoria 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
18 August 2010

APPENDIX 4 FINANCIAL STATEMENTS 2010



South West Healthcare
financial
statements 2010

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APPENDIX 4 FINANCIAL STATEMENTS 2010

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

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

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2010 and the financial position at that date of South West Healthcare at 30 June 2010.

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

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



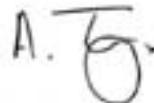
Sharon Muldoon
Chairperson

Warrnambool
24 August 2010



John Krygger
Chief Executive Officer

Warrnambool
24 August 2010



Andrew Trigg
Chief Finance & Accounting Officer

Warrnambool
24 August 2010

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members, South West Healthcare

The Financial Report

The accompanying financial report for the year ended 30 June 2010 of South West Healthcare which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance & accounting officer's declaration, has been audited.

The Board Members Responsibility for the Financial Report

The board members of South West Healthcare are responsible for the preparation and 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 board members, 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.

1

Level 24, 35 Collins Street, Melbourne Vic. 3000

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

Auditing in the Public Interest

VAGO

Victorian Auditor-General's Office

Independent 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 2010. The board members of the health service are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the health service's web site.

Independence

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

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of South West Healthcare as at 30 June 2010 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
24 August 2010


D D R Pearson
Auditor-General

APPENDIX 4 FINANCIAL STATEMENTS 2010

COMPREHENSIVE OPERATING STATEMENT for the year ended 30 June 2010

	Note	2010 \$000	2009 \$000
REVENUE FROM OPERATING ACTIVITIES	2	103,762	96,223
REVENUE FROM NON-OPERATING ACTIVITIES	2	588	688
Employee Benefits	3	(69,518)	(64,635)
Non Salary Labour Costs	3	(7,657)	(7,741)
Supplies and Consumables	3	(13,058)	(13,257)
Other Expenses From Continuing Operations	3	(13,366)	(11,967)
Share of Net Result of Joint Venture Accounted for Using the Equity Method	10	(129)	249
NET RESULT BEFORE CAPITAL AND SPECIFIC ITEMS		622	(440)
Capital Purpose Income	2	28,550	853
Depreciation and Amortisation	4	(5,850)	(3,044)
Finance Costs	5	(1)	(1)
Expenditure Using Capital Purpose Income	3	(54)	(21)
NET RESULT FOR THE YEAR		23,267	(2,653)
Other Comprehensive Income			
Net Fair Value Revaluation on Non Financial Assets		-	(7,295)
COMPREHENSIVE RESULT FOR THE YEAR		23,267	(9,948)

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

APPENDIX 4 FINANCIAL STATEMENTS 2010

BALANCE SHEET as at 30 June 2010

	Note	2010 \$000	2009 \$000
ASSETS			
Current Assets			
Cash and Cash Equivalents	6	15,405	8,694
Receivables	7	3,410	1,796
Inventories	8	1,686	1,487
Total Current Assets		20,501	11,977
Non Current Assets			
Receivables	7	222	-
Investments Accounted for using the Equity Method	10	215	344
Property, Plant & Equipment	11	98,439	78,222
Total Non-Current Assets		98,876	78,566
TOTAL ASSETS		119,377	90,543
LIABILITIES			
Current Liabilities			
Payables	12	7,734	3,530
Interest Bearing Liabilities	13	5	5
Employee Benefits and Related On-costs Provisions	14	14,371	13,576
Other Liabilities	15	373	294
Total Current Liabilities		22,483	17,405
Non Current Liabilities			
Payables	12	356	-
Employee Benefits and Related On-costs Provisions	14	1,616	1,478
Interest Bearing Liabilities	13	-	5
Total Non-Current Liabilities		1,972	1,483
TOTAL LIABILITIES		24,455	18,888
NET ASSETS		94,922	71,655
EQUITY			
Property, Plant and Equipment Revaluation Reserve	16a	13,749	13,749
Restricted Specific Purpose Reserve	16a	22	22
Contributed Capital	16b	66,744	66,744
Accumulated Surpluses/(Deficits)	16c	14,407	(8,860)
TOTAL EQUITY	16d	94,922	71,655

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

APPENDIX 4 FINANCIAL STATEMENTS 2010

STATEMENT OF CHANGES IN EQUITY for the year ended 30 June 2010

	Note	Equity at 1 July 2009 \$000	Compre- hensive Result \$000	Trans with owner in its capacity as owner \$000	Equity at 30 June 2010 \$000
Accumulated Surplus/(Deficit)	16 (c)	(8,860)	23,267	-	14,407
Contribution by Owners	16 (b)	66,744	-	-	66,744
Reserves					
Property, Plant and Equipment Revaluation Surplus	16 (a)	13,749	-	-	13,749
Restricted Specific Purpose Reserve	16 (a)	22	-	-	22
		13,771	-	-	13,771
Total Equity at the End of the Financial Year		71,655	23,267	-	94,922

		Equity at 1 July 2008 \$000	Compre- hensive Result \$000	Trans with owner in its capacity as owner \$000	Equity at 30 June 2009 \$000
Accumulated Surplus/(Deficit)	16 (c)	(6,207)	(2,653)	-	(8,860)
Contribution by Owners	16 (b)	54,770	-	11,974	66,744
Reserves					
Property, Plant and Equipment Revaluation Surplus	16 (a)	21,044	(7,295)	-	13,749
Restricted Specific Purpose Reserve	16 (a)	22	-	-	22
		21,066	(7,295)	-	13,771
Total Equity at the End of the Financial Year		69,629	(9,948)	11,974	71,655

