

Western District Health Service



Caring for our Community

Annual Report 2007

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Annual Report 2007

“Caring for our Community”

In 2006/2007 Western District Health Service saw a significant growth in the range of services provided to our community, with a strong emphasis on promoting and supporting health and wellbeing.

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Glossary of terms	inside back cover

Front cover clockwise from top left: ■ Theatre nurse Kim Sheehan escorts patient Jillinda Eats. ■ Midwife Eldre Slabbert welcomes one of the 219 babies born at HBH this year. ■ GP Anaesthetist Craig de Kievit and Otolaryngologist Laurie Ryan chat with young patient Jackson and his mother Tara McKenzie prior to surgery. ■ Community Health Nurse Cathy Armstrong supports community physical activities such as the Hamilton Walkers Group. ■ Allied Health assistant Di Walkenhorst leads a “Well for Life” program at the Day Centre open day.

This report:

- Covers the period 1 July 2006 to 30 June 2007
- Is the Ninth annual report for Western District Health Service
- Is prepared for the Minister of Health, the Parliament of Victoria and the community
- Is a public document freely available on our website and from WDHS on request
- Is prepared in accordance with government and legislative requirements and ARA criteria
- Provides an accurate record of our activities and achievements against key performance measures
- Acknowledges the support of our community
- Is printed on TCF (chlorine free) paper stock

Our Mission

To meet the health needs of the residents of the Western District by delivering valued, high quality primary care, health promotion and illness prevention, acute care, extended care and community-based services.

Our Vision

Excellence in healthcare, putting people first.

Our Values

We value:

- our customers - we recognise their rights, encourage their participation and are committed to their wellbeing
- improving performance - we are committed to a culture of continuous quality improvement
- our staff as our most valuable resource - we are committed to their wellbeing and ongoing professional growth and development
- strong leadership - we are committed to governance and management that sets sound directions
- safe practice - we are committed to the provision of a safe environment



Highlights

- Five year Human Resources Strategic Plan completed p6, 19, 28
- Land purchased at Coleraine and Merino for Coleraine and Merino redevelopment p6, 7
- Schematic design completed and early works construction of three replacement Independent Living Units commenced for Coleraine campus redevelopment p6
- Hamilton and Penshurst Aged Care residential facilities re-accredited for a further three years p5, 11, 26
- Excellent results for food safety, waste management, pressure area care and top rating for external cleaning audits and patient satisfaction surveys p5, 11, 19
- Successful ACHS periodic review, to maintain accreditation status p11
- Post Medical Graduate re-accreditation for a further three years p23
- Accreditation and funding received to establish a GP Anaesthetic Trainee position p5, 23
- Commonwealth approval received for 10 additional Community Aged Care Packages (five rural, five remote) and one residential bed at Coleraine p5, 23, 27
- \$1.05 million grant over three years for Chronic Disease Management through the Hospital Admission Risk Program p5, 23, 31, 34
- \$186,000 grant over two years for GPs in Community Health Centres for Chronic Disease Management p5, 23
- \$614,000 grant over 3 ½ years for "Go For Your Life" program focusing on obesity and physical activity p5, 31, 32, 34
- \$300,000 grant over three years for YouthBiz 10MMM Program through VicHealth Young Persons Technology Grant p5, 32
- Neonatal/Paediatric services and Accident and Emergency medical services enhanced p5, 23, 29
- \$620,000 grant from the Commonwealth Government to extend Sustainable Farm Families program to rural and remote parts of NSW, QLD, WA and the Northern Territory p5, 33
- 37 health professionals from across Australia completed Sustainable Farm Families Train the Trainer program p5, 33
- Sustainable Farm Families program awarded Victorian Public Health Award for program excellence p1, 33
- Infection Control Consultant awarded Employee of the Year for the South West Coast p18
- Rehabilitation project leader awarded State Nursing Clinical Excellence award and VHA True Professional Award for DCEO p5

The Minister for Health, Bronwyn Pike, presented the WDHS project Sustainable Farm Families with the Award for Excellence at the 2006 Public Health Awards for Excellence and Innovation ceremony in Melbourne.

The awards recognise and celebrate the significant contributions made each year by Victoria's public health community.

Through SFF, farm family health is being recognized by farming families, communities and organisations as an important resource to invest substantial individual. SFF addresses the health of the human resource in the triple bottom line critical to the farming business, the sector's prosperity and the long-term future of rural communities.

Year in brief

	2007	2006	% change
Financial (\$000s)			
Total revenue	46,941	45,135	4.0%
Total expenditure	46,726	44,853	4.2%
Surplus (before capital and specific items)	215	282	(23.8%)
Total assets	68,944	66,131	4.3%
Total liabilities	15,130	13,054	15.9%
Equity	53,814	53,077	1.4%
Fundraising (000s)			
Income	672	1,729	(61.1%)
Expenditure	14	27	(48.1%)
Surplus	658	1,702	(61.3%)
Staff			
Number of staff employed	672	678	(0.9%)
Equivalent full time	526.06	520.79	(1.0%)
Performance Indicators (Acute)			
Inpatients treated (separations)	6,890	6,840	0.7%
Complexity adjusted inpatients (WIES13)*	5,240	5,188	1.0%
Average stay (days)	3.48	3.51	(1.0%)
Inpatient bed days	23,968	24,027	(0.2%)
Total occasions of non-admitted patient service	56,812	59,965	(5.3%)
*WIES - Weighted Inlier Equivalent Separations			



Overview

Leadership and Management



Western District Health Service hosted 20 managers from Indonesia.

Objectives

To be a leader in the provision of Rural Health Services and provide efficient and effective Governance for patient care and resource use

Strategies

Lead and develop health services across Southern Grampians/Glenelg Sub Region
 Extend services provided via Contract and Outreach
 Participate in the development and implementation of ICT through SWARH
 Continue to set sound directions to maintain financial and service viability
 Maintain structures and systems to ensure clinical and corporate governance accountability

Outcomes

Host to 20 Managers from Indonesia -p6
 Extend services provided under contract to Edenhope -p26
 Extend payroll services to Hesse and Otway Health Services -p6
 Implementation of virtual services -p6, 23, 27-28, 30
 Implementation of strategic and service plans -p6, 19, 21, 30
 Operating budget surplus and WIES target exceeded by 3.67% -p6, 8
 Two new Board Members appointed -p12
 Lead the implementation of new financial management systems across SWARH -p30

Future

Establish a School of Podiatry in partnership with Latrobe and Greater Health Universities
 Develop an MOU with Deakin Rural and Regional Medical School
 Implement sub regional shared services initiatives
 Complete virtual services link up with specialist services
 Continue implementation of strategic and service plans.
 Update 3 year budget strategy

Improving Performance

To comply with ACHS, Aged Care and World's Best Practice standards through pursuit of continuous quality improvement (QI) and Risk Management programs

Participation in Best Practice projects
 Maintain compliance with legislative, statutory, ACHS and Aged Care Standards requirements
 Continued development of Risk Management Program and Clinical Risk Register
 Participate in Statewide consumer satisfaction and patient surveys

Participation in research of and economic evaluation of Sustainable Farm Families -p33
 Evaluation of technology for Young Persons project -p11, 32
 3 year re-accreditation for Hamilton and Peshurst Aged Care facilities -p5, 11, 26
 Successful ACHS periodic review and alignment survey -p5, 11
 Post Medical Graduate re-accreditation for 3 years -p5, 23
 Riskman on line reporting system implemented -p11, 13, 21
 Risk register updated -p11, 13
 High peer group rating for consumer satisfaction -p5, 11

Continued participation in Best Practice and Research projects
 Re-accreditation of Coleraine Aged Care Services and successful support visits for all campuses
 Development of Risk Management Internal Audit plan for next 3 years
 Prepare for ACHS Accreditation Survey in 2009
 Continued participation in surveys

Community Based Services

To continue to develop contemporary health programs which support access and improve the health and wellbeing of the community
 To enhance partnerships between consumers and Western District Health Service to maximise participation in preventative health

Implementation and expansion of Sustainable Farm Families program across rural and remote Australia
 Expansion of programs for young people
 Continue to promote and expand primary care and health promotion programs that support health and wellbeing

Sustainable Farm Families Pilot Program extended to rural and remote parts of NSW, QLD, WA and Northern Territory -p5, 33
 \$300,000 grant over 3 years to extend YouthBiz 10MMM program using technology -p5, 32
 \$614,000 grant over 3 ½ years for "Go For Your Life" program focusing on obesity and physical activity in the Southern Grampians Shire -p5, 31, 32
 Rural Drought forums held and key stakeholders committee formed -p6, 31, 34
 \$186,000 grant over 2 years for GPs in Community Health Centres CDM Project -p5, 23, 32

Continued roll out of Sustainable Farm Families program
 Continue to expand health and wellbeing programs
 Expand SW Community Transport program
 Implementation of obesity and physical activity initiative
 Increase GP involvement in Community Health programs
 Pursue incorporation of Lymphoedema Service into Aids and Equipment program

Reporting against our objectives



Each year Western District Health Service develops an Organisational Plan to provide strategic direction in eight key strategic areas. We have detailed the key goals, and strategies established for 2006/07, with a summary of outcomes and a profile of our future directions. Further details are outlined throughout this report. Please refer to the glossary on the inside back cover for abbreviations.

	Objectives	Strategies	Outcomes	Future
<p>Clinical Services</p> <p>Acute and Extended Care</p>	<p>To provide an integrated range of acute health services to our community</p> <p>To enhance the coordination and interface between acute and primary care to ensure patient needs are met</p> <p>To enhance our role as a referral centre for specialist services</p> <p>To provide a comprehensive range of services to the aged, including specialist extended care, residential care and Community Aged Care Packages (CACPs)</p>	<p>Enhance Neonatal/ Paediatric services</p> <p>Enhance medical training</p> <p>Support the establishment of a monthly Neurology Outreach service</p> <p>Complete the evaluation of the Southern Grampians/ Glenelg Rehabilitation Program</p> <p>Secure recurrent funding for Chronic Disease Management Program</p> <p>Secure approval to convert unfunded Aged Care bed at Coleraine to funded status</p> <p>Increase number of CACPs</p>	<p>2 GP Proceduralists trained and credentialed for neonatal/paediatrics -p5, 23</p> <p>Additional medical coverage for A & E -p23</p> <p>Accreditation for anaesthetic GP Trainee post -p5, 23</p> <p>Monthly Neurology service funded through MSOAP -p23</p> <p>Evaluation of Southern Grampians/Glenelg Rehabilitation Program completed with recommendation to continue -p24</p> <p>\$1.05 million allocated to CDMP through HARP over 3½ years -p5, 21, 23, 31</p> <p>Additional funded residential bed approved by Commonwealth for Coleraine -p5</p> <p>10 new CACPs allocated by Commonwealth -p5, 23, 27</p>	<p>Improve discharge planning and clinical handover</p> <p>Increase funding allocation for joint replacement surgery</p> <p>Implement long stay older patient care initiative</p> <p>Secure recurrent funding for the Southern Grampians/ Glenelg Rehabilitation Program</p> <p>Increase the number of aged residential high care beds</p>
<p>Human Resources Management</p>	<p>To recruit, develop and retain high calibre staff committed to customer focus services</p> <p>Provide training opportunities that motivate and encourage staff to maximise the use of their skills</p>	<p>Maintain and promote Western District Health Service with Universities</p> <p>Maintain Graduate Programs</p> <p>Promote staff and organisational achievements and awards</p> <p>Introduce Graduate Program for Division 2 Nurses</p> <p>Implement Enhanced Scope of Practice</p> <p>Implement Continuing Education Programs</p> <p>Continue Post Graduate Program for specialist areas</p> <p>Develop 5 year Strategic Plan</p> <p>Support innovation and leadership</p>	<p>Undergraduate clinical placements for Nursing, Medical and Allied Health -p20, 22</p> <p>12 Graduate Nurses, one Management Trainee and GP Anaesthetist Trainee-p5, 22, 23</p> <p>Staff and organisational awards -p5, 19, 20</p> <p>Graduate Program for Division 2 Nurses implemented -p22</p> <p>Enhanced Scope of Practice commenced -p22, 27</p> <p>Sub Regional Education Program roll out -p6, 21, 22</p> <p>E-learning program established for core competencies -p6, 22, 23</p> <p>37 Health professionals across Australia completed Sustainable Farm Families Train the Trainer Program -p5, 33</p> <p>Midwifery, ICU, Theatre and A&E upskilling completed by staff -p20, 22</p> <p>5 year Strategic Plan and implementation plan completed -p6, 19, 28</p>	<p>Maintain undergraduate clinical placements</p> <p>Implementation of HR Strategic Plan</p> <p>Provision of Graduate Placements</p> <p>Promote staff and organisational achievements and awards</p> <p>Complete organisational effectiveness survey</p> <p>Roll out E-learning programs</p> <p>Participate in Australian UK Expo</p>

Below: The participants in the Division 1 first year Graduate Nurse Program



Overview

	Objectives	Strategies	Outcomes	Future
<p>Facilities and Equipment</p>  <p><i>A State Government grant and community donations enabled WDHS to purchase a new anaesthetic workstation. Hamilton philanthropist Geoff Handbury's \$25,000 gift which concluded the Appeal was welcomed by Director of Anaesthetics, Dr James Muir.</i></p>	<p>To upgrade and maintain facilities, equipment and infrastructure to meet the requirements of contemporary health care standards</p>	<p>Implement Capital Master Plans and redevelopment of facilities across Western District Health Service</p> <p>Upgrade major clinical equipment</p> <p>Upgrade infrastructure</p>	<p>Purchase of land for the redevelopment of Coleraine and Merino -p6, 7</p> <p>Schematic design completed and early works – construction of 3 replacement ILUs at Coleraine commenced -p6, 7, 39</p> <p>Upgrade of ICU -p23, 39</p> <p>New anaesthetic workstation for Hamilton Base Hospital theatres -p5, 23, 35</p> <p>Slit lamp purchased for virtual services link up with Eye and Ear Hospital -p6, 23, 29, 35</p> <p>New Nurse Call system installed at Hamilton Base Hospital -p6, 24, 30, 39</p> <p>Hamilton Medical Group ramp replacement -p39</p> <p>Final stage of HVAC project completed at Hamilton Base Hospital -p6, 28, 39</p>	<p>Progress the redevelopment of Coleraine and Merino</p> <p>Complete schematic design plans for Peshurst and Grange</p> <p>Complete stage 2 of RMO accommodation</p> <p>Complete final stages of Hamilton accommodation plan</p> <p>Continue upgrade of clinical equipment</p> <p>Continue infrastructure upgrade program</p>
<p>Safe Practice and Environment</p>	<p>To ensure a safe environment and the wellbeing and protection of consumers, staff and health service assets</p>	<p>Improve and promote safe practice programs</p> <p>Continue to meet environment, food and fire safety standards</p> <p>Implement Infection Control initiatives and Sub Regional plan</p>	<p>Successful WorkSafe audits -p20-21</p> <p>Grey water recycling project completed -p6, 21, 39</p> <p>Excellent results for Food Safety and Pressure Area Care -p5, 23, 25</p> <p>Top rating for external cleaning audit (98%) -p5, 19</p> <p>Top health rating and silver medal for waste management -p21-22, 28</p> <p>Lectora online fire training program implemented -p21-22, 28</p> <p>Best Practice hand hygiene roll out across Western District Health Service -p5, 23, 25</p>	<p>Continue to promote and improve safe practice</p> <p>Continue environment, food and fire safety programs</p> <p>Implement Sub Regional Infection Control plan and initiatives</p>
<p>Community Engagement</p>  <p><i>The Top of the Town committee reconvened to launch the second Charity Ball, to raise funds for a steriliser for theatre.</i></p>	<p>To increase community involvement and enhance the profile of the Health Service</p>	<p>Continue implementation of fundraising and donor initiatives</p> <p>Promote Western District Health Service and increase community awareness</p> <p>Inform and involve the community through all forms of media</p> <p>Increase consumer participation</p>	<p>Excellent fundraising result \$642,256 -p6-7, 10, 35</p> <p>Launch of 2nd Top of the Town Charity Ball – “Reflections” -p6, 36</p> <p>Publications, International, National and State presentations -p11, 27, 33, 39</p> <p>Internet upgraded -p28, 30</p> <p>Regional forums/Handbury Lecture -p6, 31, 34</p> <p>Establishment of a Community Advisory Committee -p6, 11</p> <p>Development of a Consumer Participation policy -p11</p> <p>Implementation of a pilot Virtual Visiting program for our residents in Aged Care -p6, 27, 30, 36</p> <p>Completion of Consumers in Counselling project -p31</p>	<p>Continue fundraising and donor initiatives</p> <p>Inform and involve the community via media, internet, newsletters, annual reports</p> <p>Launch 50 year and 20 year milestones for Peshurst and Frances Hewett Community Centre</p> <p>Provision of Regional Forums, focusing on education, health and wellbeing</p> <p>Develop and implement Consumer Participation plan</p> <p>Roll out of Virtual Services program</p>

Year in review

Report from the President and Chief Executive Officer

On behalf of the Board of Directors, Management and staff we are pleased to present the ninth Annual Report of Western District Health Service (WDHS).

Expanding Care for our Community

2006/2007 saw a significant growth in the range of services provided to our community with a strong emphasis on promoting and supporting health and wellbeing.

Major highlights included:

- A \$1.05 million grant over three years from the State Government through the Hospital Admission Risk Program to expand our Chronic Disease Management Program, which focuses on our Shire's two leading causes of illness - respiratory and heart disease
- An allocation of \$186,000 from the State Government over two years to support our involvement and partnership with our General Practitioners in the multi-disciplinary team case management of people with chronic disease
- Provision of a \$614,000 grant over three years from the State Government's "Go for Your Life" program, which will target obesity and physical activity in the Southern Grampians Shire. This project will be undertaken in conjunction with the Southern Grampians/Glenelg Primary Care Partnership and the Shire of Southern Grampians
- Expansion of the YouthBiz 10MMM program in partnership with RMIT University Hamilton following a \$300,000 grant over three years from VicHealth Young People, Technologies and Social Relationships Grant
- The extension of the highly successful Sustainable Farm Families program into rural and remote parts of NSW, QLD, WA and Northern Territory through the support of a \$620,000 grant from the Commonwealth Government. This program is now delivered nationally, and is recognised as a National leader in promoting the health and wellbeing of farming families. The program has also provided training to 37 health professionals from across Australia under a Train the Trainer model, to enable these staff to support the delivery of the program to their communities
- The provision of one residential bed and 10 additional Community Aged Care Packages to support our ageing population with five of the packages designed for remote areas of our community

Other service delivery enhancements included the continued implementation of our Midwifery Model of Care, expansion of medical coverage for GP Neonatal and Paediatrics, additional medical support for emergency services and the continued extension of medical coverage for midwifery services under the leadership of our Director of Obstetrics Dr Jacobus Cloete supported by our three GP Proceduralists.

With the support of our Director of Anaesthetics Dr James Muir, we received accreditation and funding for a GP Anaesthetic Trainee position to further enhance our role as a teaching facility.

Improving Performance

Our Health Service commitment to improving performance continued to be demonstrated by the successful outcomes



Western District Health Service Board President Richard Walter and Western District Health Service Chief Executive Officer Jim Fletcher, look forward to further developing the range of services which emphasise the promotion of health and wellbeing.

achieved through external surveys, participation in best practice and benchmarking projects.

Major achievements were the re-accreditation of aged care residential facilities at Hamilton and Penshurst, re-accreditation of the Post Graduate Medical program, maintaining accreditation status with the Australian Council of Healthcare Standards, top ratings for external cleaning audits, patient satisfaction, waste management and pressure area care. Food safety certification for all campuses, implementation of best practice hand hygiene and introduction of an electronic reporting system to improve reporting and management of incidents and risks were other highlights.

Human Resources

We are very proud of our staff and we were pleased to see their work recognised through a variety of organisational and individual awards. This year we received Victorian Public Health, State Nursing Excellence, South West Coast Employee of the Year, VHA True Professional, Australian Annual Reporting Gold Medal, commendation for Premier's Primary Health Care of the Year, Westvic Apprentice and Trainee and Rotary Pride of Workmanship awards.

Year in review



A generous donation from Mr Bob Henderson facilitated the purchase of a slit lamp to establish video microscope link-up with the Eye and Ear Hospital for our Emergency Department, to obtain specialist around the clock advice on eye injuries. Medical Unit Manager Betty Joosen put forward the proposal, and while the protocols with the Eye and Ear Hospital are in place, work continues on establishing the link. RMO Mohamed Mosa demonstrated the technology to Bob Henderson under the watchful eye of CEO Jim Fletcher and Betty Joosen.

To improve our ward and emergency communication system a new nurse call system was installed, funded by \$195,000 from Health Service reserves for Hamilton Base Hospital.

Leadership and Management

A new five year Human Resources Strategic Plan has been completed to assist us to address the ongoing challenge of recruiting, maintaining and developing a highly skilled workforce to meet health care needs.

WDHS has led the way for innovation in the use of technology with a State and National first Virtual Visiting program for residents in Aged Residential Care. On-line learning programs were also developed for core competencies and these will be rolled out to other health services in the sub region.

On a broader international note 20 healthcare managers from Indonesia visited to learn about the role, function and management of a Rural Regional Health Service.

The roll out of our payroll service to other agencies continued, with Otway Health and Hesse Rural Health coming on board.

We are pleased to report that we recorded an operating budget surplus of \$215,000 and exceeded our patient throughput by 3.67%.

Life Governorship

This year Life Governorship is awarded to Geoff Handbury for his outstanding support of the Health Service over many years.

Acknowledgements

The support we receive from many individuals, businesses, service clubs, support groups, auxiliaries, Aged Care Trust and volunteers is outstanding. Their support is greatly valued and appreciated as it is critical to our ongoing success and development as a Health Service.

We also recognise the outstanding contribution of our Board Members, staff, Visiting Medical Officers, Development Council, local Parliamentarians, State, Local and Commonwealth Governments and local radio and print media outlets.

Future Outlook

Our range of services grew in 2006/2007 thereby broadening our role and providing a stronger base to address current and emerging future community needs.

Our vision for the future is underpinned by robust strategic, service, capital and financial planning. This, together with strong governance and the support of key stakeholders, staff, Visiting Medical Officers and community, ensures that we are well placed to meet the future challenges with confidence to support the continued growth and development of our Health Service.

Community Support and Engagement

Engaging with the community is one of the key strategies of our strategic plan. This year we established a Community Advisory Committee, held a major drought forum, established a drought committee of key stakeholders and continued to grow our volunteer program.

Fundraising support from the community was again outstanding, despite the difficult circumstances confronting rural Victoria due to drought. \$642,256 was raised through our fundraising efforts, with major contributions from Brian McCutcheon, Joe Coltery, May Fraser, Langston and Eastwood Estates, Collier, Jack Brockhoff and William Buckland Foundations, regular supporters Geoff Handbury, Bob Henderson, Hospital Opportunity Shop, Hospital Auxiliaries, Aged Care Trust, Murray to Moyne teams, United Staff Association and many hundreds of other generous individuals and businesses.

The extension of our annual Hospital Sunday Appeal to rural areas resulted in a record total of \$41,000, exceeding our previous record by 30%. Two further highlights for the year were the launch of the second Top of the Town Charity Ball and the Annual Handbury Lecture presented to a full house by Professor Louise Baur on "Obesity the Millennium Disease".

Facilities and Equipment

Our major projects for the year included progressing the Coleraine and Merino redevelopment, completing the heating, ventilation and cooling project at Hamilton Base Hospital and replacing our ageing anaesthetic equipment.

With the support of the State Government, land was purchased at Coleraine and Merino, and schematic design and business case plans were completed. The Board committed \$400,000 of its funds for early works at Coleraine involving the construction of three replacement Independent Living Units.

We were pleased to receive \$110,000 from the State Government towards replacement of two anaesthetic workstations, with the balance of \$85,000 raised through community fundraising. A generous donation from Mr Bob Henderson facilitated the purchase of a slit lamp to establish video microscope link-up with the Eye and Ear Hospital for our Emergency Department to obtain specialist around the clock advice on eye injuries.

The Commonwealth and State Government contributed \$50,000 each to the \$120,000 grey water recycling project to ensure we play our part in conserving this valuable resource.

Richard Walter AM
President

Jim Fletcher
Chief Executive Officer

Financial overview

Western District Health Service aims to increase service provision in a financially sustainable way and utilises several key result areas to monitor performance.

These key result areas include:

- **Operating performance – achieving activity targets and a surplus from operations**
- **Liquidity – maintenance of sufficient assets to meet commitments as they fall due – a ratio in excess of 0.8**
- **Asset Management – ensuring that sufficient levels of investment are undertaken to maintain the asset base**



Coleraine hostel deputy supervisor Fay Picken, Coleraine campus Director of Nursing/ Manager Tim Pitt-Lancaster and WDHS CEO Jim Fletcher review Coleraine's redevelopment plans.

Financial Overview

On July 1, 2005 Coleraine District Health Service and Western District Health Service amalgamated to form a new entity. The financial statements prepared in accordance with the Australian equivalents to International Financial Reporting Standards (A-IFRS) for the year ended June 30, 2007 represent the second year of operation of the new reporting entity.

Western District Health Service achieved an entity surplus of \$352,000 for the 2006/07 financial year, improved overall liquidity, maintained the asset base with an investment in fixed assets of \$2.7million, and provided services in excess of targets in all areas.

To continue to expand service delivery in a financially sustainable way is a constant challenge for the Health Service and the result in the current year has maintained this fine balance, as indicated by the performance in all key result areas.

Operating Performance

With the exception of residential aged care, funding provided in funding formulae excludes any contribution towards the cost of depreciation. Funds are traditionally allocated by capital grant to fund significant asset replacement and the Health Service continues to rely on community fundraising to provide for equipment replacement.

In reviewing operating performance capital purpose income comprising Capital Grants (\$747,000), Residential Aged Care Capital Contributions (\$871,000), Specific Purpose Donations and Bequests (\$642,000) and Gain on Disposal of Non-Current Assets (\$61,000) is excluded.

These funds are provided for specific capital purposes and are not available to support operations.

The accepted indicator of performance is the result from continuing operations prior to Depreciation and Capital Purpose

Income. In the current year this result was a surplus of \$215,000 (\$282,000 in 2006) which represents 0.5% of operating revenue.

In the 2006/07 financial year depreciation charges of \$2,184,000 were recorded reflecting the cost associated with the use of buildings and equipment in delivering services. In order to maintain the Health Service asset base operating surpluses and capital purpose, income must exceed depreciation charges.

In the current year Capital Income exceeded depreciation by \$137,000 and an increase in the value of the Health Service share portfolio of \$385,000 was recorded directly to equity.

Including all items, the Health Service net assets increased by \$737,000 for the year which represents an increase of 1.4% (8.0% in 2006).

Liquidity Position

During 2006/07 the Health Service generated positive cash flows from operations of \$1,911,000 and \$2,260,000 in Capital Purpose Income. \$2,311,000 of these funds were used to purchase property, plant and equipment during the year.

The entity generated a positive cash flow of \$1,860,000 for the year after capital items.

At the end of the year the ratio of current assets to current liabilities (excluding Patient Trust funds) was 1.2 :1, which is a marginal decline from the ratio of 1.21 :1 at the start of the year.

This is in excess of the 0.8 target ratio, but is expected to deteriorate over the next few years as funds are expended on major capital works associated with the Coleraine and Merino Redevelopment project.

Asset Management

\$2.70 million was invested during the year in equipment upgrades and building

works in accordance with the capital works budget adopted in August by the Board of Directors.

This investment was \$527,000 more than depreciation charged during the year and represented a continuation of the investment strategy required to maintain the Health Service asset base, in order to ensure ongoing service capacity.

Included in the capital works investment in the current year was \$242,000 for land purchase and \$352,000 for design documentation costs in connection with the redevelopment of Coleraine and Merino.

Costs incurred on the project to date have been funded by the Department of Human Services.

This project is the highest priority identified by the Health Service and is expected to have a total end cost in excess of \$20million. Further progress is dependant on funding approval from the State Government.

The Future

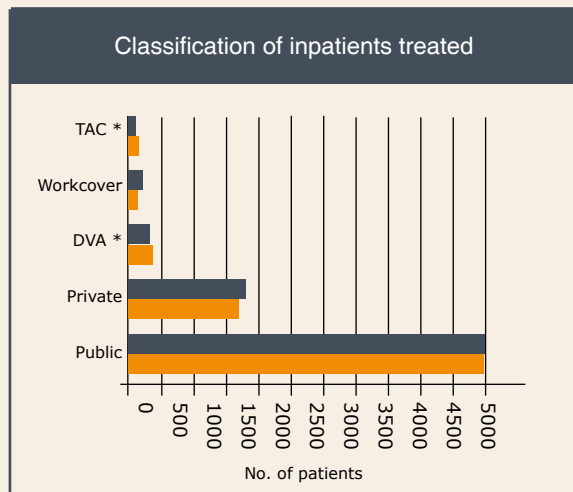
The continued support of the community, as indicated by the \$642,000 received from donations and bequests in 2006/07, provides the opportunity for Western District Health Service to continue to invest in buildings and medical equipment and technology which would not otherwise be possible.

