



Western District Health Service Annual Report 2008

*Leadership,
Innovation and
Quality in
Health Care*

wdhs



Victorian Premier's Regional Health Service 2007

The theme of this year's report, *Leadership, Innovation and Quality in Health Care* reflects the values of our organisation. The theme aptly describes the outcomes from the past 12 months, which has seen rewards resulting from years of participating in trial projects and the sourcing of funding to pursue innovative programs and models of care. The *Leadership, Innovation and Quality in Health Care* demonstrated by Western District Health Service saw the Health Service rewarded with the Victorian Premier's Award for Regional Health Service of 2007.

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This report

- Covers the period 1 July 2007 to 30 June 2008
- Is the tenth 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

Alternative Format

This Annual Report is also available on the Western District Health Service website at www.wdhs.net.

Western District Health Service follows the guidelines for its Annual Report, in accordance with Australasian Reporting Awards (ARA) guidelines. ARA is a not-for-profit organisation established more than 55 years ago to encourage effective communication of financial and business information. The WDHS Annual Report has received Gold Awards for the past five consecutive years.



Cover image: Director of Anaesthetics James Muir this year led the establishment of a Second Stage Recovery area post-surgery for patients who would benefit from increased short-term observation between the theatre recovery room and general surgical ward. He also enhances WDHS' role as a teaching hospital, for the second year supervising a GP Registrar Anaesthetist for 12 months.

The Western District Health Service received the Victorian Premier's Award for Regional Health Service of the Year 2007, which recognises WDHS as one of Victoria's leading regional health services.



Year in brief

Highlights

Financial (\$000s)	2008	2007	% change	2006
Total revenue	50,950	46,941	8.5%	45,135
Total expenditure	50,611	46,726	8.3%	44,853
Surplus (before capital and specific items)	339	215	57.7%	282
Total assets	70,525	68,944	2.3%	66,131
Total liabilities	16,214	15,130	7.2%	13,054
Equity	54,311	53,814	0.9%	53,077
Fundraising (000s)				
Income	767	672	19.5%	1,729
Expenditure	17	14	21.4%	27
Surplus	750	628	19.4%	1,702
Staff				
Number of staff employed	676	672	0.6%	678
Equivalent full time	532.99	526.06	1.3%	520.79
Inpatients treated (separations)	7,181	6,890	5.2%	6,840
Complexity adjusted inpatients (WIES13)*	5,195	5,240	(0.9%)	5,188
Average stay (days)	3.37	3.48	(3.1%)	3.51
Inpatient bed days	24,417	23,968	1.9%	24,027
Total occasions of non-admitted patient service	58,254	56,812	2.5%	59,965

*WIES - Weighted Inlier Equivalent Separations

2007 Premier's Regional Health Service of the Year Award winner **P1,5**

Farmer health boost with \$2.4 million State funding over 4 years and \$1 million from the Handbury Trust to establish a National Centre for Farmer Health in partnership with Deakin University **P5,7,20,26**

Sustainable Farm Families receives \$2.9 million over two years to deliver program to 1,000 farmers across 50 Victorian locations in partnership with the Department of Primary Industry, and trains 60 health and agriculture professionals under the SFF Train the Trainer program **P5-7,26**

Excellent results for Food Safety, Work Safe, Waste Management, Pressure Area Care and top rating for External Cleaning Audit and Patient Satisfaction Surveys **P6,11,19,22,35**

Research and Best Practice participation through – Sustainable Farm Families program and Economic Evaluations, Stroke Project, Young Persons Technology, Aged Care Indicators **P11,16,23,26**

VMIA gold medal rating for Coleraine campus for risk management **P6**

\$300,000 recurrent funding for the Southern Grampians/Glenelg Rehabilitation **P5,7,16**

Inaugural Victorian Healthcare Association Population Health Award winner **P5**

Sub Regional contract agreement for Finance and Human Resources established with Portland District Health **P7,21,34**

Second Stage Recovery area established in the surgical unit **P6,15**

Implementation of Chronic Disease projects, HARP, Go for Your Life and GP in Community Health **P5,17-18,24-25**

\$339,000 grant over three years to expand the Transport Connections Program across the South West **P5,25**

\$150,000 grant to establish Long Stay Older Persons Program and \$136,000 for environmental upgrade to Hamilton Base Hospital acute wards **P7,16,18**

Purchase of Transoesophageal Echocardiography expands diagnostic assessment and investigation for cardiac conditions **P7,14**

Youth programs supported - \$40,000 two-year Government funding for FReeZA and \$120,000 donation from Geoff Handbury over three years for YouthBiz **P7,23**

Graduate program established for Division 2 Nurses **P6,34,37**

Three Independent Living Units built and occupied at the Coleraine campus funded by Health Service reserves (\$430,000) **P5,7,10,22**

Major equipment items for Theatre replaced, including Steriliser (\$107,000) and Image Intensifier (\$130,000) **P5-7,14,40-41**

\$120,000 Commonwealth Grant to roll out Virtual Visiting project to 22 locations in the South West over the next two years **P5,7,19,21**

Top of the Town Charity Ball "Reflections" hosts 530 people and raises \$182,000 **P5,6,9,40**

Acknowledgement of best practice for the Annual Report - Gold Award for the 5th consecutive year **P6**



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 objectives and strategies established for 2007/08, 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
Leadership and management	To be a leader in the provision of rural health services and provide efficient and effective governance for patient care and resource use	Lead and develop health services across Southern Grampians/Glenelg Sub Region	2007 Premier's Regional Health Service of the Year winner P1,5	Implementation of new financial management system across SWARH Develop Memorandum of Understanding with Deakin and Regional Medical School
		Extend services provided via contract and outreach	Finance and Human Resources contracts established with Portland District Health P7,21,34 \$25,000 DHS grant to complete analysis of Sub Regional Corporate Services opportunities P20,21,16	Implementation of Sub Regional Corporate Services report
		Participate in the development and implementation of ICT through SWARH	Restructure of SWARH ICT alliance completed P8,21 Virtual service links established with South West Healthcare, Eye & Ear and Royal Children's P14,15,21	Implementation of new governance arrangements for SWARH
		Maintain structure and systems to ensure clinical and corporate governance accountability Continue to set sound directions to maintain financial and service viability	Implementation of Strategic and Service plans P5 Operating budget surplus and WIES target exceed by 3.68% P1,7,13	Continued implementation of strategic and service plan 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	Participation in research and best practice through Sustainable Farm Families program and economic evaluations, Stroke Program, Young Persons Technology Program and Aged Care Indicators P11,16,23,26	Continued participation in best practice and research projects
		Maintain compliance with legislative, statutory, ACHS and Aged Care Standards requirements	ACHS self assessment completed P11	Reaccreditation of Coleraine Aged Care Services and successful support visits for all campuses ACHS reaccreditation survey in 2009
		Continued development of Risk Management Program and Clinical Risk Register	Risk register updated P10,29 3 year internal audit program adopted and auditors appointed P21,29	Review and update Risk Register Implementation of internal audit program
		Participate in statewide consumer satisfaction and patient surveys	High peer group rating for consumer satisfaction P6,11 High ranking in Press Ganey Aged Care Satisfaction Survey P6,11	Continued participation in surveys

	Objectives	Strategies	Outcomes	Future
Community based services	To continue to develop contemporary health programs which support access and improve the health and wellbeing of the community	Implementation and expansion of Sustainable Farm Families program across rural and remote Australia Expansion of programs for young people	\$2.9 million over 2 years to roll out Sustainable Farm Families program to 1,000 families across 50 Victorian locations P5-7,26 \$2.4 million over 4 years to establish National Centre for Farmer Health (NCFHH) P5,7,20,26 \$1 million grant from Handbury Trust for NCFHH P5,26 FReeZA funding extended for further two years P7,23 \$120,000 grant over three years from Geoff Handbury for YouthBiz program P7,23	Continued roll out of Sustainable Farm Families program Establishment of National Centre for Farmer Health Provide FReeZA events and continue recreational and technology activities for young people
	To enhance partnerships between consumers and Western District Health Service to maximise participation in preventative health	Continue to promote and expand primary care and health promotion programs that support health and wellbeing Expansion of SW Community Transport program	Implementation of Young Persons Technology Program P6,23 Implementation of chronic disease programs HARP, Go for your life and GP in Community Health P5,17-18,24-25 \$339,000 grant over three years for Transport Connections Program P5,25	Continued implementation of chronic disease programs Implementation of Transport Connections expansion Transfer of Dental Health Service from DHSV to FHCC
Clinical services - acute and extended care	To provide an integrated range of acute health services to our community	Secure recurrent funding for Southern Grampians/ Glenelg Rehabilitation Program Improve Discharge Planning	Recurrent funding secured and integration of rehabilitation program commenced P5,7,16 Discharge planning improved by 26% P16 Implementation of long stay older patients program commencing including environmental improvements P7,16,18 Improved coordination and planning of Allied Health services P17,34 Pilot bariatric service commenced P15	Review of services to bariatric patients Implementation of Caseload Model for midwifery patients
	To enhance the coordination and interface between acute and primary care to ensure patient needs are met	Implement long stay older patients care initiatives	Introduction of Transoesophageal Echocardiography diagnostic assessment and investigation P7,14 On line digital radiography and remote vital signs monitoring clinical system implemented P15,16,21 Neurological outpatient consulting service established P15	Increase funding allocation for joint replacement surgery
	To enhance our role as a referral centre for specialist services	Expansion of specialist services and clinics		Increase the number of aged residential high care beds
Human resources management	To provide a comprehensive range of services to the aged, including specialist extended care, residential care and Community Aged Care Packages (CACPS)			
	To recruit, develop and retain high calibre staff committed to customer focus services	Maintain and promote Western District Health Service with universities Maintain Graduate Programs Establish Graduate Program for Division 2 Nurses Participate in UK recruitment expo Provide work experience placements for secondary students Promote staff and organisational achievements and awards Develop 5 year strategic plan Completion of organisational effectiveness survey	Undergraduate clinical placements for Nursing, Medical and Allied Health P15,18,37 12 Graduate Nurses and 1 GP Anaesthetist Trainee P15,37 7 Division 2 Nurse Graduates P6,34,37 3 overseas recruitments to Allied Health positions P18,33 89 work experience placements P33,34 Staff and organisational awards P5,6,15,18,26,40 5 year Strategic Plan and implementation plan completed P33,34 Organisational effectiveness survey completed and implementation plans commenced P33	Maintain undergraduate clinical placements Maintain work experience programs Provision of graduate placements Continued implementation of HR Strategic Plan Promote staff and organisational achievements and awards
	Provide training opportunities that motivate and encourage staff to maximise the use of their skills	Implement Continuing Education programs Continue Post Graduate Program for specialist areas	Sub regional education program roll out P7,34,37 On line fire training program P36 Sue Hindson Professional Development Fund established P37 60 health professionals across Australia completed Sustainable Farm Families Train the Trainer program P5,26 Midwifery, ICU, Theatre and A&E upskilling completed by staff P15,16,37	Roll out E-learning programs

	Objectives	Strategies	Outcomes	Future
Facilities and equipment	To upgrade and maintain facilities, equipment and infrastructure to meet the requirements of contemporary health care standards	Implement Capital Master Plans and redevelopment of facilities across Western District Health Service	<p>Early works for Coleraine redevelopment with completion of three new Independent Living Units (\$430,000) P5,9,47</p> <p>Schematic design completed for Penshurst and The Grange P7,12</p> <p>Stage 2 of RMO accommodation completed P7,20,47</p>	<p>Progress the redevelopment of Coleraine and Merino</p> <p>Complete Stage 1 of Penshurst redevelopment</p> <p>Relocation of Dental Clinic to Frances Hewett Community Centre</p> <p>Complete feasibility study of relocation of Physiotherapy and accommodation for National Centre for Farmer Health and Deakin Medical school</p> <p>Complete final stages of Hamilton accommodation plan</p>
		Upgrade major clinical equipment	<p>\$192,000 State grant for Theatre equipment replacement P7</p> <p>Replacement of Image Intensifier, Light Source and processor and Steriliser for Theatre, through fundraising P6,7,14,40</p> <p>\$38,000 grant for CRC equipment and mobility training centre P17</p>	Continue upgrade of clinical equipment
		Upgrade infrastructure	<p>\$160,000 upgrade of lift at HBH completed P7,20,47</p> <p>Relocation of Social Club completed P7,20,22,47</p>	Continue infrastructure upgrade program
Safe practice and environment	To ensure a safe environment and the wellbeing and protection of consumers, staff and health service assets	Improve and promote safe practice programs	<p>Establishment of Medical Emergency Team P15</p> <p>Establishment of Second Stage Recovery area in the HBH Surgical Ward P6,15</p> <p>Completion of security audit P17,22,36</p> <p>VMIA Gold medal rating for Coleraine campus P6</p>	<p>Continue to promote and improve safe practices</p> <p>Implementation of security audit recommendations</p>
		Continue to meet environment, food and fire safety standards	<p>Excellent results for Food Safety, WorkSafe and Pressure Area Care P6,11,22,36</p> <p>Top health rating for waste management and awards for Hamilton, Coleraine and Penshurst campuses P6,16,22,25</p>	Continue environment, food and fire safety programs
		Implement Infection Control initiatives and Sub Regional plan	<p>Top rating for external cleaning audit (98.3%) P6,20,22</p>	Implement Sub Regional Infection Control plan and initiatives
Community engagement	To increase community involvement and enhance the profile of the Health Service	Continue implementation of fundraising and donor initiatives	<p>Excellent fundraising result \$767,000 P6,9,10,40</p> <p>Top of the Town Charity Ball – “Reflections” outstanding success, 530 people in attendance raising \$182,000 and receiving a highly commended award from the Fundraising Institute of Australia P6,40</p> <p>Grange fundraising appeal launched P6,41</p> <p>Record Hospital Sunday collection P6,41</p>	Continue fundraising and donor initiatives
		<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>Publications, Newsletters, International, National and State presentations P6,23,26,40,47</p> <p>Gold Medal for 2007 Annual Report P6</p> <p>\$120,000 Commonwealth grant to roll out Virtual Visiting to 22 South West locations over two years P5,7,19,21</p>	<p>Inform and involve the community via media, internet, newsletters, annual reports</p> <p>Develop and implement Consumer Participation plan</p> <p>Roll out of Virtual Visiting program</p>
	Provision of regional education, health and wellbeing forums	<p>Regional forums/Handbury Lecture P6,7</p>	Provision of Regional Forums, focusing on education, health and wellbeing	
	Launch 50 year, 20 year and 15 year milestones for Penshurst, Frances Hewett Community Centre and Aged Care Trust	<p>Successful launches of Penshurst, Frances Hewett Community Centre and Aged Care Trust milestones P1,2,23,41,42</p>		

Western District Health Service Chief Executive Officer Jim Fletcher and Western District Health Service Board President Mary-Ann Brown look forward to a year promoting leadership, innovation and quality in health care.