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

APPENDIX 4 FINANCIAL STATEMENTS 2010

CASH FLOW STATEMENT for the year ended 30 June 2010

	Note	2010 \$000	2009 \$000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		92,484	86,658
Patient Fees Received		2,677	2,664
Private Practice Fees Received		364	323
Interest Received		489	697
Other Receipts Received		5,700	6,682
GST Received from/(paid to) ATO		4,150	3,248
Employee Benefits paid		(68,620)	(65,375)
Fee for service Medical Officers		(7,657)	(7,740)
Payments for Supplies and Consumables		(16,481)	(15,342)
Other Payments		(12,829)	(12,151)
Cash Generated from Operations		277	(336)
Capital Grants from Government		26,876	694
Capital Donations and Bequests Received		732	329
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	17	27,885	687
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Non-Financial Assets		(22,020)	(12,774)
Proceeds from Sale of Non-Financial Assets		767	1,406
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(21,253)	(11,368)
CASH FLOWS FROM FINANCING ACTIVITIES			
Contributed Capital from Government		-	7,814
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		-	7,814
NET INCREASE/(DECREASE) IN CASH HELD		6,632	(2,867)
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		8,378	11,245
CASH AND CASH EQUIVALENTS AT END OF PERIOD	6	15,010	8,378

This Statement should be read in conjunction with the accompanying notes

Note I: Statement of Significant Accounting Policies

(a) Statement of compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AASs) and Australian Accounting Interpretations and other mandatory requirements. AASs include Australian equivalents to International Financial Reporting Standards.

The financial statements also complies with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance.

The Health Service is a not-for profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" Health Services under the AAS's.

(b) Basis of accounting preparation and measurement

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2010, and the comparative information presented in these financial statements for the year ended 30 June 2009.

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 going concern basis was used to prepare the financial statements.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial statements are prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial assets and financial instruments, as noted. Particularly, exceptions to the historical cost convention include:

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;

Historical cost is based on the fair values of the consideration given in exchange for assets.

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 judgments, 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 circumstances, 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.

(c) Reporting Entity

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

Its principle address is:
Ryot Street
Warrnambool
Victoria 3280.

(d) Rounding Of Amounts

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

Figures in the financial statements may not equal due to rounding.

(e) Functional and Presentation Currency

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

(f) Cash and Cash Equivalents

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

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

(g) 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 recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

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

(h) Inventories

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

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories are measured at the lower of cost and net realisable value.

The 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.

Note I: Statement of Significant Accounting Policies (cont.)

(h) Inventories (cont.)

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.

Cost of Goods Sold

Costs of goods sold are recognised when the sale of an item occurs by transferring the cost or value of the item/s from inventories.

**(i) Investments and Other Financial Assets
Loans and receivables**

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

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

Held-to-maturity investments

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

(j) 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 assets 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 and impairment.

Plant, Equipment and Vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for depreciated replacement cost because of the short lives of the assets concerned.

(k) Revaluations of Non-current Physical Assets

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103D *Non-current physical assets*. This revaluation process normally occurs at least 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. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the 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 surplus in respect of the same class of assets, they are debited directly to the asset revaluation surplus.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surplus are normally 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 assessed to determine whether revaluation of the non-current physical assets was required.

(l) Depreciation

Assets with a cost in excess of \$1,000 (2008-09 and 2009-10) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives. Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. 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 Health.

Depreciation is provided on property, plant and equipment, including freehold buildings, but excluding land and investment properties. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

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

	2010	2009
Buildings		
- Structure Shell Building Fabric	Up to 42 years	Up to 40 years
- Site Engineering Services and Central Plant	Up to 30 years	Up to 40 years
Central Plant		
- Fit Out	Up to 30 years	Up to 40 years
- Trunk Reticulated Building Systems	Up to 30 years	Up to 40 years
Plant & Equipment	Up to 20 years	Up to 20 years
Medical Equipment	Up to 20 years	Up to 20 years
Computers and Communication	Up to 5 years	Up to 5 years
Furniture and Fitting	Up to 20 years	Up to 20 years
Motor Vehicles	Up to 13 years	Up to 13 years
Leasehold Improvements	Up to 7 Years	Up to 5 years

As part of the Buildings valuation, building values were componentised and each component assessed for its useful life which is represented above.

(m) 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

Apart from intangible assets with indefinite useful lives, all other assets are assessed annually for indications of impairment, except for:

- inventories;
- financial 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 surplus amount applicable to that same 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.

(n) Payables

These amounts consist predominantly of liabilities for goods and services.

Payables are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the Health Service 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 Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

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

(p) Interest Bearing Liabilities

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, interest bearing liabilities are measured 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 18.

(q) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the 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 payables 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 an operating cash flow.

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

**(r) Employee Benefits
Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off**

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

Those liabilities that the Health Service are not expected to be settled within 12 months are recognised in the provision for employee 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

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current Liability – unconditional LSL (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current liability even where South West Healthcare Service does not expect to settle the liability within 12 months because it will 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 liability are measured at:

- present value – component that South West Healthcare does not expect to settle within 12 months; and
- nominal value – component that South West Healthcare expects to settle within 12 months.

Note I: Statement of Significant Accounting Policies (cont.)

(r) Employee Benefits (cont.)

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 the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

Superannuation

Defined contribution plans

Contributions to defined contribution superannuation plans are expensed when incurred.

Defined benefit plans

The amount charged to the Comprehensive Operating Statement in respect of defined benefit superannuation plans represents the contributions made by the Health Service to the superannuation plans in respect of the services of current Health Service 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 South West Healthcare contributes to both the defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by South West Healthcare are as follows:

Fund	Contributions Paid or Payable for the year	
	2010 \$000	2009 \$000
Defined benefit plans:		
Health Super Fund	487	465
State Superannuation Fund	135	139
Defined contribution plans:		
Health Super Fund	4,440	4,236
Hesta Super Fund	656	531
	5,718	5,371

South West Healthcare does not recognise any unfunded 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 is 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 statements.