It is important to maintain the level of investment to provide a strong base for the Health Service to improve service delivery and efficiency and comply with increasingly rigorous service standards.

Substantial changes anticipated with the implementation of new clinical information systems, the next round of enterprise bargaining agreements, and the increasing demand for high quality services, will provide further challenges in 2007/08 as we strive to continue the delivery of improvements in service provision in a financially sustainable way.

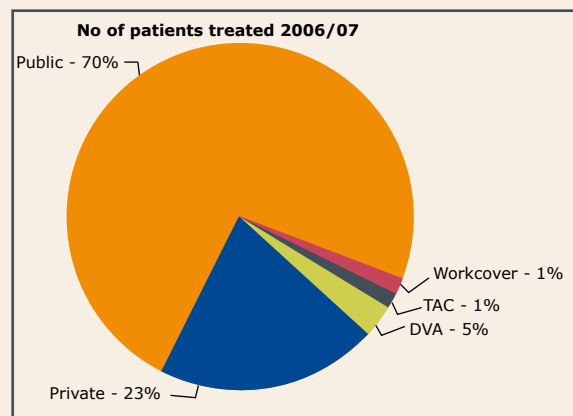
Service performance

2006
2007

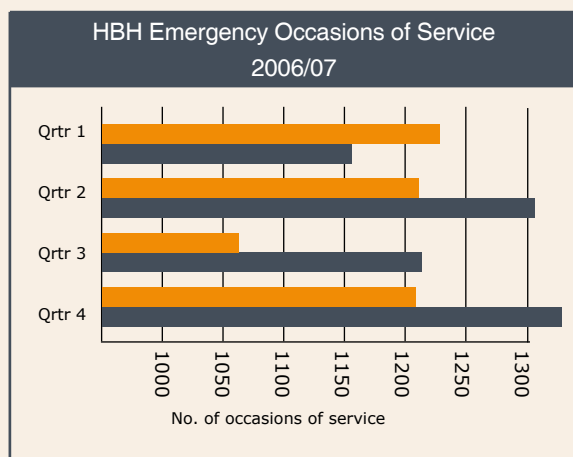


*TAC - Transport Accident Commission

* DVA - Department of Veterans Affairs



2006
2007



Note: the total number of Hamilton Base Hospital Emergency occasions of service in 2006 was 4,805. The 2007 total was 5,047

Aged Care Services (Aged Program)	2007	2006
High Care		
Residents accommodated	165	152
Resident bed days	43,593	41,817
Low Care		
Residents accommodated	74	98
Resident bed days	16,520	17,414
Respite		
Residents accommodated	119	135
Resident bed days	1,469	1,742
Occupancy rate	99.35%	98.85%
Community Aged Care Package (CACPs) clients	34	25
CACPs occasions of service	8,006	7,249

Outpatient (non-admitted) Occasions of Service	2007	2006
Physiotherapy	8,927	11,416
Rehabilitation & Day Centre	4,785	2,493
Speech Pathology	829	879
Podiatry	2,195	2,611
Social Welfare	3,384	4,415
Occupational Therapy	4,809	4,830
Palliative Care	830	980
District Nursing Service	31,053	32,341
Total non-admitted occasions of service	56,812	56,965
Cost per non-admitted occasion of service	\$123	\$104
Meals on Wheels		
	31,243	31,493
Accident/Emergency Occasions of Service		
	5,739	4,512

Inpatient Statistics (Acute Program)	2007	2006
Inpatients treated	6,890	6,840
Average complexity (DRG weight)	0.76	0.76
Complexity adjusted inpatients (WIES 13)*	5,240.24	5,187.85
Average length of stay (days)	3.48	3.51
Inpatient bed days	23,968	24,027
HITH bed days	690	750
Nursing home type bed days	3,221	3,125
Operations	2,993	2,950
Births	219	217
Available bed days	30,833	29,567
Occupancy rate	77.7%	81.3%
Average cost per inpatient	\$2,719	\$2,768

Quality Assurance - Full accreditation Yes Yes

As the Health Service was formed on 1st July 2005 following the amalgamation of Western District Health Service and Coleraine District Health Service comparative figures are only available for the last 2 years.

*WIES - (Weighted Inlier Equivalent Separations) are based on the Australian Refined - Diagnostic Groups (AR-DRG) further refined in Victoria by the additional of a few additional DRG by the Vic-DRG version 5.

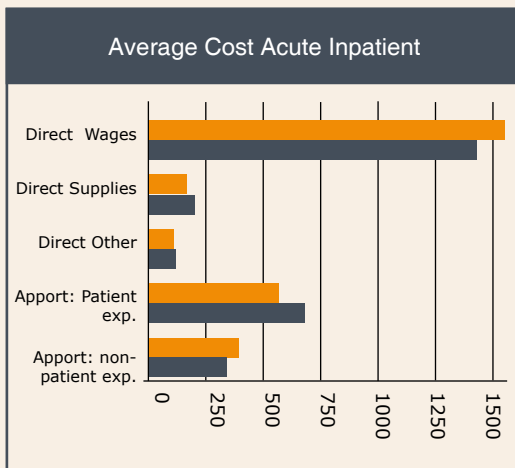
* Our Target WIES for 2006/07 (excluding those funded under the Small Rural Health Service Program) was 4,812. We exceeded this by 176.55 WIES (3.67%)

Financial statistics

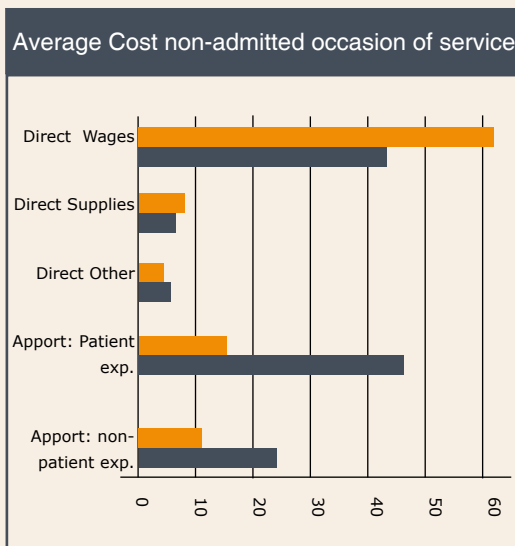
Agreement between Western District Health Service and the Department of Human Services is negotiated annually and contains goals and targets indicating operating arrangements for the financial year. This agreement was entered into in accordance with Section 26 of the Health Services Act 1988.

Our Health Service Agreement is the key document that specifies delivery targets, together with the level of resources provided by the Department of Human Services.

In the 2006-2007 financial year all targets specified in the agreement were met or exceeded.



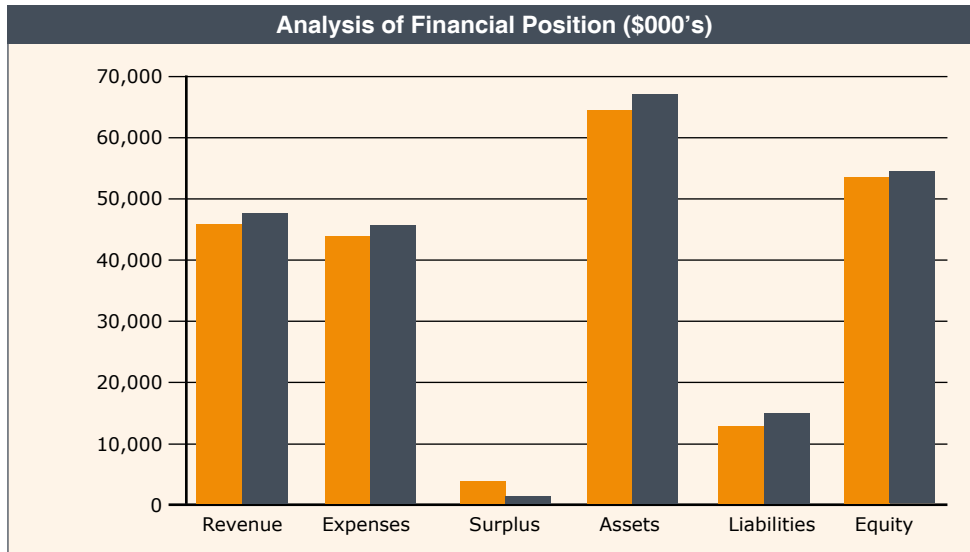
The total average cost for acute inpatients in 2006 was 2,768
The total average cost for acute inpatients in 2007 was 2,719



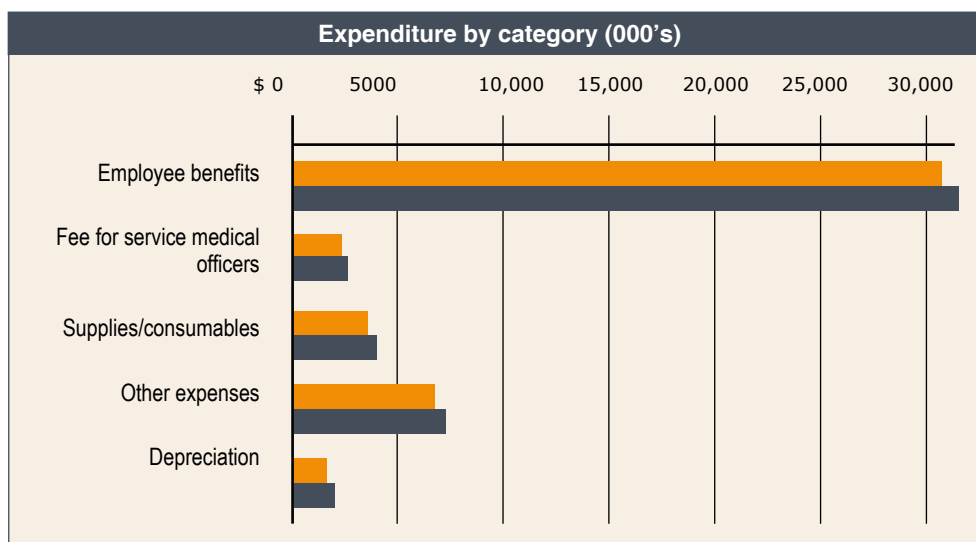
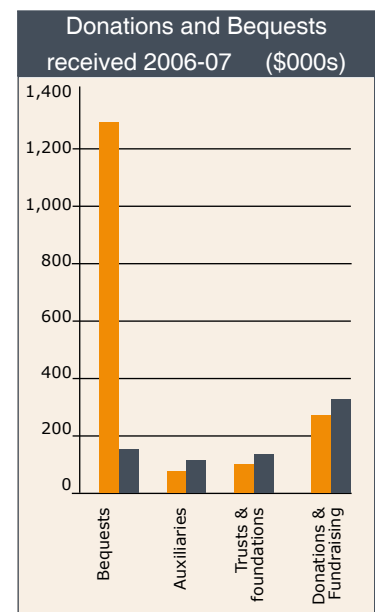
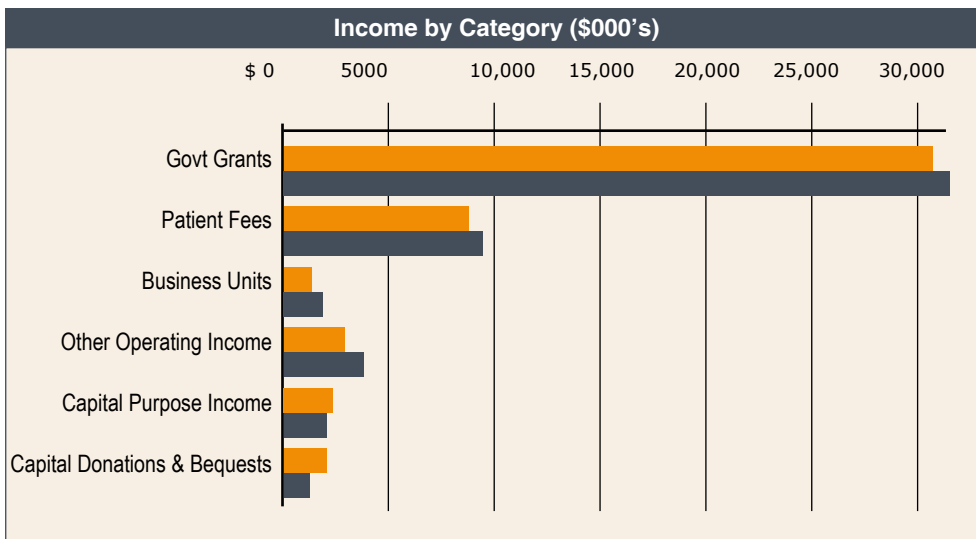
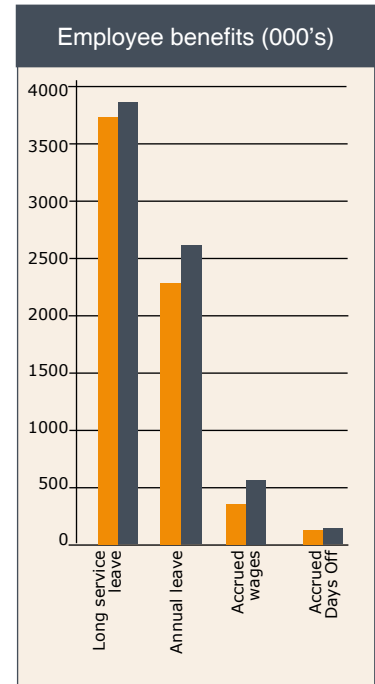
Financial analysis of operating revenues and expenses		
Revenue	2007	2006
Services supported by Health Service Agreement	\$000	\$000
Government grants	31,305	30,044
Indirect contributions by Department of Human Services	1,262	1,075
Patient fees	9,815	9,332
Other revenue	687	460
	43,069	40,911
Services supported by Hospital/Community initiatives		
Business Units	1,235	1,157
Property income	584	554
Other revenue	2,053	1,750
	3,872	3,461
Total revenue	46,941	44,372
Expenditure		
Services supported by Health Service Agreement		
Employee entitlements	31,168	29,864
Fee for service medical officers	2,605	2,506
Supplies and consumables	4,434	4,126
Other expenses	6,458	5,763
	44,665	42,259
Services supported by Hospital/Community initiatives		
Employee entitlements	1,374	1,291
Supplies and consumables	149	198
Other expenses	538	342
	2,061	1,831
Total expenses	46,726	44,090
<i>Surplus for the year before capital purpose income, depreciation and abnormal items</i>	215	282
Capital purpose income	747	1,008
Donations and bequests	642	1,729
Residential aged care - capital purpose income	871	844
Surplus on disposal of fixed assets	61	62
Depreciation	(2,184)	(1,827)
Operating surplus for the year	352	2,098
* See page 7 for Financial Overview		

Financial statistics

Financial analysis of revenues and expenses



■ 2005 - 2006
■ 2006 - 2007





Improving performance

ABOVE: The Western District Health Service Community Advisory Committee comprises staff, the board and community representation.

Back: CEO Jim Fletcher, Kaye Scholfield, John Pateman, Board member & chair Jenny Hutton, Community Liaison Manager Deb Howcroft. **Front:** Sandra Duncan, Quality Manager Sheryl Nicolson and Peter Sandow.

Strategy

- Increase consumer participation in health care planning, delivery and evaluation

Achievements

- High peer group rating for consumer satisfaction
- Evaluation of technology for Young Persons project
- 3 year re-accreditation for Hamilton and Penshurst Aged Care facilities
- Successful ACHS periodic review and alignment survey
- Riskman on line reporting system implemented
- Risk register updated

The future

- Continued participation in Best Practice and Research projects
- Re-accreditation of Coleraine Aged Care Services and successful support visits for all campuses
- Development of Risk Management Internal Audit plan for next 3 years
- Prepare for ACHS Accreditation Survey in 2009
- Continued participation in surveys

Patient Satisfaction Surveys

Participation in the Victoria state-wide patient satisfaction survey has continued. Through participation in this program we can measure the level of satisfaction our clients have with the health care provided, and compare our results with other similar health care organisations across the state.

During the year, Wave 11 results were published, comprising survey results from March to August 2006. Results for all campuses demonstrate a high level of

client satisfaction, with scores above the state average in all aspects.

These include:

- Overall care
- Access and admission
- General patient information
- Treatment and related information
- Complaints management
- Physical environment
- Discharge and follow-up

ACHS alignment survey

Due to amalgamation with Coleraine District Health Service, the organisation was required to undergo an Australian Council on Healthcare Standards Alignment Survey to maintain ACHS accreditation.

The Alignment Survey was conducted in May 2007, during which time a team of surveyors visited to determine our level of compliance to stipulated standards within EQUIP 4 (Evaluation and Quality Improvement Program). Results were most favourable, thereby maintaining our full accreditation status.

Working with our community

In March 2006, the Board of Directors endorsed the Health Service's Consumer Participation Policy.

This policy includes the establishment of a Community Advisory Committee and in August 2006, the inaugural meeting of the new committee was held.

Regular meetings have been held throughout the year, with committee members reviewing signage, evaluating patient information brochures and providing input into the Quality of Care report.

RiskMan

Throughout the year there has been strong consolidation of the organisation's incident reporting system, RiskMan. With its implementation, demonstrated benefits include increased reporting, timely notification and management of incidents and improved data analysis.

RiskMan is also being used for the reporting and management of all patient

compliments and complaints. This has enabled reports to be generated for individual departments, committees and external bodies.

Use of RiskMan for WDHS' Risk Register has commenced, and will be fully functioning prior to the end of 2007. This will greatly enhance WDHS' ability to identify, manage and reduce all risks including corporate, clinical and environmental risks.

Residential Aged Care QI

During 2006 the DHS introduced the mandatory reporting of five quality indicators for Public Sector Residential Aged Care Services. They comprise pressure ulcers, falls, physical restraint, medications and unplanned weight loss.

Collecting the indicators assists each facility to monitor their performance against some core baseline aspects of resident care. In addition, results can provide a basis for a quality program for improved resident care.

Aged Care Reaccreditation

Over the past 12 months four of our residential aged care facilities have successfully undergone accreditation surveys conducted by the Aged Care Accreditation and Standards Agency (ACSAA).

The Birches, The Grange, Penshurst Nursing Home and Kolor Lodge Hostel were all audited by external assessors and subsequently awarded reaccreditation until 2009.

In addition, each of the six facilities participated in unannounced support visits, where auditors make impromptu visits to the homes to ensure that the quality of care is maintained. A successful outcome has resulted in each instance.

Further information about Improving Performance is available in the WDHS Quality of Care report.

Corporate governance

Board of Directors



Richard Walter

Richard Walter BCom, MTRP(Melb), MRP(Penn), MPIA, MVPELA.

Richard is a regional planner and a member of the Victorian Civil and Administrative Tribunal. He is a Director of Health Super Pty Ltd and is Independent Chair of the Audit Committees of Moyné Shire Council and the Glenelg Hopkins Catchment Management Authority. First appointed July 1997, current term expires June 2008.



Mary-Ann Brown

Mary-Ann Brown BEcs(Tas), GradDipLibSc(KCAE), MBA(Newcastle).

Mary-Ann lives on a Merino sheep stud at Dunkeld and is office manager of financial planning firm Robert W Brown and Associates. She is secretary of the Dunkeld Progress Association, Hamilton Regional Business Association committee member, Hamilton Film Group committee member, Performing Arts Centre advisory committee and Dunkeld Visitor Information Centre volunteer. First appointed November 2002, current term expires June 2009.



Jenny Hutton

Jenny Hutton BEd.

Jenny is a past secondary teacher. She is Director of Marketing and Development at The Hamilton and Alexandra College. Jenny plays an active role in fundraising, is a member of the Vic/Tas Chapter of ADAPE (Association of Development and Alumni Professionals in Education) and is Chairman of Peshurst Botanical Gardens Friends Group. Appointed November 2002, current term expires June 2009.



Peter Irvin

Peter Irvin B.Bus (B & F) FinF

Peter is the Business Manager and Company Secretary of The Hamilton and Alexandra College Ltd and the Hamilton College Foundation Ltd and has a background in corporate and commercial banking. He is a board member of the Rotary Club of Hamilton North. First appointed November 2006, current term expires June 2009.



Ron Jones

Ron Jones FCDA Dip CD

Ron is a serving Police Officer with Victoria Police in Hamilton and lives in Coleraine. He is also a member of the Coleraine District Health Service Management Committee and member of his local golf club. Appointed November 2005, current term expires June 2008.



Elizabeth Lawrence

Elizabeth Lawrence BHealth&HumanSc(Nursing).

Elizabeth lives with her husband Ben and their two small children on a property in Tarrington, just outside Hamilton. She has a background in health and had been working in the health industry in the Northern Territory prior to moving to Hamilton to become a full-time mother. Appointed November 2004, current term expires June 2008.



Hugh Macdonald

Hugh Macdonald BBacc

Hugh is Regional Manager Hamilton, for the Southern Financial Group. He has worked in the finance industry since 1982. Hugh is on the board of The Hamilton and Alexandra College Foundation, a trustee for the Old Collegians, and was Hamilton Race Club president for 3 years and president Hamilton Junior Basketball Association for 3 years. Hugh lives on his family property west of Hamilton. Appointed November 2006, current term expires June 2009.

Board member	BOD meetings attended	Committee membership as at 30 June 2007
Richard Walter	11 of 11	Audit & Compliance Medical Consultative Medical Appointments Advisory Remuneration
Mary-Ann Brown	11 of 11	Medical Appointments Advisory Peshurst Advisory Quality Improvement Remuneration
John Dean	4 of 4	Audit & Compliance Development Council Remuneration Term expired October 31 2006
Peter Heazlewood	3 of 4	Medical Appointments Advisory Project Control Peshurst Advisory Term expired October 31 2006
Jenny Hutton	11 of 11	Community Advisory Development Council
Peter Irvin	5 of 7	Audit & Compliance Project Control Remuneration Appointed November 2006
Ron Jones	10 of 11	Audit & Compliance Coleraine Management Project Control Medical Appointments Advisory
Elizabeth Lawrence	11 of 11	Development Council Quality Improvement Project Control
Hugh Macdonald	7 of 7	Development Council Quality Improvement Appointed November 2006

Governance Statement:

"The Board is a strong advocate of corporate and clinical governance and seeks to ensure that the Health Service fulfils its governance obligations and responsibilities to all its stakeholders"

The Board is committed to:

- sound, transparent corporate governance and accountable management
- provision of services that meet the needs and objectives of consumers and stakeholders
- conduct that is ethical and consistent with community values and standards
- management of risk and protection of health service staff, clients and assets
- due diligence in complying with statutory requirements, acts, regulations and codes of practice
- continuous quality improvement

Risk Management

A comprehensive risk management program based on the Australian/New Zealand Standard for Risk Management, AS/NZS 4360, was implemented in 2001/02 and reviewed and completed on 2002/03 and 2003/04.

Risk Management is an all-organisational activity and requires appropriate action to be taken to minimise or eliminate risk that could result in personal injury, damage to, or loss of assets. During 2006/07 risk management continued to be enhanced with the implementation of an electronic reporting system Riskman and update of the Clinical Risk Register. Three board members attended risk management education provided by our insurers VMIA and the Audit and Compliance Committee commenced working on the next three-year program.

Ethics

Board members are required by the Act to act with integrity and objectivity at all times. They are required to declare any pecuniary interest or conflict of interest during Board debate and withdraw from proceedings if necessary. There was no instance requiring declaration this year.

Executive Role

The Executive is made up of the Chief Executive Officer, Deputy CEO/Director of Corporate Services, Director of Medical Services, Director of Nursing, Director of Community Services, Coleraine Manager/Director of Nursing and Penshurst Manager/Director of Nursing. The Executive met 24 times during the year and provided regular progress reports to the BOD.

Committees of the Board

Audit and Compliance Committee

Advises the BOD on all aspects of internal and external audit, financial and asset risk, accounting procedures, financial reporting and compliance with statutory requirements. In 2006/07 a Board Accountability Compliance electronic system was introduced to ensure compliance with legislative requirements. In line with Best Practice, the Board appointed two external members to the committee - Francis Pekin and Colin Thompson. Five meetings were held during the year.

Development Council

Oversees and guides WDHS' fundraising strategy. The Council operates in compliance with the Fundraising Appeals Act 1984. Jenny Gubbins, Rachel Malseed, Judy Sommerville, Roger Dunn, Felicity

Little, Peter Anderson, Philip Baulch, Charlie Gubbins and Peter Sandow were the community members on the committee in 2006/07. Six meetings were held during the year.

Medical Appointments Advisory Committee

Advises the BOD on the appointment, re-appointment, suspension or termination of visiting medical practitioners. Three meetings were held during the year.

Medical Consultative Committee

Makes recommendations on matters relating to medical staff and clinical services provided, and ensures effective communication between senior management and the Medical Staff Association. Four meetings were held during the year.

Quality Improvement (QI) Committee

Provides support and direction for Continuous Quality Improvement and performance monitoring. Ensures systems are in place for internal/external review. Rev Peter Cook is the community representative. Six meetings were held in 2006/07.

Penshurst (PDHS) Advisory Committee

Reviews operation, performance and strategic planning for the Penshurst campus. Six meetings were held during the year.

Western District Health Service (WDHS) was incorporated in July 1998 under The Health Services Act 1988 and is governed by a seven-member Board of Directors (BOD), appointed by the Governor in Council upon the recommendation of the Minister for Health.

Board structure, role and responsibilities

BOD terms of appointment are usually three years, with one third of terms expiring in June each year. Members are eligible for re-appointment.

BOD members serve in a voluntary capacity. The balance of skills and experience within the BOD is kept under continual review. The BOD orientation and evaluation process introduced in 2003 was continued in the 2006/07 year and has assisted greatly in evaluating the effectiveness and performance of the BOD and of individual members.

Coleraine (CDHS) Management Committee

Reviews operation, performance and strategic planning for the Coleraine campus. Six meetings were held during the year.

Community Advisory Committee

Provides consumer views and advice to the Board on planning, implementation and evaluation of health services. John Pateman, Peter Sandow, Kaye Scholfield and Sandra Duncan are the community representatives. Four meetings were held this year.

Project Control Committee

Makes recommendations on the design, management and construction of major building projects. Eight meetings were held during the year.

Remuneration Committee

Oversees and sets remuneration policy and practice for Executive staff, under the principles of the Government Sector Executive Remuneration Panel. One meeting was held during the year.

The BOD is responsible for the governance and strategic direction of the service and is committed to ensuring that the services WDHS provides comply with the requirements of the Act and the objectives, mission and vision of the service, within the resources provided.

In the course of their duties, the Board and Executive may seek independent advice from a range of sources. The BOD reviews operating information monthly in order to continually assess the performance of WDHS against its objectives and is also responsible for appointing and evaluating the performance of the Chief Executive Officer.

In order to ensure the effective operation of the BOD, the Board has membership on 10 committees, which meet as required and report back to the BOD.

Executive team



Jim Fletcher

Chief Executive Officer

Jim Fletcher BHA, AFCHSE, CHE, MIPAA.

Jim has held a number of senior executive positions within the human services field. His background includes the role of Chief Executive Officer at three of the State's largest regional psychiatric hospitals and community services, leading these agencies through significant reform and change. Jim also held a number of regional management roles over a four year period with the Barwon South Western Region of the Department of Human Services, prior to commencing his role as CEO of Western District Health Service on July 17, 2000. Jim is currently the Chair of the South West Alliance of Rural Hospitals (SWARH) Steering Committee and a Board Director of Rural North West Health.



Patrick Turnbull

Deputy Chief Executive Officer Director of Corporate Services

Patrick Turnbull BBus, BHA, FCPA.

Patrick has been with Hamilton Base Hospital since 1982. He has been the Hospital's principal accounting officer since 1987 and was appointed to his current role in 1993. Financial and business support of patient services is managed through the Corporate Services Division. Among Patrick's commitments with WDHS are his role as Chair of the SWARH Finance Sub-committee and membership of the Department of Human Services - HealthSmart Services Steering Committee, a key group involved in the implementation of the whole of health ICT strategy.



John Dunn

Director of Medical Services Dr John Dunn MBBS, MRCP.

John commenced work as Director of Medical Services at WDHS in September 2005. He had previously been working with the Department of Veterans Affairs in Hobart as Senior Medical Adviser. John has had extensive experience in Clinical and Administrative medicine, having worked as a physician in Australia and overseas.