Year in review

Leadership, innovation and quality in health care

Report from the President and Chief Executive Officer

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

WDHS strives to promote a culture of innovation and excellence, encouraging staff to seek out best practice and innovative ways of enhancing services and client outcomes. Years of participating in trial projects and attracting funding to pursue innovative programs and models of care saw the Health Service rewarded with the Victorian Premier's Award for Regional Health Service of 2007.

The award recognised WDHS for its:

- Robust clinical governance framework promoting high quality and safe care to consumers
- Effective consumer, carer and community participation
- Innovative programs including Sustainable Farm Families, Virtual Visiting, 10MMM youth project, Chronic Disease Management and water recycling
- Commitment to quality improvement and pursuit of best practice
- Leadership in collaborative partnerships
- Outstanding community support

The award was an outstanding achievement and recognition of many years of hard work by the Board, staff and community.

Other major highlights included:

- Ongoing success of the Sustainable Farm Families program assisted by a \$2.9 million allocation over two years to roll out the program across 50 rural locations in Victoria and train a further 60 health and agriculture professionals in partnership with the Department of Primary Industries.
- Announcement of a \$2.4 million State Government grant and \$1 million from the Handbury Trust to establish a National Centre for Farmer Health (NCFH) over the next four years in partnership with Deakin University, a major boost for the Health Service.
- Focus on Caring for our Community with the implementation of Chronic Disease programs, HARP, Go for your life, GP in Community Health and securing recurrent funding for the Southern Grampians/ Glenelg Sub Regional Rehabilitation Program. New diagnostic equipment for assessment and investigation of cardiac conditions also added to the range of services provided.
- Continuation of our leadership role across the South West region by expanding the Community Transport program following a State Government Grant of \$339,000 over three years and a Commonwealth Government Grant of \$120,000 to roll out our Virtual Visiting initiative to 22 locations across the South West.
- Inaugural Victorian Healthcare Association Population Health Award winner.
- Outstanding success of the Top of the Town Charity Ball.
- Completion of early works for the Coleraine/Merino redevelopment with the construction of three Independent Living Units.

Right: WDHS Chief Executive Officer Jim Fletcher with Surgical Unit Manager James Smith and Midwife Eldre Slabbert, describe the benefits of the Infant Care Centre to Bob Henderson, whose \$25,000 donation enabled the Health Service to buy the equipment.



Improving performance

We continued our ongoing commitment to quality improvement and pursuit of best practice.

Major achievements this year included top rating for patient satisfaction, Press Ganey Aged Residential satisfaction, external cleaning audits and waste management across all campuses. Excellent results were also received for food safety, WorkSafe and risk management with the Coleraine campus receiving a gold medal rating from our insurers VMIA.

The Sustainable Farm Families program leads the nation for farm families' health and wellbeing and the improved health and economic benefits were demonstrated in the research results. Outcomes from the evaluation of our Young Persons in Technology project in partnership with RMIT University reinforced its reputation as a best-practice program. Our ongoing participation in the Rural Stroke project and the establishment of a second stage recovery area in the Surgical Unit were other highlights. Research will take further prominence in our future directions with the establishment of the National Centre for Farmer Health during 2008/09.

Human resources

One of our major strengths continues to be our skilled staff who provide high-quality services and a willingness to embrace innovation.

We were proud to see this recognised in many awards throughout the year including:

- Premier's Regional Health Service Award
- Inaugural VHA Population Health Award
- Australasian Annual Reporting Gold Award
- Fundraising and Aged Care Innovation awards

Individual awards were also received by:

- Dr Cobus Cloete, Director Obstetrics and Gynaecology, for Clinical Teaching from Flinders University
- Dr Dale Ford, Visiting Medical Officer Rural Doctors Award
- Leanne Deutscher, Division One Nurse – Hamilton Rotary Pride of Workmanship

A further highlight saw the introduction of a Division 2 Nurse Graduate Program as one of the first in the State.

Our community

The second Top of the Town Charity Ball will be talked about for its excellence for many years to come. It raised \$182,000 for the Health Service and the spirit of the town during the big day. 530 people enjoyed an event that was equal to any, thanks to the organisers, sponsors, donors and volunteers.

Our other gold standard community event, the Annual Handbury Lecture delivered by Nobel Laureate Professor Peter Doherty again attracted a full house.

The Annual Hospital Sunday appeal raised \$50,700 - a new record. Significant donations were received from regular benefactors Geoff Handbury, Bob Henderson, Bill and Joan Hyslop, Allan and Maria Myers, Hamilton & District Aged Care Trust, Hamilton and North Hamilton Ladies Auxiliaries, United Staff Association, Hospital Opportunity Shop and the RSL Bowling Club.

A bequest received from Estate of May Christina Fraser and funding from Aged Persons Welfare, Collier, Pierce Armstrong, Brockhoff and William Angliss Trusts and Foundations, together with donations from ACE Radio, Jigsaw Farms, Iluka, Kerr & Co and the many other business houses and hundreds of individuals, culminated in another outstanding year with \$767,000 raised.

In addition \$1 million was donated to the Deakin University and Western District Health Service partnership by the Handbury Trust, which provided the foundation and impetus for a State allocation of \$2.4 million over four years to establish a National Centre for Farmer Health.

Right: WDH Service benefits from the support of Geoff Handbury and his family. This year's guest to the annual Handbury Lecture was Laureate Professor Peter Doherty.



Facilities and equipment

Major capital projects completed during the year included the early works program for the future Coleraine/Merino redevelopment with completion of the \$430,000 Independent Living Units project at Coleraine campus funded by a bequest from the Estate of MB Wishart. We were extremely disappointed to miss out on funding in the 2008/09 State Budget for the Coleraine/Merino redevelopment and look forward to the State Government's consideration of this project in the 2009/10 State budget.

Other capital projects completed were the \$170,000 second stage of new quarters for Resident Medical Staff accommodation and the \$160,000 upgrade of the second lift at Hamilton Base Hospital, funded by \$128,000 grant from the State Government.

Major equipment purchases included replacement Steriliser (\$107,000) Image Intensifier (\$130,000), Infant Care Centre and Light Source and Processor (\$54,000), Transoesophageal Echo Transducer (\$44,000) and Operating Microscopes (\$154,000). \$192,000 from DHS assisted with our theatre equipment replacement program.

Leadership and management

A new Sub Regional Contract agreement for the provision of Finance and Human Resources to Portland District Health, recurrent funding for the innovative Southern Grampians/Glenelg Rehabilitation program and \$120,000 Commonwealth Grant to roll out our Virtual Visiting initiative to 22 locations across South West Victoria were major features of our commitment to taking a leadership role within the region. YouthBiz leads youth services in the Shire assisted by a State Government Grant for FReeZA and a donation from Geoff Handbury.

The SFF program which has now trained health professionals in every State. Go for your life, GP in Community Health and long stay older person program were other examples of our collaboration and partnership with key stakeholders; PCP, Southern Grampians Shire, Hamilton Medical Group and other health agencies in the region.

We are pleased to report that we achieved an operating surplus of \$339,000 whilst exceeding our patient throughput target by 3.68%

Board

Inaugural President Mr Richard Walter retired as both President and Board Member on 30 June 2008. We acknowledge Richard's outstanding leadership, guidance and contribution to the success of WDHS. We extend our thanks and best wishes to both Richard and Ruth Walter for their contribution to the Health Service.

Acknowledgements

The support we receive from many individuals, businesses, service clubs, support groups, auxiliaries, Aged Care Trust and volunteers is outstanding, valued and appreciated.

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

The continued extension of our Sub Regional role and development of innovative programs expanding the diversity of services provided to our community is a major strength for our Health Service.

The establishment of the NCFH, roll out of the Virtual Visiting initiative and planned capital redevelopment projects for Peshurst, Coleraine/Merino and The Grange make for exciting times ahead.

The ongoing support of our key stakeholders, staff, Visiting Medical Officers and community is vital to the achievement of our future strategic plan goals to meet the many challenges ahead. We look forward to meeting these and growing our health service with you.

Mary-Ann Brown
PRESIDENT

Jim Fletcher
CHIEF EXECUTIVE OFFICER

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for the Western District Health Service for the year ending June 2008.

Mary-Ann Brown
PRESIDENT

Hamilton
21 August 2008

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 sufficient levels of investment are undertaken to maintain the asset base



The United Staff Association raises funds for medical equipment for the Health Service organising a golf day. USA members Sally Hicks, Laurise Owen and Richard Staude with the Welch Allyn Monitor purchased for ED.

On 1 July 2005 Coleraine District Health Service (CDHS) and Western District Health Service (WDHS) 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 30 June 2008 represent the third year of operation of the new reporting entity.

WDHS achieved an entity surplus of \$621,000 for the 2007/08 financial year, improved overall liquidity, maintained the asset base with an investment in fixed assets of \$2.4 million, and provided services in excess of targets in all areas. Expanding service delivery in a financially sustainable way is a constant challenge for WDHS and the current year has maintained this fine balance; indicated by the performance in all key result areas.

Operating performance

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

In reviewing operating performance capital purpose income comprising Capital Grants (\$831,000), Residential Aged Care Capital Contributions (\$1,062,000), Specific Purpose Donations and Bequests (\$767,000) and Gain on Disposal of Non-Current Assets (\$29,000) is excluded. These funds are provided for specific capital purposes and not available to support operations.

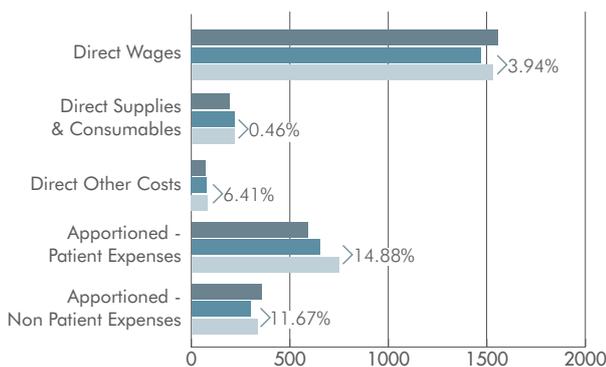
The accepted indicator of performance is the result from continuing operations prior to Depreciation and Capital Purpose Income. In 2007/08 this result was a surplus of

\$339,000 (\$215,000 in 2007) which represents 0.67% of operating revenue.

In 2007/08 depreciation charges of \$2,287,000 were recorded reflecting the cost associated with the use of buildings and equipment in delivering services. 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 \$402,000. A specific expense of \$120,000 was incurred due to the wind-up of the SWARH Joint Venture Agreement, a one-off equity contribution of \$394,000 was received from the Department of Human Services to compensate for changes to GST arrangements and a decrease in the value of the WDHS share portfolio of \$518,000 was recorded directly to equity. Including all items the WDHS' net assets increased by \$497,000 for the year – an increase of 0.9% (1.4% in 2007).

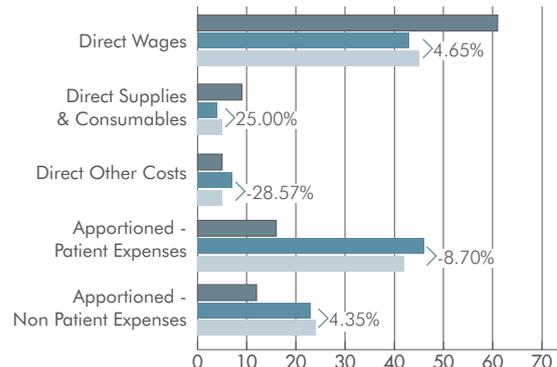


Average Cost Acute Inpatient



The total average cost for acute inpatients in 2006 was \$2,768
 The total average cost for acute inpatients in 2007 was \$2,719
 The total average cost for acute inpatients in 2008 was \$2,915
 The percentage change for 2007 to 2008 was 7.21%

Average Cost Non-admitted Occasion of Service



The total average cost for non-admitted patients in 2006 was \$103
 The total average cost for non-admitted patients in 2007 was \$123
 The total average cost for non-admitted patients in 2008 was \$121
 The percentage change for 2007 to 2008 was -1.63%



Top of the Town committee members Sarah Laidlaw, Jose Cloete, Francis Pekin and Colin Thompson were pleased to see the installation of the \$107,000 steriliser, purchased with funds raised from the Charity Ball.