Termination Benefits

Termination benefits are payable when employment is terminated before the normal retirement date or when an employee accepts voluntary redundancy in exchange for these benefits.

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

On-Costs

Employee benefit on-costs, such as payroll tax, workers compensation, superannuation are recognised separately from provisions for employee benefits.

(s) Finance Costs

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

Finance costs include:

- finance charges in respect of finance leases recognised in accordance with AASB 117 Leases.

(t) Residential Aged Care Service

The *South West Healthcare Residential Aged Care Service* operations are an integral part of South West Healthcare and shares 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 in Note 2b to the financial statements.

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

(u) Joint Ventures

Interests in 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.

(v) 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.

(w) Leases

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

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

The Health Service does not hold any finance lease arrangements with other parties.

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 apportioned between reduction of the outstanding lease liability, and the periodic finance expense which is calculated using the interest rate implicit in the lease, and charged directly to the Comprehensive Operating Statement.

Operating Leases

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

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

(x) 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 and other transfers of income (other than contributions by owners)

Grants are recognised as income when the Health Service gains control of the underlying assets in accordance with 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 from the Department of Health

- Insurance is recognised as revenue following advice from the Department of Health.
- 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 14/2009.

Patient and Resident Fees

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

Private Practice Fees

Private practice 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 appropriated to a reserve, such as the specific restricted purpose reserve.

Interest Revenue

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

Sale of investments

The profit/loss on the sale of investments is recognised when the investment is realised.

(y) 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.

(z) Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health 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 the Health Service's own activities or local initiatives and/or the Commonwealth.

(aa) 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 Health Service or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at 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.

(ab) Property, Plant & Equipment Revaluation Surplus

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

(ac) Specific Restricted Purpose Reserve

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

(ad) Contributed Capital

Consistent with Australian Accounting 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.

(ae) Commitments

Commitments are not recognised on the Balance Sheet. Commitments are disclosed at their nominal value and are inclusive of the GST payable.

Note I: Statement of Significant Accounting Policies (cont.)

(af) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the Balance Sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

(ag) Net Result Before Capital & Specific Items

The subtotal entitled 'Net result Before Capital & Specific Items' is included in the Comprehensive 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 an 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 Health and the Victorian Government to measure the ongoing performance 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 (j)). 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:
 - Reversals of provisions
- Depreciation and amortisation, as described in Note 1 (j) and (l)
- Assets provided or received free of charge, as described in Note 1 (j)
- Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold (Note 1 (j) and (l)), or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income

(ah) Category Groups

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 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 including palliative care facilities and rehabilitation facilities, as well as 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 DH under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health funded community care units (CCUs) and secure extended care units (SECs).

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

(ai) New Accounting Standards and Interpretations

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2010 reporting period. As at 30 June 2010, the following standards and interpretations had been issued but were not mandatory for the reporting period ending 30 June 2010. South West Healthcare has not and does not intend to adopt these standards early.

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

(ai) New Accounting Standards and Interpretations (cont.)

Standard/Interpretation	Summary	Applicable for Annual Reporting periods beginning on	Impact on Health Services Financial Statements
AASB 2009-5 Further amendments to Australian Accounting Standards arising from the annual improvements project [AASB 5, 8, 101, 107, 117, 118, 136 and 139]	Some amendments will result in accounting changes for presentation, recognition or measurement purposes, while other amendments will relate to terminology and editorial changes.	Beginning 1 Jan 2010	Terminology and editorial changes. Impact minor.
AASB 2009-9 Amendments to Australian Accounting Standards – additional exemptions for first-time adopters [AASB 1]	Applies to Health Services adopting Australian Accounting Standards for the first time, to ensure Health Services will not face undue cost or effort in the transition process in particular situations.	Beginning 1 Jan 2010	No impact. Relates only to first time adopters of Australian Accounting Standards.
AASB 124 Related party disclosures (Dec 2009)	Government related Health Services have been granted partial exemption with certain disclosure requirements.	Beginning 1 Jan 2011	Preliminary assessment suggests that impact is insignificant. However, the Health Service is still assessing the detailed impact and whether to early adopt.
AASB 2009-12 Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]	<p>This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and Health Services known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures.</p> <p>This standard also makes numerous editorial amendments to other AASs.</p>	Beginning 1 Jan 2011	<p>AASB 8 does not apply to Health Services therefore no impact expected. Otherwise, only editorial changes arising from amendments to other standards, no major impact.</p> <p>Impacts of editorial amendments are not expected to be significant.</p>
AASB 2009-14 Amendments to Australian Interpretation – Prepayments of a minimum funding requirement [AASB Interpretation 14]	Amendment to Interpretation 14 arising from the issuance of <i>Prepayments of a minimum funding requirement</i> .	Beginning 1 Jan 2011	Expected to have no significant impact.
AASB 9 Financial instruments	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 <i>Financial instruments: recognition and measurement</i> (AASB 139 <i>Financial Instruments: recognition and measurement</i>).	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12]	This gives effect to consequential changes arising from the issuance of AASB 9.	Beginning 1 Jan 2013	Detail of impact is still being assessed.