Janet Kelsh

Director of Nursing

Janet Kelsh RN, ICU Cert, BAppSci(NAdmin), CertMgt(Deakin), GradDipAgedServicesMgt, MRCNA.

Janet commenced her role as Director of Nursing at Hamilton Base Hospital in 1987. With experience in New Guinea and London, Janet worked predominantly in intensive care and neurosurgery in a number of major city hospitals before moving to Hamilton. In her role as DON, Janet is responsible for the day to day operations of the acute services, the overall management of aged care services and district nursing services. Janet represents WDHS on a number of regional committees, including palliative care, infection control, sub acute rehabilitation and nurse education through collaborative relationships



Susan Brumby

with a number of Universities. Janet has completed management studies and tertiary studies in aged care management.

Director of Community Services

Susan Brumby RN, RM, DipFMgt, GradDipWomen'sStudies, MHMgt, CertIVWorkplaceTrainer, AFCHSE, MRCNA.

Sue took up her position as Director of Community Services in April 2002, coming to WDHS from Primary Care & Nursing Services Manager at Heywood Rural Health. She is a graduate of the Australian Rural Leadership Program, holds a Diploma in Farm Management, completed a Masters in Health Management in 2004 and has previously been active in the agricultural sector. In May 2005, Sue was awarded the Rural Health Professionals Award (Barwon SW Region) for her outstanding contribution to the health of the community and in 2006 received a Victorian Travelling Fellowship Program to exchange ideas with overseas counterparts that will lead change for the benefit of the Victorian community. She is the Principal Investigator of the Sustainable Farm Families Project.

Penshurst Manager/Director of Nursing

Darren Clarke RN, RM, BN, MN, MASQ, MRCNA.

Darren commenced his role at Penshurst in February, 2004. He has worked in a range of healthcare settings, focusing on health administration since 1993. From 2001 until early 2004 he was Health Service Manager at the Queanbeyan and District Health Service, a 61-bed facility located on the NSW/ACT border. From 1997 to 2001 Darren was Multi Campus Director of Nursing at the 142-bed Riverland Regional Health Service in South Australia, and between 1995 and 1997 was Executive Officer/Director of Nursing at Bordertown Memorial Hospital, a 76-bed facility in the Upper South East of South Australia. Committed to the concept of lifelong learning, Darren is currently completing a Doctor of Health Science degree through the University of Sydney.



Darren Clarke

Coleraine Manager/Director of Nursing

Tim Pitt-Lancaster RN BN Cert Peri-operative Nursing, GradDip Nursing Science.

Tim commenced his role in Coleraine in July 2005. Prior to this appointment Tim was the Nurse Unit Manager of the Operating Theatre Suite of the Mount Gambier and District Health Service, a role he filled from 1998 to 2005. During 2005, Tim was also the Acting Director of Nursing and Patient Services of the Mount Gambier Hospital.



Tim Pitt-Lancaster

About us

Our profile.....

Western District Health Service (WDHS) is based in Hamilton, Coleraine and Penshurst, in the Southern Grampians Shire. WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Service, Hamilton Base Hospital, Coleraine and District Health Service (CDHS), Penshurst & District Health Service (PDHS) and YouthBiz. The entity provides in total 96 acute beds, 170 high and low level extended care and residential aged care beds, 35 Independent Living Units, community, health and youth services.

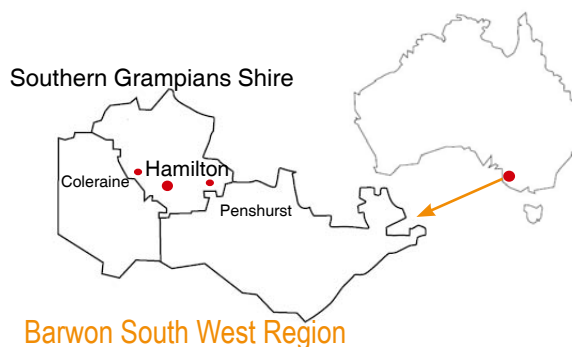
Southern Grampians Shire is located in the centre of Victoria's Western District. It is home to 17,000 people, with 10,000 of these living in Hamilton. The remainder are serviced by smaller townships and farming communities.

A look at our past, present and future...

WDHS was established in 1998, with the amalgamation of Hamilton Base Hospital and Penshurst & District War Memorial Hospital, now PDHS. In 2005 CDHS amalgamated with WDHS.

Hamilton Base Hospital and Benevolent Asylum was established in 1862. There was a major acute hospital refurbishment 11 years ago, and the redevelopment of allied health, extended care and education facilities seven years ago. The HBH site is the location for The Birches Extended Care facility, which provides 45 beds for mainly high-care use and caters for people with special needs.

The Penshurst Hospital was built in 1957 and provides acute care, residential aged accommodation and community services, and manages independent living units at Penshurst and Dunkeld.



The Coleraine and District Hospital was opened on its present site in 1935. It provides acute care, residential aged accommodation and community services, manages independent living units in Coleraine and has a Bush Nursing Centre at Merino.

Frances Hewett Community Centre (FHCC) was established in 1987. The centre is now managed by WDHS and provides a broad range of community-based services. FHCC is located next to HBH.

The Grange was built as a private hospital in 1927 and became an aged care hostel in 1956. A redevelopment was completed in 2002 and it provides 45 beds of modern, high and low-level aged care accommodation and 30 Community Aged Care Packages.

YouthBiz was established in 1997 by Southern Grampians Community Health Services Inc, which amalgamated with HBH later that same year. YouthBiz provides a drop-in centre and a wide range of health and recreation services to the young people of our community.

The next few years will see further facility redevelopments at Merino, Grange, Coleraine and Penshurst.

Our services

Acute Facilities

Hamilton Base Hospital (all services listed) Penshurst & Coleraine District Health Services (general medical only)

Anaesthetics
Chemotherapy
Day Procedure
Discharge Planning
Ear Nose & Throat
Emergency
Endoscopy
General Medicine
General Surgery
Gynaecology
Haemodialysis
Home Care
Infection Control
Intensive Care
Maxillofacial Surgery
Obstetrics
Operating Suite
Ophthalmology
Oral Surgery
Orthopaedics
Paediatrics
Pre-admission Service
Pharmacy
Psychiatry
Resident Medical Officers

Specialist Medicine
Specialist Nursing
Urology

Private Services - pathology, radiology & sleep clinic

Extended Care

(The Grange, The Birches, Kolor Lodge, Penshurst Nursing Home, Valley View Nursing Home, Wannon and Mackie Hostels)

Community Aged Care Packages
Residential Aged Care
Residential Extended Care
Respite

Community Based

(Hamilton House & Coleraine Allied Health Centres, Frances Hewett Community Centre, Sheppard Centre & Merino Bush Nursing Centre)

Adult Day Activity & Support Service
Asthma Education
Blood Services
Cancer Support Group
Cancer Support Services
Cardiac Rehabilitation
Carer's Support
Chronic Disease Management
Coordinated Care
Community Rehabilitation Service & Day Centre

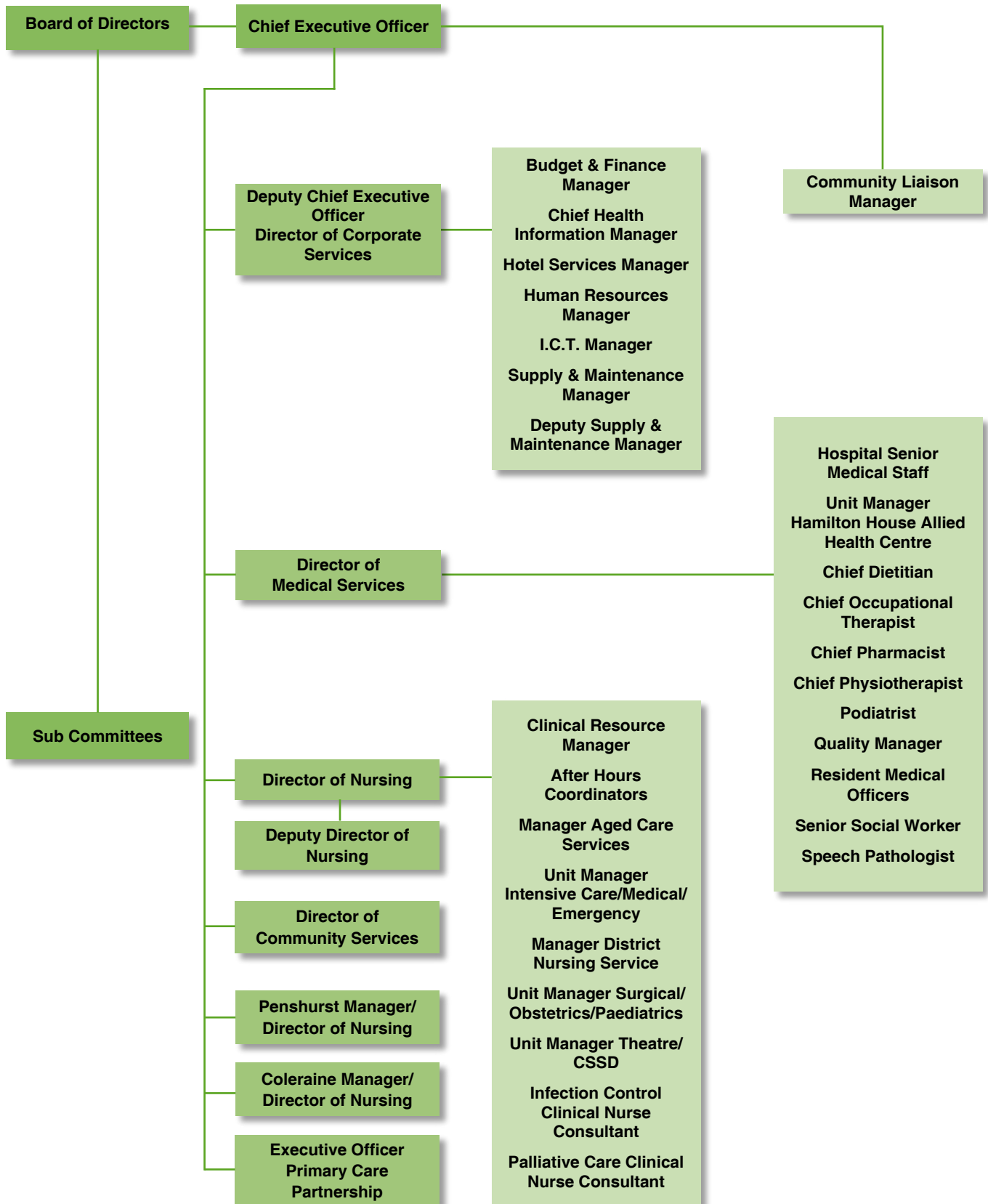
Continence Service
Counselling
Dermatology
Diabetes Education
District Nursing Service
Domiciliary Midwifery
Family Planning
FReeZA
Go For Your Life
GP in Community Health Program
Hamilton Community Transport
HARP (Hospital Admission Risk Program)
Hospital in the Home
Lymphoedema
Compression Clinic
Maternity Enhancement
Meals on Wheels
Medical Imaging
Men's Health
Nutrition and Dietetics
Occupational Therapy
Palliative Care
Physical Activity Programs
Physiotherapy
Podiatry
Post Acute Care
Pulmonary Rehabilitation
Quit Fresh Start
Sexual & Reproductive Health
Social Work

South West Community
Transport Service
Speech Pathology
Stomal Therapy
Sustainable Farm Families
Women's Health
Victorian Aids & Equipment Program
YouthBiz
10MMM

Administrative

Auxiliaries
Business Support & Development
Community Liaison
Education/Promotion
Finance
Health Information
Hotel Services
Human Resources, Training & Development
Library
Linen Services
Occupational Health & Safety
Quality Improvement
Reception
Security
Supply & Maintenance
Volunteer Program

Organisational structure



Senior staff

Chief Executive Officer

Jim Fletcher BHA, AFCHSE, CHE, MIPAA.

Community Liaison Manager

Deborah Howcroft MFA

Penshurst Manager/Director Of Nursing

Darren Clarke RN, RM, BN, MN, MAAQHC, MQSA, MRCNA.

Penshurst Unit Manager

Jenny Paton RN, RM.

Coleraine Manager/Director Of Nursing

Tim Pitt-Lancaster RN BN Cert Peri-operative nursing, GradDip Nursing Science

Coleraine Unit Manager

Denise Beaton RN RM

Deputy Chief Executive Officer/ Director of Corporate Services

Patrick Turnbull BBus, BHA, FCPA.

Manager Finance & Budget

Nicholas Starkie, BBus DipTS(Bus), GradCertBusAdmin.

Chief Health Information Manager

Lena McCormack BAppSci(HIM), GradCertBusAdmin, MHIMAA.

Hotel Services Manager

Peter Davies BA.

Human Resources Manager

James Kennett MBus.

I.C.T. Manager

Garry Aydon BAppSc, CCNA

Librarian

Louise Milne ALIA.

Supply & Maintenance Manager

Daryl Hedley AIMM, FMAM, AIHEA.

Deputy Supply & Maintenance Manager

Bruce Humphries AHSP0, AFMA

Nursing Services

Director of Nursing

Janet Kelsh RN, ICU Cert, BAppSci(Nadmin), CertMgt(Deakin), GradDipAgedServicesMgt, MRCNA.

Deputy Director of Nursing

Bronwyn Roberts RN, CriticalCare Cert, GradCertBusAdmin, MRCNA.

Clinical Resource Manager

Lorraine Hedley RN, BN, MRCNA

After Hours Coordinators

Linda Donaldson RN, MRCNA

Lesley Stewart RN, Sterilisation&InfectionControlCert

Marilyn Fraser RN, BN, GradDipCritCare

Mavis Wilkinson RN, RM

Kathy Ross RN, GradDipCriticalCare

Leanne Deutscher RN.

Jennifer O'Donnell RN, RPN, AdvCertMgt, AdvCertWorkplace Practice Skills

Dianne Raymond RN



Hamilton Base Hospital Theatre Unit Manager Elizabeth Munro and theatre staff care for a patient in recovery.

Nurse Managers

Aged Care Services

Gillian Jenkins RN Master of Education (Research), GradCertBusAdmin, MRCNA

Unit Manager, The Birches

Jennifer Kearney RN, DipBus

Unit Manager, The Grange

Cindy Godfrey RN, BN

District Nursing /Discharge Planning

Pat O'Beirne RN, RM

Medical Unit/ICU/ED

Betty Joosen RN, BN, MRCNA

Surgical/Obstetrics Unit

James Smith RN, DipAppSci(Nursing), BappSci(Hons), Peri-operative Cert, DipInfect&TropDiseases, GradDipInfect&Trop Diseases

Theatre/CSSD

Elizabeth Munro RN, Perio-op Cert, BappSci(Nursing)

Clinical Nurse Consultants

Infection Control

Lesley Stewart RN, Sterilisation&InfectionControlCert.

Paediatric Home Care Program

Gaye Goggin RN, BN

Palliative Care Service

Heather Wilkinson OAM RN

Medical Services

Director Of Medical Services

John Dunn MBBS MACP

Quality Manager

Sheryl Nicolson RN, DipN, BN, MHealth, MBA, AFAAQHe

Senior Medical Staff

Anaesthetics (Director)

James Muir MB,ChB,DA,FTRCA

Anaesthetists in General Practice

Craig de Kievit MB, BS, DRANZCOG, FACRRM.

Kim Fielke MB, BS, DRANZCOG, DA(UK), FRACGP.

General Practitioners

Victoria Blackwell MB, ChB, MRCGP, DRCOG, DFFP

Brian Coulson MB, BS, FACRRM, DipO&G

Craig de Kievit MB, BS, DRANZCOG, FACRRM.

Dale Ford MB, BS, FRACGP, FACRRM.

Michael Forster BM, BS, MCPPsych, DRANZCOG, FACRRM.

Allan Mark Johnson MB, BS.

Robey Joyce MB, ChB (Pretoria)

Andrew McAllan MB, BS, MMed(Ophth).

Greta Prozesky MB, ChB, FRACGP

Shaun Renfrey MB, BS.

Susan Robertson MB, BS, DipRACOG, FRACGP, DipPallCare.

Robert Scaife MB, BS, FACRRM.

Jan Slabbert MB, ChB(FreeState), FRACGP, RACGP

Kim Tan MB, BS, FRACGP, FCFP (Singapore), GDFP (Dermatology)

Leesa Walker MB, BS, FRACGP.

Anthony Wark MB, BS.

Neville Wulff MB, ChB, FRACGP, BScSportsMed(Hons), DAME

Dental Officers (honorary)

David Baring BDS.

Jennifer Barke LDS, BDS.

Peter Tripovich LDS, BDS.

Timothy Halloran LDS, BDS.

Dermatologist

Julie Wesley RFD, MB, BS, FACD.

Endocrinologist

Fergus Cameron B Med Sci, MD, BS, DipRACOG, FRACP.

Senior staff

General Surgeons

David Bird MB, MS, FRCS, FRACS.
Stephen Clifforth MB, BS, FRACS.
Peter Tung MB, BS, FRACS, FHKAM.

Neurologists

Raju Yerra MB, BS FRACP

Obstetrician/Gynaecologist (Director)

Jacobus Cloete MB, ChB(Cape Town), MMed,
FRCOG, FCOG(South Africa), FRANZCOG.

Obstetricians in General Practice

Craig de Kievit MB, BS, DRANZCOG, FACRRM.
Robey Joyce MB, ChB (Pretoria)
Jan Slabbert MB, ChB, (FreeState), FRACGP, RACGP

Ophthalmologist

Vincent Lee FRACS, FRACO, MMed.

Oral and Maxillofacial Surgeons

Martin Ching MB, BS, BDSc, MDS, FRACDS(OMS).
Graeme Fowler LDS, BDSc, MDSc, FDSRCPS.

Orthopaedic Surgeon

Rick Cunningham MB, BS, FRACS (ORTH),

Otolaryngologists

Anne Cass MB, BS, FRACS.
Laurence Ryan MB, BS, FRACS, FRCS, DLO

Paediatrician

Christian Fiedler MD,(KIEL), FRACP,

Pathologist

David Clift MB, BS FRCPA
Jill Leyton MB, BS FRCP(C) FRCPA. (to March 07)

Physicians

Nicholas Abbott MB, BS, DCH, MRCP(UK), FRACP.
Geoffrey Coggins MB, BS, FRACP.
Andrew Bowman MB, ChB, MRCP(UK).
Andrew Bradbeer MB, ChB, FRCP(UK), FRACP,
CCST,(UK)

Radiologists

Damien Cleeve MB, BS, FRACR.
Robert Jarvis MB, BS, FRACR.
Richard Ussher MB, ChB, (Otago).
Sarah Skinner BM, BS FRANZCR, FMRI.
Margaret Bennett MB, BS FRANZCR.

Urologists

Richard Grills MB, BS, FRACS,
Paul Kearns MB, BS FRACS, RACS

Resident Medical Staff

During the year Resident Medical Officers (Medicine) attend Hamilton Base Hospital on Rotation:

St Vincent's Hospital - three interns
Geelong Hospital - one intern, one special surgical, one medical registrar
Austin Hospital - one surgical registrar

Resident Medical Officers (employed by WDHS)

Niranjani (Jenny) Harindran MB, BS.
Nadia Iftikhah MB, BS(Pakistan)
Mahfuz Chowdhury MB, BS (Bangladesh) (from Sept 06)
Mohamed Mosa MB, BS (Egypt) (from Oct 06)

Allied Health

Unit Manager Hamilton House Allied Health Centre, Community Rehabilitation Centre, ADASS, Day Centre
Marilyn Campbell RN.

Chief Dietitian

Fran Keeble-Buckle BSc, MND, DipEd, APD.

Chief Occupational Therapist

Ellen Dix BAppSc(OccTher) MOT.

Chief Pharmacist

Lyn Christie MPharm, GradCertBusAdmin, MPS.

Chief Physiotherapist

Lyn Holden BAppSc(Physio), MPhysio, Member APA.

Podiatrist

Phuong Huynh MSc, BAppSci(Pod), MAPoDa, AAPSM.

Senior Social Worker

Kate Leahy Dip.Tech.(SW).

Speech Pathologist

Sue Cameron BAppSc(SpeechPath), MSPAA.

Community Services

Director of Community Services

Susan Brumby RN, RM, DipFMgt, GradDipWomen's Studies, MHMgt, CertVWorkplaceTrainer, AFCHSE, MRCNA.

Team Leader

Becky Morton DipAppSc(Biology), BAppSci(Biotechnology), DipMan.

Primary Care Partnership Executive Officer

Rosie Rowe BNatRes.



Top: *Doing the rounds: Physician Dr Nick Abbott, with Medical Registrar Dr Thangam Balasubramanian and Medical Intern Dr Noam Winter.*

Middle: *Infection Control Consultant Lesley Stewart won the South West Coast Employee of the Year award for 2006/07.*

Bottom: *Surgeon Stephen Clifforth and Theatre Manager Elizabeth Munro with the laparoscopic trainer used to assist train surgical registrars.*

Our people

WDHS is forward thinking in its approach to Human Resources activities acknowledging the importance of its people in the delivery of quality services.

The health service aspires to be regarded as "an employer of choice" with the promotion and utilization of technology, encouragement of innovation and best practice initiatives and the provision of a culture of continuous improvement and open communication.

Recruitment of appropriately qualified people, provision of staff support and educational opportunities and the recognition of staff achievements assists with the motivation and encouragement of employees.

Volunteers, associates and broader community members are also considered crucial components of the health service's total human resource available to support the delivery of quality health services.

Human Resources Management

Human Resources Strategic Plan 2006-2011

The adoption of the Human Resources Strategic Plan by the Board of Directors in August 2006 provided a significant strategic framework for WDHS to identify and manage the challenges confronting rural health services in relation to management of human resources. The Plan identified challenges associated with transitional generations, an ageing workforce and increasing demand for specialist skills which are increasingly difficult to access in rural areas.

Developed after extensive consultation with staff and other stakeholders it provides strategic direction for WDHS in nine key areas including strategic workforce planning, key talent identification and management, staff attraction, recruitment and retention, training and development, process improvement and the continuation of the sub-regional strategy. An implementation plan has been developed to operationalise the HR Strategic Plan.

Sub-Regional Human Resources Management

The 2-year Sub-Regional Human Resources Pilot program funded by DHS concluded in June 2006. The pilot program's success ensured regional agencies have continued to support the initiative during 2006/07 with all parties committed to the continuation of the sub-regional approach.

In excess of 340 hours of specialist support services were provided during the year including assistance with IR issues, policy and procedure development, conflict management, education, recruitment, award interpretation, workcover, return to work and absence management.

Agencies provided with support during the year included Portland District Health, Heywood Rural Health, Casterton Memorial Hospital, Harrow Bush Nursing Centre, Balmoral Bush Nursing Centre, Mulleraterong and Edgarley Homes.

Recruitment

Recruitment of specialist staff was identified in the strategic plan as an area of major concern, particularly in rural locations. Shortages in medical, nursing and allied health specialist areas - in particular midwifery, specialist medical and intensive care - are expected to continue into the future.

In the current year 75 positions were advertised and 68 staff recruited. The continued expansion of services in community health and primary care programs including the successful Sustainable Farm Families Program has required the recruitment of additional staff to support these initiatives. This increase in services is reflected in the 1% increase in equivalent full time staff during the year. The WDHS workforce at the end of June 2007 is 526.06 EFT. It is essential to constantly review and enhance recruitment strategies. The relaunch of the WDHS website in 2006 enhanced the use of the website for staff recruitment.

Challenge

- The challenge is to recruit, develop and retain high calibre, professional and specialist staff to deliver services in a rural area

Achievements

- Completed and adopted Human Resources Strategic Plan 2006-2011 in conjunction with Highview Partners
- Awards to staff including State Nursing Award for Clinical Excellence, South West Coast Business Awards Employee of the year, Pride of Workmanship Awards for 5 staff and Hamilton Region 2006 Westvic Apprentice & Trainee Award
- Victorian Health Service Management Innovation Council seeding grant awarded for Lectora on-line Fire Training program

The Future

- Overseas recruitment at Australian Expo to be held in Manchester (UK) in October 2007
- Undertake a comprehensive Organisational Effectiveness Survey
- Implement new Enterprise Bargaining Agreements for medical, nursing and health professional staff
- Continue implementation of Human Resources Strategic plan including the development of a comprehensive e-learning strategy
- Continue capacity and resource planning to facilitate increase in medical clinical placements from Deakin Medical School from 2008



Leading the way the Western District Health Service cleaning team has topped the State in the latest external cleaning audit undertaken by Cogent.

Service performance

10 Years	Joan Porter Leanne Porter Julia Stephens Susan Surridge Xavier Taggart Carolyn Templeton	Leanne Dyke Sonja Gould Walter Joosen Megan McLeish Norman Salagari	Craig Richardson Tania Stubbs Myra Maclean Pat Runciman	Sally Hicks Anita Holmes Jennifer Hutchins Karen McRae Beverley Robinson Tracey Ross Catherine Stiglich Wendy Wathen Edna Scullion	30 Years
Jeffrey Broadwood Susan Dodd Lyn Holden Sharen Logan Susan Lawrence David McCabe Lynette Monaghan Helen Morton	15 Years Katherine Armstrong Jane Bunge	20 Years Rhonda Baker Margaret Baulch Judy Hammond	25 Years Neil Bell Tony Dyson Marie Grinham Kim Hearn		Denise Dyson Marilyn Fraser Janice Osborn Vivienne Rowe

WDHS is also participating in the Australian Expo in Manchester (UK) in October 2007, expecting that attendance will present opportunities to attract UK specialist medical and nursing staff. Considerable preparation for the Expo includes the production of a CD containing comprehensive information for prospective applicants on Victoria, the Shire of Southern Grampians, WDHS (including a link to the website), and immigration information. This resource, developed in-house, will be used for all future recruitment at WDHS.

Staff Development & Training

Clinical nurse training programs, graduate placements and school work experience continued to be well supported. As identified in the HR Strategic Plan medical staff training, management training for health professionals, and development of e-learning resources were priorities in 2006/07.

Planning is underway to provide the medical supervision and support required to support the placement of an additional 4 medical undergraduates from the new Deakin Medical School expected to be allocated from 2009.

WDHS actively supports the ACHSE – Rural Management Residency Program. This innovative program partially funded by DHS, seeks to develop new graduates for rural health service management positions, combining formal study and placements in rural health services. WDHS hosted an ACHSE graduate for 6 months, which was a valuable experience for the graduate and provided WDHS with a valuable resource for the Virtual Visiting Pilot program.

E-learning utilizing on-line access to staff

training resources continues to be a priority. Lectora computer software providing access to training and assessment of competencies has commenced with Fire Training and Blood Transfusion now available. An additional 10 competencies are planned to be available on-line by December 2007. We received a seeding grant from the Victorian Health Service Management Innovation Council to make the fire training program available to other public health services.

Staff Recognition and Awards

Staff from the Health Service have again excelled at Regional and State level with awards for Clinical Excellence at the Victorian Nursing Excellence Awards, Employee of the Year at the South West Coast Business Awards, 5 staff awarded a Rotary Pride of Workmanship Award and a Hamilton region 2006 Westvic Apprentice & Traineeship Award. Internally, following feedback received during the HR strategic planning process the annual Health Service excellence awards were modified to include excellence and innovation to recognise the considerable achievement of staff in business and clinical practice innovation.

Industrial Relations

There were no days lost in 2006/07 through industrial disputes. A number of agreements were negotiated throughout the period, most significantly, the restructure of administrative staff positions in accordance with the Health Service Union of Australia Multi Employer Agreement which will come into effect in September 2007. This restructure involved the evaluation and classification of each position within a new framework based on

work descriptors and a corresponding salary structure. Change Management Committee meetings were held regularly to ensure open communication and maintenance of good relations between staff, management and unions.

Statutory Compliance

Amendments to the Aged Care Act 1997 require staff working in aged care to undergo compulsory police checks. WDHS met the compliance target date of 1 June 2007. In addition a more comprehensive “working with children” police check was introduced, requiring compliance from July 2008. WDHS has applied the compulsory police checks to all staff and 98% of all checks have been completed. These checks will be repeated every 3 years.

In the current year no complaints were made directly to WDHS under the Whistleblowers Act.

Workcover

WDHS has continued to review and develop policies and procedures in accordance with the relevant legislative requirements and was free from serious injury or death in 2006/07. Four new major claims were recorded during the year including two claims which were an aggravation of existing conditions.