Liquidity position

During 2007/08 the Health Service generated positive cash flows from operations of \$106,000, an equity contribution of \$394,000 from DHS and \$2,660,000 in Capital Purpose Income. \$2,226,000 of these funds purchased property, plant and equipment. The entity generated a positive cash flow of \$934,000 after capital items and elimination of cash flows of \$559,000 from the sale of investments.

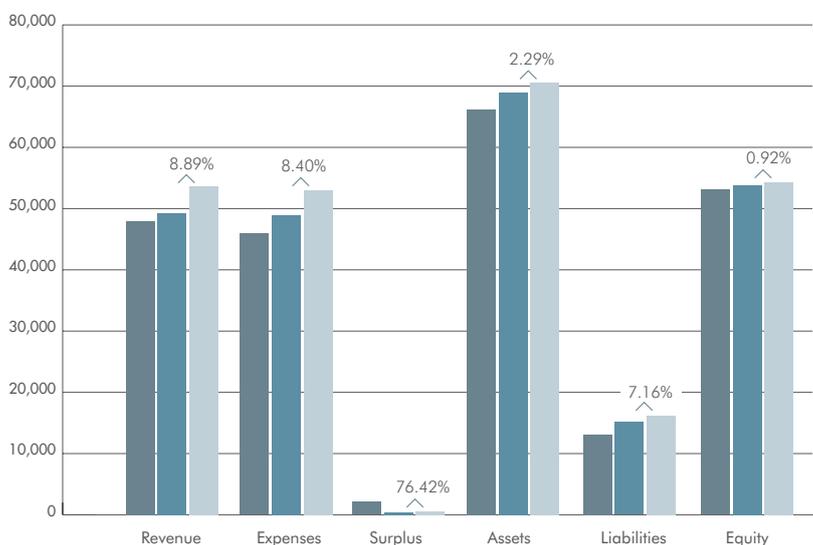
At the end of the year the ratio of current assets to current liabilities (excluding Patient Trust funds) was 1.38:1, a significant improvement on the 1.2:1 ratio at the start of the year. This exceeds the 0.8 target ratio, but is expected to deteriorate over the next few years as funds are expended on major capital works associated with the Coleraine and Merino redevelopment.

Financial analysis of operating revenues and expenses

	2008	2007	2006
	\$000s	\$000s	\$000s
Revenue			
Services Supported by Health Service Agreement			
Government grants	33,949	31,305	30,044
Indirect contributions by Department of Human Services	963	1,262	1,075
Patient fees	10,330	9,815	9,332
Other revenue	927	687	460
	46,169	43,069	40,911
Services supported by Hospital/Community Initiatives			
Business Units	1,129	1,235	1,157
Property income	575	584	554
Other revenue	3,077	2,053	1,750
	4,781	3,872	3,461
Total revenue	50,950	46,941	44,372
Expenditure			
Services Supported by Health Service Agreement			
Employee entitlements	33,728	31,168	29,864
Fee for service medical officers	2,869	2,605	2,506
Supplies and consumables	4,911	4,434	4,126
Other expenses	7,169	6,458	5,763
	48,677	44,665	42,259
Services supported by Hospital/Community Initiatives			
Employee entitlements	1,377	1,374	1,291
Supplies and consumables	148	149	198
Other expenses	409	538	342
	1,934	2,061	1,831
Total Expenditure	50,611	46,726	44,090
Surplus for the year before capital purpose income, depreciation and abnormal items.	339	215	282
Capital Purpose Income	831	747	1,008
Donations and bequests	767	642	1,729
Residential Aged Care - Capital Purpose Income	1,062	871	844
Surplus on disposal of fixed assets	29	61	62
Depreciation	-2,407	-2,184	-1,827
Operating surplus for the year	621	352	2,098

* See page 8,9 for Financial Overview

Analysis of Financial Position 30 June (\$'000s)



Agreement between Western District Health Service (WHDS) 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 2007/08 financial year all targets specified in the agreement were met or exceeded.

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

Asset management

\$2.4 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 \$140,000 more than depreciation charged during the year and represented a continuation of the investment strategy to maintain the Health Service asset base, to ensure ongoing service capacity.

Included in the capital works investment was \$374,000 for the construction of the three ILUs at Coleraine, \$171,000 to construct new RMO accommodation, \$103,000 for a new Social Club building funded by the Club, \$148,000 for replacement of a lift, \$107,000 for preliminary design documentation for the Peshurst redevelopment and \$708,000 on equipment.

The future

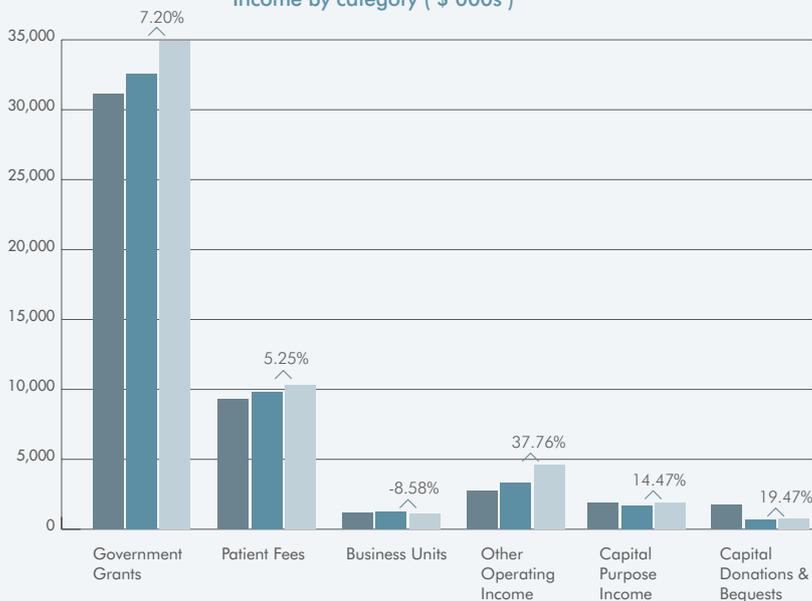
The continued support of the community, as in 2007/08, provided the opportunity for WDHS to invest in buildings, medical equipment and technology which would not otherwise be possible. It is important to maintain the level of investment to provide a strong base to improve service delivery and efficiency and comply with increasingly rigorous service standards.

Substantial changes anticipated with the implementation of new clinical information systems, increased costs associated with the implementation of new EBAs and new medical technology, and the increasing demand for high quality services, will provide further challenges in 2008/09 as we strive to continue the delivery of improvements in service provision in a financially sustainable way.



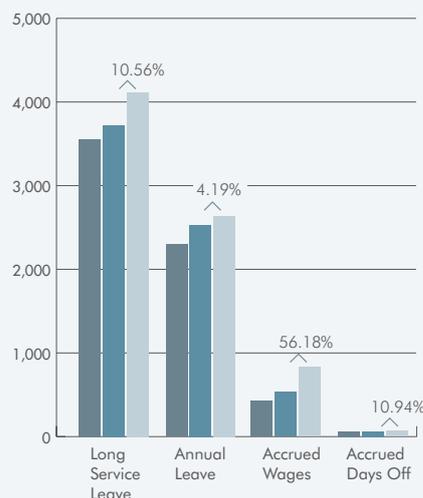
WDHS Certified Builder Peter Smith stands proudly in front of the new junior doctor quarters which improves the level of accommodation for our RMOs.

Income by category (\$'000s)

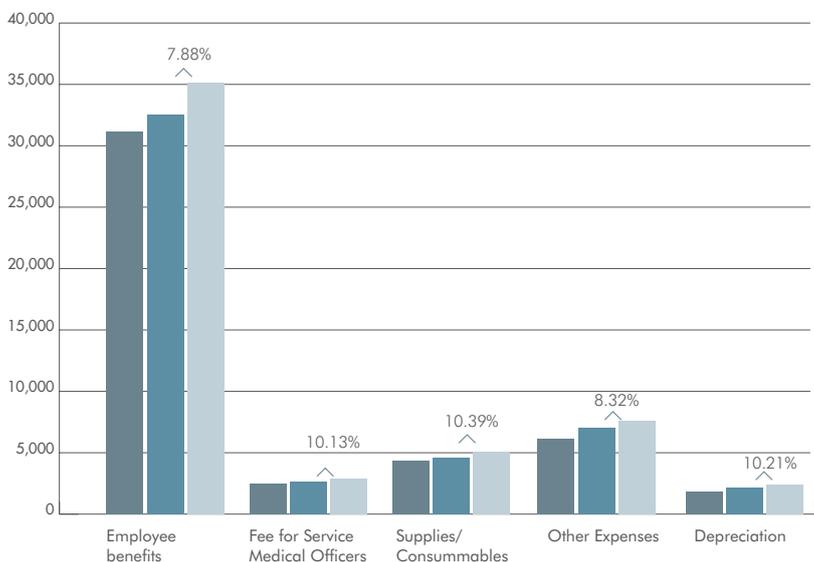


2006 2007 2008

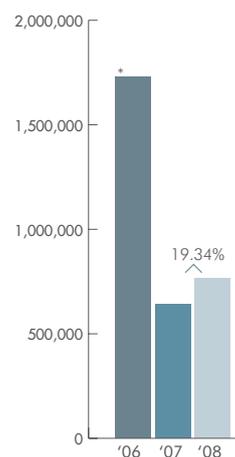
Employee benefits as at 30 June (\$'000s)



Expenditure by category (\$'000s)



3 year comparison of Donations and Bequests (\$'000s)



Donations and bequests received in 2006 was \$1,729 million
 Donations and bequests received in 2007 was \$642,256
 Donations and bequests received in 2008 was \$767,000
 *In 2006 WDHS received a single bequest of \$1,265,000

i mproving performance

WDHS' annual Resident/Relative Survey, through each of our six residential Aged Care facilities achieved one of the highest National Industry Benchmark scores, in Australia and New Zealand - just ask Grange resident Gwen Price (right).



Strategy

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

Achievements

- High Australasian ranking in Press Ganey Aged Care Satisfaction Survey
- High peer group rating for consumer satisfaction
- ACHS self assessment completed

The Future

- Reaccreditation of Coleraine Aged Care Services
- Continued participation in surveys
- ACHS reaccreditation survey in 2009
- Increased participation in benchmarking opportunities

Valuing patient feedback

Western District Health Service (WDHS) participates in the Victorian Patient Satisfaction Monitor (VPSM) to receive valuable information about our clients' satisfaction with acute facilities services. Surveys are issued biannually to patients who have attended our Hamilton, Coleraine or Penshurst campuses. Results demonstrate a continued high level of satisfaction, with exceptional results relating to access and admission, general patient information and complaints management.

More detailed information can be found in our Quality of Care Report.

ACHS self assessment

We present ourselves for review by the Australian Council on Healthcare Standards (ACHS) to ensure compliance with national standards. This year we compiled a self assessment against the entire set of EQUIP standards, covering areas including patient care, health promotion, safety and governance.

While our assessment primarily demonstrates a high level of compliance with the numerous standards, we have identified areas to further improve our quality of care and service. Strategies include development of a plan of care for bariatric surgery patients, implementation of a formal consent process for blood transfusion and further enhancing our falls management program.

Aged care survey

All Aged Care residents and their relatives have the opportunity to contribute to our Quality Improvement strategies. This year WDHS contracted Press Ganey, an external organisation, to conduct our annual Resident/Relative Survey, through each of our six residential Aged Care facilities.

As an immense credit to all WDHS residential aged care facilities, we collectively achieved one of the best National Industry Benchmark score, which includes 216 facilities across Australia and New Zealand. Each facility will now use their individual results for a number of their quality improvement activities.

Pressure area care

The risk of clients in our acute or residential aged care facilities developing pressure areas is widely acknowledged and closely monitored. Data on pressure areas is routinely collected and sent to the DHS and the ACHS to monitor trends and comparisons with similar organisations. New equipment and staff education are some strategies introduced to reduce the risk of pressure areas.

During the year we commenced participation in the DHS Performance Indicator project which requires the quarterly submission of pressure area data. Reports so far have been favourable.

Risk management

Through internal and external consultation WDHS has developed a comprehensive Risk Register. With a significant focus on clinical risks and security, the Register also addresses other risks including financial, sustainability and human resources.

The Risk Register is managed on an ongoing basis to ensure controls are reviewed and further action required is implemented.

To ensure organisation-wide risk management strategies were in place, consulting firm Deloitte was employed to assist in the identification and ranking of risks. On completion, risks were added to the Register and, throughout the year, strategies implemented to reduce organisation risks.

Identified risks included those relating to human resources, financial issues and information management.

Security

Loss and Prevention Group of Australia (LPGA) was contracted to ensure security risks to the organisation were minimised. Following consultation with staff and an organisation review, recommendations to further reduce risk were made. Many have been implemented, including installation of safety glass, staff training and implementation of the Security Plan. Recommendations still outstanding will remain on the Risk Register until they have been implemented.

Community Advisory Committee

The Community Advisory Committee has provided valuable input into various activities of WDHS. The committee has assisted in the review of the Quality of Care Report, updating of Health Service brochures and inpatient information.

Quality of Care Report

Each year WDHS publishes a Quality of Care Report. This report advises the community on the systems and processes that are in place to ensure the highest possible quality of care and service. This report presents data demonstrating the outcomes of our quality initiatives.