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

Note 2: Revenue

	HSA 2010 \$000	HSA 2009 \$000	Non HSA 2010 \$000	Non HSA 2009 \$000	Total 2010 \$000	Total 2009 \$000
REVENUE FROM OPERATING ACTIVITIES						
Government Grants						
- Department of Health	88,677	82,954	-	-	88,677	82,954
- Dental Health Services Victoria	1,447	1,009	-	-	1,447	1,009
- Commonwealth Government						
- Residential Aged Care Subsidy	1,651	1,475	-	-	1,651	1,475
- Other	1,544	1,451	-	-	1,544	1,451
Total Government Grants	93,319	86,889	-	-	93,319	86,889
Indirect Contributions by Department of Health						
- Insurance	2,155	1,947	-	-	2,155	1,947
- Long Service Leave	223	(338)	-	-	223	-338
Total Indirect Contributions by Department of Health	2,378	1,609	-	-	2,378	1,609
Patient and Resident Fees (refer note 2b)	2,619	2,521	-	-	2,619	2,521
Total Patient & Resident Fees	2,619	2,521	-	-	2,619	2,521
Business Units & Specific Purpose Funds						
Private Practice Fees	-	-	374	339	374	339
Catering & Commissions	-	-	319	311	319	311
Sales	-	-	1,823	1,785	1,823	1,785
Training & Staff development	-	-	14	13	14	13
Fundraising	-	-	68	40	68	40
Linen Service	-	-	938	861	938	861
Property Income	-	-	324	327	324	327
Other	-	-	34	71	34	71
Total Business Units & Specific Purpose Funds			3,894	3,747	3,894	3,747
Other Revenue from Operating Activities	1,552	1,457	-	-	1,552	1,457
Share of Net Result of JV accounted for using Equity Method	(129)	249	-	-	(129)	249
Sub-Total Revenue from Operating Activities	99,739	92,725	3,894	3,747	103,633	96,472
REVENUE FROM NON OPERATING ACTIVITIES						
Interest	-	-	588	688	588	688
Sub-Total Revenue from Non Operating Activities	-	-	588	688	588	688
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Equipment and Infrastructure	545	694	-	-	545	694
- Capital Redevelopment Grants	27,367	-	-	-	27,367	-
Commonwealth Government Capital Grants	-	-	-	-	-	-
Residential Accommodation Payments (refer note 2b)	166	149	-	-	166	149
Net Gain/(Loss) on Sale of Non-Financial Assets (refer note 2c)	-	-	(30)	(131)	(30)	(131)
Donations and Bequests	-	-	502	141	502	141
Sub-Total Revenue from Capital Purpose Income	28,078	843	472	10	28,550	853
Total Revenue (refer note 2a)	127,817	93,568	4,954	4,445	132,771	98,013

Indirect contributions by Department of Health:

Department of Health 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.

Note 2b: Patients and Resident Fees

	Total 2010 \$000	Total 2009 \$000
Patient and Resident Fees Raised		
Recurrent		
Acute		
- Inpatients	1,312	1,173
- Outpatients	785	832
Residential Aged Care		
- Nursing Home	522	516
Total Recurrent	2,619	2,521
Capital Purpose:		
Residential Accomodation Payments	166	149
Total Capital	166	149

Note 2c: Net Gain/(Loss) on Disposal of Non-Financial Assets

	Total 2010 \$000	Total 2009 \$000
Proceeds from Disposal of Non-Current Assets		
Plant and Equipment	44	1
Motor Vehicles	1,039	1,406
Total Proceeds from Disposal of Non-Current Assets	1,083	1,407
Less: Written Down Value of Non Current Assets Sold		
Plant and Equipment	36	6
Motor Vehicles	1,077	1,532
Total Written Down Value of Non Current Assets Sold	1,113	1,538
Net Gains/(Loss) on Disposal of Non-Current Assets	(30)	(131)

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

Note 3: Expenses

	HSA 2010 \$000	HSA 2009 \$000	Non HSA 2010 \$000	Non HSA 2009 \$000	Total 2010 \$000	Total 2009 \$000
Employee Benefits						
Salaries and Wages	60,686	57,034	927	906	61,613	57,940
WorkCover	500	538	10	9	510	547
Long Service Leave	1,658	450	22	18	1,680	468
Superannuation	5,625	5,279	90	92	5,715	5,371
Total Employee Benefits	68,469	63,301	1,049	1,025	69,518	64,326
Non Salary Labour Costs						
Fee for Service Medical Officers	7,657	7,741	-	-	7,657	7,741
Supplies and Consumables						
Drug Supplies	4,040	3,752	-	-	4,040	3,752
Medical and Surgical Supplies	7,426	7,818	365	489	7,791	8,307
Food Supplies	877	896	350	302	1,227	1,198
Total Supplies and Consumables	12,343	12,466	715	791	13,058	13,257
Other Expenses from Continuing Operations						
Domestic Services and Supplies	1,293	1,263	225	148	1,518	1,411
Fuel Light Power and Water	792	874	118	66	910	940
Insurance Costs Funded by DH	2,156	1,947	-	-	2,156	1,947
Repairs and Maintenance	1,092	1,011	488	717	1,580	1,728
Maintenance Contracts	437	478	5	-	442	478
Motor Vehicles	544	565	16	15	560	580
Administrative Expenses	4,892	3,939	127	196	5,019	4,135
Patient Transport	1,072	946	-	-	1,072	946
Bad Debts	7	11	-	-	7	11
Audit Fees - VAGO Audit of Financial Statements	42	39	-	-	42	39
Audit Fees - Other	60	61	-	-	60	61
Total Other Expenses from Continuing Operations	12,387	11,134	979	1,142	13,366	12,276
Expenditure Using Capital Purpose Income						
Other Expenses	54	21	-	-	54	21
Total Expenditure Using Capital Purpose Income	54	21	-	-	54	-
Depreciation and Amortisation	-	-	5,850	3,044	5,850	3,044
Finance Costs	1	1	-	-	1	1
Total Expenses	100,911	94,664	8,593	6,002	109,504	100,666