Workcover Premiums

The 2006/07 premium was \$395,952 (1.34% of total remuneration) with a claims cost rate of 0.95% - 31% better than the Industry Claims cost rate of 1.36%. The 2007/08 illustrative premium advised in May 2007 is \$514,731 (1.75% of total remuneration) representing an increase of \$119,000 (0.41% of total remuneration). The premium rate for the industry is projected to be 1.69% and WDHS has an indicative performance rating of 109.3%. This performance rating means that the projected claims costs are 9.3% worse than the industry average.

WorkSafe Inspections

WDHS has hosted several WorkSafe visits to improve workplace safety. These include:

- Occupational Violence Project

A follow-up site visit in November 2006 as part of WorkSafe Victoria’s proactive intervention program, “Health Services – Occupational Violence Project” to assess

Workforce Profile 2007

Labour category	Female 2007	Male 2007	% Workforce	Total 2007	Total 2006	EFT 2007	EFT 2006
Managers/Administrators	8	13	3.13	21	19	20.05	19.52
Professionals	241	32	40.63	273	282	211.02	209.78
Associate Professionals	102	6	16.07	108	104	84.61	77.09
Tradespersons & Related Workers	8	15	3.42	23	20	20.81	18.04
Advanced Clerical/Service Wrkrs	5	0	0.74	5	5	5.09	4.27
Intermediate Clerical/Sales/Service	124	9	19.79	133	137	96.83	103.4
Intermediate Production/Transport	2	6	1.19	8	8	7.13	7.06
Elementary Clerical/Sales/Service	13	8	3.13	21	19	18.65	17.24
Labourers & Related Workers	60	20	11.90	80	84	61.87	64.39
Total	563	109	100.00	672	678	526.06	520.79

Safe practice & environment

Far right: Terry Ficarra from Johnson Diversey designed and developed the system to recycle water from the HBH laundry.

Right: WDHS dietitian Jodie Nelson and PDHS Manager/Director of Nursing Darren Clarke, received the Non-clinical Excellence in Service Quality Award on behalf of the Catering Services Department, Penshurst Campus at the Annual Meeting.



the status of risk management action plan developed to improve systems for dealing with the prevention of occupational violence. A WorkSafe audit tool was submitted as required.

• Patient Handling in Hospitals

A site visit in March 2007 at the HBH and Penshurst campuses reviewed the Patient Handling in Hospitals project. WorkSafe concluded that WDHS has a proactive approach to manual handling in hospitals.

• Residential Aged Care Project

WorkSafe conducted site visits to Coleraine, Penshurst, Grange Residential and The Birches Residential Aged Care facilities to review progress. WorkSafe concluded all sites had satisfied project objectives.

Notifiable Incidents

A notifiable incident occurred on October 6, 2006 when PDHS experienced a Code Black incident. As a result WorkSafe conducted a site visit on November 3. The WorkSafe report concluded WDHS procedures were effective and all staff, police and rural ambulance responded in an appropriate manner.

Equipment Procurement Program

The ongoing equipment procurement program resulted in the purchase of: two floor level beds, palliative care bed, motorised tea trolley, two motorised medication trolleys, three bariatric wheel chairs, 12 low height beds & floor level bed, Liko lifter (sling hoist), bath trolley, three Arjo stand up hoists, Arjo steady transporter, three adjustable patient chairs and two examination couches.

Aged Care Services received two grants from DHS; one to purchase 28 static pressure relieving mattresses for our aged care facilities, plus \$3,500 each for CDHS, PDHS, The Grange and The Birches which will purchase five attendant-propelled or electric wheel chairs with reclining backs.

Fire Safety and Emergency Procedures

Fire Safety and Emergency Codes training is compulsory for all staff. This year 90% of staff attended the training. In addition, compulsory Area Warden and Deputy Warden training was developed and delivered.

To ensure staff attendance & compliance, we created an online Fire Safety Training package.

We received funding from Victorian Health Service's Management Innovation Council to create a health-specific fire safety training package, including an internal fire training DVD, to incorporate into the online package first, before making it available to all health agencies across the Barwon South Western region.

Following a successful trial last year, 35 "AlbacMat Rescue Mats" purchased in July 2006 are installed at all sites, and staff have been trained to use the product, reducing the manual handling risk associated with evacuating patients.

During the year, there were revisions of the Emergency Summary Card and emergency procedures for CDHS campus.

Preparing for Bushfires

The WDHS Bushfire Preparedness Plan 2006/07 was completed and added to the WDHS intranet site.

CBR Incident Response Plan

The ED exhaust ventilation system, which reduces the effects of possible contamination to staff and patients in the event of a Chemical, Biological and Radiation incident, has not been activated to exhaust mode during the past 12 months. We have added the WDHS Radiation Manual to our intranet site.

Management of OH&S

WDHS has adopted the RiskMan incident reporting system to enable accurate analysis of incident categories and trending. The number of reported incidents has increased through active encouragement of all staff to report all incidents.

Initiatives to improve safety

OH&S programs such as no-lift, manual handling assessment, workplace injury reporting system, weekly workplace safety and maintenance inspections are conducted throughout WDHS as part of the Occupational Health and Safety - Risk Management Plan.

To reduce the current leave liability WDHS has continued the successful leave management program commenced in 2003/04, with the successful return to work of 24 employees and 23 individual management plans formulated in the past 12 months.

All employees with work-related claims have had individual Return to Work

management plans formulated for the same period.

All programs are implemented in compliance with the Accident Compensation Act 1985 and Occupational Health and Safety Act 2004 and relevant Regulations, Codes of Practice and Guidelines.

In March 2007, managers and OH&S representatives attended a Worksafe accredited one-day education session, conducted by Occupational Health and Safety Services on the OH&S Act 2004, and their associated responsibilities.

Occupational Violence

WDHS established a working party to address the Victorian Taskforce on Violence in Nursing 2005 recommendations regarding Occupational Violence and Aggression. An action plan assisted with the auditing and revision of WDHS policies and procedures, and the implementation of the VTVN recommendations. In addition, we developed a visitors' code of conduct to complement our violence prevention strategies.

Environmental Audits

Weekly Safety and Maintenance inspections continue to be a major component of our risk management strategy.

The proactive risk management approach to workplace inspections include:

- No-lift patient handling assessments conducted for all patients upon admission
- Manual handling assessments
- Ergonomic assessments
- Equipment requirements assessment prior to procurement and selection
- Weekly preventative maintenance
- OH&S routine inspections
- Investigation and prevention of workplace incidents

Falls Prevention

The Health Service has developed and conducted a competency based "Falls Prevention" education program for 17 WDHS staff, and purchased additional equipment to meet the Regulations (Prevention of Falls) 2004. Works to ensure compliance with the regulations have been completed at the HBH campus in the past year in response to previous audits. Further works are planned for the coming year.



Professional development

Our clinical nurse educators have been kept busy this year with unprecedented enrolments in re-entry programs.

Orientation

Mandatory one-day general orientation programs were attended by 114 new staff. The Orientation program includes Human Resources, Infection Control, Occupational Health & Safety and Fire and Evacuation education. The program was expanded to include volunteers, with 17 volunteers attending since February 2007.

Mandatory Education Goes Online

This year we introduced an online Fire Safety Training package, which was created internally using Lectora software. Staff can complete this training online, or attend a face-to-face session, with both being complemented by a practical demonstration. Fire training compliance has increased from around 50% in July 2006, to 90% at the end of June 2007.

This year also saw the introduction of Bush Fire Preparedness training, a DHS directive aimed at preparing all country agencies in the event of a bushfire emergency. It was delivered by the local CFA. All staff at our Coleraine and Peshurst facilities, and residents of our Independent Living Units were invited to attend.

Basic Life Support is provided for all staff on an annual basis by WDHS clinical nursing teachers.

Managers receive monthly compliance reports directly from the PayGlobal Human Resource Information System, to enable them to monitor the mandatory training of their staff.

Education Centre

The Education Centre continues to maintain its reputation as a first-class educational/conference facility. This year there was over a 50% increase in occasions of use by both internal and external customers, with more than 16,000 people visiting the Centre, an increase of 60% from the previous period. Video conferencing facilities continue to be well utilised, with 316 hours of use.

Non-Clinical Education

This year 44 staff attended management training, covering topics such as Discipline, Effective Communication Skills, Performance Management, Supervision

and Recruitment Interview Techniques. Department and Deputy Department Heads attended additional management education.

We supported many of our Aged Care staff to attend basic computer training courses at the local Adult Education Centre, following the introduction of the Lee Total Care computerised resident management system. Internal training sessions were also delivered on our Intranet, Webmail and My WDHS, the employee self-service system.

The SkillPort computer training e-learning system continues to be utilised, with staff accessing various programs such as Microsoft Word, Excel and Powerpoint.

Other non-clinical training included Chainsaw Training for gardening staff, an OH&S Representatives' Refresher Course, Customer Service Training for all Reception and Health Information staff, and two Cleaning Standards Workshops for all our Environmental Services staff.

WDHS continues to support staff in attending professional development opportunities, with just under 200 staff, attending some form of training externally.

Graduate Nurse Programs

Ten newly-qualified Division 1 nurses are undertaking our First Year Graduate program, supported by clinical teachers and preceptors. Six of the 2006 successful participants were selected for a second year program, with a view to undertaking further specialist tertiary programs.

A 25 week WDHS-funded graduate program was introduced for seven staff from our Aged Care facilities who were trained in 2006 to Division 2 nurse level using Commonwealth funding.

Graduate Diplomas

We continue to "grow our own" nurses for specialty fields, with three staff members undertaking the Graduate Diploma in Midwifery, two in Critical Care Nursing and one in Perioperative Nursing. Our facilities enable learning to occur via video-conferencing and e-live.

The Consortium

We are the fundholder of a \$120,000 DHS grant for continuing nurse education in

Area 4 of Barwon South West Region. This encompasses WDHS, Portland & District Health, Casterton Memorial Hospital, Heywood Rural Health Service and Dartmoor and Balmoral Bush Nursing Centres.

Return to Practice

This year we had an unprecedented response to expressions of interest in re-entry programs for Division 1 and 2 nurses who have let their registration with the Nurses Board of Victoria lapse. DHS funded two courses, resulting in 16 nurses returning to the workforce.

Upskilling Programs

Five Aged Care facilities staff received Commonwealth funding to study Certificate III in Aged Care at South West TAFE. Additionally aged care staff with Division 2 and Certificate III qualifications are extending their scope of practice to include the administration of medications. In 2008 people undertaking Division 2 nurse training will qualify with the appropriate qualification.

We also provide transition programs in specialty nursing areas for nominated staff, providing them with the beginning skills to undertake Graduate Diploma courses.

Tertiary Links

Our strong links with many local, regional and distant universities and SWTAFE continue. We provide clinical placements for numerous nursing undergraduates.

Clinical Skills Laboratory

DHS funding of \$69,000 has established the facility, and a second grant recently allowed us to purchase more equipment. It is available for training in nursing, medical and allied health across WDHS.

E-learning

WDHS is the fundholder for \$20,000 from DHS for the Barwon South West Region to develop e-learning management systems resulting in mandatory competencies and other learning packages to be put "on line" for access through computers in the workplace and at home. This project requires further development and funding to become a sustainable reality.

Clinical services

Challenge

- To provide a diverse range of clinical services to an ageing population and meet the needs of chronic disease clients within our community.

Achievements

- Funding secured for a further 10 CACPs (Total now 30)
- Provision of a Division 2 Graduate Program
- Evaluation and continuation of the Southern Grampians/ Glenelg Rehabilitation Program
- Introduction of a stroke support group
- Extension of funding for Midwifery Model of Care
- Accreditation for anaesthetic GP trainee post
- Post Medical Graduate re-accreditation for 3 years

The future

- To improve discharge planning
- Implementation of Enhanced Scope of Practice
- Improved service delivery of post operative care
- Enhance the care of dementia clients within the acute care setting
- Improving care for the older persons in the aged care setting
- Provision of virtual services in collaboration with the Eye and Ear Hospital and the Royal Children's Hospital



Mal Fraser RN Division 1, is caring for a patient in the HBH Intensive Care Unit.

WDHS has 75 acute beds at Hamilton Base Hospital, providing Emergency, Medical, Surgical, Midwifery, Paediatric and Intensive Care services, together with a broad range of Allied Health services. Penshurst Hospital has six acute beds and Coleraine Hospital has 15 acute beds, both providing general medical care.

WDHS has six aged and extended care facilities: The Birches and The Grange in Hamilton; Penshurst Nursing Home and Kolor Lodge in Penshurst; Valley View Nursing Home and Wannan and Mackie Hostels in Coleraine. Thirty Community Aged Care Packages (CACPs) are administered from The Grange. The staffing profile in these facilities is predominantly Division 1 and Division 2 Nurses, supported by Personal Care Workers.

In 2006/07 WDHS treated 6,890 inpatients and 56,812 outpatients, 5,739 accident and emergency patients, 219 babies were born in our Midwifery Unit and 2,993 operations were performed. We accommodated 165 high-care residents, 74 low-care residents, 119 respite residents and our occupancy rate in our aged care facilities was 99.35%. We serviced 34 CACPs clients.

The Acute and Extended Care services at the Hamilton Base Hospital campus of WDHS have been enhanced during 2006/07.

Significant developments this year have been:

- upgrade of the Intensive Care Unit
- funding and accreditation for a GP Anaesthetic Trainee position
- increased focus on Chronic Disease Management with a \$186,000 grant for GPs in Community Health Centres for Chronic Disease Management, and \$1.05 million grant over three years for

CDM through the Hospital Admission Risk Program

- the purchase of new anaesthetic workstations for Hamilton Base Hospital Theatre
- Best Practice Hand Hygiene program implemented across all campuses
- excellent results in improving pressure area care
- the purchase of a Digital Slit Lamp to facilitate virtual services with the Eye and Ear Hospital
- the establishment of an e-learning program for core competencies

Enhancing our Medical Services

Medical services were further enhanced during the year with two of our General Practitioner proceduralists completing neonatal and paediatric training to improve our coverage and support for obstetric and paediatric services.

Our role as a teaching facility was enhanced following our accreditation and funding for a General Practitioner anaesthetic trainee position.

A monthly outpatient neurology service was also established under the Medical Specialist Outreach Assistance Program to improve access to this service.

The recruitment of an additional international medical graduate has improved medical coverage to our accident and emergency service.

Post Medical Graduates

HBH obtained Post Medical Graduate Reaccreditation for a further three years in May 2007. This accreditation facilitated placement of three interns from St Vincent's Hospital Melbourne, and one intern and an HMO 2 and HMO 3 from Barwon Health.

Improving Response

The Nurse Call System was upgraded in 2006. Improved efficiencies have resulted

Clinical services

from a nurse-presence function, calls bells displayed on a screen, easily discernible emergency alarms and direct contact via pagers to nurses from their allocated patients.

The new system also allows the nurses to receive pager calls from the hospital paging system, negating the requirement to carry two pagers.

Sub-Acute Rehabilitation

The National Ageing Research Institute (NARI) completed a three-phase evaluation of the Southern Grampians Glenelg Rehabilitation Program (SGGRP) from commencement in 2004 to December 2006. The program was considered a success by demonstrating enhanced client-centred care provision with rehabilitation clients, team communication, improving skill development of staff and resource sharing across sites.

High levels of satisfaction have been reported through questionnaire responses by clients who have participated in the program. NARI has recommended to WDHS, that an economic evaluation is required, so the Health Service can accurately assess what resources are required to extend the number of beds to six which would include Geriatric and Evaluation Management (GEM) clients. The Southern Grampians Glenelg Rehabilitation model was considered suitable by NARI for transfer to other rural regions.

DHS has committed a further \$260,000 to the rehabilitation program for the forthcoming year.

ROAST

As a member of the Rural Organisation of Australian Stroke Teams (ROAST), WDHS works in partnership with other Australian rural hospitals in striving to provide best practice in acute and sub-acute stroke management in rural communities. Through ROAST we are developing clinical guidelines and promoting stroke-specific education to the multidisciplinary team involved in the care of stroke clients.

A stroke support group commenced in 2007 and a plan to offer virtual attendance through in-home video conferencing is being developed. A self-management program for stroke clients in the community is also in the final planning stage.

Midwifery Model of Care

The Midwifery Model of Care commenced in March 2006. The Model offers low-risk women the choice of additional support during their pregnancy, labour, birth and postnatal experience. This model of care provides an opportunity for women to become familiar with the midwives who will assist with their care during their pregnancy and birth.



Medical Unit Acute Care Nurse Michael Jones responds to the new Nurse Call System, which displays call bells on a screen and makes direct contact via pagers to nurses from their allocated patients.

Of the 219 deliveries this year, 35 mothers have chosen the Midwifery Model of Care. WDHS has received funding from DHS to support the program for a further 12 months.

Clinical Risk Management Work Group

This year, the Nursing Division established a clinical risk management workgroup to review risk management in the acute setting.

This has resulted in the amalgamation of five working parties into one overarching workgroup.

The exciting component of this workgroup is that it is "managed and owned" by a core group of clinical staff from across the acute campus. The group strives to minimise adverse events and establish programs to improve care, and optimise patient outcomes.

Some positive outcomes include:

- Documentation

A new care plan incorporating risk management alerts, strategies and discharge planning. A documentation review has started, aiming to reduce the number of forms and improve compliance with documentation related to patient care

- Clinical Handover

Clinical handover and communication are vital to maintain good patient care

and minimise adverse events. Handover efficiency will be assessed using the Victorian Quality Council audit tool.

To assist the assessment the following has been undertaken:

- use of the care plan as a clinical checklist and handover tool
- a review of the clinical handover process and development of a Clinical Handover Policy (draft)
- introduction of a multi-disciplinary handover involving medical and nursing staff
- Falls Risk Management

The workgroup has established a falls management referral process with a community-based focus. At risk in-patients, District Nurse clients and people presenting to A&E are identified and referred to physiotherapy and the Community Rehabilitation Centre (CRC) for ongoing management in the home setting. 9% of the 70 % of inpatients seen by the physiotherapist have been referred to CRC for follow up management. We expect the new process to result in considerably higher referrals.

Clinical - acute care

Discharge Planning

A review of discharge planning in 2006 noted poor compliance with the discharge process and policy. The review found 46% of patients were discharged after 11am. Late discharge impacts on patient throughput and bed availability. After increased education and promotion, this has been reduced to 17%.

Recommendations which were implemented include:

- Introduction of discharge signs throughout the facility
- Discharge message added to "on hold" telephone tape
- Increased staff education
- Discharge planning component incorporated in care plan and handover
- The review of the Discharge Planning Unit to streamline and further improve efficiencies

Complex Care Unit

The Complex Care Unit (CCU) was established in 2003 to accommodate patients considered to require a high level of advanced care or close observation, particularly in the 24 hour post-operative period.

The 3-bed open plan area has resulted in improved observation and monitoring and more efficient use of nursing staff resources. In the past three years, 15 nursing staff have undertaken a six month advanced physiology course to assist them in their CCU roles.

Feasibility studies are being conducted to include a step down recovery area for surgical patients meeting the criteria in the four hour period after surgery. It is expected a trial of the step down recovery area will commence later in the year.

Hand Hygiene Project

WDHS participated in a 12 month Victorian Quality Council (VQC) Hand Hygiene project to minimise the transmission of infection by improving staff compliance with hand hygiene.

219 babies were born at the Hamilton Base Hospital in 2006/07. The Midwifery Model of Care was chosen by 35 mothers during the year.

One mother wrote to the CEO: "You have such a helpful, happy team on this ward that you forget the pain and focus on the joy".

RIGHT: Tania Elliott chose HBH for the birth of her baby son Zac.

It entailed extensive promotion and education and the introduction of an alcohol-based hand decontamination solution as an alternative to soap and water. The results have seen an improvement from 20% to a sustained level of 65% hand hygiene compliance.

Haemodialysis

In 2006, the Haemodialysis Unit policies and practises were reviewed against DHS guidelines, revealing a compliance rating of 96%.

A few minor improvement strategies were introduced, resulting in a compliance rating of 100%.

District Nursing

The service continues to provide a broad range of services to community based clients.

The care is delivered through programs such as:

- Post Acute Care
- Hospital in the Home
- Home and Community Care (HACC)
- DVA Community Nursing program

Nursing Recruitment

Recruitment and retention of nurses continues to be a high priority at WDHS. The centralisation of nursing resources management has helped create more efficient and effective recruitment and selection strategies across all campuses.

Although recruitment of speciality staff continues to be a challenge, we have ensured that appropriately-trained staff work in these areas and services have not been affected.

A centralised nurse bank helps manage peaks and troughs, and increases nursing resources to cover shifts.

We closely link our workforce planning to our education programs. The orientation program for new nursing staff has been updated to enable new employees to reach their full potential.

Pain Management

We continue to strive for best practice pain management. An audit of compliance with Best Practice in December 2006 noted good performance in all aspects related to timely administration of analgesia in keeping with pain management assessment and protocol.

Pressure Area Care

This year, again WDHS participated in a point prevalence survey (PUPPS3). Hamilton campus topped the state for like-sized facilities across Victoria. WDHS – Hamilton campus had an incidence of 5.3%, comparing favourably with the state average of 17%.

We continue to monitor pressure ulcers via the internal reporting process. Education is ongoing, supplemented by an online competency.

Post Acute Care (PAC)

There is a statewide review of the PAC program to establish a consistent approach to delivery of the services across Victoria.

DHS has engaged consultants to review a representative sample. The Wannon PAC service was selected as one of the representative groups. We are expecting feedback in the new financial year.



Clinical - allied health

Allied Health

Adult Day Activity & Support Service (ADASS)

The Adult Day Activity and Support Service (ADASS) is provided at Hamilton, Penhurst, Coleraine and Merino. The service is supported by WDHS volunteers who assist with transporting clients and service delivery.

The Day Centre runs Planned Activity Groups (PAGs) which serviced 79 clients on 3,731 occasions, averaging 15.6 clients per day. PAGs incorporates our "Well for Life" program aimed at improving nutrition and physical activities for older people at home.

This program had 79 clients, 3,033 occasions and covered 914 hours. Also incorporated into Well For Life were 44 nutritional risk assessments.

Community Rehabilitation Centre

CRC is funded by Sub-acute Ambulatory Care Services (SACS) to provide an outpatient multi-disciplinary rehabilitation service to enable clients who are disabled, frail, chronically ill or recovering from traumatic injury or surgery, to achieve optimal functional independence. The CRC provides therapies by health professionals to assist people to continue living at home in the community.

This year the CRC has worked with the Physiotherapy Department to conduct Implementation of Falls assessments for Acute and Emergency department patients, and is working closely with the new HARP team to develop client therapy and care programs.

Hamilton House Day Centre

The Day Centre held an Open Day in August 2006 to promote the activities of the Day Centre to the community and potential clients. The "Well for Life" program, which has a focus on exercise and nutrition in older people, continues with excellent client involvement.

Occupational Therapy

Occupational Therapy staff continue their involvement with the Day Centre "Well for Life" project, the CDM program, ROAST and the Southern Grampians/Glenelg Rehabilitation Program (SGGRP). One OT staff member completed Certificate III in Community Services (Aged Care) and a Grade One OT was recruited.

Speech Pathology

The implementation of the ROAST program continues to raise the profile of Speech Pathology within the Health Service. All stroke patients undergo a swallowing



Speech pathologist Sue Cameron works with stroke patient Keith Emmerton to help Keith produce sound.

assessment within 24 hours of presentation to the hospital.

The Speech Pathologist presented a two-day dysphagia nurse training course in October 2006. Six WDHS Division 1 nurses completed the training.

Social Work

The Placement Co-ordinator provides a respite booking service and co-ordinates permanent residential care placements as well as some transfers to Penhurst, Coleraine and Casterton hospitals, to ensure a supportive transition for both clients and their families. There have been 131 resident respite admissions in 2006/07 and 57 permanent placements to residential care facilities facilitated through the department.

111 referrals to the Western Aged Care Assessment Team (ACAS) were initiated for HBH in-patients, 85 in-patients completed their assessment or had an ACAS consultation during their in-patient episode.

The profile of the Social Work department has increased with new Acute Care programs at WDHS. The Department provides input into SGGRP, the cardiac rehabilitation program and ROAST.

Nutrition and Dietetics

Our Nutrition and Dietetics department continued to extend its role in CDM with involvement in cardiac, pulmonary, heart failure and diabetes programs. We have started a Bariatric Support Group, as well as extending our services in the area of bariatrics.

Two dieticians completed part of a UDRH Research Bursary which included a poster presented to a GP and PHC Conference in Sydney 2007, titled "Barriers to Overweight and Obesity Management in GP Practices".

The department now visits Edenhope Hospital, and continues to deliver services to Lyndoch, Casterton, Edgarley, Harrow Bush Nursing Clinic, Balmoral BNC, Coleraine, Penhurst, and Eventide.

Aged Care

Aged and Extended Care Services

Located in Hamilton, The Birches is a 45-bed Specialist Extended Care facility which includes dementia, palliative care, psycho geriatric, respite and a discrete capacity for younger disabled residents.

The Grange Residential Care Service, also in Hamilton, provides a 45-bed generic aged care facility, enabling ageing in place.

The Community Aged Care Packages program provides care in the home for those residents who are able to, and wish to stay in their own homes, with the support of personal care services. WDHS manages 30 CACPs, administered from The Grange.

In Penhurst, Kolor Lodge provides 10 predominantly low-care beds, while the Penhurst Nursing Home provides 17 low-care beds. In Coleraine, Valley View provides 12 high-care beds, while Mackie and Wannan Hostels provide 41 low-care beds.

Aged Care Accreditation

This year we achieved Aged Care Accreditation for our six facilities. Over the past two years all six residential aged care services at WDHS have achieved a three year accreditation with ACSAA.

Each facility met the 44 expected Aged Care Standards and Accreditation Agency outcomes of care as determined by the agency.

A report for each facility is available at <http://www.accreditation.org.au>

Clinical - aged care

Quality Reporting - DHS Indicators

During 2006 DHS introduced mandatory reporting of five quality indicators for Public Sector Residential Aged Care Services (PSRACS).

- Prevalence of stage 1-4 pressure ulcers
- Prevalence of falls & fall-related fractures
- Incidence of use of physical restraints
- Incidence of residents using nine or more different medications
- Prevalence of unplanned weight loss

The data assists us to monitor performance against some core aspects of resident care and to assist us improve resident care.

Advance Care Planning

Advance Care Planning allows clients in Residential Aged Care Services to make decisions about their health care in the present and the future. Clients can record their choices ahead of time. An Advance Care Plan only comes into effect if clients lose legal capacity to make decisions about medical treatment.

In all Aged Care residential facilities, information is introduced in the pre-admission packs for residents and families. This is followed up at the six week interview.

Palliative Care and suitable District Nursing clients continue to be introduced to Advance Care Planning and encouraged to complete the forms. Information sessions are delivered to all participants in the Pulmonary Rehabilitation and Chronic Heart Failure Program. There has been a positive response to the program. WDHS has 33 trained consultants covering all campuses.

The Palliative Approach in Residential Aged Care

A Palliative Approach in Residential Aged Care (PARAC) project is an Australian Government Department of Health and Ageing initiative. It aims to provide support and guidance for a palliative approach in the 3000 residential aged care facilities across Australia.

A Palliative Approach in Aged Care Workgroup has been established at WDHS. It is the utilisation of the Palliative Approach Guidelines into individual resident's care plans

A gap analysis incorporating the 83 areas addressed in the guidelines has been completed.

Birches resident Edna Greenaway enjoys a laugh with Associate Charge Nurse Hazel Saligari.

Generally all areas were addressed well. We are arranging a memorial service in our chapel, inviting families of those bereaved in the past 12 months and staff to attend. We have developed a brochure explaining the palliative approach to be included in our pre-admission pack.

Diversional Therapist

Julianne Gould, Diversional Therapist at The Birches, was a guest on the Aged Care Channel (ACC) this year. The ACC is an independent satellite television company, specialising in the production and delivery of live, interactive, educational programming for the Aged Care sector.

Julianne described the success of one-to-one sessions for residents with dementia and challenging behaviours that are conducted at The Birches, when she appeared on the Personalised Lifestyle and Programming show.

Enhanced Scope of Practice

As a result of DHS funding received in 2005, the framework has been developed to support the enhanced scope of practice for Division 2 nurses to administer medication in aged care. Education and workforce planning is in progress and implementation has commenced at the Grange.

Aged Care Leadership

Leadership as an essential requirement for quality aged care has been recognised by Barwon South Western Region DHS, which is providing an intensive aged care leadership program. Three of our aged care managers are participating.

They will cover four modules:

- Leadership and Personal Style
- Leadership and Managing Change
- Leadership and Building Effective Teams
- Leadership, Culture and Clinical Governance

This is an important initiative to assist in the

delivery of high quality care to the residents living in our aged care facilities.