For further information about Improving Performance in our Health Service, the Western District Health Service Quality of Care Report is available at all campuses, and at www.wdhs.net.

about our organisation



The Penshurst community celebrated Penshurst and District Health Service's 50 years of service last year. Val Linke, Julie Barr, Dr Doug Fleming and Joy Darroch were among the many that helped celebrate the past, and are looking forward to the PDHS redevelopment.

Western District Health Service (WDHS) has played a central role in its community for the past 146 years, since Hamilton Base Hospital and Benevolent Asylum was first established in 1862 to provide care for people suffering from illness and accidents and for victims of personal tragedy and social distress.

Almost 150 years later, and WDHS reflects the community it now serves – a major centre in a prosperous rural environment, looking forward to a positive future

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

WDHS is a member of the Southern Grampians/Glenelg Sub Region of the Department of Human Services Barwon South West Region. Other member health services are Casterton Memorial Hospital, Heywood Rural Health and Portland District Health.

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

Our past, present and future...

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

The HBH site is also 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.

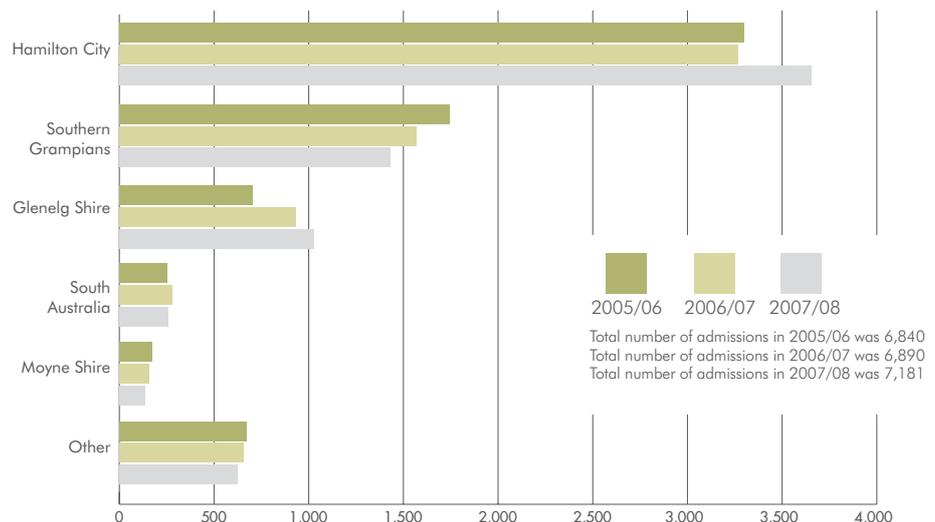
The Coleraine District Health Service commenced in 1935. It provides acute care, residential aged accommodation and community services, manages Independent Living Units in Coleraine and has a Bush Nursing Centre at Merino.

Frances Hewett Community Centre joined WDHS in 1998, and provides a broad range of community-based services.

The Grange was built as a private hospital in 1927 and became an aged care hostel in 1956. A redevelopment occurred in 2002, and it now provides 45 beds of modern, high and low-level aged care accommodation and 30 Community Aged Care Packages. A long term redevelopment plan for The Grange will increase capacity to 50 beds.

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.

Patient Demographics



Our services

Acute

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

Anaesthetics
Chemotherapy
Coronary Care
Day Procedure
Discharge Planning
Ear Nose and Throat
Emergency
Endoscopy
General Medicine
General Surgery
Gynaecology
Haemodialysis
High Dependency Care
Hospital in the Home
Infection Control
Intensive Care
Maxillofacial Surgery
Obstetrics
Operating Suite
Ophthalmology
Oral Surgery
Orthopaedics
Paediatrics
Pre-admission Service
Psychiatry
Rehabilitation
Specialist Medicine
Specialist Nursing
Urology
Private Services - pathology, radiology and sleep clinic

Extended Care

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

Community Aged Care Packages
Dementia Specific Residential Aged Care
Residential Aged Care
Residential Extended Care
Respite

Allied Health

Audiology
Nutrition and Dietetics
Occupational Therapy
Pharmacy
Physiotherapy
Podiatry
Social Work
Speech Pathology

Community Based

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

Adult Day Activity and Support Service
Asthma Education
Blood Services
Cancer Support Group
Cancer Support Services
Cardiac Rehabilitation
Carer's Support
Chronic Disease Management
Coordinated Care
Community Rehabilitation Centre
Continence Service
Counselling
Day Centre
Dermatology
Diabetes Education
District Nursing Service
Domiciliary Midwifery
Family Planning
FReeZA
Go for your life
GP in Community Health
Hamilton Community Transport
HARP (Hospital Admission Risk Program).
Hospital in the Home
Lymphoedema Compression Clinic
Maternity Enhancement
Meals on Wheels

Men's Health
Palliative Care
Physical Activity Programs
Post Acute Care
Pulmonary Rehabilitation
Quit Fresh Start
Sexual and Reproductive Health
South West Community Transport Service
Stomal Therapy
Sustainable Farm Families
Women's Health
Victorian Aids and Equipment Program
YouthBiz
10MMM

Administrative

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

Inpatients treated by patient classification

	2,006	2007	2008
Public	4,853	4,856	5,081
Private	1,562	1,647	1,657
Department of Veterans Affairs	349	309	376
Workcover	39	47	23
Transport Accident Commission	37	31	44
	6,840	6,890	7,181

Emergency Occasions of Service

	2,006	2007	2008
	4,512	5,739	5,836

* 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 2007/08 (excluding those funded under the Small Rural Health Service Program) was 4,793. We exceeded this by 176.57 WIES (3.7%)

Service performance at a glance

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

Inpatient Statistics (Acute Program)	2008	2007	2006
Inpatients treated	7,181	6,890	6,840
Average complexity (DRG weight)	0.74	0.76	0.79
Complexity adjusted inpatients (WIES 13)*	5,195.39	5,240.24	5,187.85
Average length of stay (days)	3.37	3.48	2.89
Inpatient bed days	24,417	23,968	24,027
HITH bed days	664	690	750
Nursing home type bed days	3,669	3,221	3,125
Operations	3,006	2,993	2,950
Births	221	219	217
Available bed days	30,907	30,833	29,567
Occupancy rate	79.0%	77.7%	83.8%
Average cost per inpatient	\$2,915	\$2,719	\$2,768

Aged Care Services (Aged Program)

High Care			
Residents accommodated	167	165	152
Resident bed days	43,448	43,593	41,817
Low Care			
Residents accommodated	93	74	98
Resident bed days	16,504	16,520	17,414
Respite			
Residents accommodated	102	119	135
Resident bed days	1,532	1,469	1,742
Occupancy rate	99.19%	99.35%	98.85%
Community Aged Care Package (CACPs) clients	44	34	25
CACPs occasions of service	10,672	8,006	7,249

Outpatient (non-admitted) Occasions of Service

Physiotherapy	8,033	8,927	11,416
Rehabilitation & Day Centre	5,256	4,785	2,493
Speech Pathology	887	829	879
Podiatry	2,150	2,195	2,611
Social Welfare	3,829	3,384	4,415
Occupational Therapy	4,749	4,809	4,830
Palliative Care	776	830	980
District Nursing Service	32,574	31,053	32,341
Total non-admitted occasions of service	58,254	56,812	56,965
Cost per non-admitted occasion of service	\$121	\$123	\$104
Meals on Wheels	34,005	31,243	31,493
Accident/Emergency Occasions of Service	5,836	5,739	4,512
Quality Assurance - Full accreditation	Yes	Yes	Yes



linical services

Baby Kaden Griffin-Wilson sleeps peacefully holding his mother's finger just a few hours after birth. He has been placed in an Isolet for respiratory support.



Challenge

- To provide an integrated range of acute health services, enhance coordination between acute and primary care and provide a comprehensive range of services to an ageing population.

Achievements

- Recurrent funding secured for rehabilitation program
- Discharge planning improved by 26%
- Long stay older patients program commenced in the acute setting
- Enhanced scope of practice implemented
- Post operative care unit established
- Virtual services links established

The future

- Review services to bariatric patients
- Implement a Caseload Model for midwifery patients
- Increase funding allocation for joint replacement surgery
- Increase the number of residential high care beds

At Western District Health Service (WDHS) our staff are committed to the care of the people who make up our community. Our staff are mindful of the apprehension faced by some patients during hospital stays and treat each with respect and care. There were 7,181 inpatients during the past 12 months, and we treated 58,254 Allied Health outpatients during the same period.

The Operating Theatre at WDHS provides leading medical and surgical proceduralists supported by quality theatre staff, facilities and equipment operated on 3,006 patients this past year. In our Midwifery Unit we shared the joy of welcoming 221 babies in 2007/08, while our staff provided support and care for 5,836 patients who attended the HBH Emergency Department, and those who present with minor injuries and illnesses at CDHS and PDHS.

We are proud of the facilities which allow us to extend this care across the geographic region we serve. WDHS' 75 acute beds at Hamilton Base Hospital provide Emergency, Medical, Surgical, Midwifery, Paediatric and Intensive Care services, together with a broad range of Allied Health services. Penshurst Hospital's six acute beds and Coleraine Hospital's 15 acute beds, both provide general medical care.

WDHS' 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 cater for residential needs of the elderly. Thirty Community Aged Care Packages (CACPs) are administered from The Grange. The staff who support our residents and their carers in these facilities are predominantly Division 1 and Division 2 nurses, supported by Personal Care Workers.

We accommodated 167 high-care residents, 93 low-care residents, 102 respite residents and our occupancy rate in our aged care facilities was 99.19%. We serviced 44 CACPs clients.

The Acute and Extended Care services at the HBH campus of WDHS have been enhanced during 2007/08. The significant developments have been the innovative response from the Health Service and its staff to apply modern technology according best practice to improve patient health care.

Significant developments this year have been:

- Expansion of diagnostic assessment and investigation for cardiac conditions with the purchase of Transoesophageal Echocardiography to obtain high quality ultrasonic images of cardiac functions
- Replacement of an Image Intensifier for Theatre with a state-of-the-art model to provide a clearer picture and more detailed X-ray information
- Additional Resident Medical Officer position
- Paediatric advanced life qualification for two of our RMOs
- Improvements and enhancements to the Continuum of Care

Medical/surgical services

State-of-the-art medical equipment

- The purchase of the Transoesophageal Echocardiography (TOE) equipment, a cardiac diagnostic implement, means patients with particular cardiac conditions can undergo the diagnostic procedure at Hamilton Base Hospital, rather than travelling to metropolitan health services. The TOE will enable HBH to expand its diagnostic assessment and investigation for cardiac conditions.
- An Image Intensifier was purchased for \$130,000 for theatre to replace 19-year old equipment, funded through a community fundraising appeal. It is a powerful imaging system to assist in urology, gall bladder and Orthopaedic Surgery. A major benefit to HBH is its application for acute injuries, reducing the need for emergency transfer to Melbourne.
- A Steriliser and heat sealer was purchased as a result of a Charity Ball raising the \$107,000 required. The HBH Central Sterilising Supply Department processes 53,000 items per year, and sterilises equipment from the operating theatre, HBH wards, medical and podiatry clinics and other hospitals in the region. The new steriliser will reduce water consumption - saving 31,000 litres every week.



Junior medical staff

In 2008 WDHS recruited an additional Resident Medical Officer, bringing the total to five permanent HMO 2 medical officers. With the additional staff, rosters were restructured to enable more reasonable working hours for all RMOs. HBH has three interns from St. Vincent's Hospital and one intern from Barwon Health, on 12-week rotations.

Neurological outpatient consulting

A range of specialist outpatient consulting services are provided to our community. In 2007/08 a monthly neurological service was established in conjunction with Barwon Health.

Medical Emergency Team

A Medical Emergency Team (MET) was established this year, to provide ward staff with support when concerned about a patient. Rostered senior registrars and specialist nursing staff respond to a MET Call immediately, assess the patient and provide medical intervention if required.

Pilot bariatric service

In 2007 a Bariatric Clinic was initiated to improve quality of care to bariatric patients, provide best practice service and improve long term outcomes. 53 patients in 2007/08 underwent bariatric surgery at WDHS - 34 gastric stapling and 19 lap banding. Equipment, educational material, and patient pathways will be reviewed in the next 12 months. Part of the improved bariatric service includes a physician's review, clinics and an additional dietitian's review.

During 2007/08 there were 12 clinics and 70 patients reviewed by the physician and dietitian. It is expected the review will continue through 2008, resulting in further improvements.

New paediatric qualification

Two of our Resident Medical staff Dr Rajasutharasan Kathigamanathan and Shabana Ahamed successfully completed the Paediatric Advanced Life Support course through the College of Physicians.

Second stage recovery

The Director of Anaesthesia Dr. James Muir led the establishment of a Second Stage Recovery area within our Surgical Unit to pursue best practice and respond effectively to early signs of unexpected complications post-surgery. The Clinical team established patient criteria, protocols and observation indicators for patients returning from the Theatre recovery room who would benefit from increased short-term observations between recovery to the general surgical ward. The program is now well-established and will continue to be evaluated and refined.

Breaking down remote barriers

Remote ophthalmology

When patients arrive at the HBH Emergency Department with eye complaints they have access to leading eye specialists, due to further development of virtual services through the South West Alliance of Rural Health (SWARH) network. Internet Protocol-based videoconferencing and specialist slit lamp software enables a specialist at the Royal Eye and Ear Hospital (RVEEH) to directly see the eye of the patient, using a unique combination of technical innovation and regional cooperation.