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

Note 3a: Analysis of Expenses by Source

	Admitted Patients	Out-patients	EDS	Ambulatory	Aged & Home Care	RAC	Mental Health	Primary Health	Other	Total
	2010 \$000	2010 \$000	2010 \$000	2010 \$000	2010 \$000	2010 \$000	2010 \$000	2010 \$000	2010 \$000	2010 \$000
Services Supported by Health Services Agreement										
Employee Benefits	39,741	3,201	2,526	2,942	1,678	2,174	11,224	1,468	3,516	68,470
Non Salary Labor Benefits	7,653	-	-	-	-	4	-	-	-	7,657
Supplies and consumables	8,722	703	554	646	368	52	205	322	772	12,344
Other Expenses from Continuing Operations	7,099	570	450	524	299	198	2,358	261	626	12,385
Finance Costs (refer note 5)	1	-	-	-	-	-	-	-	-	1
Sub-Total Expenses from Services Supported by Health Services Agreement	63,216	4,474	3,530	4,112	2,345	2,428	13,787	2,051	4,914	100,857
Services Supported by Hospital and Community Initiatives										
Employee Benefits	-	-	-	-	-	-	-	-	1,048	1,048
Supplies and Consumables	-	-	-	-	-	-	-	-	525	525
Other Expenses from Continuing Operations	-	-	-	-	-	-	-	-	1,170	1,170
Depreciation and Amortisation (refer note 4)	-	-	-	-	-	-	-	-	5,850	5,850
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	8,593	8,593
Services Supported by Capital Sources										
Other Expenses	-	-	-	-	-	-	-	-	54	54
Sub-Total Expenses from Services Supported by Capital Resources	-	-	-	-	-	-	-	-	54	54
Total Expenses	63,216	4,474	3,530	4,112	2,345	2,428	13,787	2,051	13,561	109,504
	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 Labor 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
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	6,002	6,002
Services Supported by Capital Sources										
Other Expenses	-	-	-	-	-	-	-	-	21	21
Sub-Total Expenses from Services Supported by Capital Resources	-	-	-	-	-	-	-	-	21	21
Total Expenses	56,630	4,632	3,798	4,164	2,457	2,597	13,626	2,140	10,622	100,666

Note 4: Depreciation and Amortisation

	2010 \$000	2009 \$000
Depreciation		
Buildings	4,115	1,248
Plant and Equipment	213	354
Medical Equipment	641	507
Computers and Communications	292	346
Furniture and Fittings	90	93
Motor Vehicles	495	492
Total Depreciation	5,846	3,040
Amortisation		
Leased Assets	4	4
Total Amortisation	4	4
Total Depreciation and Amortisation	5,850	3,044

Note 5: Finance Costs

	2010 \$000	2009 \$000
Finance Charges on Finance Leases	1	1
TOTAL	1	1

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 overdraft.

	2010 \$000	2009 \$000
Cash on Hand	4	4
Cash at Bank	1,355	444
Deposits at Call	14,046	8,246
Cash at End of Reporting Period	15,405	8,694
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	15,010	8,378
Cash for Monies Held in Trust		
- Endowment Fund	22	22
- Deposits at Call	373	294
TOTAL	15,405	8,694

Note 7: Receivables

	2010 \$000	2009 \$000
Current		
Contractual		
Acute - Inpatient	374	193
Acute - Outpatient	79	83
Aged Care - Nursing Home	51	36
Regional Institutions	1,842	614
Linen Service Debtors	150	96
Accrued Investment Income	200	101
Less Provision for Bad Debts	(12)	(12)
	2,684	1,111
Statutory		
GST Receivable	367	299
Accrued Government Grants	359	386
	726	685
Total Current Receivables	3,410	1,796
Non Current		
Statutory		
Long Service Leave - DHS	222	-
Total Non Current Receivables	222	-
Total Receivables	3,632	1,796
(a) Movement in the Allowance for Doubtful Debts		
Balance at Beginning of Year	12	8
Amounts Written Off During the Year	(7)	(11)
Amounts Recovered During the Year	7	15
Balance at End of Year	12	12

(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

Note 8: Inventories

	2010 \$000	2009 \$000
Pharmaceuticals at Cost	369	318
Medical and Surgical at Cost	445	296
Stationery at Cost	28	107
Domestic and Maintenance at Cost	225	49
Food Supplies at Cost	113	24
Kiosk and Healthcare Shop Supplies at Cost	110	95
Bulk Linen Store - Linen Service at Cost	152	164
Linen in Use at Net Realisable Value	244	434
Total Inventories	1,686	1,487

Note 9: Events Occurring After the Balance Sheet Date

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

Note 10: Investments Accounted for using the Equity Method

	2010 \$000	2009 \$000
Investment in Jointly Controlled Entities	215	344

Name of Entity	Principal Activity	Country of Incorporation	Ownership Interest
Jointly Controlled Entities			
			2010 %
			2009 %
South West Alliance of Rural Health (SWARH)	Information Technology Services	Australia	15.81
			15.36

Summarised Financial Information of Jointly Controlled Entities:

	2010 \$000	2009 \$000
CURRENT ASSETS	1,970	767
NON-CURRENT ASSETS	32	40
SHARE OF TOTAL ASSETS	2,002	807
CURRENT LIABILITIES	1,767	461
NON CURRENT LIABILITIES	20	2
SHARE OF TOTAL LIABILITIES	1,787	463
NET ASSETS	215	344
SHARE OF JV PROFIT/(LOSS)	(129)	249
CAPITAL COMMITMENTS	-	81
OPERATING LEASE COMMITMENTS	1,415	-

This represents the hospital's 15.81% share of joint venture outstanding capital commitments for IT services, materials and equipment.