Community Aged Care Packages

The Community Aged Care Packages program is a community care program designed to help frail older people to stay in their own homes, as an alternative to residential care.

In March 2007 we received 10 more CACPs, taking our total to 30 Packages. We have five rural and remote and five Koori Packages. Our CACPs covers from Hamilton to Pigeon Ponds to Casterton to Portland.

Aged Care Virtual Visiting

An exciting initiative undertaken during the year involved a pilot program to establish a capability for residents of Penshurst and Grange Residential Aged Care facilities to undertake video conference "visits" with relatives and friends.

The "Virtual Visiting" pilot utilised SWARH members' videoconferencing capability to facilitate visits, but also developed the necessary processes and security measures for residents to initiate calls anywhere across the internet.

This program has been embraced by residents and we hope to access funding during the next financial year to extend the program to all residential aged care facilities in the region.

Lee Total Care

WDHS aged care facilities are introducing Lee Total Care - a total care management computer system for their residents. This system stores documentation electronically, involves assessments, care planning, progress notes, review of care and has the ability to generate Quality Audit reports. LTC will reduce paper files and the duplication of data.



Support services

Objectives

- Provide support for clinical services development, review and restructure
- Implement infrastructure and technology strategy
- Take a leadership role to promote innovative practice in the sub-region
- Implement, monitor and review risk management strategies
- Ensure effective governance and management of resources
- Maintain timely, accurate, efficient and effective reporting on finance, service activity and compliance
- Maximise organisational effectiveness through efficient and contemporary workforce management strategies

Achievements

- 5 Year Human Resources strategic plan completed
- New Nursecall system installed in HBH Acute areas
- CDHS redevelopment schematic design completed
- Linen service water recycling project completed – saving 3.24million litres of water annually
- Heating, Ventilation and Cooling Project completed with removal of cooling tower eliminating a potential legionella risk
- Completion of Medical Record Storage upgrade increasing storage capacity by 52% within the same space
- Aged Care “Virtual Visiting” pilot completed providing access to video conferencing for aged care residents
- 2007 Management Innovation Seeding Grant awarded to extend on-line fire training package to other health services
- WDHS website redesigned and launched at 2006 Annual General Meeting
- Virtual Services Project – Slit Lamp connected to Royal Victorian Eye & Ear Hospital providing online clinical support
- Placement of Rural Management Residency Program graduate at WDHS for 6 months
- Management of IT system recovery following “virus infection”
- Development of strategy to preserve priority garden areas under stage 4 water restrictions
- Mandatory Police Checks and Working with Children Checks introduced to comply with legislative requirements

The future

- Construction of 3 independent living units in readiness for CDHS redevelopment
- Extend clinical information systems to include online digital radiology and remote vital signs monitoring
- Implement the statewide Oracle financial management information system
- Extend the aged care “Virtual Visiting” program to all aged care facilities in the South West Region
- Complete PDHS and Grange Residential Service redevelopment schematic design documentation
- Complete Resident Medical Officer accommodation project
- Upgrade water pipes throughout the HBH acute facility
- Implement new Enterprise Bargaining Agreements for all staff groups
- Develop new three year internal audit program

Corporate Services Division is a group of departments staffed by people with a wide range of skills and expertise in business analysis, budget and finance, patient healthcare records, food, environmental and linen, human resources, information communications and technology, library and supply and maintenance services.

These departments provide for services that support direct patient care and also ensure that WDHS functions as an effective and efficient business. The division employs 144 people (103.5 EFT) and has an annual budget of \$9.1million.

The Division is represented, and participates in management decision-making for the entire organisation, in particular the interpretation of government policy, the implementation of changes required for compliance with statutory obligations and the management of resources necessary for the delivery of clinical services.

Corporate Services Support

Providing effective support services involves working with divisional directors, departmental managers and clinicians to achieve organisational goals, explore opportunities to further develop existing services and to increase the range of services required to serve the current and future needs of our community.

A major responsibility of the division is the development of strategic alliances and participation in industry workgroups.

In the current year a series of incidents, service disruptions, supply and system failures has highlighted the crucial role Corporate Services departments have in dealing with unexpected incidents, and responding quickly to minimise disruption to clinical services.

The importance of assessing risk and developing effective contingency plans has been reinforced by the challenges which have been faced during the year.

Dealing with a computer virus

The most significant challenges were a computer virus which infected WDHS computer systems on August 29, and issues associated with the prolonged drought and a severe fire season.

As a consequence of these additional operating difficulties, significant resources

Virtual Services

As a member of South West Alliance of Rural Hospitals, significant progress has been made under the Virtual Services Program to enhance clinical support using the SWARH network and associated technology.

To support emergency ophthalmic services a slit lamp was purchased during the year.

Located at Accident and Emergency, the slit lamp is directly linked to specialists at the Royal Victorian Eye & Ear Hospital.

This technology enables a specialist to assess eye injuries or conditions remotely and initiate treatment as required. The service is available to WDHS 24 hours every day, minimising the length of time patients need to wait before assessment, and the requirement for patients to travel long distances for specialist treatment.

Other diagnostic applications being evaluated to introduce in 2007 include a connection to the Royal Children's Hospital for specialist paediatric support and remote vital signs monitoring to significantly enhance after hours support by medical staff.



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drought and a severe fire season.

As a consequence of these additional operating difficulties, significant resources were diverted from normal operating activities and compromised productivity and progress on some projects.

The computer virus infection affected the majority of computers and workstations with significant disruption caused by the loss of access to general business systems including email, diaries and shared files.

While clinical systems were unaffected, the impact on business processes was significant.

Recovery involved:

- Replacement of 60 older computers
- Update of all operating systems
- Implementation of webmail system for the majority of users
- Replacement of two file servers
- Relocation of enterprise applications to the SWARH shared services centre

We achieved 98% recovery by October 31, with a direct cost of \$120,000 and an estimated productivity loss of 9,500 hours with a cost of \$320,000.

A comprehensive review of the incident and security system weaknesses and contingency plans was completed in October with all recommendations actioned progressively and monitored by the Audit and Compliance Committee.

The recovery process required WDHS to bring forward some planned investments and system changes which enabled the Health Service to significantly improve system security and upgrade and standardise computers and operating systems.

In June 2006, 36% of the computer fleet was greater than three years old with an average age of 2.56 years.

In June 2007 only 9% of the computer fleet is greater than three years and the average age is now 1.71 years.

Fire and drought

The prolonged drought has had a significant insidious impact on the Health Service.

While the impact of the introduction of Stage 4 water restrictions in Hamilton were obvious, other consequences of the drought were less obvious and more

Support services

which provided a challenge to source and distribute bottled water to acute patients and aged care residents.

The bushfire season too presented some additional challenges with disruption to both communications and power supplies, logistical problems in maintaining linen supplies with roads closed due to fire, providing catering services to support fire fighters at short notice and significantly supporting staff who volunteered as fire fighters.

With all of the challenges during the year, the Corporate Services departments have continued to achieve significant progress towards strategic objectives, proactively contribute to regional and statewide initiatives and actively innovate and benchmark to ensure the delivery of quality support services.

Information Management

Information management includes the Business Support & Development Unit, Finance Department and Health Information.

Information management departments have continued to progress strategic initiatives as a member of the South West Alliance of Rural Health (SWARH) and by actively participating in the DHS Healthsmart Strategy.

Oracle

The most significant project commenced was the implementation of the Statewide Financial Management Information System – Oracle. A project steering group has been established to oversee the implementation of all rural alliances over the next two years.

The implementation planning process is due to be finalised in September 2007 with WDHS among the first of the rural agencies to be implemented by March 2008.

This ambitious project will involve the replacement of the finance, supply and asset management systems, the introduction of a common supply catalogue and standard work practices, and will facilitate the introduction of

e-procurement for all Victorian health agencies.

New Website

The www.wdhs.net website was redesigned and launched at the annual general meeting in October. It has retained the popular new babies webpage, and introduced virtual tours of the facilities, a history section and an enhanced news pages.

The new website has attracted about 450,000 visitors from 55 countries and has provided a valuable source of information for members of our community.

Nursecall System

The installation of a new Nursecall system in the Hamilton Base Hospital acute area and the completion of the Medical Record Storage project have addressed two areas of concern which were identified priorities.

The Nursecall system provides considerable enhanced functionality and new features to enhance communication efficiency and enable quicker response to urgent calls.

Medical Records

Lack of space in the Medical Records storage had the potential to compromise the rapid retrieval of patients' medical information. The completion of the installation of the two-stage storage upgrade has enabled the storage capacity to be increased by 52% within the same area, and will satisfy the storage need of the health service for at least another 10 years.

Future priorities for information management continue to revolve around the management of change required with the rollout of new clinical systems, and ensuring that the system is reliable, accurate, accessible and complete, and compliance with privacy principles is maintained.

Digital radiology and remote vital signs monitoring, extension of the aged care Virtual Visiting project and the implementation of Oracle business systems are the key activities planned for next year.



Top right: In response to the introduction of stage 4 water restrictions on December 4, a conservation strategy was enacted to preserve garden areas.

Middle: A world-first Aged Care pilot program titled "Virtual Visiting" allowed aged care residents to have "virtual" visits from family and friends through the innovative use of existing technology.

Bottom: New compactus storage for medical records has increased capacity by 52%.

Community services

WDHS Community Services delivers diverse programs based on the social model of health. Some of these programs include community transport, exercise and fitness, men's and women's health and FreeZa gigs for young people.

Preventative health programs have been initiated, including a Go for Your Life project and Chronic Disease Management. The nationally-recognised Sustainable Farm Families project is a flagship initiative.

The Community Services division operates primarily from the Frances Hewett Community Centre (FHCC), but also provides services out in the community.

Chronic Disease Management

Chronic Disease Management at WDHS has continued to move forward in 2006/07.

Successful initiatives have been established this year through the Rural Patient Initiative Chronic Disease Management Program, including:

- Consolidation of a Chronic Heart Failure and Pulmonary Rehabilitation Self-Management program for participants and carers with the development and application of CHF and PR program resource materials and guidelines
- Funding for 15 staff to attend Flinders Education resulted in all obtaining Self-Management Certificates of Competence. One staff member attended a Train the Trainer course to support the use of the Flinders model throughout the organisation and help educate local health professionals
- Trial of case management in partnership with local GPs to support a self-management approach to health care
- Sustaining multidisciplinary steering committee
- Strengthening community support groups for people with cardiac and respiratory conditions

These initiatives have built relationships which provide an excellent platform for future partnerships in CDM service delivery.

HARP Chronic Disease Management

The Rural Patient Initiative success precipitated WDHS attaining further funding for three years to consolidate and progress CDM, with the establishment of the Hospital Admission Risk Program (HARP).

A HARP program manager was appointed in January and with two Care Coordinators, create a team of 1.8 full time positions.

The Hospital Admission Risk Program consolidates the work of the existing Chronic Disease Management program at WDHS.

Physiotherapist Carla de Angelis and HARP Care Coordinator Robyn Beaton monitor the heart rate of cardiac rehabilitation participant Lloyd Bramley.

HARP was established statewide in 2001/02 in response to a rise in chronic and complex illness associated with an ageing population. Evaluation of pilot programs found HARP patients experienced reduced emergency department admissions by 52%, and spent 41% fewer days in hospital.

HARP program guidelines have been developed based on best practice models of care as set out by DHS, the National Heart Foundation and the Australian Lung Foundation.

HARP in Practice

We are working with people and their carers to assist them in their homes, help them understand their treatment, and manage their symptoms and the impact their condition has on their lifestyle.

In addition to individual care coordination activities, the WDHS model of HARP includes coordination of:

- Cardiac Rehabilitation Program
- Pulmonary Rehabilitation Program
- Chronic Heart Failure Management Program (concurrent with Pulmonary Rehabilitation program)

Future Objectives

HARP will focus on improving the management of people with chronic diseases and complex needs who frequently use hospitals or are at risk of hospitalisation.

Counselling Service

We received 1,645 contacts from people (45% male, 55% female) seeking counselling in regard to anxiety, depression, relationship issues, anger management, stress reduction, chronic illness management and grief counselling.

During 2006 a DHS-funded Consumer Participation Project culminated in recommendations for improvements.

The top three recommendations were fully implemented during the first half of 2007:

- A waiting area at FHCC
- Additional after business hours counselling consultation period one evening per week
- The use of "take-away" pads - duplicated pads which are a quick guide to what consumers' sessions have covered and strategies they may trial prior to the next session

Counselling staff spoke at regional drought forums, and attended sessions at farm sites, in cooperation with the CentreLink "Drought Bus" rural initiative. Individual counselling was offered to farming families when the stresses were taking a marked toll.

Go for your Life

A submission titled "Challenge the stereotype - Going for our lives" received DHS funding of \$614,000 to tackle the challenges of increasing healthy eating and increasing levels of physical activity.

WDHS, in partnership with the Glenelg/Southern Grampians PCP and Shire of Southern Grampians, received funding for the project until June 2010.

A project officer has been appointed to oversee the project development and coordinate the "Go for your Life" initiative locally.



Community services

Tim Yole is undertaking a 12 month Youth Work Traineeship at YouthBiz. Tim has received a WestVic Scholarship which he will use to attend a National Youth Leadership Conference in Sydney in July 2007.

Right: 10MMM members Adrian Densley, trainee Tim Yole, Kat Clare and Sebastian Eales at the 10MMM leadership course.



Left: The YouthBiz school holidays fishing trip to Portland Canal in September 2006 was enjoyed by Tristian Carpanedo and Justin



She has attended a 5-day Obesity Prevention Course at Deakin University gaining background knowledge of the obesity epidemic, and strategies to implement a coordinated project.

The project officer will work with key stakeholders, community members and organisations to plan and implement strategies to increase physical activity and healthy eating in our community.

GP in Community Health Strategy

The GP in Community Health strategy was implemented this year through funding from DHS, SGGPCP and the Otway Division of General Practice with support from Hamilton Medical Group (HMG) and WDHS.

The strategy is a bulk-billed service for people who are dealing with a chronic illness such as diabetes, heart failure or stroke, and must be referred from their GP. The client goes through a GP management plan with the Nurse Project Officer and their GP, which identifies health and lifestyle factors that require treatment to improve a client's quality of life and health outcomes.

The GP in Community Health Strategy has received 10 referrals and completed eight GP Management Plans with a goal of 80 clients within the next 12 months.

Prostate Cancer Case Management

Our men's health program provides support and case management to men suffering from prostate-related disorders.

A fully integrated service involves a collaborative approach between visiting surgeons, local medical services and acute patient management services to support and manage these men from pre to post-operative care and enables informed decision-making in relation to interventions and ongoing management.

This service was established for patients as a response to increasing numbers of men currently being treated by our two visiting urological surgeons.

Community Transport

Demand from community members for transport to medical and social appointments has grown steadily over the past few years. This year the number of trips grew by 34% and the distance travelled by community transport vehicles increased by 54% on the previous year.

WDHS, the shires of Southern Grampians and Glenelg and the SGGPCP have obtained Transport Connections funding to work with smaller communities in the sub-region on transport issues for the next three years.

'Slippers' Young Men's Health Program

The Shire of Southern Grampians life expectancy for males is below the State average and is the 3rd lowest in the State. (DHS, Vic 2005. Victorian Population Survey, 2003).

During a recent Men's Health awareness event several young men (18-30) were asked the following question:

Why has your physical health slipped?

The young men stated they wanted to become more physically active but not in an intimidating environment. They wanted to work out with men in the same category as themselves.

In response, a WDHS Community Health Nurse devised a healthy lifestyle program specifically for young men aged 18 to 30 years old named "Slippers". In partnership with a local gymnasium and the Shire, the program slips young men back into a healthy lifestyle through education sessions and various forms of physical activity.

A pilot program has been completed and funding sought for three Slipper groups and Slippers-2 for participants who have completed the pilot.

YouthBiz

With funding support from the Youth Participation and Access Program, Office for Youth, YouthBiz has thrived over the past year. The YouthBiz Drop-In Centre has had over 3,400 contacts with young people utilising the centre to meet with friends and gain access to a wide range of relevant health and service information.

YouthBiz provides the opportunity for young

people to link with existing recreational youth programs and seek advice and support. YouthBiz is the base for WDHS youth programs including FReeZA drug and alcohol free music events, 10MMM multimedia project and Our PlayYce youth leadership project. A \$35,000 donation from Geoff Handbury has supported affordable recreation activities for young people over the school holidays and assisted with a youth trainee position.

YouthBiz Leaders

The YouthBiz Leaders program puts young people at the forefront of decision-making.

The young leaders assist the youth workers in the supervision and management of the centre and meet monthly to discuss any issues, opportunities and plan activities.

10MMM

WDHS and RMIT Hamilton received \$300,000 from a Young People, Technology and Social Relationships grant from VicHealth for the 10MMM multimedia project, to expand the project with more digital workshops, leadership activities, and broaden its reach into Casterton. A new research component empowers young people as co-researchers with RMIT to investigate the impact of technologies such as the internet and mobile phones on the lives and relationships of rural young people.

The research project called YOUR SAY will be launched later in 2007 with a survey day, where young people will be asked to have their say about technology in their local area.

FReeZA

The Southern Grampians FReeZA committee has 10 young members who are responsible for the planning and management of about seven drug and alcohol free events for young people throughout the year. These events are provided to young people in Southern Grampians at minimal cost, and give local young bands an opportunity to perform in front of their peers. The FReeZA program has been running in the Southern Grampians for nine years, and remains popular with an average attendance at events of 240.



Sustainable Farm Families

SFF Principal Researcher Stu Willder, Emily Moule from Department of Primary Industries, SFF Principal Investigator Sue Brumby and Director, Centre for Sustainable Regional Communities, La Trobe University, John Martin at an SFF Train the Trainer workshop.

Sustainable Farm Families Projects

WDHS is the lead agency for the Sustainable Farm Families (SFF) projects that have extended nationally. Developed in the Community Services division of WDHS, Sue Brumby and Stuart Willder continue to lead this award-winning project that has extended from an initial pilot in the broadacre agricultural industry to encompass the dairy, cotton, sugar and the pastoral industries throughout Australia. With significant State and Commonwealth funding the projects have now generated interest from national and international agencies interested in the health of rural farming families.

The SFF project now incorporates more than 30 collaborative partners and has been represented at various national and international conferences with current results providing the impetus for the continual roll out of the program. A paper was presented at the International Union Health Promotion and Education in Vancouver June 2007 by Tim Nelson, the immediate past executive director of WestVic Dairy.

SFF - Cotton and Sugar

RIRDC funding was extended in 2006 to encompass the sugar and cotton industries throughout Australia. Four programs were undertaken in the Wee Waa, Dalby, Ingham and Ayr regions of NSW and Queensland. This extension was to enable a small pilot for comparison, and also to test if the SFF method and process were repeatable and transferable with differing agricultural industries. Despite heavy floods at Ayr and Ingham in second year workshops, the project had an 84% return of participants. Preliminary results reveal significant farming and health-related issues that affect differing agricultural industries. This project is due for completion in the second half of 2007 and is funded by the Joint Venture on Farm Health and Safety.

Data Collection

The initial Rural Industries Research and Development Corporation (RIRDC) funded

The SFF projects have become one of Western District Health Services showcase initiatives with significant expansion and development of unique intersectoral collaboration. WDHS and SFF are at the forefront of addressing developments in the areas of health and farming industry.

Significant achievements include:

- 2005 Victorian Public Health Award for involving consumers in their own care
- 2005 DHS Primary and Community Health Award for Innovation and excellence in primary healthcare
- RMIT University Regional Research Award 2005
- 2006 Public Healthcare Award for Excellence in Service Delivery

project has now completed three years of data collection and research of 128 farming families throughout Victoria, South Australia and Southern NSW. The linkage with RMIT University's Hamilton Campus provided the research basis for this project and set the template for development of future programs.

Current results have been finalised with both economic evaluation and quantitative data being reported to funding bodies. Initial results show significant improvement in the health and knowledge level of farming families involved and potential health cost savings following prevention, early detection and management of health indicators.

Sustainable Dairy Farm Families (SDFF)

The SDFF project has completed its third and final year of research, with more than 200 farming family members attending the project across 11 major Victorian dairy populations. Once again the initial results are showing significant health and social benefits relating to the program. Current health trends are appearing in the dairy industry which will be assessed further, and reported as this project draws to completion.

The Gardiner Foundation, which is the major funder for this project, has been impressed with the extent of research analysis and results achieved in relation to the health and well-being of its farming members. This project is due for completion in November 2007 and has been supported by WestVic Dairy, Colac Area Health,

Department Primary Industries and the United Dairy Farmers Victoria.

Reaching the Remote

The Commonwealth Department of Health and Ageing has funded pilot extension of the projects to remote industries throughout Australia with the areas to include ARIA (Accessibility/Remoteness Index of Australia) 4 and 5.

This includes locations such as Katherine and Tennant Creek (NT) Esperance (WA), Walgett / Burren Junction (NSW), Georgetown and Mount Surprise (Qld). This research aims to assess the potential rollout and replication of the project in remote areas within Australia.

Eight workshops were held with 121 participants, some travelling as far as 650 kms one-way to attend. The expected completion is July 2008.

DHS Training Program

Twenty-six registered nurses coming from all parts of Victoria have been trained in the running and delivery of the SFF program over the last two years. DHS Victoria has funded the development of these nurses as future program coordinators of the SFF projects. These nurses are experiencing the coordination and running of the programs throughout Victoria, and have begun delivering farm families research programs.

For more information on the farm families' research please view our web page - www.sustainablefarmfamilies.org.au

Primary care partnerships

PCP Purpose: - to facilitate partnerships, increase capacity and integration to achieve better health and wellbeing of our communities.

PCP Deliverables

- i) Partnerships - to achieve collaborative approach to planning within primary care and with other sectors
- ii) Integrated Health Promotion - to support agencies to achieve integrated health promotion across the catchment
- iii) Service Coordination - to support consumers' better access to services
- iv) Integrated Chronic Disease Management - to assist agencies to deliver integrated and coordinated community based programs for people with chronic illness.

i) Partnerships

Strategic Plan

The PCP completed its Strategic Plan for 2006-2009.

The following strategic goals have been identified:

Goal 1 - to consolidate and maintain our success

- increase connection with senior managers, include professional development, bi-monthly report to CEOs, presentation to member boards

Goal 2 - to grow our influence and impact

- improve system configuration including early childhood services
- increase system capacity including workforce
- support integrated chronic disease management, including self-management models

Drought initiatives

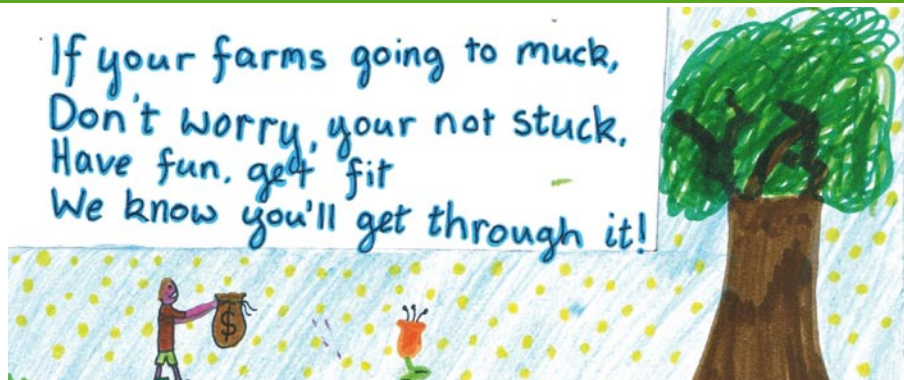
The PCP established the Southern Grampians Drought Committee in December 2006 to coordinate agency activities regarding drought support. During this time, the Committee has hosted seven community and agency forums.

Members include Southern Grampians Shire, Centrelink, Department of Primary Industries, WDHS, SW Rural Financial Counselling Service, Australian Veterinary Association, RIST, Glenelg Hopkins CMA. Representatives from the Glenelg Shire and CFA are closely involved.

The PCP's Drought Postcard Initiative began in 2006 with nine local schools sending cards to 1000 farmers. In July 2007, this initiative went Statewide with 20,000 cards being sent to farmers and 15 PCPs involved. The concept has been adopted by Mensline Australia in a card being sent from children to their fathers in South Australia.

Website Review

The 'revamped' version of the PCP website



was launched in early 2007 and aims to enhance local data collection and sharing. It includes a summary community profile and is a central hub for all SGGPCP information. Go to www.sggpcp.com

New PCP Members

The PCP Executive Committee has commenced plans for a new schedule to PCP's Joint Venture Agreement, to allow non-primary care providers to become members. This aims to reflect our current partnerships with organisations representing sports, arts, natural resource and business sectors. A draft schedule will be tabled at the PCP's 2007 AGM.

ii) Integrated Health Promotion

\$614,000 Grant – Go for Your Life

The PCP was chosen as one of two rural pilots for a 4-year 'Go For Your Life' initiative focussing on obesity prevention.

WDHS is the Lead Agency in collaboration with the Southern Grampians Shire and PCP Office. Initiatives to prevent obesity will target workplaces throughout the Shire. This grant recognises the strength of local partnerships, the expertise of our member agencies and the particular needs of our local community.

ARTS Funding

The PCP has sourced funding from Arts Victoria to employ a Community Liaison Officer to assist in arts development in Southern Grampians, to establish a local arts partnership, support the development of local artists and build a sustainable arts framework. Regional links will be developed with arts officers in neighbouring shires. Support for community arts recognises the importance of art in health and wellbeing.

Falls Prevention Project

The PCP has completed its 3-year Falls Prevention Project, aimed to reduce the incidence and severity of falls amongst adults over 65 years age.

Outcomes included:

- Training 12 fitness instructors and establishing 9 community-based strength and balance programs across small towns, with 250 seniors now active
- 50% reduction in the number of falls and reduction in the severity of falls, including reduced hip fractures (Victorian Accident & Emergency Data, 2003-2006)

- Risk assessment and community awareness practices in place - all staff report implementation of practice change and 3,500 community booklets distributed.

iii) Service Coordination - Efficient referral when leaving hospital

This strategy focusses on electronic referral (e-referral) particularly from post acute care services. E-referrals replace the provision of client information to other agencies by fax or phone. It reduces the risk of error, missing information and increases efficiency and speed. In the last 12 months, there has been a 150% increase in e-referrals involving a range of health and local government services. Work has commenced with connecting GP practices to enable their involvement in e-referral.

Integrated Chronic Disease Management

The PCP commenced work on integrated chronic disease management in late 2006, ensuring clients have access to affordable options for self management in their community, including physical activity options. Action has also focused on implementing staff training in self management and on assisting agencies to implement integrated assessment and care planning.

PCP Members

- ASPIRE, a Pathway to Mental Health Inc
- Balmoral Bush Nursing Centre Inc
- Brophy Family & Youth Services Inc
- Casterton Memorial Hospital
- Community Connections (Vic) Ltd
- Dartmoor & District Bush Nursing Centre Inc
- Glenelg Shire Council
- Hamilton Community House Inc
- Heywood Rural Health
- Kyeema Centre Inc
- Mulleraterong Centre Inc
- Old Courthouse Community Centre Inc
- Otway Division of General Practice Inc
- Portland District Health
- Portland Neighbourhood House Inc
- Southern Grampians Shire Council
- Western District Health Service

Stakeholders

- Winda Mara Aboriginal Corporation
- Southern Grampians Glenelg Women's Health Resource Worker
- South West Sports Assembly
- Department of Veterans Affairs
- Primary Mental Health Team
- Gunditjmara Aboriginal Corporation
- Dhaurwurd Wurrung Portland & District Elderly Citizen's Association
- RMIT, Hamilton
- Local Learning and Employment Network
- Department of Human Services

Our community



The Community Liaison Department develops the partnership between the Health Service and our community.

The Department is responsible for promoting new programs and the services at WDHS, organising fundraising events and initiatives, coordinating the many volunteers who give their valuable time to support the Health Service and representing the Health Service at community events. The excellent image of WDHS is promoted through the media, annual report, brochures and bi-annual newsletters.

Our goal is to promote WDHS throughout our region and to increase community involvement in the Health Service. We thank all of those who contributed, whether financially or in kind, in the past year.

Left to right:

The Hospital Op Shop donated \$15,500 to purchase an insufflator for theatre.

North Hamilton Ladies Auxiliary donated \$2,000 which purchased aged care facilities.

Hamilton Base Hospital Ladies Auxiliary donated \$6,100 for equipment and furniture.

The Murray to Moyne team Hamilton Base Bikers raised \$7,900 for facilities for HBH departments.

Fundraising Strategy

WDHS' fundraising is conducted in accordance with the Fundraising Appeals Act 1994, and the Fundraising Institute of Australia Ethical Codes of Fundraising. The total fundraising strategy of the Health Service is guided by the WDHS Development Council, a 10-member community committee with Board of Directors' representation.