Protocols and procedures have been developed and approved between SWARH, RVEEH and WDHS. Our ED staff have received training in the operation of the slit lamp and connecting to the RVEEH for remote consultations.

SWARH received a "Highly Commended" award in the 2007 Victorian Public Healthcare Awards Innovation in Information Technology category.

Remote paediatric advice

Paediatricians at South West Health (SWH) and the Royal Children's Hospital (RCH) provide remote paediatric advice and support via videoconferencing protocols and procedures approved between SWARH and RCH. Installation of equipment to support remote consultations in the RCH ED will be completed by September 2008.

Remote cardiac and ECG monitoring

The introduction of the SWARH Virtual Internet Service Provider (VISP) project this year has enabled remote viewing of cardiac data, such as cardiac monitoring, heart rates, blood oxygen, blood pressure and other vital signs as well as readings from a 12-Lead ECG. Data can be monitored remotely by WDHS specialist medical officers in their homes to provide clinical advice and interpret vital signs.

Of even greater significance, the specialists can remotely monitor and diagnose a potential myocardial infarction by viewing 12-Lead ECG data due to an upgrade of the server in May 2008, to respond more quickly to potential issues or complications.

Top left: HBH Division 1 Nurse Carol Sherek cares for Dialysis Patient Christine Hillman.

Top right: Director of Anaesthetics James Muir has further cemented WDHS' role as a teaching hospital, supervising GP Registrar Anaesthetist Stuart Perry.



PACS

Medical staff at WDHS now view digital images (X-rays and scans) electronically. The Picture Archival and Communication System (PACS) software was deployed throughout WDHS in October 2007. PACS stores digital images, making them available to medical staff within minutes of having been taken, and enabling radiologists to report remotely, resulting in faster access to reports.

Medical staff access the PACS in ED, Theatre, Surgical and Medical Units. Workstations with PACS capability are dispersed throughout HBH.

Nursing recruitment

Nursing staff recruitment, particularly in specialty areas, continues to be a key challenge. Financial and clinical support enables WDHS to undertake post graduate studies in Critical Care and Theatre, increasing the workforce in these specialty areas. Two staff members are undertaking the Graduate Diploma in Midwifery, two in Critical Care Nursing and one in Perioperative Nursing.

WDHS attended the Australian Opportunities Expo in Manchester (UK) in October 2007 to promote WDHS employment opportunities. Although there has not been an immediate result for nursing, we expect to continue receiving inquiries over the next 12 to 18 months. The Expo feedback prompted a review of speciality services to improve staff attraction.

Enhanced Scope of Practice

WDHS received funding from the Department of Human Services (DHS) in 2005 to develop a sustainable plan to implement Enhanced Scope of Practice for Division 2 nurses. This program has been implemented with Medication Endorsed Division 2 nurses now working in both acute and aged care. This provides flexibility in the workforce and enhances patient/resident care.

Midwifery model

WDHS received funding under the Rural Maternity Initiative for the Team Model of Midwifery Care, which has been operating since March 2006. For 2007/08 team enrolments were 15, with 12 births. The challenge of recruiting and retaining trained midwives has resulted in a review of our service to ensure sustainability of midwifery. A framework for a new model has been developed for implementation in 2008/09.

Discharge planning

The improvements to discharge planning initiated last year have progressed with the continued education and promotion of discharge planning with patients, their families, nurses and doctors. This ongoing focus has led to a 26% improvement over two years and further reduced the impact on patient throughput and bed availability.

Rehabilitation program funding

Sixty patients participated in the WDHS inpatient rehabilitation program in 2007/08. Rehabilitation patients are referred from within the WDHS acute setting, outlying regional and metropolitan hospitals and the community. The major diagnostic groups admitted to Rehabilitation are major general surgery, joint replacements, fractures, functional decline and patients who have survived stroke. A recurrent State Government grant of \$300,000 per annum will facilitate the continuation of the innovative Southern Grampians Glenelg Rehabilitation Program.

Stroke best practice

WDHS continues to strive towards best practice in stroke management by promoting the National Stroke Foundation guidelines for acute and sub-acute stroke management. Stroke patients join a program which connects their inpatient stay from the acute phase to rehabilitation, and extends to the possibility of participating in the community self-management program. Our program was further enhanced with the establishment of a Stroke Support Group which meets monthly.

Long-Stay older patients grant

A State Government Grant of \$150,000 over three years enabled WDHS to commence a program designed to maximise the health of our older patients during their stay in hospital. By regular movement and exercise patients recover faster and prevent complications occurring as a result of being less active while in hospital.

Our program aims to better examine physical activity levels, nutrition, skin integrity, medication, memory and thinking difficulties and continence. Functional decline in any of these areas can lead to a loss of independence. Patients may dress in day clothes and take part in activities to promote patient independence and avoid lack of confidence in carrying out tasks of daily living, which can result from a stay in hospital.

Emphasis on carer involvement is integral, for better care and support for the whole family. A State Government Capital Grant of \$136,000 will improve the hospital environment for our long stay patients as part of the new program.

District Nursing Service

The District Nursing Service (DNS) saw 604 clients, made 22,934 visits and travelled 87,389 km in 2007/08.

A review of DNS practice relating to waste management issues in the home was undertaken this year to improve segregation and disposal of clinical and general waste in line with relevant legislative guidelines and codes of practice.

A decrease in the volume of waste transported and a resultant decrease in the cost of clinical waste disposal has been the pleasing outcome.

The Hamilton Hospital Past Trainees Association donated a Pulse Oximeter to assist the District Nurses measure clients' blood oxygen saturation levels and record their pulse.

Far left: David Walkley in the HBH Surgical Ward is seen by Physician Dr Geoff Coggins and interns Dr Sarah Yong and Dr Julia Kuchinsky. Interns from Barwon Health and St Vincent's are rostered to HBH on 12-week rotations.

Left: Division 1 Nurse Megan Agius is able to better care for Heather McGregor post-surgery in the new Second Stage Recovery Area.

*a*llied health

Past Trainees Association members, Sue Habel (President), Kavell Lyons (Treasurer) and Joy Clark donated a Pulse Oximeter to Pat O'Beirne, Unit Manager of the District Nursing Service at Hamilton Base Hospital



Palliative care service model

The Population Based Model of Care for Palliative Care was introduced in the second half of 2007. Clients are assessed for their Phase of Care and Complexity of Care required.

Clients with more complex care needs continue to be cared for with visits as required. Introduction of this Model of Care has resulted in a change to the number of contact visits to clients in the stable phase of their care.

Infection Control Strategy

WDHS participates in the 2007-11 DHS Infection Control Strategy. A major component is to continue the work of 2005/06, which promoted alcohol-based handrubs as an alternative to soap and water in most instances. Accessible handrubs throughout the workplace has helped improve health care workers' compliance to hand hygiene. The Victorian audit system in 2008 has been altered to align with the World Health Organisation (WHO) system, allowing comparison of data worldwide.

The alcohol handrub is now available for public use when entering or leaving HBH campus.

Dementia care program

WDHS launched the dementia care program in May 2008 to improve the hospital experience for people with cognitive impairment, by identifying the need for specialised care. The program offers an opportunity to discuss memory and thinking problems, with avenues for further assessment and treatment in the community. Basic cognitive assessment is now part of the general admission process. Family involvement is a vital part of the communication process.

Western District Health Service (WDHS) Allied Health staff provide services to Acute and Aged Care. In 2007/08 we also provided services to other agencies in the region including Edenhope, Casterton, Heywood, Warrnambool, Balmoral and Harrow. Allied Health staff provide education and support for acute inpatients and staff, and have been integral in many WDHS health-promoting programs - Chronic Disease Management (CDM) groups, Day Centre, ADASS, HARP, ROAST, Rehabilitation, Go for your life, Well for Life, Smiles for Miles, GP in Community Health and bariatric programs.

In 2008 Allied Health developed a strategic plan to meet current and future health needs of the community. Strategies include improving recruitment, development and maintenance of high-calibre staff and involving consumer participation in the planning and delivery of services within the Allied Health Division.

A temporary Allied Health coordinator was appointed to provide a contact point between the Allied Health units and the CEO while a DMS is recruited. The position has improved communications within the group and assisted the development of joint projects.

Adult Day Activity & Support Service

The Adult Day Activity & Support Service (ADASS) aims to enhance the lives of aged, frail and disabled residents in our community by providing social interaction, access to other services and health professionals, and practical and emotional support. Weekly sessions are held in Hamilton and Peshurst (including clients from Dunkeld and Glenthompson). In 2007/08, ADASS provided service to 89 clients, with 2,318 contacts.

Community Rehabilitation Centre

The Sub-acute Ambulatory Care Services (SACS) funds the Community Rehabilitation Centre (CRC) to provide an outpatient multi-disciplinary rehabilitation service for clients who are disabled, frail, chronically ill or recovering from traumatic injury or surgery, to achieve optimal functional independence.

The service provides access to Allied Health services, and encourages both centre and home-based therapy. 260 individuals received care on 2,551 occasions of service this year. 54 group sessions have provided education and exercise therapy for programs including Cardiac Rehabilitation.

Following a DHS equipment review in 2007, CRC received \$23,550 to purchase equipment, and \$14,000 to establish a Mobility and Training area.

Falls Assessments for both Acute and ED continue. This year we reviewed the referral process from Acute and ED focusing on timely management of clients at risk from falls.

Day Centre

Hamilton House Day Centre provides daily support, social contact, activities, carer respite and health monitoring to the aged, frail and disabled residents of Hamilton and surrounding districts. In 2007/08, the Day Centre had 94 active clients with a total of 4,252 contacts. Well for Life and Tai Chi promote health and well being through improved nutrition and physical activity. An open day in July 2007 was well attended.



Nutrition and Dietetics

The Dietetics Department was awarded the contract to deliver the Lady Gowrie Child Care Accreditation Start Right Eat Right Program across the region in 2007/08. Nutrition and Dietetics participated in the new Bariatric Surgery Support Group, and Bariatric Quality Improvement Project, GP in Community Health (with 32 clients having seen a dietitian under an Enhanced Primary Care plan), and other WDHS health-promoting programs.

The department provided services to Peshurst, Coleraine, Edenhope, Casterton, Edgarley, Harrow, Balmoral, Heywood and Warrnambool. This year there has been approximately 2,500 contacts including 500 inpatients and 500 outpatients at HBH.

Occupational Therapy

Occupational Therapy staff continue involvement in the Day Centre Well For Life Program, CDM programs, Rural Organisation of Adult Stroke Teams (ROAST), the rehabilitation program (SGGRP) and development of the Long Stay for Older Persons Program.

Pharmacy

The Pharmacy Department is responsible for medication management within WDHS. It supplies medications for acute patients, dispenses discharge prescriptions for HBH and ED patients, and for community patients under specialised programs. We provide patients with an easy-to-read chart to ensure understanding of their medications. In 2007/08 17,558 items were dispensed from Pharmacy.

Physiotherapy

The Physiotherapy Department provides services to clients at all WDHS locations. Outreach services are provided to Heywood and Edenhope. Physiotherapy staff participated in expanding the CDMP and the new Functional Maintenance program, purchased from the Royal Hobart Hospital for the rehabilitation unit and recently extended to all long-staying older people in the medical ward.

The department hosted seven physiotherapy undergraduates totalling 20 weeks, as well as school work experience students, to experience and observe clinical practice in the rural setting. This year we recruited two overseas-trained physiotherapists.

In 2007/08 Physiotherapy provided 3,404 outpatient contacts, 8,774 inpatient contacts, 861 aged care contacts, 121 groups and 813 hours of regional services.

Podiatry

The WDHS Podiatrist offers a range of comprehensive foot care, along with the treatment of painful and debilitating foot problems. The podiatrist conducts targeted, preventative treatment strategies which may delay or prevent hospitalisation and treatment techniques and therapeutic care plans to facilitate mobility. A second podiatrist has been recruited from the UK and will commence in 2009.

Social work

The Social Work Department provides free and confidential information, support and counselling to assist patients and their families dealing with difficult situations that acute and chronic illness can present. The Extended Care co-ordinator maintains a booking service for designated residential facilities, respite and crisis care, facilitating 120 respite bookings during 2007/08. 63 placements into residential aged care were facilitated during 2007/08.

Speech Pathology

WDHS Speech Pathology services to individuals or groups are provided in the Speech Pathology department, wards, Community Rehabilitation Service, schools, homes, hostels or kindergartens. Services are extended to inpatients and outpatients, with a regular service to Casterton Memorial Hospital.

Top left: The WDHS Occupational Therapy Department provides an activity program five days a week. Robyn Wilken Occupational Therapist takes an order for Turkey and Plum Pudding from Aged Care resident Diane Dickie at the mid-year Christmas celebrations at The Grange.

Top right: Pharmacy Technician Erin Herrmann checks the stock in the Ward Drug Cupboard at HBH, to replenish supplies.



The Aged Care Funding Instrument

The Aged Care Funding Instrument (ACFI) was introduced in March 2008 to replace the Resident Classification Scale (RCS). The ACFI is used to allocate Australian Government subsidy to residential aged care providers based primarily on the resident's need for care rather than on care provided by an aged care home. Unlike the RCS, ACFI does not use ongoing care documentation as evidence to support funding claims. Residents are categorised as having low, medium or high care needs in activities of daily living, behaviour and complex health care. All aged care staff have completed relevant education and training.