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

Note II: Property, Plant and Equipment

	Gross Cost/ Valuation 2010 \$000	Gross Cost/ Valuation 2009 \$000	Accum. Deprec. 2010 \$000	Accum. Deprec. 2009 \$000	Net Assets at 2010 \$000	Net Assets at 2009 \$000
Land at Fair Value	16,235	16,235	-	-	16,235	16,235
Buildings at Fair Value	43,304	43,304	4,095	-	39,209	43,304
Subtotal	59,539	59,539	4,095	-	55,444	59,539
Buildings at Cost	507	-	20	-	487	-
Buildings Under Construction at Cost	33,808	9,949	-	1	33,808	9,948
Plant and Equipment at Fair Value	5,875	5,723	3,745	3,437	2,130	2,286
Medical Equipment at Fair Value	8,839	8,197	6,287	5,749	2,552	2,448
Computers and Communications at Fair Value	3,928	3,441	3,025	2,731	903	710
Furniture and Fittings at Fair Value	1,369	1,358	929	846	440	512
Motor Vehicles at Fair Value	3,426	3,346	760	577	2,666	2,769
Leased Assets at Cost	46	46	37	36	9	10
Subtotal	57,798	32,060	14,803	13,377	42,995	18,683
Total	117,337	91,599	18,898	13,377	98,439	78,222

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 & Buildings under construct.	Plant & Equip.	Medical Equip.	Comp. & Comm.	Furniture & Fittings	Motor Vehicles	Leased Assets	Total
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 1 July 2009	16,235	53,252	2,286	2,448	710	512	2,769	10	78,222
Additions	-	24,370	186	649	493	11	1,157	-	26,865
Disposals	-	-	(33)	-	-	-	(765)	-	(798)
Revaluation Increments/(Decrements)	-	-	-	-	-	-	-	-	-
Depreciation/Amortisation Expense (refer note 4)	-	(4,118)	(309)	(545)	(299)	(83)	(495)	(1)	(5,850)
Balance at 30 June 2010	16,235	73,504	2,130	2,552	903	440	2,666	9	98,439

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 confirms 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.

Note 12: Payables

	2010 \$000	2009 \$000
Current		
Contractual		
Trade Creditors	1,800	1,826
Accrued Expenses	5,934	1,704
TOTAL CURRENT	7,734	3,530
Non-Current		
Other Creditors	356	-
TOTAL NON-CURRENT	356	-
TOTAL	8,090	3,530

(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

	2010 \$000	2009 \$000
CURRENT		
Australian Dollar Borrowings		
Finance Lease Liability (i) (refer Note 19)	5	5
Total Current	5	5
NON CURRENT		
Australian Dollar Borrowings		
Finance Lease Liability (refer Note 19)	-	5
Total Non-Current	-	5
Total Interest Bearing Liabilities	5	10

(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

Note 14: Employee Benefits and Related On-Costs Provisions

	2010 \$000	2009 \$000
CURRENT		
Employee Benefits		
- unconditional and expected to be settled within 12 months	7,268	6,487
- unconditional and expected to be settled after 12 months	5,619	5,113
Provisions Related to Employee Benefit On-Costs		
Unconditional and expected to be settled within 12 months (nominal value)	718	1,362
Unconditional and expected to be settled after 12 months (present value)	766	614
Total Current Provisions	14,371	13,576
NON-CURRENT		
Employee Benefits	1,443	1,319
Provisions Related to Employee Benefit On-Costs	173	159
Total Non-current Provisions	1,616	1,478
	2010 \$000	2009 \$000
Current Employee Benefits		
Unconditional LSL Entitlement	7,150	6,573
Accrued Wages and Salaries	1,550	1,914
Annual Leave Entitlements	5,487	4,906
Accrued Days Off	184	183
Non-Current Employee Benefits		
Conditional Long Service Leave Entitlements (Present Value)	1,616	1,478
Total	15,987	15,054
Movement in Long Service Leave:		
Balance at start of Year	8,050	8,389
Provision made during the Year	1,700	471
Settlement made during the Year	984	810
Balance at End of Year	8,766	8,050

Note 15: Other Liabilities

	2010 \$000	2009 \$000
Monies held in Trust		
- Patient Monies held in Trust	373	294
Total	373	294
Represented by the following Assets:	2010 \$000	2009 \$000
Cash Assets (Note 6)	373	294
Total	373	294

Note 16: Equity and Reserves

	2010 \$000	2009 \$000
(a) Reserves		
Property, Plant and Equipment Revaluation Surplus		
Balance at the beginning of the Reporting Period	13,749	21,044
Revaluation Increment/(Decrements)		
Land	-	5,128
Buildings	-	(12,423)
Balance at the end of the Reporting Period	13,749	13,749
Represented By:		
Land	11,950	11,950
Buildings	1,799	1,799
	13,749	13,749
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	13,771
(b) Contributed Capital		
Balance at the beginning of the Reporting Period	66,744	54,770
Capital Contribution received from Victorian Government	-	11,974
Balance at the end of the Reporting Period	66,744	66,744
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the Reporting Period	(8,860)	(6,207)
Net Result for the Year	23,267	(2,653)
Balance at the end of the Reporting Period	14,407	(8,860)
(d) Total Equity at end of Financial Year	94,922	71,655

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

	2010 \$000	2009 \$000
Net Result for the Year	23,267	(2,653)
NON CASH MOVEMENTS		
Non Cash Revenue	(1,036)	-
Depreciation and Amortisation	5,850	3,044
Net (Gain)/Loss from Sale of Plant and Equipment	30	131
Share of Operating Result of Joint Venture		(249)
Change in Inventories	(200)	(77)
Change in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	(1,614)	36
(Increase)/Decrease Other Current Liabilities	79	(158)
Increase/(Decrease) in Payables	748	130
Increase/(Decrease) in Employee Entitlements	711	358
(Increase)/Decrease in Other Current Assets	50	125
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	27,885	687