The Community Liaison Department manages the overall fundraising strategy. The department organises fundraising events and functions throughout the year, and makes applications to Trusts and Foundations to support our fundraising efforts. This year we have raised a total of \$642,256.

Fundraising events throughout this past year were well-supported, although the impact of the drought was noted.

In contrast though, the introduction of rural collectors to our annual Hospital Sunday Appeal resulted in a 30% increase in donations, to record a collection of \$41,313.75.

Other fundraising activities included:

- Christmas Appeal which raised \$10,625
- Hospital Fete raised funds for WDHS departments
- We postponed the annual Lamb Appeal due to the drought, but letters to our Appeal supporters still resulted in donations totalling \$5,173

There were a number of bequests totalling \$152,400 and donations.

Geoff Handbury donated \$80,000 to our Anaesthetic Machines and Monitor Appeal, Colonoscope Appeal and YouthBiz, and Bob Henderson donated \$89,000 enabling the Health Service to purchase a Digital Visions Systems Slit Lamp, Wound Vac Machine, Endoscopy Equipment and an Infant Care Centre for Midwifery.

Auxiliaries and Community Groups

WDHS' five auxiliaries, the Opportunity Shop, the Hamilton & District Aged Care Trust, two Murray to Moyne teams and the United Staff Association, have again contributed a great deal to the Health Service. The North Hamilton Ladies Auxiliary \$2,000 and the Hamilton Base Hospital Ladies Auxiliary \$6,100 contributed towards equipment and furniture for both The Grange, The Birches and the HBH wards. The Opportunity Shop donated \$15,500 to the Health Service, which purchased an Insufflator for Theatre at Hamilton Base Hospital.

The Hamilton & District Aged Care Trust donated the outstanding amount of \$25,000 towards upgrading Aged Care facilities. The United Staff Association purchased two Dialysis Treatment Chairs for HBH. In Coleraine, The Homes for the Aged Ladies Auxiliary has donated shower chairs and replacement curtains for Mackie House. The Hospital Ladies Auxiliary has donated three televisions, a mobile hair dryer, and two resuscitation manikins. In Peshurst, the auxiliary purchased new sheer screen internal roller blinds for some of the rooms in the Nursing Home and a new lockable cupboard for the Diversional Therapist.

WDHS is extremely appreciative of the excellent contribution put forward by these hard working auxiliaries and community groups.

Fundraising

Many community groups and individuals have provided WDHS with considerable financial and in kind support to our services throughout the year, including:

Fisher's IGA Hamilton donated boxes of nappies to mothers with newborns at WDHS. Every mother who gives birth at WDHS is given a voucher for a box of nappies. IGA has also donated over \$1,390

to the hospital from its "Community Benefits Scheme". These funds were directed to our Integrated Anaesthetic Machine and Monitors Appeal and our Bronchoscope Appeal.

Jacinta and John Hedley from Darriwill Farm hosted a Black Tie Food and Wine Evening for the Health Service, which raised \$1,798 for the Bronchoscope Appeal.

All of these generous donors are extremely important to our Health Service. They allow us to purchase much-needed equipment and to refurbish our facilities as required, in order to continue to provide our community with the very best of health care.

We thank all of those who contributed, whether financially or in-kind, in the 2006/2007 financial year. A full list of donors is shown on pages 37-38.

Murray to Moyne Cycle Relay

2007 was another successful year for our riders in the Murray to Moyne cycle relay. WDHS had two teams riding in the event, and once again the weather conditions were less than ideal. The Hamilton Base Bikers were joined by riders and support crew from Iluka, a mining company based in Southern Grampians.

The Base Bikers raised a healthy total of \$7,900 which purchased items for the Physiotherapy Department, Adult Day Activity and Support Service, Day Centre, Nursing Education, The Birches and The Grange.

The Rouse Rare Rumps at Peshurst also achieved a fantastic fundraising result, raising more than \$13,500 towards the upgrade of Aged Care Services at Peshurst and District Health Service.

A huge thank you to both teams for their excellent fundraising efforts. The Health Service greatly appreciates their hard work.

Our community

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The Hamilton branch of pastoral company Elders has introduced a junior auctioneer competition at the annual agricultural expo Sheepvention. Goods are donated by local businesses, and the proceeds are donated to WDHS. Elders Hamilton area manager, Rohan Macauley presented a cheque for \$4005 to Operating Theatre Unit Manager Mark Stephenson.

Appeal.

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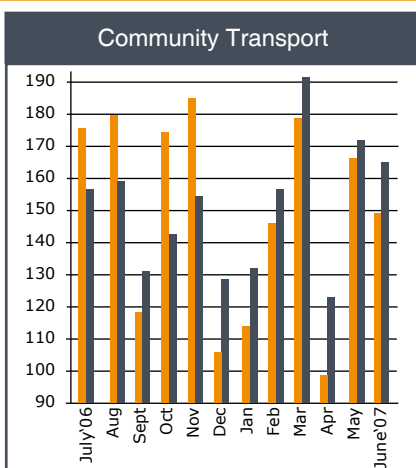
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Hospital Sunday Appeal

The Hospital Sunday doorknock was held in May 2007, with 90 volunteers contributing approximately 200 hours to the doorknock.

The doorknock appeal raised more than \$41,000, which was a record amount and particularly outstanding in a drought



In 2006-07 there was a 54% increase in distance travelled to 2005-06, but only 34% increase in the number of trips provided.

There has been a greater demand for longer trips to specialist services in Geelong, Ballarat and Melbourne.

Our supporters



A highlight of the Annual Meeting in 2006 was the presentation of a Life Governor award by our guest speaker The Honourable Jeffrey Kennett AC, to our current board president, Mr Richard Walter AM, for his outstanding service in his role as administrator from December 1995 to June 1997 and board member and president since July 1, 1997.

Richard has also contributed to the wider health industry as a strategic planning and governance facilitator for many health organisations, and a former board member of Victorian Healthcare Association and is currently a Director of the Health Super Board.

Life governors

Aarons B	Francis E	McIntyre J
Aarons F	Fraser M	McIntyre SM
Aldridge MLV	Frazer T	McKinnon M
Apex Club of Coleraine	Fyfe BJ	McLean M
Bailey M	Gaussen D	McMahon Mrs
Ball R	Gardiner PD	Mason Mrs
Baudinette LE	Golding AL	Meadows L
Baudinette NR	Gubbins J	Metherall EA
Baxter CJ	Gumley F ^{PSM}	Mibus HA
Baxter J	Gurry AJ	Mibus L
Beggs HN	Handbury G ^{AO}	Mibus LG
Boyle J	Harrip EL	Mibus PA
Brabham R	Hay T	Mirtschin H
Brebner K	Hazeldine E	Moon A
Broers M	Heazlewood P	Morrison HM
Brumby A	Henty Anderson G	Muir R
Bunge B	Hickleton E	Munn EB
Bunge R	Holmes ES	Murray EM
Bunge R	Hope MMH	Mutch L
Burger GG	Hutchins H	Nagorcka L
Burgin E	Hutton T	Newns BJ
Celewych K	James DP	Nolte EW
Clayton D	Jenkins L	Northcott J
Cook C	Kanoniuk M	Parkes Mrs
Cottrill A	Kaufman ML	Peden M
Cross C	Kenny J	Pitcher WH
Cross D	Kenny L	Price GM
Donehue L	Kruger N	Quast H
Douglas WH	Langley C	Rabach G
Drew WS	Lawson V	Rabach S
Duff S	Linke N	Rabone M
Duncan W	Little J	Rentsch TA
Duval W	Logan U	Robertson M
Edmonds Dr J	Lyon E	Ross C
Fidler E	MacLean M	Ross J
Finch GM	McCalman J	Runciman P
Fitzgerald B	McCorkell FH	Rundell M
Fleming JD	McCrae DG	Ryan D
Flynn JE	McCutcheon JT	Ryan J
Forbes F	McDonald E	Scaife S
	McDonald J	Scaife CAG

Schramm F
Schultz CA
Schurmann VM
Scullion E
Simkin D
Smith D
Soulsby JJV
Spence JR
Stapleton JN
Steele DA
Templeton H
Templeton MA
Thomas D
Thornton A
Tippett L
Tonkin N
Walker O
Wallis V
Walter R AM
Wettenhall HM
Wettenhall M
Wiebusch EW
Williams J
Woodburn JLF
Wright J
Young JLC
Young M

NOTE: A full list of Life Governors, including those who are deceased, is available from the Community Liaison Department at the Hamilton Base Hospital.

Donors over \$20

Aarons B & F	Brinkmann T & A
Abra Products P/L	Britten EM
Ace Radio 3HA/MIXX FM	Brown GL & DJ
Adams S	Brown K
Adamson C	Brown R & J
Addinsall RB & LM	Brumby M
Agar W	Brumby S
Aged Persons Welfare Foundation	Brumley A & M
Aitken D & W	Bunge R
Aitken M	Bunney G & B
Aitkens Autoworks	Bunyip Hotel
Alexander H & J	Burger E
Alexandra House	Burger G & R
Anderson P & A	Burger S
Annett B	Burgess J
Annett B & P	Burne A
Anson L	Burrow
ANZ Trustees	Burrowes B.J
Arckoll T	Button F
Armstrong M	Byaduk Spring
Armtyage P & D	Show Committee
Auden T	Caldow H & J
Austin T & J	Caledonian Hotel
Australian Metal Workers Union	Calvano A
Australian Open	Calvano's Milk Bar
Axis Accounting	Cameron D
Aydon G	Cameron G
Aydon J	Cameron HR & KJ
B & D Books	Cameron L
Bailey W & D Est of	Cameron S
Baker DM & TC	Cant D & J
Barber A & K	Caramut Post Office
Barber D	Cass A
Barke J & J	Cathels G
Barker A	Catholic Womens League
Barry Francis Motorcycles	Cayley J & G
Baudinette LE	CGU Insurance
Baulch D & M	Chadderton M
Baulch P & S	Chamberlain P
Beament N & J	Charlton VD
Beaurepaires Hamilton	Chemblast Industrial
Beggs H	Coatings
Beh LS	Christie L
Belfield GDM	Christie L & H
Bell J	Claffey RA & SL
Bendigo Bank	Clark L
Bensch A & P	Clarke A & T
Bensch J	Clarke D
Bertrum J	Clarke S
Bett R, J & N.A	Clay's Auto Repairs
Bish M	Clayton E
Black I	Clenett S
Black J	Cloete J
Blackwell B & C	Coate C
Blackwood B	Coates M
Borg D	Coca-Cola Amatil
Botterill B	Colclough I & S
Boyd A & K	Coleraine
Boyd AJ & IK	Opportunity Shop
Boyd JA & KL	Colley J Estate of
Boyle J	Collier Charitable Fund
Bradley C	Collins C & C
Branxholme Ladies Fellowship	Colliton R
Brennan E	Commercial Hotel
Brewis G	Social Club
Brian K	Condell J
Brian M & H	Construction, Forestry, Mining & Energy Union
Brinkmann C	Cook A

Continued p38

Our supporters

Donors over \$20 (continued)

Cook K
Cook K.E
Cooke P
Cooke T
Coolana
Corriedales
Cooper S
Coote K
Cordy B
Corney NR
Cottrill B
Cottrill BA & LM
Cottrill L
Cowland B & J
Cowland H
Cowland R & P
Cox ME
Craig Collins
Building
Crawford J & R
Crocumb G
Cross D
Crozier D & J
Cullinan K & L
Cummins L
Cutler D & J & S
Daktari Sport
Darmac Products
Darrivill Farm
Hamilton
Darroch J
Darroch P J
Davies H
Davies P
Davis C
De Vries A
Delahoy D
Dempster J
Dempster RM
Dekpler P
Dickinson B
Dietetics Dept
Diprose
Pinegrove P/L
Dix E
Dobson J & H
Dohle J
Dorman C
Doyle K & M
Dundon J
Dunkeld Consoli-
dated School
Dunkley C
Dunn J
Dunn J & C
Dunn R
Duyvestyn J
Dyer D & M
Eales T
Eastwood E
Eastwood JS Est of
Eats SJ & EJ
Edge S
Edwards D
Edwards N
Edwards R & K
Egan M
Elders Mortlake
Elders VPC
Elizabeth Hooper
Furnishings
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Ely J
Emsley B & L
Emsley E
Equity Trustees
Ernest P
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Eulo Partnership
Evans J
Evans T & J
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Farrell B
Fay C.B
Fenton E
Fenton J & C
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Flemming D & A
Fletcher J & B
Foley L & E
Ford D & R

Forster C
Forsyth J
Forsyth - Mibus J
Forsyth A & L
Fox Refrigeration
Fraser M C Est of
Fraser P
Fraser R & H
Fraser R & P
Frogley R
Frost A & J
Fry V J
Funk B & H
Gardiner P
Gardner R & J
Garfoot D & H
Gash J
Gash J & N
Gausson D
Gaylard EJ
Gaynor Family
Gazette Fire
Brigade
George G
George Street
Primary School
Gill S
Gillies R
Gledhill AI & RE
Glenelg Region
Water Authority
Glenthompson
Angling Club
Gordon W
Gough H
Gough J & M
Graham J
Grampians Golf
Club
Grand Central Hotel
Gray A
Gray B
Groyes N & M
Gubbins J & J
Gumley J & F
Gunningham E
Habel K
Hamilton &
District Aged
Care Trust
Hamilton Base
Hospital Ladies
Auxiliary
Hamilton
Base Hospital
Opportunity Shop
Hamilton Camera
House
Hamilton
Sportswomen's
Association
Hamilton Toyworld
Hammond I
Hand G & S
Handbury G
Handreck T
Hannah RM & CE
Hardy C
Hardy S & F
Harman C
Harman R & V
Harnath L & UJ
Harris & Francis
Families
Harris RJ
Hartwich M & C
Hartwich M & L
Harvey Norman
Hamilton
Hastie L
Hatherall
Hauesler C
Hawker D
Hawker D & E
Hawkesdale CWA
Hearn B & C
Hearn D
Hearn J
Heazlewood PG
JA & AJ
Hedley D
Hedley J & J
Hedley L
Heine N & R
Hempel CF
Henderson B
Henry P & S
Henry T & H
Henty L Estate of
Herring W

Herrmann L
Herrmann L & M
Hiatt W
Hicks S
Hill I
Hindson A
Hindson J
Hindson NA
Hobbs L
Hobbs P
Holcombe R & J
Holden L
Holmes T
Hooper P & E
Hope Family
Hope L
Hope P
Howcroft D
Howcroft E
Howman C
Howman J & L
Hudson C
Huf C & B
Huf OR
Huf RD & KE
Huf V
Huggins NE
Huntington R
Hutchins HA
Hutton JS
Hutton T & J
Hyslop B & J
Ian McLeod Vet
Services
Irvine M
Irvine R & L
Isbel R
Ivory J
Jack Brockhoff
Foundation
Jackson R & S
Jarvis R
Jellie N
Jenkin D & J
Jenkin DD & JM
Jenkins G
Jigsaw Farms
JM Ellis & Co
Johnson P
Johnson TF
Jolly TJ & EG
Jones A & B
Jones J
Jones M & R
Joss D
Jury S
Kalari Pty Ltd
Kantor E
Kavanagh B
Kavanagh W
Keane M
Kearney TM & CM
Kearney WF
Keatley Livestock
Keable - Buckle F
Kelly J
Kelly N
Kelsall J
Kelsj J
Kenna G
Kennett D
Kennett S
Kent A
Kerr & Co
Kerr M & K
Killen P
Killen S & D
Kilpatrick B
King K
King K
King LJM
Kingham E
Kingham M
King's Bakery
Kinnealey
Partnership
Kirkwood J
Kirkwood T
Kitset Kitchens
Klein H
Klein Mr H
Knee B & S
Koch D
Koch J
Koch J
Kruger Family
Kruger N & S
Kruger P & T
Kruger V
Krummel B & S
Lacy B
Ladd B & J
Laidlaw E

Laidlaw G & T
Lambhead G
Lane R
Lane W
Langley CM
Langston SH Est of
Lanyons Real Estate
Leanne's Natural
Solutions
Leeke Enterprises
Leeming M & R
Leeming MA
Leggett I
Lehmann A & M
Leistra O
Lesser L Est of
Levy C
Levy D
Lewis G
Lewis PW & PL
Lewis T & J
Leyonhjelm G
Lifetime Distributors
Linke A
Linke B & V
Linke G & R
Linke GA
Linke GD & AJ
Linke L
Linke L & J
Linke N
Linke R
Linke R & J
Linke S & L
Linke T
Linke T & D
Linke Y
Links R
Lions Club of
Coleraine
Lions Club of
Hamilton
Lions Club of
Penshurst
Little F
Live It Stand Up
Comedy Pty Ltd
LMB Linke
Longbottom C & B
Loria B
Lovell R & S
Lyon D
Lyons A
Lyons P & R
Macdonald C &
Crute A
Macdonald H
Macdonald N
MacGibbon PP
MacGugan D & S
Macgugan IA & AM
Mackcon P/L
Macleand D & K
MacLean ED & M
MacLean N & H
Macpherson JR
Est of
Madigans Tea
Rooms & Antiques
Mah H
Mahoney N
Mallinson B & J
Malseed R
Mann B & G
Mann RE
Manson J & L
Manson JN
Margoosy P
Martin P
Mason A
Matthews A
Matuscka K
Max Murray
Builders
McAllister C
McCallum J
McColloch D & W
McCorkell L
McCormack L
McCUTCHEON BA
Est of
McIntosh B
McIntyre J
McKean J
McKenry HG & SJ
McKenzie E
McKenzie F
McKibbins
Transport
McKinnon M
McLarty E & M
McLeod A

McLeod L & J
McMeekin J
McMeekin J
McNaughton A
McNaughton B
McNeil V
McVicker O
Meade MJ
Menzel D
Menzel R
Mercer LC
Merino Red Cross
Mibus K & M
Mibus M
Middleton E
Mildon D
Millard L & E
Miller Whan &
John
Milne L
Milton H
Milton L
Mirtschin C & K
Mirtschin G
Mitchell MG
Moore D
Moore J
Morgan JH & AR
Morris Family
Morton R
Muir R
Muir R
Muldoo J
Murno G
Murray D
Myers J
Nagorcka D & J
Nagorcka H & K
Nagorcka J & L
Nagorcka JP & ER
Nagorcka M & H
Napier RJ & DJ
National Australia
Bank
Neeson R
Nepean J
Nepean J
Nichol
Nicholas N & S
Nicholson J
Nicholson T
Nicolson S
Noble D
Nolte M
Norris H
North Gums
Partnership
North Hamilton
Ladies Auxiliary
Noske M
O'Connell PJ & MT
O'Keefe Pithouse
O'Beirne P
Ryan D
O'Brien S
Occupational
Therapy
Department
Oliver Snell P
Osmond D
Osmond R
Osmond R
Overall J & A
Page R & J
Palmer E
Parfrey S
Parklands Golf Club
Payne JO
Pekin M
Penny R
Pennylane Studio
Gallery
Penshurst Apex
Club
Penshurst
Hospital Ladies
Auxiliary
Penshurst Urban
Fire Brigade
Pepper R & B
Pepper T & B
Pepper T & J
Pepper TW
Perkins T
Pezzutti T
Physiotherapy
Department
Pike R
Pilla J
Pilla O
Pinkerton Palm
Hamlyn & Steen
Platt J
Plush MM

Pollard J & R
Pollock P
Porter M
Porter R
Possum Gully
Shearing Co P/L
Povey T & G
Powling DR
Powling I
Pratt N
Presbyterian
Church
Presser E & C
Price C
Pricor B
Prust J
Prust S.J.
Pugh CO
R & E Scott
Rabone R & M
Rangi L
Reece
Reed K
Rees MK & DA
Reeves J
Regethemic
Rentsch A & A
Rentsch A & N
Rentsch D & J
Rentsch E
Rentsch J & A
Rentsch J & M
Rentsch PM & AM
Rentsch R
Rentsch S & T
Rhoock J
Rich V
Richardson R
Richmond B
Rickard J
Rickard S
Ridsdale JC & JE
Rifkin P
Robert W Brown
& Associates
Robertson DA & MF
Robertson G & H
Robertson M & D
Robertson MJ
Robertson R & I
Robertson R & M
Robinson R & A
Rogers D
Rogers FR
Rogers WI & AC
Partnership
North Hamilton
Ladies Auxiliary
Ross M
Ross N & I
Rotary Club of
Hamilton North
Russell P
Ryan D
Ryan G
Ryan Pastoral P/L
Sanders P
Sandow P
Savin L
Otton S
Schneider W & O
Scholfield IM
Schultz G
Schultz H
Schultz M & R
Schultz M & T
Schurman C
Schurmann G & G
Schwarz N & G
Scott B & P
Scott Petroleum
Scullion E
Scullion P & V
Semmens J & M
Shalders M
Sharrock E
Shine I
Silcock R
Simpson S
Simpson T
Simon T
Sinclair R & J
Skene D
Skripal R & C
Slabbert E
Slattery M
Sloman A
Storach L
Smith D
Smith E
Smith J & B
Smith K
Smith R

Smooker N
Social Club Books
Sommerville R
Soulsby F & D
South West Region
Bottle Club
Southcombe D & S
Southern Financial
Group
Southern Grampians
Art Group
Southern Gram
pians Livestock &
Real Estate
Spencer J & J
Spencer T
St Albans Textiles
Partnership
Stanley Health Fund
Stanley S
Stanton LJ
Starkie A & M
Starling B
Staupe EM
Staupe R & S
Steele T & A
Steer I
Steer R & B
Stephens J
Stephens W
Stevens L
Stevenson RW & IH
Stewart B
Stewart J
Stewart L
Stewart L
Stewart M
Stewart MH
Stonehaven
Partnership
Strathkellar Hall
and Reserve
Committee
Structural Works
Struthers V
Sullivan R
Symes B
Tabor Ladies Guild
Taggart X
Tarrington Luther
an Womens Guild
Taylor A
Taylor f
Taylor G & M

Taylor N
Taylor's Tyrepower
Te Mania Angus
Techwool Trading
Temby VL
Templeton C
Templeton M
Templeton N
The Australian
Workers Union
The Danks / Annie
Danks Trust
The Hamilton
Base Bikers
The Penshurst
Rouse Rare
Rumps
The Pierce Arm-
strong Foundation
The William
Angliss (Vic)
Charitable Fund
The William Buck-
land Foundation
Thomas C
Thompson C
Thomson J
Thornton
Engineering
Thuma E
Timbercoop
Tippett R
Tolman TD
Tonissen C
Tonkin George P/L
Tonkin J
Trelor P
Trimmell T & B
Trotman D
Trotter R & H
Trotter W
Tuffnell W
Tully RJ & RF
Tung P & L
Turnbull P
Turner B
Uebergang B
Uebergang L & N
Uebergang R
Uebergang W & J
Underwood G
Underwood G
United Staff
Association

Victorian Women
on Farms
Video Ezy
Wagg M & C
Walcott G
Walkenden G
Walkenhorst Family
Walkley D & M
Walkley J & S
Walkom NC
Waller H H Est of
Waltana Trading
Walter D
Walter D
Walter G
Walter WJ
Ward J
Ward R
Ward R & R
Wareham JR & SA
Wark A
Warne J
Warrayure Rural
Fire Brigade
Waste Reduction
Group
Waters GJ
Waters RJ
Watson WJ
Watt J & H
Watt J & J
Watt L
WD Windows and
Doors
Wealth Axis
Welling W
Wettenhall H & M
Whitcross
Independent
Lifestyle Solutions
Whitfield M
Whybrow J
Whyte V
Williams B & J
Williamson D
Williamson G Est of
Willsher M & I
Wilson P
Wolf L & P
Wood MC
Wright P & E
Young M
Young PJS

Donors in kind

A Taylor Taxation &
Accounting
Aborline
Accurate Clothing
Adams V
Auden T
Australia Post
Australian Open
Bakers Delight
Hamilton
Beggs F
Bloom N
Buckle Menswear
Burger R
Campbell G
Clover L
Coleman L
Cuming K
Darrivill Farm
Davies T
Dunkeld Red
Cross.
Edlich C
ERA Nurseries
FINAB
Fry V
Gasperini F
Gee A
Gilly's Coffee Shop
Glenelg Hopkins
CMA
Gubbins J & J
Hamilton Base
Bikers Support
& Crew

Hamilton (Gray St)
Primary School
Hamilton Golf Club
Harvey B
Hastie L
Hickey C
Hope L
Hospital Ladies
Auxiliary
Howlett J
Jones B
Karesh
Klobe D
Lions Club of
Coleraine
Macklin M
Marshall J
McIntyre P
Mirtschin B
O'Neal M
Page W
Pannyabyr V.C.A.
Guild
Patton J
Peters I, D & M
R & E Scott
Read L
Regent Florist
Rentsch G
Roache R
Ross I
Rotaract
Rotary Club of
Hamilton North
Rouse Rare Rumps
& Support Crew

Ruby Cube
Interiors
Ruddle N
Sandow P
Scullion's Gifts and
Homewares
Second Hamilton
Scouts
Slattery M
Smith E
St Vincent De Paul
Tennis Australia
Terry's Garden
Centre
Timbercoop
Tops 'n' Tails
Trimmell B
Vanilla Sash
Victoria's Sights
and Delights
Video Eye Hamilton
Vision Australia
- Hamilton
Vitality Health &
Fitness
Walter A
Wright Family
Zenith Tiles &
Lighting

Legislative compliance

Supply and Maintenance Manager Daryl Hedley oversees the new ramp being installed to the entrance of the Hamilton Medical Group.

Financial Management Act 1994

In accordance with the Direction of the Minister for Finance part 9.1.3 (iv), information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

Fees

Western District Health Service charges fees in accordance with the Commonwealth Department of Health and Aged Care, the Commonwealth Department of Family Services and the Department of Human Services (Vic) directives, issued under Regulation 8 of the Hospital and Charities (Fees) Regulations 1986, as amended.

Competitive Neutrality

All competitive neutrality requirements were met in accordance with Government costing policies for public hospitals.

Consultancies

There were 12 contracts with consultants undertaken during the year paid by WDHS. These consultancies were all less than \$100,000 and totalled \$68,980.

In addition 6 consultancy contracts in connection with the Coleraine Health Service Redevelopment were partially completed during the year. Payments totaling \$343,681 were made under these consultancy contracts on behalf of WDHS by the Department of Human Services. It is likely that these consultancies will exceed \$100,000 over the course of the project in the next 2-3 years.

Freedom of Information (FOI)

Access to documents and records held by WDHS may be requested under the Freedom of Information Act 1982. Consumers wishing to access documents should apply in writing to the FOI Officer at WDHS. This year 28 FOI requests were received. One request was not proceeded, one request was denied and for all others access was granted in full.

Declarations of Pecuniary Interest

All necessary declarations have been completed. Refer to Note 24 of the Financial Statements.

Building and Maintenance

All building works have been designed in accordance with DHS Capital Development Guidelines and comply with the Building Act 1993, Building (Interim) Regulations 2005 and Building Code of Australia 2004.



Buildings Certified for Approval

A Certificate of Final Inspection was issued on 31st August 2006 on completion of alterations to a fire door in Emergency Department – Hamilton Base Hospital.

A Certificate of Final Inspection was issued on 18th October 2006 on completion of the installation of a new chiller plant at the Hamilton Base Hospital.

A Certificate of Final Inspection was issued on 25th October 2006 on completion of Fire Monitoring Alarm Systems at Hamilton Base Hospital.

Building Works 2006/2007

Emergency Control Centre

An Emergency Control Centre was established at Hamilton Base Hospital.

Fire Safety Upgrade – Hamilton Medical Clinic

Fire protection services in the Hamilton Medical Clinic were upgraded in accordance with recommendations of the Fire Safety Re-Audit. Works were conducted by Elliotts Fire & Safety Service Pty. Ltd.

Multidisciplinary Room

In conjunction with Barwon South Western Regional Integrated Cancer Service a multidisciplinary room with video conference facilities was established in the Pathology Building.

Health Information Compactus system:

An additional compactus was installed to improve records storage.

High Dependency Ensuite

Improved ensuite in high dependency unit to permit improved access and manoeuvrability for lifting equipment.

Nuclear Medicine

In conjunction with Craig Collins Building the nuclear medicine suite was relocated to the Bendigo Radiology ground floor complex.

Clinical Skills Classroom

A classroom was established adjacent to the Education Centre.

Infrastructure Projects

Hamilton Base Hospital

Ramp – Consulting Rooms

The access ramp at the Consulting Rooms was replaced in accordance with current Disability Access regulations.

Nurse Call System

The nurse call system at Hamilton Base Hospital was replaced and upgraded with the JCT system.