Lee Total Care

Lee Total Care is a care and lifestyle software package which has been introduced into the WDHS residential aged care facilities to reduce paper-based documentation and have a fully electronic resident management system. Care team nursing staff, medical staff and allied health staff have completed training in the use of the care system.

Education and training

The appointment of a Practice Development Nurse (PDN) for The Grange and The Birches has seen the review and redevelopment of the orientation program for all aged care staff. The Enhanced Scope of Practice project has provided a framework for the training of Division 2 nurses to participate in medication administration in the aged care setting following the completion of training, supervised practice and rigorous competency testing.

Virtual visiting

Western District Health Service (WDHS) has developed a unique project to reduce the distance between our Aged Care residents and their families. The Virtual Visiting project uses video conferencing technology to facilitate virtual meetings between WDHS Aged Care residents and their families and friends. Anyone with broadband internet can "virtually visit" our residents from anywhere in the world.

In 2007 the project enabled Virtual Visits from the aged care facilities to another SWARH location. In the past 12 months families have visited their relatives from a computer in their own home.

For elderly residents, Virtual Visiting enables the use of non-verbal communication and the opportunity to see their visitors on large screens. Regular social contact with friends and family is important to enhance residents' quality of life and overcome social isolation.

Nine volunteers were recruited and trained to assist residents with Virtual Visits, and 21 Virtual Visits have been conducted in 2007/08, including from India and Queensland.

The WDHS Virtual Visiting project was a finalist in the Australian Government Department of Health and Ageing Minister's Awards for Excellence in Aged Care 2007.

Aged care support visits

In 2007/08 every residential aged care facility had a Support Visit from Aged Care Standards and Accreditation Agency (ACSAA) auditors. Without prior notification, auditors visit facilities to ensure ongoing compliance with standards and to offer suggestions for improvement. Facilities receive at least one unannounced visit each year.

ACSAA has developed assessment modules for each unannounced visit to ensure a high quality level of care is maintained. Each module links with expected outcomes of the Accreditation Standards and collectively, cover all of the 44 Accreditation Standards. Each facility has been assessed with a different focus and a successful outcome has resulted in each instance.

Residential aged care quality indicators

During 2006 DHS introduced 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. Over the past two years all of our six aged care facilities have collected and reported on this data. Results have been used to enhance our continuous improvement activities. We have reduced the use of restraint in each facility, and will focus more on falls risk management in the coming year.

Top left: Dulcie Potter is one of the 45 residents who live at The Grange Residential Care Service, where residents enjoy spacious single rooms with ensuite bathrooms and an attractive environment of comfort, dignity and security

Top right: Birches resident Robert Clifton enjoys his afternoon cup of tea, delivered to him by Personal Services Assistant Sheree Kennett

Corporate social responsibility

Dr Andrew McAllan has been assisting in the training of ED staff to use of the Digital Slit Lamp, which connects with the Eye and Ear Hospital for remote consultations.



Corporate Services Division comprises 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 support direct patient care and ensure that Western District Health (WDHS) Service functions effectively and efficiently. The Division employs 142 people (104.3 EFT) and has an annual budget of \$9.4 million.

The Division 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.

Challenges

- support clinical services development, review and restructure
- implement infrastructure and technology strategy
- take a leadership role in alliances and peer groups to promote innovative practice within 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
- ensure efficient and contemporary workforce management strategies to maximise organisational effectiveness

Achievements

- linen service water recycling project operational – saving 2.5 million litres of water annually
- commissioned Corporate Services Sub Regional role report
- external audit of security services at WDHS undertaken; ongoing quality improvement program introduced and being managed through Riskman
- cleanest hospital for 2008 Victorian cleaning standard benchmarking audit
- highest patient food satisfaction percentage for 2007/08 of all hospitals surveyed in Victorian Patient Satisfaction Monitor survey
- ongoing preservation of garden areas under stage 3 and 4 water restrictions
- construction of new RMO accommodation units by WDHS maintenance staff completed
- three new Independent Living Units completed at Coleraine
- upgrade of lift at HBH
- new Social Club facility completed and occupied

The future

- restructure of Business Support and Development Unit to provide ongoing assistance with new innovations and other organisational change projects
- 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
- roll out the electronic menu system for Aged Care and extend the program to acute patients
- extension and consolidation of Sub Regional Corporate Services support structure
- relocation of Dental Clinic to Frances Hewett Community Centre
- complete feasibility study of relocation of Physiotherapy and accommodation for National Centre for Farmer Health and Deakin Medical School
- complete final stages of Hamilton Accommodation Plan
- completion of 10 Year Asset Replacement Strategy
- continue infrastructure upgrade program



Corporate services support

Providing effective support services for WDHS involves working across divisions with Divisional Directors, Departmental Managers and clinicians to achieve organisational goals, further develop existing services and increase the range of services to serve the current and future health needs of our community. A major responsibility is the development of strategic alliances and participation in industry workgroups.

Corporate Services has taken a leadership role in the Sub Region. In June this year DHS provided \$25,000 to commission a report which reviewed the delivery of Corporate Services in the Sub Region, comprising WDHS, Heywood Rural Health, Casterton Memorial Hospital and Portland District Health. The review identified improvements to the provision of services across the Sub Region and recommendations will be considered and rolled out during 2008/09.

All Corporate Services departments have achieved significant progress towards strategic objectives. The Division proactively contributes to regional and statewide initiatives through innovation and benchmarking, to ensure quality support services.

The next year's key activities will be: further development of Sub Regional Corporate Support Services model, completion of the restructure of the Business Support and Development Unit and the extension of the Aged Care Virtual Visiting project.

Top left: WDHS Acute Clinical Risk Management Workgroup received an award for Excellence in Service Quality 2007.

Top right: Helpdesk support was transferred to SWARH in June 2008. This support was previously provided by the WDHS Business Support and Development Unit.

Sub region advances

The extension of Sub Regional Corporate Services throughout the Glenelg/Southern Grampians region, has resulted in considerable activity during the year. Increasing complexity and specialisation and difficulty in accessing specialist skills has led to the development of a Sub Regional finance function. This was developed initially in partnership with PDH with a 3 year agreement entered into in August 2008.

In addition to staff based at Portland, WDHS staff provided 1,145 hours service from Hamilton.

Changes to the Alliance

WDHS is a member of the South West Alliance of Rural Health (SWARH), an alliance of public health agencies in the South West of Victoria formed in late 1997 to focus on the development of ICT for the Acute Public Hospitals in the south west region of Victoria

Information management at WDHS includes the Business Support & Development Unit, Finance Department and Health Information. These departments progress SWARH strategic initiatives, including active participation in the DHS Healthsmart Strategy. A review of DHS Alliance policy and assessment of the Healthsmart participation policy as applied to Health Services was a major exercise and source of frustration to several ICT projects and initiatives during the year.

The new DHS Alliance Policy released in April 2008, established a standard structure for rural alliances with mandated membership of public health services, a new cost-sharing formula and core services to be provided by the alliances. The policy required the wind-up of the SWARH Joint Venture which had operated since 1998; the establishment of a new joint venture agreement to apply from 1 July 2008 and established Barwon Health as the lead agency.

Outcomes:

- The new policy mandates Helpdesk support as a core SWARH service. WDHS Helpdesk was transferred to SWARH in June 2008
- The uncertainty created during the review resulted in delays to the upgrade of WDHS clinical systems and the commitment to upgrade WAN/LAN infrastructure scheduled for 2007/08
- The lack of DHS financial support for the alliance required considerable additional member funds to be contributed, placing further financial pressure on agency budgets
- The new policy was promulgated in April; the new joint venture structure is in place and key contracts to upgrade the WAN/LAN and implement the Trak system for Community Health have been committed to. DHS will provide \$600,000 to support each alliance

ICT projects

Significant ICT developments which have been reported in the Clinical section of the Annual Report are:

- a 12-lead ECG modification to enable monitoring of vital signs remotely
- Remote ophthalmology using a Slit Eye Lamp linked to specialists at the Royal Eye and Ear Hospital
- Remote paediatric support via videoconferencing to SWH and RCH
- In conjunction with our private radiology provider Bendigo Radiology, an on-line digital imaging service was implemented - Picture Archiving Communication System (PACS), eliminating the need for film, enhanced reporting and made digital imaging available within WDHS and remotely

Information management

The introduction of the new Aged Care Funding Instrument (ACFI) in March 2008 required the allocation of significant information management resources to reconfigure systems, train staff and remodel financial budgets and projections.

Future Information Management priorities are the rollout of new clinical systems and ensuring that the system is reliable, accurate, accessible, complete and compliant with Privacy Principles. A further challenge is managing the change associated with new systems.

Facilities management

Facilities Management requires the ongoing maintenance of physical facilities to ensure they are reliable, safe and comply with relevant standards. Our investment in infrastructure requires long-term planning, which includes major redevelopment and refurbishment and the maintenance of essential plant at all campuses.

Progress continues to be made towards redevelopments at:

- Coleraine District Health Service and Merino
- Peshurst & District Health Service
- The Grange Aged Care Facility

Major facility projects included the second Resident Medical Officers' accommodation adjacent to HBH constructed by Health Service staff, three Independent Living Units at Coleraine and the new WDHS Social Club rooms.

Upgrade of failing pipe-work within HBH and replacement of the asbestos roof above the linen services are two priorities to be tackled in 2008/09.

O ur environment

WDHS Waste Management Team of Craig Richardson, Stu Paton, Norm Saligari and Michael Taylor received an award for Excellence in Service Quality 2007.



Hotel Services

Hotel Services includes Food Services, Environmental Services, Linen Services, Garden and Grounds, as well as contracted services for security, pest control and general/prescribed waste. Hotel Services participates in rigorous, on-going external audit examinations, and benchmarking exercises to compare against other, peer-group services.

Achievements in the current year include:

- 100% external food safety audit result
- top overall result for annual state-wide external cleaning audit (98.3%)
- Best security-compliant public hospital facility in 2007 when externally benchmarked against other hospitals across a three year timeframe
- Top overall result for Victorian Patient Satisfaction Monitor (VPSM) statewide food satisfaction survey (89%)

Dealing with drought

The prolonged drought had a significant effect on the Health Service. While the impact of Stage 4 water restrictions in Hamilton were obvious, other consequences were less obvious and more difficult to contend with.

The drought's impact was also realised in water quality issues, which for the past two years have caused concern with water pipes continuing to deteriorate rapidly. Failures in the pipework have necessitated ongoing repairs throughout this year. Modified preventative maintenance schedules ensure equipment and filters are checked and replaced on a more regular basis; chemical treatment of water in the boilers and the laundry have been closely monitored and modified as required.

Water savings

Our efforts to reduce our water consumption resulted in 11% reduction in water usage for the organisation, a saving of \$4,423.

Stage 4 water restrictions remained in place until late last year when they were eased back to Stage 3. Strategies in 2007 to ensure maintenance of the HBH gardens were maintained, including the purchase of bore water, distributed via a mobile unit and a broad mulching program, which includes using the collected leaves from our many deciduous trees and green waste from the Hamilton landfill / transfer station.

The WDHS initiative to recycle water from its linen process plant continued during 2007/08. Despite initial teething problems the system is fully operational and scheduled to save approximately 2.5 million litres of potable water per year.

Reducing our waste

Over the past two years, WDHS has been developing a waste management benchmarking program, assisted by Eco-Recycle Victoria. ERV surveyed the Health Service again this year and we topped the survey with 100% compliance.

WDHS has placed the need to monitor and reduce our general waste high on our agenda. We continue to meet the Australian Council on Healthcare Standards (ACHS) "Safe Practice and Environment" 3.2.3.

Key elements of the waste reduction program are: internal waste audits, participation in Waste Wise program, encouraging staff to segregate waste and introduction of recycling and reuse program.

Staff were important to the success of the waste management program, and involved through education, meetings and participation. A competition was held for staff to submit waste reduction tips. They are featured in the weekly staff bulletin.

The waste reduction program meant that 174 large waste skips did not require servicing; a cost saving of \$2,435 to the Health Service.

Community services

Geoff Handbury's donation of \$120,000 to YouthBiz has enabled the program to further develop, recording more than 3,000 contacts this year.

The Community Services Division delivers a range of programs aimed:

- to prevent or ensure early intervention of illness
- assist people and their families to manage their chronic disease or cancer in their own homes

The Chronic Disease Management programs, Go for your life and GPs in Community Health have produced positive outcomes. The flagship Sustainable Farm Families has received State, Federal and philanthropic backing, primarily to establish a National Centre for Farmer Health.



The Community Services Division operates from the Frances Hewett Community Centre (FHCC), and provides services out in the community.

The 20th anniversary celebrations of the FHCC were held in August 2007. More than 100 people including current and former staff, service providers and people involved in the building's history attended. Special guests included direct relatives of Mrs Frances Hewett, in whose honour the centre was named.

Mrs Frances Hewett (1903-1990) had a distinguished record of service to Hamilton and district. She was Mayor of Hamilton City and a dedicated local government pioneer.

Women's health

BreastScreen

The BreastScreen rural mobile screening service visited Hamilton for 10 weeks from March 2008. 1,811 women were screened, an increase of 84 women from 2006. As with previous visits, there were a number of women diagnosed with breast cancer who are now receiving treatment. The mobile service assists with earlier diagnosis of Breast Cancer which results in easier treatment and increased survival rate. It will visit Hamilton again in 2010.