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 2010 \$000	Carrying Amount 2009 \$000
Financial Assets		
Cash and Cash Equivalents	15,405	8,694
Loans and Receivables	3,043	1,497
Total Financial Assets (i)	18,448	10,191
Financial Liabilities		
At Amortised Cost	8,468	3,834
Total Financial Liabilities (ii)	8,468	3,834

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 payables)

(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			1-5 Years \$000	Impaired Financial Assets \$000
			Less than 1 Month \$000	Not Impaired 1-3 Months \$000	3 months -1 Year \$000		
2010							
Financial Assets							
Cash and Cash Equivalents	15,405	15,405	-	-	-	-	-
Receivables - Debtors	3,043	2,015	961	26	41	-	-
Total Financial Assets	18,448	17,420	961	26	41	-	-
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	-	-	-	-

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

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

(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
2010						
Financial Liabilities						
Trade Creditors and Accruals	8,090	8,090	7,734	-	-	356
Interest Bearing Lease	5	5	-	1	4	-
Accommodation Bonds	373	373	373	-	-	-
Total Financial Liabilities	8,468	8,468	8,107	1	4	356
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

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 is 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.

Note 18: Financial Instruments (cont.)

(d) Market Risk (cont.)

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
2010					
Financial Assets					
Cash and Cash Equivalents (i)	5.15	15,405	14,033	1,372	-
Receivables - Debtors	-	3,043	-	-	3,043
Total Financial Assets	-	18,448	14,033	1,372	3,043
Financial Liabilities					
Trade Creditors and Accruals	-	8,090	-	-	8,090
Interest Bearing Lease	4.95	5	5	-	-
Accommodation Bonds	-	373	-	-	373
Total Financial Liabilities	-	8,468	5	-	8,463
2009					
Financial Assets					
Cash and Cash Equivalents (i)	6.15	8,694	8,023	671	-
Receivables - Debtors	-	1,497	-	-	1,497
Total Financial Assets		10,191	8,023	671	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

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

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.

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

(d) Market Risk (cont)

	Carrying Amount \$000	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
2010									
Financial Assets									
Cash and Cash Equivalents (i)	15,405	(154)	(154)	154	154	-	-	-	-
Receivables	3,043	-	-	-	-	-	-	-	-
Financial Liabilities									
Trade creditors and accruals	8,090	-	-	-	-	-	-	-	-
Interest Bearing Liabilities	5	-	-	-	-	-	-	-	-
Accommodation Bonds	373	4	4	(4)	(4)	-	-	-	-

	Carrying Amount \$000	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)	-	-	-	-

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

(e) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are determined as follows:

- the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices; and
- the fair value of other financial instrument assets and liabilities are determined in accordance with generally accepted pricing models based on discounted cash flow analysis.

South West Healthcare considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying Amount 2010 \$'000	Fair Value 2010 \$'000	Carrying Amount 2009 \$'000	Fair Value 2009 \$'000
Financial Assets				
Cash and Cash Equivalents	15,405	15,405	8,694	8,694
Receivables-Debtors	3,043	3,043	1,497	1,497
Total Financial Assets	18,448	18,448	10,191	10,191
Financial Liabilities				
Trade creditors and accruals	8,090	8,090	3,530	3,530
Interest Bearing Liabilities	5	5	10	10
Accommodation Bonds	373	373	294	294
Total Financial Liabilities	8,468	8,468	3,834	3,834

APPENDIX 4 NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June 2010

Note 19: Commitments

	2010 \$000	2009 \$000
Capital Commitments Payable:		
Land & Buildings	69,938	79,262
Total Capital Commitments	69,938	79,262
Land & Buildings		
Not later than one year	40,200	25,000
Later than one year and not later than five years	29,738	54,261
Total	69,938	79,261
	2010 \$000	2009 \$000
Lease Commitments		
Cancelable Finance Leases		
Commitments in relation to finance leases are payable as follows:		
Not later than one year	6	7
Later than one year but not later than five years	-	6
Minimum Lease Payments	6	13
Less Future Finance Charges	(1)	(3)
TOTAL	5	10
Representing Lease Liabilities		
Current (Note 13)	5	5
Non-Current (Note 13)	-	5
TOTAL	5	10
Operating Commitments		
Non-Cancellable Operating Leases		
Commitments in relation to rental of buildings and medical equipment leases are payable as follows:		
Not later than one year	203	152
Later than one year but not later than five years	377	79
TOTAL	580	231

Note 20: Contingent Liabilities and Contingent Assets

	2010 \$000	2009 \$000
Details of estimates of maximum amounts of contingent liabilities are as follows:		
Contingent Liabilities		
Quantifiable		
Other - Recallable DHS Capital Grant	66	99
Total Quantifiable Liabilities	66	99