Heating, Ventilation & Air-conditioning Stage 2

The second of the PowerPax air cooled chiller units were installed and commissioned by Collins & Graham Mechanical. Following commissioning of the chiller units, the Cooling Tower was decommissioned and removed.

Medical Air Plant

The industrial air plant was replaced and upgraded with a new unit. Replacement works were conducted by CompAir Ltd.

Linen Service - Potable Water/Trade Waste Reduction Initiative

In conjunction with Johnson Diversey a water saving, recycling plant was installed in the Central Linen Service in order to assist water reduction in a period when Hamilton was affected by Stage 4 water restrictions. Ongoing water saving benefits will be achieved by this project.

Publications

WDHS publishes a range of publications for consumers that is available upon request. The Annual Report and the Quality of Care Report are available at each of our sites and on the WDHS website, or may be obtained by contacting the Chief Executive Officer.

Brochures on our services may be obtained from each of the relevant departments, or upon request from the Community Liaison Department. Our biannual newsletter, Western Wellbeing, is distributed to most households in our region and is also available on the website.

Certification

Board Member's Accountable Officer's and Chief Finance & Accounting Officer's Declaration

We certify that the attached financial statements for Western District Health Service have been prepared in accordance with Standing Directions 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flows Statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2007 and the financial position of Western District Health Service as at 30 June 2007.

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

Richard Walter
President



Hamilton
15 August 2007

Jim Fletcher
Chief Executive Officer



Hamilton
15 August 2007

Pat Turnbull
Chief Finance and
Accounting Officer



Hamilton
15 August 2007

Auditor General's report

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDIT REPORT

Western District Health Service

To the Members of the Parliament of Victoria and Members of the Board of the Health Service

The Financial Report

The accompanying financial report for the year ended 30 June 2007 of Western District Health Service which comprises an operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance and accounting officer's declaration has been audited.

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

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

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

Auditor's Responsibility

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

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

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

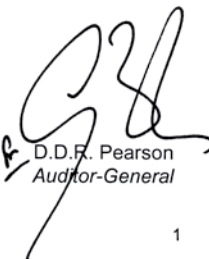
Independence

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

Auditor's Opinion

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

MELBOURNE
15 August 2007



D.D.F. Pearson
Auditor-General

Level 24, 35 Collins Street, Melbourne Vic. 3000
Telephone 61 3 8601 7000 Facsimile 61 3 8601 7010 Email comments@audit.vic.gov.au Website www.audit.vic.gov.au

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Operating Statement

For the Year Ended 30 June 2007

	Note	Total 2007 \$'000	Total 2006 \$'000
Revenue from Operating Activities	2	45,670	43,358
Revenue from Non-operating Activities	2	1,271	1,014
Employee Benefits	2b	(32,542)	(31,155)
Non Salary Labour Costs	2b	(2,605)	(2,506)
Supplies & Consumables	2b	(4,583)	(4,324)
Other Expenses From Continuing Operations	2b	(6,855)	(6,041)
Share of Net Result of Associates & Joint Ventures Accounted for using the Equity Model	22	(141)	(64)
Net Result Before Capital & Specific Items		215	282
Capital Purpose Income	2	2,321	3,643
Depreciation and Amortisation	3	(2,184)	(1,827)
NET RESULT FOR THE PERIOD		352	2,098

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

Balance Sheet As at 30 June 2007

	Note	Total 2007 \$'000	Total 2006 \$'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	4	9,410	7,651
Receivables	5	2,286	1,800
Other Financial Assets	6	3,700	3,700
Inventories	7	430	426
Non-Current Assets Classified as Held For Sale	8	40	40
Other Current Assets	9	56	-
Total Current Assets		15,922	13,617
Non-Current Assets			
Receivables	5	439	505
Other Financial Assets	6	1,659	1,274
Investments Accounted for using the Equity Method	22	280	421
Property, Plant & Equipment	10	50,618	50,277
Intangible Assets	12	26	37
Total Non-Current Assets		53,022	52,514
TOTAL ASSETS		68,944	66,131
LIABILITIES			
Current Liabilities			
Payables	11	3,511	2,196
Provisions	13	5,809	5,342
Other Liabilities	14	1,209	784
Total Current Liabilities		10,529	8,322
Non-Current Liabilities			
Provisions	13	1,040	933
Other Liabilities	14	3,561	3,739
Total Non-Current Liabilities		4,601	4,732
TOTAL LIABILITIES		15,130	13,054
NET ASSETS		53,814	53,077
EQUITY			
Asset Revaluation Reserve	15a	1,838	1,838
Available for Sale Revaluation Reserve	15a	385	-
Restricted Specific Purpose Reserve	15a	4,280	3,888
Contributed Capital	15b	49,141	49,141
Accumulated Surpluses/(Deficits)	15c	(1,830)	(1,790)
TOTAL EQUITY	15d	53,814	53,077
Contingent Liabilities and Contingent Assets	19		
Commitments for Expenditure	18		

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

Statement of Changes in Equity For the Year Ended 30 June 2007

	Note	Total 2007 \$'000	Total 2006 \$'000
Total equity at beginning of financial year		53,077	49,141
Gain/(loss) on Asset Revaluation	15a	-	1,838
Available-for-sale investments:			
Gain/(loss) taken to equity	15a	385	
NET INCOME RECOGNISED DIRECTLY IN EQUITY		385	1,838
Net result for the year		352	2,098
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		737	3,936
Closing Balance		53,814	53,077

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

Statement of Cash flows for Year Ended 30 June 2007

	Note	Total 2007 \$'000	Total 2006 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		32,974	31,257
Patient and Resident Fees Received		9,787	9,038
Private Practice Fees Received		265	250
GST Received from/(paid to) ATO		-	(36)
Interest Received		614	556
Dividend Received		62	1
Other Receipts		4,462	4,157
Employee Benefits Paid		(32,277)	(30,844)
Fee for Service Medical Officers		(2,605)	(2,506)
Payments for Supplies & Consumables		(6,716)	(5,067)
Other Payments		(4,655)	(6,528)
Cash Generated from Operations		1,911	278
Capital Grants from Government		747	1,008
Capital Donations and Bequests Received		642	463
Other Capital Receipts		871	844
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	16	4,171	2,593
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant & Equipment		(2,559)	(2,084)
Proceeds from Sale of Property, Plant & Equipment		248	332
Purchase of Investments		-	(1,500)
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(2,311)	(3,252)
NET INCREASE / (DECREASE) IN CASH HELD		1,860	(659)
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		3,577	4,236
CASH AND CASH EQUIVALENTS AT END OF PERIOD	4	5,437	3,577

This Statement should be read in conjunction with the accompanying notes

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

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Note 1: Statement of Significant Accounting Policies

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

The financial statements were authorized for issue by the Board Of Directors on recommendation from the Audit & Compliance Committee of Western District Health Service on 15th August 2007.

Basis of Preparation

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

In the application of A-IFRS management is required to make 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 circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

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

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

(a) Reporting Entity

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

(b) Rounding Off

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

(c) Principles of Consolidation

The assets, liabilities, revenues and expenses of all controlled entities of the Health Service have been included at the values shown in their audited Annual Financial Reports. Any inter-entity transactions have been eliminated on consolidation. The consolidated financial statements do not include any controlled entity.

(d) Cash and Cash Equivalents

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

(e) Receivables

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

(f) Inventories

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

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

Cost is assigned to land for sale (undeveloped, under development and developed) and high value, low volume inventory items on a specific identification of cost basis.

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

(g) Other Financial Assets

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

The Health Service classifies its other investments as available for sale. This classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition.

Other investments held by the Health Service are classified as being available-for-sale and are stated at fair value. Gains and losses arising from changes in fair value are recognized directly in equity, until the investment is disposed of or is determined to be impaired, at which time to the extent appropriate, the cumulative gain or loss previously recognised in equity is included in the operating statement for the period.

Dividend revenue is recognised on a receivable basis. Interest revenue is recognised on a time proportionate basis that takes into account the effective yield on the financial asset.

(h) Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, goodwill, computer software and development costs.

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Intangible assets are recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the Health Service.

Amortisation is allocated to intangible assets with finite useful lives on a systematic basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount.

Intangible assets with indefinite useful lives are not amortised. The useful life of intangible assets that are not being amortised are reviewed each period to determine whether events and circumstances continue to support an indefinite useful life assessment for that asset. In addition, the Health Service tests all intangible assets with indefinite useful lives for impairment by comparing its recoverable amount with its carrying amount:

- annually, and
- whenever there is an indication that the intangible asset may be impaired.

Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

(i) Property, Plant and Equipment

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

Buildings are measured at fair value less accumulated depreciation and impairment.

Plant, equipment and vehicles are measured at cost less accumulated depreciation and impairment.

(j) Revaluations of Property, Plant & Equipment

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

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

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

(k) Non Current Assets Held for Sale

Non-current assets (and disposal groups) classified as held for sale are measured at the lower of carrying amount and fair value less costs to sell.

Non-current assets and disposal groups are classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable and the asset (or disposal group) is available for immediate sale in its present condition.

(l) Depreciation

Assets with a cost in excess of \$1,000 (2005-06 and 2006-07) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost—over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2006-2007	2005 - 2006
Buildings	30 to 40 Years	30 to 40 Years
Building Components.....	8 to 10 Years	8 to 10 Years
Plant & Equipment	8 to 10 Years	8 to 10 Years
Medical Equipment	4 to 5 Years	4 to 5 Years
Computers & Communications.....	3 to 5 Years	3 to 5 Years
Furniture & Fittings	3 to 5 Years	3 to 5 Years
Motor Vehicles	2 to 3 Years	2 to 3 Years
Intangible Assets.....	3 to 5 Years	3 to 5 Years

(m) Impairment of Assets

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

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

Note 1: Statement of Significant Accounting Policies

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

The financial statements were authorized for issue by the Board Of Directors on recommendation from the Audit & Compliance Committee of Western District Health Service on 15th August 2007.

Basis of Preparation

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

In the application of A-IFRS management is required to make 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 circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

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

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

(a) Reporting Entity

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

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Financial statements

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

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Motor Vehicles	2 to 3 Years	2 to 3 Years
Intangible Assets.....	3 to 5 Years	3 to 5 Years

(m) Impairment of Assets

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

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 specific restricted purpose reserve.

(z) Fund Accounting

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

(aa) 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 Human Services and includes 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.

(ab) Amalgamations and Mergers

Assets and liabilities of the amalgamated entities are taken up at book value at date of amalgamation. Crown assets acquired remain the property of the Crown, however they are reported as assets of the Health Service, because effective control passes to the Health Service along with a substantial benefit.

(ac) Asset Revaluation Reserve

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

(ad) Available – for –Sale Revaluation Reserve

The available-for-sale revaluation reserve arises on the revaluation of available-for-sale financial assets. Where a revalued financial asset is sold that portion of the reserve which relates to that financial asset, and is effectively realised, is recognised in the operating statement. Where a revalued financial asset is impaired that portion of the reserve which relates to that financial asset is recognized in the operating statement.

(ae) Funds held in Perpetuity

A specific restricted purpose reserve is established where the Health Service has possession or title to the funds but must retain the corpus of a donation for perpetuity. Although the corpus must be retained intact income from the investments are recorded as revenue and is available for use for Health Service purposes.

(af) 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.

(ag) Contributed Capital

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

(ah) Net result before Capital & Specific Items

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

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer note 1 (p)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Specific income/expense, comprises the following items, where material:

- Voluntary departure packages
- Write-down of inventories
- Non-current asset revaluation increments/decrements
- Diminution in investments
- Restructuring of operations (disaggregation/aggregation of health services)
- Litigation settlements
- Non-current assets lost or found
- Forgiveness of loans

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 1: Statement of Significant Accounting Policies

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

The financial statements were authorized for issue by the Board Of Directors on recommendation from the Audit & Compliance Committee of Western District Health Service on 15th August 2007.

Basis of Preparation

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

In the application of A-IFRS management is required to make 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 circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby

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

Note 2: Revenue

	HSA 2007 \$'000	HSA 2006 \$'000	Non HSA 2007 \$'000	Non HSA 2006 \$'000	Total 2007 \$'000	Total 2006 \$'000
Revenue from Operating Activities						
Government Grants						
- Department of Human Services	30,882	29,685	-	-	30,882	29,685
- State Government - Other	98	89	-	-	98	89
- Commonwealth Government - Other	318	266	7	4	325	270
Indirect Contributions by Department of Human Services	1,262	1,075	-	-	1,262	1,075
Patient and Resident Fees (refer note 2c)	9,815	9,332	-	-	9,815	9,332
Private Practice Fees	-	-	265	250	265	250
Other Revenue from Operating Activities	-	-	3,023	2,657	3,023	2,657
Sub-Total Revenue from Operating Activities	42,375	40,447	3,295	2,911	45,670	43,358
Revenue from Non-Operating Activities						
Interest	-	-	625	459	625	459
Dividends	-	-	62	1	62	1
Property Income	-	-	584	554	584	554
Sub-Total Revenue from Non-Operating Activities			1,271	1,014	1,271	1,014
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Targeted Capital Works and Equipment	719	958	-	-	719	958
Commonwealth Government Capital Grants	28	50	-	-	28	50
Residential Accommodation Payments (refer note 2c)	871	844	-	-	871	844
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2d)	-	-	61	62	61	62
Donations and Bequests	-	-	642	1,729	642	1,729
Sub-Total Revenue from Capital Purpose Income	1,618	1,852	703	1,791	2,321	3,643
Total Revenue (refer to note 2a)	43,993	42,299	5,269	5,716	49,262	48,015

Indirect contributions by Department of Human Services.

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

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 2a: Analysis of Revenue by Source

	Acute Health	Acute Health	RAC	RAC	Aged Care	Aged Care	Primary Health	Primary Health	Other	Other	Total	Total
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue from Services Supported by Health Services Agreement												
Government Grants												
- Department of Human Services	24,360	24,626	2,312	2,386	3,001	1,857	1,209	816	-	-	30,882	29,685
- State Government - Other	-	-	-	-	-	-	98	89	-	-	98	89
- Commonwealth Government - Other	318	266	-	-	-	-	-	-	7	4	325	270
Indirect contributions by Department of Human Services												
- Insurance	1,026	874	79	67	115	98	42	36	-	-	1,262	1,075
Capital Purpose Income	747	1,008	-	-	-	-	-	-	-	-	747	1,008
Patient and Resident Fees (refer note 2c)	1,786	1,591	7,448	7,459	581	282	-	-	-	-	9,815	9,332
Interest and Dividends	-	-	-	-	-	-	-	-	687	460	687	460
Residential Accommodation Payments (refer note 2c)	-	-	871	844	-	-	-	-	-	-	871	844
Sub-Total Revenue from Services Supported by Health Services Agreement	28,237	28,365	10,710	10,756	3,697	2,237	1,349	941	694	464	44,687	42,763
Revenue from Services Supported by Hospital and Community Initiatives												
Internal and Restricted Specific Purpose Fund												
- Private Practice and Other Patient Activities	-	-	-	-	-	-	-	-	265	250	265	250
- Catering	-	-	-	-	-	-	-	-	247	242	247	242
- Laundry	-	-	-	-	-	-	-	-	529	493	529	493
- Cafeteria	-	-	-	-	-	-	-	-	194	172	194	172
- Property Income	-	-	-	-	-	-	-	-	584	554	584	554
- Other	-	-	-	-	-	-	-	-	2,053	1,750	2,053	1,750
Other Activities												
Net Gain / (Loss) from Disposal of Non Current Assets (refer note 2d)	-	-	-	-	-	-	-	-	61	62	61	62
Donations & Bequests	-	-	-	-	-	-	-	-	642	1,729	642	1,729
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	-	-	4,575	5,252	4,575	5,252
Total Revenue	28,237	28,365	10,710	10,756	3,697	2,237	1,349	941	5,269	5,716	49,262	48,015

Indirect contributions by Department of Human Services:

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

Note 2b: Expenses

	HSA 2007 \$'000	HSA 2006 \$'000	Non HSA 2007 \$'000	Non HSA 2006 \$'000	Total 2007 \$'000	Total 2006 \$'000
Employee Benefits						
Salaries & Wages	27,411	26,577	1,211	1,143	28,622	27,720
WorkCover Premium	369	395	16	14	385	409
Departure Packages	42	9	-	-	42	9
Long Service Leave	719	248	31	25	750	273
Superannuation	2,627	2,635	116	109	2,743	2,744
Total Employee Benefits	31,168	29,864	1,374	1,291	32,542	31,155
Non Salary Labour Costs						
Fees for Visiting Medical Officers	2,605	2,506	-	-	2,605	2,506
Total Non Salary Labour Costs	2,605	2,506	-	-	2,605	2,506
Supplies & Consumables						
Drug Supplies	1,056	888	-	-	1,056	888
S100 Drugs	171	238	-	-	171	238
Medical, Surgical Supplies and Prosthesis	2,031	1,917	14	15	2,045	1,932
Pathology Supplies	206	182	-	-	206	182
Food Supplies	970	901	135	183	1,105	1,084
Total Supplies and Consumables	4,434	4,126	149	198	4,583	4,324
Other Expenses from Continuing Operations						
Domestic Services & Supplies	306	282	142	127	448	409
Fuel, Light, Power and Water	801	765	21	12	822	777
Insurance costs funded by DHS	1,262	1,075	-	-	1,262	1,075
Motor Vehicle Expenses	222	227	-	-	222	227
Repairs & Maintenance	852	549	44	47	896	596
Maintenance Contracts	131	200	2	4	133	204
Patient Transport	324	238	-	-	324	238
Bad & Doubtful Debts	32	87	1	25	33	112
Lease Expenses	209	232	-	-	209	232
Other Administrative Expenses	2,319	1,822	114	63	2,433	1,885
Other	-	263	141	64	141	327
Audit Fees	73	23	-	-	73	23
Total Other Expenses from Continuing Operations	6,531	5,763	465	342	6,996	6,105
Depreciation and Amortisation	2,184	1,827	-	-	2,184	1,827
Total	2,184	1,827	-	-	2,184	1,827
Total Expenses	46,922	44,086	1,988	1,831	48,910	45,917

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Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

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

	Acute Health 2007 \$'000	RAC 2007 \$'000	Aged Care 2007 \$'000	Primary Health 2007 \$'000	Other 2007 \$'000	Total 2007 \$'000
Services Supported by Health Services Agreement						
Employee Benefits						
Salaries & Wages	15,459	7,444	2,551	1,275	682	27,411
WorkCover	212	96	35	17	9	369
Departure Packages	23	10	4	2	3	42
Long Service Leave	365	199	92	47	16	719
Superannuation (refer note 20)	1,508	686	247	124	62	2,627
Non Salary Labour Costs						
Fees for Visiting Medical Officers	2,605	-	-	-	-	2,605
Supplies & Consumables						
Drug Supplies	581	264	95	48	68	1,056
S100 Drugs	171	-	-	-	-	171
Medical, Surgical Supplies and Prosthesis	1,393	243	184	92	119	2,031
Pathology Supplies	206	-	-	-	-	206
Food Supplies	345	476	99	50	-	970
Other Expenses						
Domestic Services & Supplies	133	112	40	20	-	305
Fuel, Light, Power and Water	453	205	74	37	32	801
Insurance costs funded by DHS	1,026	79	115	42	-	1,262
Motor Vehicle Expenses	123	55	20	10	14	222
Repairs & Maintenance	493	224	81	40	14	852
Maintenance Contracts	73	33	12	6	7	131
Patient Transport	325	-	-	-	-	325
Bad & Doubtful Debts	19	8	3	1	1	32
Lease Expenses	115	53	19	9	14	210
Other Administrative Expenses	1,339	608	219	109	43	2,318
Other						
Sub-Total Expenses from Services Supported by Health Services Agreement	26,967	10,795	3,890	1,929	1,084	44,665
Services Supported by Hospital and Community Initiatives						
Employee Benefits						
Salaries & Wages	-	-	-	-	1,211	1,211
Workcover	-	-	-	-	16	16
Long Service Leave	-	-	-	-	31	31
Superannuation (refer note 20)	-	-	-	-	116	116
Supplies & Consumables						
Medical, Surgical Supplies and Prosthesis	-	-	-	-	14	14
Food Supplies	-	-	-	-	135	135
Other Expenses						
Domestic Services & Supplies	-	-	-	-	142	142
Fuel, Light, Power and Water	-	-	-	-	21	21
Repairs & Maintenance	-	-	-	-	44	44
Maintenance Contracts	-	-	-	-	2	2
Bad & Doubtful Debts	-	-	-	-	1	1
Other Administrative Expenses	-	-	-	-	114	114
Other	-	-	-	-	141	141
Sub-Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	1,988	1,988
Depreciation and Amortisation (refer note 3)	1,659	334	85	41	65	2,184
Audit Fees						
Auditor-General's (refer note 23)	16	10	6	2	-	34
Other Audit Fees	18	11	7	3	-	39
Total Expenses from Continuing Operations	28,660	11,150	3,988	1,975	3,137	48,910

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

	Acute Health 2006 \$'000	RAC 2006 \$'000	Aged Care 2006 \$'000	Primary Health 2006 \$'000	Other 2006 \$'000	Total 2006 \$'000
Services Supported by Health Services Agreement						
Employee Benefits						
Salaries & Wages	14,592	8,005	1,959	1,657	364	26,577
WorkCover	188	159	28	18	2	395
Departure Packages	-	9	-	-	-	9
Long Service Leave	160	67	12	9	-	248
Superannuation (refer note 20)	1,422	848	233	124	8	2,635
Non Salary Labour Costs						
Fees for Visiting Medical Officers	2,506	-	-	-	-	2,506
Supplies & Consumables						
Drug Supplies	760	128	-	-	-	888
S100 Drugs	238	-	-	-	-	238
Medical, Surgical Supplies and Prosthesis	1,628	219	15	33	22	1,917
Pathology Supplies	182	-	-	-	-	182
Food Supplies	379	471	28	22	1	901
Other Expenses						
Domestic Services & Supplies	151	119	5	7	-	282
Fuel, Light, Power and Water	577	141	28	19	-	765
Insurance costs funded by DHS	874	67	98	36	-	1,075
Motor Vehicle Expenses	183	12	27	5	-	227
Repairs & Maintenance	420	100	9	20	-	549
Maintenance Contracts	153	26	9	12	-	200
Patient Transport	238	-	-	-	-	238
Bad & Doubtful Debts	8	79	-	-	-	87
Lease Expenses	196	24	6	6	-	232
Other Administrative Expenses	919	661	48	194	-	1,822
Other	180	-	-	-	83	263
Sub-Total Expenses from Services Supported by Health Services Agreement	25,954	11,135	2,505	2,162	480	42,236
Services Supported by Hospital and Community Initiatives						
Employee Benefits						
Salaries & Wages	-	-	-	-	1,143	1,143
Workcover	-	-	-	-	14	14
Long Service Leave	-	-	-	-	25	25
Superannuation (refer note 20)	-	-	-	-	109	109
Supplies & Consumables						
Medical, Surgical Supplies and Prosthesis	-	-	-	-	15	15
Food Supplies	-	-	-	-	183	183
Other Expenses						
Domestic Services & Supplies	-	-	-	-	127	127
Fuel, Light, Power and Water	-	-	-	-	12	12
Repairs & Maintenance	-	-	-	-	47	47
Maintenance Contracts	-	-	-	-	4	4
Bad & Doubtful Debts	-	-	-	-	25	25
Other Administrative Expenses	-	-	-	-	63	63
Other	-	-	-	-	64	64
Sub-Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	1,831	1,831
Depreciation and Amortisation (refer note 3)	-	-	-	-	-	-
Audit Fees	1,388	274	73	36	56	1,827
Auditor-General's (refer note 23)	-	-	-	-	23	23
Total Expenses from Continuing Operations	27,342	11,409	2,578	2,198	2,390	45,917

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Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 2c: Patient and Resident Fees

	Total 2007 \$'000	Total 2006 \$'000
Patient and Resident Fees Raised		
Recurrent:		
Acute		
– Inpatients	1,786	1,591
– Outpatients	314	100
Residential Aged Care		
– Generic	7,448	7,459
Other	267	182
Total Recurrent	9,815	9,332
Capital Purpose:		
Residential Accommodation Payments(*)	871	844
Total Capital	871	844

(*) This includes accommodation charges, interest earned on accommodation bonds and retention amount.

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

	Total 2007 \$'000	Total 2006 \$'000
Proceeds from Disposals of Non-Current Assets		
Plant & Equipment	1	-
Medical Equipment	40	-
Motor Vehicles	207	332
Total Proceeds from Disposal of Non-Current Assets	248	332
Less: Written Down Value of Non-Current Assets Sold		
Plant & Equipment	7	33
Medical Equipment	11	19
Computers and Communication	-	6
Furniture & Fittings	4	-
Motor Vehicles	165	212
Total Written Down Value of Non-Current Assets Sold	187	270
Net gains/(losses) on Disposal of Non-Current Assets	61	62

Note 2e: Specific Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives

	Total 2007 \$'000	Total 2006 \$'000
Private Practice and Other Patient Activities	507	443
Catering	296	249
Laundry	883	851
Cafeteria	79	129
Property Expenses	82	95
Joint Venture	141	64
TOTAL	1,988	1,831

Note 3: Depreciation and Amortisation

	Total 2007 \$'000	Total 2006 \$'000
Depreciation		
Landscaping	60	68
Buildings	1,157	866
Plant & Equipment	141	132
Medical Equipment	399	367
Computers and Communication	85	83
Furniture and Fittings	77	78
Motor Vehicles	254	222
Total Depreciation	2,173	1,816
Amortisation		
Intangible Assets	11	11
Total Amortisation	11	11
Total Depreciation & Amortisation	2,184	1,827

Note 4: Cash and Cash Equivalents

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

	Total 2006 \$'000	Total 2006 \$'000
Cash on Hand	4	3
Cash at Bank	9,406	7,648
TOTAL	9,410	7,651
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	5,437	3,577
Cash for Monies Held in Trust	3,973	4,074
TOTAL	9,410	7,651

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 5: Receivables

	Total 2007 \$'000	Total 2006 \$'000
CURRENT		
Trade Debtors	808	695
Patient Fees	491	635
Accrued Investment Income	38	29
Accrued Revenue - Other	32	-
Accommodation Bonds Owning	797	449
GST Receivable	157	121
TOTAL	2,323	1,929
LESS Provision for Doubtful Debts		
Trade Debtors	(21)	(28)
Patient Fees	(16)	(101)
TOTAL CURRENT RECEIVABLES	2,286	1,800
NON CURRENT		
DHS – Long Service Leave	439	505
TOTAL NON-CURRENT RECEIVABLES	439	505
TOTAL RECEIVABLES	2,725	2,305

Note 6: Other Financial Assets

	Specific Purpose Fund 2007 \$'000	Specific Purpose Fund 2006 \$'000	Capital Fund 2007 \$'000	Capital Fund 2006 \$'000	Total 2007 \$'000	Total 2006 \$'000
CURRENT						
Aust. Dollar Term Deposits (at call)	-	-	3,700	3,700	3,700	3,700
NON CURRENT						
Shares	1,651	1,266	-	-	1,651	1,266
Aust. Dollar Term Deposits	-	-	8	8	8	8
TOTAL	1,651	1,266	3,708	3,708	5,359	4,974
Represented by:						
Health Service Investments	1,651	1,266	3,708	3,708	5,359	4,974
TOTAL	1,651	1,266	3,708	3,708	5,359	4,974

Note 7: Inventories

	Total 2007 \$'000	Total 2006 \$'000
CURRENT		
Pharmaceuticals - at cost	116	103
Catering Supplies - at cost	15	18
Housekeeping Supplies - at cost	25	20
Medical and Surgical Lines - at cost	58	73
Engineering Stores - at cost	1	2
Administration Stores - at cost	35	43
Circulating Linen	180	167
TOTAL INVENTORIES	430	426

Note 8: Non-Current Assets Classified as Held For Sale

	Total 2007 \$'000	Total 2006 \$'000
Freehold Land	40	40
TOTAL	40	40

Note 9: Other Current Assets

	Total 2007 \$'000	Total 2006 \$'000
Prepayments	56	-
TOTAL	56	-

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 10: Property, Plant & Equipment

	Total 2007 \$'000	Total 2006 \$'000
Land		
- Land at Cost	242	-
Less Impairment		
- Land at Valuation	1,625	1,625
Less Impairment		
- Landscaping	1,132	1,132
Less Impairment	(60)	-
Total Land	2,939	2,757
Buildings		
-Buildings Under Construction	524	93
- Buildings at Cost	494	-
Less Accumulated Depreciation and Impairment	(2)	-
	492	
- Buildings at Valuation	43,079	43,079
Less Accumulated Depreciation and Impairment	(1,155)	
	41,924	43,079
Total Buildings	42,940	43,172
Plant and Equipment at Cost		
- Plant and Equipment	3,258	3,092
Less Accumulated Depreciation and Impairment	(1,845)	(1,902)
Total Plant and Equipment	1,413	1,190
Medical Equipment at Cost		
- Medical Equipment	4,468	3,976
Less Accumulated Depreciation and Impairment	(2,693)	(2,389)
Total Medical Equipment	1,775	1,587
Computers and Communication at Cost		
- Computers and Communication	792	776
Less Accumulated Depreciation and Impairment	(560)	(486)
Total Computers and Communications	232	290
Furniture and Fittings at Cost		
- Furniture and Fittings	1,101	1,054
Less Accumulated Depreciation and Impairment	(779)	(722)
Total Furniture and Fittings	322	332
Motor Vehicles at Cost		
- Motor Vehicles	1,539	1,437
Less Accumulated Depreciation and Impairment	(542)	(488)
Total Motor Vehicles	997	949
TOTAL	50,618	50,277

Note 10: Property, Plant & Equipment (Continued)

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

	Land	Buildings	Plant & Equipment	Medical Equipment	Computers & Commcnctns	Furniture & Fittings	Motor Vehicles	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 July 2005	2,177	41,795	1,224	1,593	364	362	723	48,238
Additions	10	1,083	133	381	16	55	660	2,338
Disposals	-	-	(33)	(19)	(6)	-	(212)	(270)
Classified as held for sale	(40)	-	-	-	-	-	-	(40)
Assets below \$1,000 expensed	-	-	(2)	(1)	(1)	(7)	-	(11)
Revaluation increments/(decrements)	678	1,160	-	-	-	-	-	1,838
Depreciation and Amortisation (note 3)	(68)	(866)	(132)	(367)	(83)	(78)	(222)	(1,816)
Balance at 1 July 2006	2,757	43,172	1,190	1,587	290	332	949	50,277
Additions	242	925	371	598	27	71	466	2,700
Disposals	-	-	(7)	(11)	-	(4)	(164)	(186)
Depreciation and Amortisation (note 3)	(60)	(1,157)	(141)	(399)	(85)	(77)	(254)	(2,173)
Balance at 30 June 2007	2,939	42,940	1,413	1,775	232	322	997	50,618

Land and buildings carried at valuation

An independent valuation of the Health Service's land and buildings was performed by GD Linke AAPI (Val) Certified Practising Valuer, to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation was June 30th 2006.