Well Women's Clinic

The Well Women's Clinic is being used increasingly by young women and health care card holders. It has been offering the Human Papillomavirus Vaccine for young women aged less than 26. A grant has been obtained from Pap Screen Victoria for an increase of Nurse Pap Smear clinic hours, with the Women's Health Nurse recredentialled as Nurse Pap Smear provider until 2011.

Youth programs

Health in Schools

FHCC Community Health Nurses have been working with Southern Grampians primary schools to provide Puberty Education for school years 5 and 6, as well as a Health Program with Year 12 students and parents at Baimbridge College, focusing on preventative measures to ensure healthy lives.

YouthBiz

Geoff Handbury's donation of \$120,000 over three years to YouthBiz has enabled the program to strengthen and expand in 2008. The YouthBiz Drop In Centre recorded more than 3,000 contacts this year. It is a first point of contact for young people in the Southern Grampians to gain access to health and service information and referral advice.

YouthBiz also serves as a safe and friendly recreation space for young people.

The centre is the base for all WDHS Youth Programs including:

- FReeZA- drug and alcohol free music events
- 10MMM –multimedia project
- Our Playce – youth leadership project
- YouthBiz Leaders are on the centre management committee
- School Holiday Activity Program provides low cost activities over school holidays

FReeZA

The Southern Grampians FReeZA program received two years funding from the Office of Youth to run drug, alcohol and smoke-free music and cultural events for young people. In its 10th year, the popular FReeZA program

holds five events a year with more than 1,000 young people attending annually.

The program is managed by a committee of 10 young people who lead the process from planning to evaluation, learning about team work, event management, budgeting and marketing.

10MMM

Funded by VicHealth and managed by WDHS in partnership with RMIT Hamilton, the 10MMM project continues to provide rural young people with opportunities to express themselves through cutting edge technology.

10MMM activities this year include:

- Digital Storytelling workshops on Action Adventure Games, Podcasting and Vodcasting.
- 'Murder on Text Tree Hill' short film made by young people in Merino
- Four Purple Couch magazines printed and distributed shirewide
- A leadership camp in Melbourne attended by 13 young people to explore new technology

Technology impact

10MMM surveyed local young people about their access to, use of and the impact of technology on their lives. A team of young people conducted the survey. The results have been reported in "10MMM YOUR SAY: Rural Young People, Technology and Wellbeing".

Youth work traineeship

In 2008, YouthBiz appointed its fifth trainee, which provides a young person with the opportunity to complete a 24 month traineeship to gain qualifications and practical and theoretical experience working with young people.



Left: Breast Care support group outing

Right: Community Services celebrates 20 years running exercise programs



HARP in practice

Since 1 July, 2007, HARP at WDHS has assisted people with chronic and complex conditions to stay healthy at home using a care-planning approach. This enables clients to monitor their access to services, manage their condition and establish an emergency care plan, developed in liaison with the client, their GP, carer and service providers.

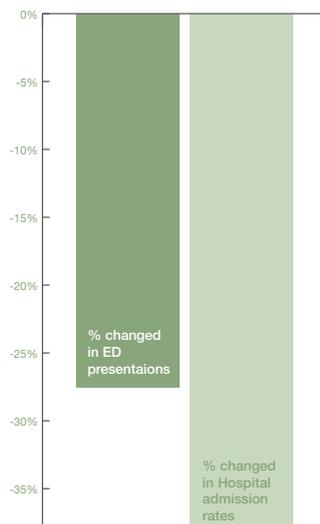
HARP seeks to reduce readmissions by providing ongoing monitoring to ensure early intervention in the event of disease exacerbations or decline and ongoing management of any medication issues in collaboration with GPs and pharmacists.

Data for first 9 months of HARP illustrates:

- 27% reduction in presentations to ED
- 38% reduction in hospital readmissions (see graph)

This data is encouraging and represents the sum total of presentations to WDHS, which is admissions for any reason, planned or unplanned, related or not related to chronic disease.

% Change in ED presentations and hospital admissions for clients 6 months pre HARP compared to 6 months post HARP



Chronic disease management

The Hospital Admission Risk Program (HARP) provides the right care in the right setting, using a client-centred approach to offering support and education to people and their carers in their own homes.

The four key objectives are:

- to improve outcomes for the chronic disease population
- to provide integrated seamless care within and across hospital and community sectors
- to reduce avoidable hospital admissions and Emergency Department (ED) presentations
- to strive for equitable access to healthcare

“(He)...never would have even thought about swimming if he hadn’t come to the program”

“I am really thankful for the program – I never thought I’d be this active again”

HARP partnerships

HARP has formed partnerships with other Chronic Disease Management initiatives, including with the Southern Grampians Glenelg Primary Care Partnership (SGGPCP), local GP clinics, Otway Division of General Practice and the WDHS’ GP in Community Health strategy. The partnerships provide a valuable sharing of ideas and collaborative approaches to building sustainable and accessible health care.

Better health self management

WDHS has commenced offering a self management program to people who are newly diagnosed with Type 2 Diabetes.

Better Health Self Management (BHSM) is a free six-week course for people with long-term conditions including diabetes, heart disease, respiratory disease and arthritis. The course promotes participants’ confidence, skills and ability to manage their health and wellbeing daily. Research has shown that participants improve their quality of life, require less time at the doctors and are happier. The course was developed by Dr Kate Lorig, Stanford University, USA and is backed by extensive research.

The WDHS diabetes educators complement the course by providing additional education for participants with diabetes. Three Community Services staff and a WDHS volunteer have been trained to deliver the course. Early indications are positive with 34 people participating over two programs since February.



Left: The Hamilton Walkers and George Street Primary School joined to raise awareness of the importance of activity during this year's Heart Week with WDHS Community Health Nurse and the Go for your life project. Right: Funding of \$399,000 was announced for Transport Connections



GP in Community Health

The GP in Community Health Strategy links local GPs with services provided by a Nurse Project Officer who coordinates Chronic Disease Management plans. The project is enhancing secure communication and electronic referral systems between WDHS, the Hamilton Medical Group and other health agencies.

The project has resulted in clients with a chronic disease:

- being more closely monitored
- being more informed and educated about their disease
- having greater access to a fully bulk billed service (including five visits to Allied Health per year)
- having a written management plan which reduces the risk of complications
- having greater capacity to self manage and be as healthy and active as possible

To date we have received 57 referrals from six GPs and 48 management plans have been created with 31 clients reviewed. A Practice Nurse at the HMG was trained with funding from SGGPCP and is currently completing management plans at the medical group.

Preliminary results support the literature findings that clients who are motivated and educated about their illness will improve their health status and reduce future complications.

Transport Connections

South West Transport Connections has received \$339,000 over three years from the Victorian Government's Transport Connections program. The program aims to help communities improve local transport. WDHS is the lead agency for this project across Southern Grampians and Glenelg Shires.

In the past year the project has commenced work with the communities of Nelson, Casterton and Peshurst and has developed new transport services using existing transport resources. The project is increasingly important as a result of rising fuel prices.

Next Steps:

- New services will be trialled in the next 12 months, based on input from community members
- The 12-month trial of a fortnightly service from Peshurst to Hamilton will be extended for a further year as a weekly service
- A new service for Nelson will be considered by the Department of Transport in August 2008

Challenging Stereotypes - 'Go for your life'

Challenging the Stereotypes is a 3-year project within the Southern Grampians Shire funded by DHS. It aims to deliver the messages of the 'Go for your life' initiative regarding healthy eating and increased physical activity. WDHS is the lead agency in partnership with the Southern Grampians Shire and SGGPCP.

Thirteen workplaces have participated in the first year, implementing initiatives including staff health assessments, changing food practices in the workplace, providing water bottles and water stations, starting walking groups, developing a vegetable garden for staff and their families, providing personal training sessions and regular education sessions for staff. Workplaces involved include retail, education, accounting, mining, transport, government and business.

A reference group of 20 workplace and community members meet quarterly to oversee the project, review the plan and provide advice.

Recycling and waste management

As part of WDHS' initiatives to lead in recycling and waste management, the Community Services Division sought certification under Sustainability Victoria's Waste Wise Program and was awarded Bronze Waste Certification in June 2008.

Community Services joins the Hamilton, Peshurst and Coleraine campuses in becoming certified as Waste Wise.

Since joining Sustainability Victoria's Waste Wise Program in 2007, Community Services has trimmed its waste by approximately 35%. A recent waste assessment revealed the division has not only reduced the total waste sent to landfill but approximately 2-tonnes of waste is now being recycled per annum.

Community Services has introduced standard signage throughout FHCC and Youthbiz facilities to make managing waste and recycling easier.

All staff have supported the program, with compost bins, recycling of cardboard and paper, introduction of electronic forms and messaging and a greater focus on "think before you print".

Sustainable Farm Families

Victorian Minister for Agriculture Joe Helper (centre) congratulated WDHS Community Services Director Sue Brumby and Chief Executive Officer Jim Fletcher on the announcement of \$2.9 million funding for the Sustainable Farm Families program.



The Sustainable Farm Families program continues to be one of Western District Health Services' (WDHS) showcase initiatives with significant expansion across Victoria and continued inter-sector collaboration.

Significant achievements include:

- *Announcement of funding of \$3.4 million over four years or the National Centre for Farmer Health from the State Government and the Handbury Trust*
- *2007 Highly Commended Excellence in health promotion and prevention Victorian Public Health Care Awards*
- *Completion of the SFF – Cotton and Sugar program and Dairy Farm Families*
- *Release of the economic evaluation of the program*
- *Appointment of SFF Program Manager*
- *Commencement of the delivery of 50 programs across Victoria*

Sustainable Farm Families

WDHS is the lead agency for the Sustainable Farm Families (SFF) program that extends across Australia. Initially developed by Sue Brumby and Stuart Willder from the Community Services Division of WDHS, this award-winning program continues to gather momentum.

The SFF program focuses on improving the physical and mental health of farmers and their families. The program includes a range of health areas including cardiovascular disease, cancer, stress, diabetes, women and men's health, farm safety, nutrition, physical activity, anxiety and depression.

Workshops aim to develop farming families' knowledge regarding their own health, with a focus on practical steps to improve their lives, while also considering the viability of their farm businesses.

SFF received \$2.9 million funding from the Victorian Department of Primary Industries giving the impetus for the roll-out of the program to 1,000 farmers across Victoria.

A major focus continues to be the collaborative partnerships with over 50 agencies involved with the program. The research outcomes associated with the program continue to be released by the Rural Industries Research and Development Corporation (RIRDC) including:

- Living Longer on the Land - A health program that works, an economic evaluation of the Sustainable Farm Families Program
- Living Longer on the Land - Sustainable Farm Families in Broadacre Agriculture

SFF continues to receive positive media and we are particularly proud of the segment that appeared on the ABC program Stateline in November featuring the Dunkeld Sustainable Farm Families program.

DPI funding

The DPI funding aimed to help farm families address the physical and mental health impacts of prolonged drought. There were 44 programs delivered, with 852 farmers and farm family members participating from July 2007 to June 2008. Initial results show significant health and social benefits relating to the program. The program is also showing it is enhancing the social capacity of regional and rural communities. Current health trends are appearing across the program and will be assessed further and reported as the first 50 programs come to a completion in 2010.

SFF has received considerable interest from agricultural groups and farmers wanting to participate. Many farmers who completed the program have said it enhanced their overall health from better eating to improved farm safety. Many also found they made clearer decisions because they had a new perspective of how important their health and families were in their lives.

Data collection

Results have been finalised for the economic evaluation of the program which has been published, and can be found at sustainablefarmfamilies.org.au. Data is still being collated for the DPI program, and through collaboration with Latrobe University, trainer and facilitator evaluation, quantitative data is being provided to our funding partners. Results from some earlier programs were presented at the Health Outcomes Conference in Canberra in April 2008.

Training program

The SFF training program is always fully subscribed. WDHS has trained 60 health professionals in its Train the Trainer program in 2007/08, bringing the total to more than 123 health professionals and 13 DPI facilitators. The training program was also accredited by the Royal College of Nursing.

SFF Summit 2007

The SFF Summit 2007 held in Melbourne provided an opportunity for WDHS, our partnering health agencies, funding partners and health professionals to reflect on the learning and achievements of the program. Highlights were the presentations by partnering health agencies which discussed their involvement with the program. The summit also provided the impetus for the continued roll out of the SFF program, further development of the skills of health professionals and further building of the partnerships.



Gardening in the Big Dry workshops brought relief through information and sharing of experiences for gardeners struggling with the drought. Christina Hindhaugh, SGG PCP Executive Officer Rosie Rowe, gardening expert Carolyn Blackman and Kim Dufty attended at Balmoral.

Western District Health Service (WDHS) is the auspice agency for the Southern Grampians and Glenelg Primary Care Partnership and hence is closely associated with the deliverables and financial management of the partnership.

Achievements

- Range of initiatives showcased as state models:
Drought work
Climate Change Framework
Chronic Disease Management
'Place Based' planning initiatives
- Progress towards water fluoridation in Hamilton, Tarrington and Dunkeld
- New funding attracted:
Community Arts Liaison
Drug and Alcohol Action Plan
- Strong member satisfaction
- Enhanced partnerships with non-primary care providers
- Strong financial management

Overview

The Southern Grampians and Glenelg Primary Care Partnership (SGG PCP) seeks to enhance the health and wellbeing of our community. It focuses on improving the experience and outcomes for people who use primary care health services and on enhancing the prevention of physical and mental health issues.

PCPs have the ability to work across a broad range of issues that impact on community health and wellbeing. These include addressing the impacts of drought, poor oral health, alcohol abuse, family violence, social and economic disadvantage, levels of participation in the arts, transport, poor service access and childhood health and education.