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

Note 21: Segment Reporting

	Hospital Warrnambool Campus		Hospital Camperdown Campus		Nursing Home Camperdown Campus		Linen Service		Mental Health		Macarthur		Eliminations		Consolidated	
	2010 \$000	2009 \$000	2010 \$000	2009 \$000	2010 \$000	2009 \$000	2010 \$000	2009 \$000	2010 \$000	2009 \$000	2010 \$000	2009 \$000	2010 \$000	2009 \$000	2010 \$000	2009 \$000
External Segment Revenue	107,058	73,353	7,251	6,509	2,610	2,612	960	861	14,375	13,767	646	662	-	-	132,900	97,764
Share of Net Result from Joint Venture Intersegment Revenue	(129)	249	-	-	-	731	711	-	-	-	-	(731)	(711)	-	(129)	249
Total Revenue	106,929	73,602	7,251	6,509	2,610	2,612	1,691	1,572	14,375	13,767	646	662	(731)	(711)	132,771	98,013
External Segment Expenses	78,160	73,352	7,076	6,529	2,409	2,542	1,559	1,316	13,817	13,342	633	541	-	-	103,654	97,622
Intersegment Expenses	731	711	-	-	-	-	-	-	-	-	-	-	(731)	(711)	-	-
Depreciation	3,807	2,157	909	281	292	22	134	131	636	405	72	48	-	-	5,850	3,044
Total Expenses	82,698	76,220	7,985	6,810	2,701	2,564	1,693	1,447	14,453	13,747	705	589	(731)	(711)	109,504	100,666
Net Result for Year	24,231	(2,618)	(734)	(301)	(91)	48	(2)	125	(78)	20	(59)	73	-	-	23,267	(2,653)
Segment Assets	85,338	67,421	8,831	5,164	2,062	1,835	2,134	2,037	19,154	12,362	1,643	1,380	-	-	119,162	90,199
Share of JV Assets from SWARH	215	344	-	-	-	-	-	-	-	-	-	-	-	-	215	344
Total Assets	85,553	67,765	8,831	5,164	2,062	1,835	2,134	2,037	19,154	12,362	1,643	1,380	-	-	119,377	90,543
Total Liabilities	20,012	14,244	1,348	1,654	769	446	257	277	1,954	2,143	115	124	-	-	24,455	18,888
Acquisition of Property, Plant and Equipment	25,801	13,727	457	394	12	140	135	8	394	2,533	66	124	-	-	26,865	16,926

The Major Products/Services from which the above Segments derive Revenue are:

Business Segments:

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

Services:

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

GEOGRAPHICAL SEGMENT

South West Healthcare operates predominantly in South West Victoria.

Note 22a: Responsible Person-Related Disclosures

Responsible Ministers:	Period:
The Honourable Daniel Andrews, MLA, Minister for Health	01/07/2009 - 30/06/2010
Governing Board:	
Mrs. S. Muldoon	01/07/2009 - 30/06/2010
Mr. F. Broekman	01/07/2009 - 30/06/2010
Ms. F. Melican	01/07/2009 - 30/06/2010
Mrs. M. Alexander	01/07/2009 - 30/06/2010
Mr. C. Logan	01/07/2009 - 30/06/2010
Mr. S. Callaghan	01/07/2009 - 30/06/2010
Mr. J. Maher	01/07/2009 - 30/06/2010
Mr. J. Cole	01/07/2009 - 30/06/2010
Mr R. Worland	01/07/2009 - 30/06/2010
Accountable Officer:	
Mr. J. Krygger	01/07/2009 - 30/06/2010

Remuneration of Responsible Persons

	Total Remuneration 2010	2009
Income Band:		
\$280,000 - \$289,999	1	-
\$270,000 - \$279,999	-	1
\$0	10	11
Total Numbers	11	12
	2010	2009
	\$000	\$000
Total Remuneration	289	274

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.

	2010 \$000	2009 \$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.	354	371

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	
	2010	2009	2010	2009
\$280,000 - \$289,999	1	-	1	-
\$270,000 - \$279,999	-	1	-	1
\$160,000 - \$169,999	2	-	2	-
\$150,000 - \$159,999	1	1	1	1
\$140,000 - \$149,999	-	2	-	2
\$130,000 - \$139,999	1	-	1	-
\$120,000 - \$129,999	-	1	-	1
Total Numbers	5	5	5	5
	\$000	\$000	\$000	\$000
Total Remuneration	908	841	908	841

Remuneration Includes Superannuation Guarantee Levy, Employer Superannuation Contributions, Deemed Value of Motor Vehicle and All Non-Cash Benefits.



SWH's WALK IT! WARRNAMBOOL working party puts its best foot forward. The brainchild of Chief Occupational Therapist (OT) Josephine Gibbs (right), the map's seven options promote walking as a great way to improve health and wellbeing. Josephine's joined here by WIW members (from left) SWH Occupational Therapy Assistant John Brooks, Lyndoch's Paul Torpy, SWH Community OT Aislinn Traynor, SW Alexander Tehnique's Jeanette Hajnci and Warrnambool City Council's Marree Wyse. In the background are Deakin University OT students whose student-placement colleagues helped develop the map by measuring gradients and distances. Copies are available at the Warrnambool Tourist Information Centre courtesy of funding from WCC's Rural Access Program, Go For Your Life and SW PCP.

SWH Hospitals



Warrnambool Hospital
Ryot Street
Warrnambool 3280
ph 03 5563 1666
fax 03 5563 1660



Camperdown Hospital
Robinson Street
Camperdown 3260
ph 03 5593 7300
fax 03 5593 2659

SWH Community Psychiatric Services



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



Camperdown
64 Scott Street
Camperdown 3260
ph 03 5593 6000
fax 03 5593 2403



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



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

SWH Community Health Centres



**Warrnambool
Community Health**
Henna Street
Warrnambool 3280
ph 03 5564 4190
fax 03 5563 1660



Manifold Place
Manifold Street
Camperdown 3260
ph 03 5593 1892
fax 03 5593 2010



**David Newman
Adult Day Centre**
Church Street
Camperdown 3260
ph 03 5593 2717
fax 03 5593 3087



**Lismore
Community Health**
High Street
Lismore 3324
ph 03 5558 3000
fax 03 5596 2265



**Macarthur
Community Health**
12 Ardonachie Street
Macarthur 3286
ph 03 5552 2000
fax 03 5576 1098

SWH Aged Care Facility



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

www.southwesthealthcare.com.au