Note 11: Payables

	Total 2007 \$'000	Total 2006 \$'000
CURRENT		
Trade Creditors	1,567	654
Accrued Expenses	249	203
GST Payable	316	347
DHS	504	162
Other	875	830
TOTAL	3,511	2,196

Note 13: Provisions

	Total 2007 \$'000	Total 2006 \$'000
CURRENT		
Employee Benefits (refer Note 13a)	5,809	5,342
TOTAL	5,809	5,342
NON-CURRENT		
Employee Benefits (Refer Note 13a)	1,040	993
TOTAL	1,040	993

Note 12: Intangible Assets

	Total 2007 \$'000	Total 2006 \$'000
Computer Software	166	167
Less Accumulated Amortisation and Impairment	(140)	(130)
Total Written Down Value	26	37

Reconciliation of the carrying amounts of intangible assets at the beginning and end of the current financial year:

	Computer Software \$'000	Total 2007 \$'000	Total 2006 \$'000
Balance at beginning of year	37	37	48
Amortisation (note 3)	(11)	(11)	(11)
Balance at end of year	26	26	37

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Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 13a: Employee Benefits

	Total 2007 \$'000	Total 2006 \$'000
CURRENT		
Unconditional Long Service Leave Entitlements	2,682	2,564
Annual Leave	2,529	2,294
Accrued Wage and Salaries	534	423
Accrued Days Off	64	61
TOTAL	5,809	5,342
Current Employee benefits that:		
Expected to be utilised within 12 months (nomical value)	3,001	2,921
Expected to be utilised after 12 months (present value)	2,808	2,421
	5,809	5,342
NON-CURRENT		
Conditional Long Service Leave Entitlements (present value)	1,040	993
TOTAL	6,849	6,335
Movement in Long Service Leave		
Balance at start of year	3,557	3,283
Provision made during the year	786	723
Settlement made during the year	621	449
Balance of end of year	3,722	3,557

*The assumption was made that the rate of remuneration payable when current benefits are paid would be, on average, 2% higher than the rate payable at reporting date.

Note 14: Other Liabilities

	Total 2007 \$'000	Total 2006 \$'000
CURRENT		
Monies Held in Trust*		
- Accommodation Bonds (Refundable Entrance Fees)	1,209	784
Total Current	1,209	784
NON CURRENT		
Monies Held in Trust*		
- Accommodation Bonds (Refundable Entrance Fees)	3,561	3,739
Total Non Current	3,561	3,739
Total Other Liabilities	4,770	4,523
* Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets (refer to Note 4)	3,973	4,074
Receivables (refer to Note 5)	797	449
TOTAL	4,770	4,523

Note 15: Equity & Reserves

	Total 2007 \$'000	Total 2006 \$'000
(a) Reserves		
Land and Buildings Asset Revaluation Reserve		
Balance at the beginning of the reporting period	1,838	-
Revaluation Increment/(Decrements)		
- Land	-	311
- Landscaping	-	367
- Buildings	-	1,160
* Balance at the end of the reporting period	1,838	1,838
* Represented by:		
- Land	678	678
- Buildings	1,160	1,160
	1,838	1,838
Financial Assets Available-For-Sale Revaluation Reserve		
Balance at the beginning of the reporting period	-	-
Valuation gain/ (loss) recognised	385	-
Balance at the end of the reporting period	385	
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	3,888	-
Transfer to Restricted Specific Purpose Reserve (note 25)	-	2,370
Transfer to Asset Replacement Reserve for Aged Care Capital Income	871	844
Transfer from Asset Replacement Reserve	(547)	(726)
Transfer Specific Donations/Bequests from Accumulated Surpluses	68	1,400
Balance at the end of the reporting period	4,280	3,888
Total Reserves	6,503	5,726
(b) Contributed Capital		
Balance at the beginning of the reporting period	49,141	49,141
Balance at the end of the reporting period	49,141	49,141
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(1,790)	-
Net Result for the Year	352	2,098
Transfer to Restricted Specific Purpose Reserve (note 25)	-	(2,370)
Transfer to Asset Replacement Reserve for Aged Care Capital Income	(871)	(844)
Transfer from Asset Replacement Reserve	547	726
Transfer Specific Donations and Bequests to Restricted Specific Purpose Reserves	(68)	(1,400)
Balance at the end of the reporting period	(1,830)	(1,790)
(d) Equity		
Total Equity at the beginning of the reporting period	53,077	49,141
Total Changes in Equity Recognised in the Operating Statement	737	3,936
Total Equity at the reporting date	53,814	53,077

(1) The land and building assets revaluation arises on the revaluation of land and buildings.

(2) The financial assets available-for-sale revaluation reserve arises on the revaluation of available-for-sale financial assets.

Note 16: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	Total 2007 \$'000	Total 2006 \$'000
Net Result for the Year	352	2,098
Depreciation & Amortisation	2,184	1,828
Net (Gain)/Loss from Sale of Plant and Equipment	(62)	(62)
Change in Operating Assets & Liabilities, Net of Effect from Restructuring		
Increase/(Decrease) in Payables	1,138	18
Increase/(Decrease) in Employee Benefits	514	555
Increase/(Decrease) in Other Liabilities	322	(324)
(Increase)/Decrease in Other Current Assets	(49)	(1,433)
(Increase)/Decrease in Inventory	-	(21)
(Increase)/Decrease in Prepayments	(187)	(53)
(Increase)/Decrease in Receivables	(41)	(13)
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	4,171	2,593

Note 17: Financial Instruments**(a) Risk Management Policies**

The Audit & Compliance Committee meet on a regular basis to receive and discuss reports from both internal and external auditors. An effective framework is in place to adequately assess, monitor, manage and report the significant financial risks that the Health Service is exposed to.

(b) Significant Accounting Policies

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

(c) Significant Accounting Policies

The Health Service's financial instruments consist mainly of deposits with banks, short term investments, accounts receivable and payable's. The Health Service does not have any derivative instruments as 30 June 2007 (nil 2006).

(d) Credit Risk Exposure

Credit risk represents the loss that would be recognised if counterparties fail to meet their obligations under the respective contracts at maturity. The credit risk on financial assets of the entity have been recognised on the Balance Sheet, as the carrying amount, net any provisions for doubtful debts. This indicates whether the Health Service is materially exposed to any individual debtor.

(e) Interest Rate Risk Exposure

The Health Service's exposure to interest rate risk and effective weighted average interest rate by maturity periods is set out in the following table. For interest rates applicable to each class of asset or liability refer to individual notes to the financial statements. Exposures arise predominantly from assets and liabilities bearing variable interest rates.

(f) Fair Value of Financial Assets and Liabilities

The carrying amount of financial assets and liabilities contained within these financial statements is representative of the fair value of each financial asset or liability.

Interest rate exposure as at 30/06/2007

	Fixed interest rate maturing									*Weighted Average Interest Rates (%)
	Floating Interest Rate	1 year or less	Over 1 to 2 years	Over 2 to 3 years	Over 3 to 4 years	Over 4 to 5 years	Over 5 years	Non Interest Bearing	Total 2007	
	\$'000	\$'000					\$'000	\$'000	\$'000	
Financial Assets										
Cash at Bank	5,437	-	-	-	-	-	-	-	5,437	5.75%
Trade debtors	-	-	-	-	-	-	-	808	808	0.00%
Other receivables	-	-	-	-	-	-	439	718	1,157	0.00%
Accommodation Bonds	1,209	-	3,561	-	-	-	-	-	4,770	0.00%
Other financial assets	-	3,708	-	-	-	-	-	-	3,708	6.10%
Total Financial Assets	6,646	3,708	3,561	-	-	-	439	1,526	15,880	2.37%
Financial Liabilities										
Trade creditors and accruals	-	-	-	-	-	-	-	2,132	2,132	0.00%
Accommodation Bonds	1,209	-	3,561	-	-	-	-	-	4,770	0.00%
Advances	-	-	-	-	-	-	-	875	875	0.00%
Total Financial Liabilities	1,209	-	3,561	-	-	-	-	3,007	7,777	0.00%
Net Financial Asset/Liabilities	5,437	3,708	-	-	-	-	439	(1,481)	8,103	2.37%

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Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 17: Financial Instruments (continued)

Interest rate exposure as at 30/06/2006

Fixed interest rate maturing

	Floating Interest Rate	1 year or less	Over 1 to 2 years	Over 2 to 3 years	Over 3 to 4 years	Over 4 to 5 years	Over 5 years	Non Interest Bearing	Total 2006	*Weighted Average Interest Rates
	\$'000	\$'000					\$'000	\$'000	\$'000	(%)
Financial Assets										
Cash at Bank	3,577	-	-	-	-	-	-	-	3,577	5.75%
Trade debtors	-	-	-	-	-	-	-	695	695	0.00%
Other receivables	-	-	-	-	-	-	505	785	1,290	0.00%
Accommodation Bonds	784	-	3,739	-	-	-	-	-	4,523	0.00%
Other financial assets	-	3,708	-	-	-	-	-	-	3,708	5.50%
Total Financial Assets	4,361	3,708	3,739	-	-	-	505	1,480	13,793	2.15%
Financial Liabilities										
Trade creditors and accruals	-	-	-	-	-	-	-	1,204	1,204	0.00%
Accommodation Bonds	784	-	3,739	-	-	-	-	-	4,523	0.00%
Advances	-	-	-	-	-	-	-	830	830	0.00%
Total Financial Liabilities	784	-	3,739	-	-	-	-	2,034	6,557	0.00%
Net Financial Asset/Liabilities	3,577	3,708	-	-	-	-	505	(554)	7,236	2.15%

The following table details the fair value of financial assets and financial liabilities.

	Total 2007 Book Value \$'000	Total 2007 Fair Value* \$'000	Total 2006 Book Value \$'000	Total 2006 Fair Value* \$'000
Financial Assets				
Cash at Bank	5,437	5,437	3,577	3,577
Trade debtors	808	808	695	695
Other receivables	1,157	1,157	1,290	1,290
Accommodation Bonds	4,770	4,770	4,523	4,523
Other financial assets	3,708	3,708	3,708	3,708
Total Financial Assets	15,880	15,880	13,793	13,793
Financial Liabilities				
Trade creditors & accruals	2,132	2,132	1,204	1,204
Accommodation Bonds	4,770	4,770	4,523	4,523
Advances	875	875	830	830
Total Financial Liabilities	7,777	7,777	6,557	6,557

* Fair values are capital amounts

(Fair values of financial instruments are determined on the following basis:

- Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost which approximates to fair value
- Interest bearing liability amounts are based on the present value of expected future cash flows, discounted at current market interest rates, quoted for trade (Treasury Corporation of Victoria)

Note 18: Commitments for Expenditure

	Total 2007 \$'000	Total 2006 \$'000
Capital Commitments		
Land & Buildings - Preconstruction Costs	756	250
Plant & Equipment	162	-
Total Capital Commitments	918	250
Land & Buildings - Preconstruction Costs		
Not later than one year	918	250
TOTAL	918	250
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases - Computers and Office Equipment	422	355
Total Lease Commitments	422	355
Operating Leases		
Non-cancellable		
Not later than one year	201	157
Later than one year and not later than 5 years	221	198
Later than 5 years	-	-
TOTAL	422	355

Preconstruction costs commitment relates to a contractual obligation for Schematic Design of the Coleraine and Merino Campus Redevelopment project.

The weighted average interest rate implicit in operating leases is 7.52%

Under the terms of a particular lease, the Health Service has an option to acquire the leased asset at fair market value on expiry of the lease.

Note 19: Contingent Assets & Contingent Liabilities

As at balance date, the Board of Directors is unaware of the existence of any financial obligation that may have a material effect on the balance sheet as a result of any future event which may or may not happen. (2006 nil)

Note 20: Superannuation

Superannuation contributions for the reporting period are included as part of employee benefits and on-costs in the Operating Statement of the Health Service. The name and details of the major employee superannuation funds and contributions made by the Health Service are as follows:

Contribution for the Year

	Total 2007 \$'000	Total 2006 \$'000
FUND		
Health Super	2,536	2,621
HESTA Super Fund	115	84
Other	92	39
TOTAL	2,743	2,744

The bases for contributions are determined by the various schemes.

The unfunded superannuation liability in respect to members of State Superannuation Schemes and Health Super Scheme is not recognised in the Balance Sheet. Western District Health Service total unfunded superannuation liability in relation to these funds has been assumed by and is reflected in the financial statements of the Department of Treasury and Finance.

The above amounts were measured as at 30 June of each year, or in the case of employer contributions they relate to the years ended 30 June.

All employees of the Health Service are entitled to benefits on retirement, disability or death from the Government Employees Super Fund. The defined benefit fund provides defined lump sum benefits based on years of service and annual average salary.

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Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 21: Segment Reporting

	Hospital		RACS		Linen Service		Primary Care		Eliminations		Total	
	2007 \$'000	2006 \$'000	2007 \$'000	2006 \$'000	2007 \$'000	2006 \$'000	2007 \$'000	2006 \$'000	2007 \$'000	2006 \$'000	2007 \$'000	2006 \$'000
REVENUE												
External Segment Revenue	36,051	36,060	10,710	10,756	527	562	1,349	941	-	-	48,637	48,319
Intersegment Revenue	349	334	-	-	474	429	-	-	(823)	(763)	-	-
Total Revenue	36,400	36,394	10,710	10,756	1,001	991	1,349	941	(823)	(763)	48,637	48,319
RESULT												
Segment Result	938	3,252	(440)	(379)	(4)	51	(626)	(1,221)	-	-	(132)	1,703
Unallocated Expense												
Net Result from ordinary activities	938	3,252	(440)	(379)	(4)	51	(626)	(1,221)	-	-	(132)	1,703
Interest Income	625	459	-	-	-	-	-	-	-	-	625	459
Share of Net Result of Associates & Joint Ventures using Equity Model	(141)	(64)	-	-	-	-	-	-	-	-	(141)	(64)
Net Result for Year	1,422	3,647	(440)	(379)	(4)	51	(626)	(1,221)	-	-	352	2,098
OTHER INFORMATION												
Segment Assets	-	-	-	-	-	-	-	-	-	-	-	-
Unallocated Assets	49,442	46,749	15,412	15,188	647	680	3,443	3,514	-	-	68,944	66,131
Total Assets	49,442	46,749	15,412	15,188	647	680	3,443	3,514	-	-	68,944	66,131
Segment Liabilities	-	-	-	-	-	-	-	-	-	-	-	-
Unallocated Liabilities	9,320	7,699	5,473	5,034	118	131	219	190	-	-	15,130	13,054
Total Liabilities	9,320	7,699	5,473	5,034	118	131	219	190	-	-	15,130	13,054
Investments in associates and joint venture partnership	280	421	-	-	-	-	-	-	-	-	280	421
Depreciation & amortisation expense	1,670	1,424	334	233	54	58	126	112	-	-	2,184	1,827
Non cash expenses other than depreciation	1,141	972	79	67	-	-	42	36	-	-	1,262	1,075

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

Business Segments

Hospital
Residential Aged Care Services (RACS)
Linen Services
Primary Care Services

Services

Acute bed based services, accident & emergency, diagnostic, outpatient services
Aged Residential Care Services
Linen Services
Primary Care and Community-based services

The basis of inter-segment transfer pricing is at cost

Geographical Segment

Western District Health Service operates predominantly in Western Victoria.

More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Western Victoria.

Note 22: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Output Interest	Output Interest
		2007 %	2006 %
South West Alliance of Rural Health	Information Technology	15% of Operating Result	15% of Operating Result
		2007 \$'000	2006 \$'000
Investment in Joint Venture		280	421

Western District Health Service has a joint venture interest in the South Western Alliance of Rural Health (SWARH) whose principal activity is the implementing and processing of an information technology system and an associated telecommunication service suitable for use by each member hospital.

Western District Health Service interest in the above jointly controlled operations and assets is detailed below.

	2007 \$'000	2006 \$'000
Current Assets	142	125
Non Current Assets	475	409
Share of Total Assets	617	534
Current Liabilities	337	-
Non Current Liabilities	-	114
Share of Total Liabilities	337	114
Net Share of Joint Venture	280	421
Share of Current Year Profit / (Loss)	(141)	(64)
Capital Commitment	27	84

Note 23: Remuneration of Auditors

	Total 2007 \$'000	Total 2006 \$'000
Audit fees paid or payable to the Victorian Auditor-General's Office for audit of Western District Health Service current financial report.		
Paid as at 30 June	12	3
Payable as at 30 June	22	20
	34	23

Note 24: Responsible Persons and Executive Officer Disclosures

(a) Responsible Persons	Period	Time
Responsible Ministers		
The Honourable Bronwyn Pike, MLA, Minister for Health (Term Expired 3/8/2007)	2006 / 07	12 Months
The Honourable Daniel Andrews, MP, Minister for Health (Appointed 3/8/2007)		
Governing Boards		
Mr R. Walter	2006/ 07	12 Months
Ms M. Brown	2006/ 07	12 Months
Mr J Dean (Term Expired 31/10/2006)	2006/ 07	4 Months
Mr P Heazlewood (Term Expired 31/10/2006)	2006/ 07	4 Months
Ms J Hutton	2006/ 07	12 Months
Ms E Lawrence	2006/ 07	12 Months
Mr R Jones	2006/ 07	12 Months
Mr P Irvin (Appointed 1/11/2006)	2006/ 07	8 Months
Mr H Macdonald (Appointed 1/11/2006)	2006/ 07	8 Months
Accountable Officers		
Mr J. Fletcher	2006/ 07	12 Months

(b) Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands;

Income Band	2007 No.	2006 No.
\$0 - 9,999	9	7
\$200,000 - \$209,000		1
\$210,000 - \$219,000		
\$220,000 - \$229,000	1	
	10	8
Total remuneration received or due and received by Responsible Persons from the reporting entity amounted to:	226,155	209,000

(c) Retirement Benefits of Responsible Persons

No responsible person received retirement benefits from the Health Service in connection with their retirement as a responsible person.

(d) Other Transactions of Responsible Persons and their Related Parties.

There were no other transactions with responsible persons and their related entities.

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

No amounts were payable to or receivable from responsible persons and their related parties at balance date.

(f) Executive Officers' Remuneration

The numbers of Executive Officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period is shown in the first column in the table below in their relevant income bands. The base remuneration of executive officers is shown in the second column. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

	Total Remuneration		Base Remuneration	
	2007	2006	2007	2006
\$120,000 - \$129,999		1		1
\$130,000 - \$139,999	1	1	1	1
\$140,000 - \$149,999	1		1	
\$150,000 - \$159,999				
\$160,000 - \$169,999		1		1
\$170,000 - \$179,999	1		1	
	3	3	3	3
	456,871	428,600	446,871	428,600

Financial statements

Notes To and Forming part of the Financial Statements for the Year Ended 30 June 2007

Note 25: Amalgamations and Mergers

By Order-in-Council dated 28th June 2005, the Acting Minister for Health approved an order, effective from 1 July 2005 to :

- amalgamate Western District Health Service and Coleraine District Health Service,
- remove the name of Coleraine District Health Service; and
- rename the new registered funded agency as Western District Health Service.

Assets and Liabilities of the amalgamated entities have been taken up at book value on 1st July 2005 - the date of amalgamation. The net asset value on amalgamation has been recorded in the accounts as Contributed Capital.

The new entity - Western District Health Service, was formed on 1st July 2005 and has complied with A-IFRS since that date. As the new entity has not reported in previous years there are no comparative figures included in the financial statements and no requirement to disclose the impact of A-IFRS on previous years statements.

	Western District Health Service	Coleraine District Health Service	Total
	\$'000	\$'000	\$'000
ASSETS			
Cash Assets	2,065	1,916	3,981
Other Financial Assets	1,508	700	2,208
Receivables	1,903	144	2,047
Inventory and Prepayments	387	19	406
Joint Venture	420	64	484
Property, Plant and Equipment	43,247	5,042	48,289
	49,530	7,885	57,415
LIABILITIES			
Payables	(2,091)	(431)	(2,522)
Employee Entitlements	(5,021)	(731)	(5,752)
	(7,112)	(1,162)	(8,274)
TOTAL CONTRIBUTED EQUITY ON AMALGAMATION	42,418	6,723	49,141

The Board of Directors of the new Amalgamated entity resolved to establish appropriate Specific Restricted Purpose Reserves where the health service acquired title to funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received by the entities prior to amalgamation.

Details of the allocation from Accumulated Surpluses are listed below :

	Western District Health Service	Coleraine District Health Service	Total
	\$'000	\$'000	\$'000
ASSETS			
Allocation to Funds held in perpetuity	28	-	28
Allocation to Specific Restricted Purpose (Aged Care)	959	1,193	2,152
Allocation to Specific Restricted Purpose (Specific Purpose Donations & Bequests)	190	-	190
TOTAL ALLOCATED TO SPECIFIC RESERVES	1,177	1,193	2,370

Note 26: Significant Donations and Bequests

During the year the following substantial donations and bequests were received by the Health Service for specific or restricted purposes :

Donor	Restricted Purpose	Total
		\$'000
Estate of Brian Alexander McCutcheon	Residential Aged Care - Hamilton	108
Mr Bob Henderson	Medical Equipment - Hamilton Base Hospital	89
Mr Geoff Handbury	Youthbiz Program	35
Jack Brockhoff Foundation	Penshurst Health Service Redevelopment	30
The Estate of Joseph Colley	Medical Equipment - Hamilton Base Hospital	25
The William Buckland Foundation	Penshurst Health Service Redevelopment	25
Mr Geoff Handbury	Medical Equipment - Hamilton Base Hospital	25
Hamilton & District Aged Care Trust	Residential Aged Care - Hamilton	25
Collier Charitable Trust	Penshurst Health Service Redevelopment	25
		387

Compliance index

This Annual Report of the entity is prepared in accordance with the *Financial Management Act 1994* and the Directions of the Minister for Finance. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

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Glossary of terms

10MMM	Multi Media Mayhem project in 10 towns of Southern Grampians Shire	ILU	Independent Living Unit
ACAS	Aged Care Assessment Service	IMG	International Medical Graduates
ACHS	Australian Council on Healthcare Standards	IT	Information Technology
ACSAA	Aged Care Standards and Agency	LTC	Lee Total Care
ADASS	Adult Day Activity and Support Service	MSOAP	Medical Specialist Outreach Assistance Program
A&E	Accident and Emergency	MOU	Memorandum of Understanding
Best practice	the way leading edge organisations deliver world class performance	NARI	National Ageing Research Institute
BFHI	Baby Friendly Hospital Initiative	O&G	Obstetrics & Gynaecology
BNC	Bush Nursing Centre	OH&S	Occupational Health and Safety
BOD	Board of Directors	OT	Occupational Therapy
BS&D	Business Support and Development	PAC	Post Acute Care
CACPs	Community Aged Care Packages	PAGs	Planned Activity Groups
CBR	Chemical Biological and Radiation	PARAC	Palliative Approach in Residential Aged Care
CCV	Cancer Council of Victoria	PCP	Primary Care Partnerships
CDHS	Coleraine District Health Service	PDHS	Penshurst & District Health Service
CDM	Chronic Disease Management	PHC	Primary Health Care
CEO	Chief Executive Officer	PR	Pulmonary Rehabilitation
CFA	Country Fire Authority	PUPPS	Pressure Ulcer Point of Prevalence Survey
Continuum of care	the cycle of care, comprising access, entry, assessment, care planning, implementation of care, evaluation, separation and community management	QI	Quality Improvement
CHF	Chronic Heart Failure	QOC Report	Quality of Care Report
CRC	Community Rehabilitation Centre	RIRDC	Rural Industry Research & Development Corporation
CSSD	Central Sterile Supply Department	RMIT	Royal Melbourne Institute of Technology (university with a site in Hamilton)
DCEO	Deputy Chief Executive Officer	RMO	Resident Medical Officer
DHS	Department of Human Services	RN	Registered Nurse
DON	Director of Nursing	ROAST	Rural Organisation of Acute Stroke Teams
DRG	Diagnostic Related Grouper; the means by which hospitals define and measure their casemix	SACS	Sub-acute Ambulatory Care Services
DVA	Department of Veterans Affairs	SDFP	Sustainable Dairy Farm Families
ED	Emergency Department	Separation	Process by which a patient is discharged from care
EFT	Equivalent Full Time	SFF	Sustainable Farm Families
EQUIP	Evaluation and Quality Improvement Program	SGGRP	Southern Grampians Glenelg Rehabilitation Program
FHCC	Frances Hewett Community Centre	Standard	a statement of a level of performance to be achieved
FIA	Fundraising Institute - Australia	SW	South West
FOI	Freedom of Information	SWARH	South West Alliance of Rural Hospitals
FReeZA	Drug & alcohol free entertainment for young people	TAFE	Technical and Further Education
GEM	Geriatric and Evaluation Management	UDRH	University Department of Rural Health
GP	General Practitioner	VHA	Victorian Healthcare Association
HACC	Home and Community Care	VMIA	Victorian Managed Insurance Authority
HBH	Hamilton Base Hospital	VMO	Visiting Medical Officer
HITH	Hospital in the Home	VMPF	Victorian Medical Postgraduate Foundation
HMG	Hamilton Medical Group	VQC	Victorian Quality Council
HMO	Hospital Medical Officer	VTVN	Victorian Taskforce on Violence in Nursing
HR	Human Resources	WDHS	Western District Health Service
HRIS	Human Resources Information System	WIES	Weighted Inlier Equivalent Separations; allocated resource weight for a patient's episode of care. A formula is applied to the resource weight to determine the WIES for recovery of funding
HVAC	Heating, Ventilation and Cooling		
ICT	Information, Communication and Technology		
ICU	Intensive Care Unit		

Western District Health Service

Incorporates:

Hamilton Base Hospital

20 Foster Street
Hamilton 3300
Tel: +61 3 5551 8222

Coleraine District Health Service

119 McKebery Street
Coleraine 3315
Tel: +61 3 5553 2000

Penshurst & District Health Service

Cobb Street
Penshurst 3289
Tel: +61 3 5552 3000

Frances Hewett Community Centre

2 Roberts Street
Hamilton 3300
Tel: +61 3 5551 8450

YouthBiz

222 Gray Street
Hamilton 3300
Tel: +61 3 5571 2233

Grange Residential Care Service

17-19 Gray Street
Hamilton 3300
Tel: +61 3 5551 8257

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