Preventing ill health

Water fluoridation

Reducing the high rates of hospital admissions for dental issues has been a priority for many years. The PCP facilitated the involvement of the DHS fluoride team, and as a result, DHS Chief Health Officer Dr John Carney announced the decision to fluoridate Hamilton's water supply.

Drug and Alcohol Action Plan

The PCP commenced a review of the Southern Grampians and Glenelg 2001 Drug and Alcohol Action Plan aiming to develop a new Plan for 2008-2011. The goal is to minimise the harm to individuals and the community from the excessive consumption of alcohol and intake of other drugs. The Plan will be completed by October 2008.

Arts

The Community Arts Liaison project commenced in October 2007 with funding from Arts Victoria and the Southern Grampians Shire, aiming to enhance participation in community arts. The link between arts and mental health is well-established, with VicHealth a key promoter of the need for community arts for enhanced health.

Drought initiatives

The PCP and Southern Grampians Drought Committee since December 2006 has organised farmers' nights, Gardening in the Big Dry workshops and drought postcards to bring hope at a time when drought conditions were worsening. The postcard initiative featured on ABC Stateline in December 2007.

Another pilot initiative, the Farm Gate, was implemented to assess how farm families responded to a "cold calling" approach to providing drought-support information. Feedback identified that the approach was received well by 98% of pilot participants with 79% of respondents saying they would be more likely to access services as a result. The pilot's success has supported the continuation of the Farm Gate approach.

Climate change framework

The SGG PCP led the development of a Framework for Local Climate Change Adaptation to guide local action to address the health and social impacts of climate change. The Framework has been shared across Victoria with other PCPs keen to adapt it to their local conditions. The Framework will be published in Spring 2008 by the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing, University of Melbourne and available via the SGG PCP website.

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
Gunditjmarra Aboriginal Corporation
Dhaurwurd Wurrung Portland & District Elderly Citizen's Association
RMIT Hamilton
Local Learning and Employment Network
Department of Human Services



Board of Directors

Richard Walter AM 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 Moyne Shire Council and the Glenelg Hopkins Catchment Management Authority. First appointed July 1997, term expired 30 June 2008.

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, Hamilton Film Group committee, Performing Arts Centre advisory committee and Dunkeld Visitor Information Centre volunteer. First appointed November 2002, current term expires June 2009.

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 chairman of Peshurst Botanical Gardens Friends Group. Appointed November 2002, current term expires June 2009.

Ron Jones FCDA Dip CD

Ron is a serving Police Officer with Victoria Police in Hamilton and lives in Coleraine. He is chair of the Coleraine District Health Service Management Committee and member of his local golf club. Appointed November 2005, term expired 30 June 2008.

Peter Irvin B.Bus (B&F) FinF

Peter is the Business Manager and Company Secretary of The Hamilton and Alexandra College and The Hamilton and Alexandra College Foundation 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.

Elizabeth Lawrence BHealthandHumanSc(Nursing)

Elizabeth lives with her husband Ben and their two small children on a property in Tarrington. She has a background in health and was working in the health industry in the Northern Territory prior to moving to Hamilton. Appointed November 2004, term expired 30 June 2008.

Hugh Macdonald BBacc

Hugh is Regional Manager Hamilton and Director for the Southern Financial Group. He has worked in the finance industry since 1982. Hugh is a director of The Hamilton and Alexandra College Foundation, trustee for The Hamilton and Alexandra College Old Collegians. He has been president of Hamilton Race Club, president Hamilton Junior Basketball Association and chairman of the Hamilton Indoor Leisure and Aquatic Centre fundraising committee. Appointed November 2006, current term expires June 2009.

Board member	Board meetings attended	Committee membership as at 30 June 2008	Committee meetings attended
Richard Walter	10 of 11	Audit & Compliance Medical Consultative Medical Appointments Advisory Remuneration	3 of 5 3 of 4 2 of 4 1 of 1
Mary-Ann Brown	10 of 11	Medical Appointments Advisory Quality Improvement Remuneration	4 of 4 5 of 6 1 of 1
Jenny Hutton	11 of 11	Community Advisory Development Council	4 of 4 5 of 5
Peter Irvin	11 of 11	Audit & Compliance Project Control Remuneration	5 of 5 5 of 5 1 of 1
Ron Jones	10 of 11	Audit & Compliance Coleraine Management Project Control Medical Appointments Advisory	4 of 5 4 of 6 3 of 5 3 of 4
Elizabeth Lawrence	11 of 11	Development Council Quality Improvement Project Control	4 of 5 6 of 6 3 of 5
Hugh Macdonald	10 of 11	Development Council Quality Improvement Committee	4 of 6 3 of 6

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 on 30 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 2007/08 year and has assisted greatly in evaluating the effectiveness and performance of the BOD and of individual members. All current Board Members have undertaken additional governance training.

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.

Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Jim Fletcher certify that the Western District Health Service has risk management processes in place consistent with the Australian/ New Zealand Risk Management Standard and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The audit committee verifies this assurance and that the risk profile of the Western District Health Service has been critically reviewed within the last 12 months.



Jim Fletcher
CHIEF EXECUTIVE OFFICER

Hamilton
21 August 2008

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

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, 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.

The past year has seen further significant developments in terms of Risk Management. As a means of ensuring a comprehensive Risk Management program, the services of several companies were employed to undertake a risk analysis of WDHS. These included the Loss and Prevention Group of Australia, Deloitte and the Victorian Managed Insurance Authority. With each focusing on different aspects the, outcome resulted in the development of a comprehensive Risk Register. As a component of the RiskMan database, the Risk Register manages, controls and records further action needed to ensure minimal risk of harm to clients, staff, the community and the continuity of business for WDHS.

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, Human Resources Manager, Coleraine Manager/Director of Nursing and Peshurst 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. Five meetings were held during the year. During 2007/08 the Audit and Compliance Committee completed a detailed risk assessment to develop the next three-year internal Audit program. Following a tender process Deloitte were appointed as internal auditors for the next three years. Francis Pekin and Colin Thompson are external representatives on the committee.

Medical Appointments Advisory Committee

Advises the BOD on the appointment, re-appointment, suspension or termination of visiting medical practitioners. Four 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 2007/08.

Development Council

Oversees and guides WDHS' fundraising strategy. The Council operates in compliance with the Fundraising Appeals Act 1984. Jenny Gubbins, Rachel Malseed, Roger Dunn, Peter Anderson, Philip Baulch, Charlie Gubbins and Peter Sandow were the community members on the committee in 2007/08. Six meetings were held during the year.

Penshurst (PDHS) Advisory Committee

Reviews operation, performance and strategic planning for the Penshurst campus. Six meetings were held during the year. Community representatives are Tom Nieuwveld, Les Paton, Tom Stephens, Wendy Williams, Margaret Eales, Florence Graetz, Jennifer Kinnealy and George McLean.

Coleraine (CDHS) Management Committee

Reviews operation, performance and strategic planning for the Coleraine campus. Six meetings were held during the year. Community representatives are Sandra Adams, John McMeekin, Wilfred Dinning, Gabrielle Baudinette, John Northcott, Grant Little and Colin Warnock.

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. Six 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.

Executive team

Back: Patrick Turnbull, Susan Brumby, Damien Malone, Hilary King
Front: Tim Pitt-Lancaster, Jim Fletcher, Janet Kesh.

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), and a Board Director of Rural North West Health and Rural Ambulance Victoria.

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 Subcommittee and Chair of the FMIS Rural Alliance Implementation Committee.



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. Janet is responsible for the day to day operations of the acute services, the management of aged care services and district nursing services. Janet represents WDHS on regional committees, including palliative care, infection control, sub acute rehabilitation and nurse education through collaborative relationships 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, GradDipVWomen'sStudies, MHMgt, CertWorkplaceTrainer, AFCHSE, MRCNA

Sue was appointed Director of Community Services in April 2002. She is a graduate of the Australian Rural Leadership Program, holds a Diploma in Farm Management, a Masters in Health Management and is currently completing her PhD. In 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 health benefit of rural Victorian communities. She is the Principal Investigator of the award winning and national Sustainable Farm Families Project.

Human Resources Manager

Hilary King MBA, Grad Dip HRM, Dip Physio, CAHRI

Hilary commenced work at WDHS in October 2007. She had previously worked at Alcoa in Portland as emergency response coordinator, organisational development consultant, safety manager and Ingot Mill Area Supervisor. Hilary has extensive experience in conflict resolution, diversity management, mentoring, and coaching and management development. Hilary has worked as a physiotherapist and rehabilitation consultant for State and Federal governments. Hilary completed a Graduate Diploma in Human Resource Management in 1999, a Masters in Business Administration in 2001, and is leading the development of a Sub Regional approach to Human Resource provision.

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.

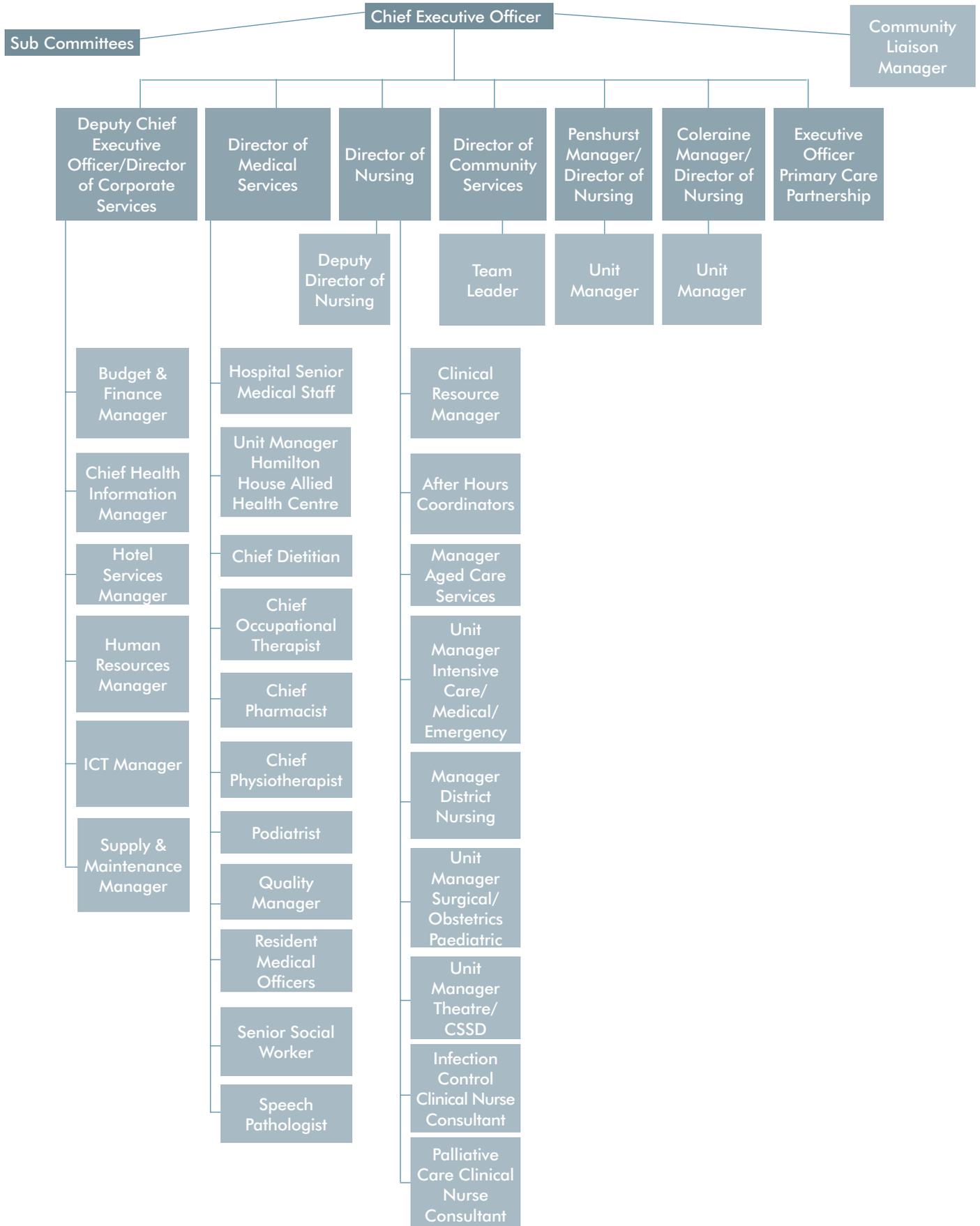
Penshurst Manager/Director of Nursing

Damien Malone BA BN RN MN Cert IV (Workplace Assessment and Training)

Damien commenced his role at Penshurst in April, 2008. He has worked in a range of acute and aged care healthcare settings in the last 10 years in education and management roles. Damien was the CEO at John Curtin Memorial Hostel 2004-2008, and prior to this he worked as the aged care educator at the Peninsula Health Service in Melbourne. Damien has a Bachelor of Arts, Bachelor of Nursing and a Master of Nursing, and is currently studying for his Master of Business Administration.

Organisational structure

Board of Directors





Western District Health Service has successfully recruited medical staff from overseas. Registered Medical Officer Dr Rajasutharasan Kathirgamanathan from Sri Lanka, physiotherapists Tatum Pretorius and Zita Arends from South Africa and RMO Dr Faizan Zia from India are four of our international recruits.

Corporate social responsibility

Our workplace

Western District Health Service (WDHS) understands the critical role strategic Human Resource planning and management plays in delivering a quality health service to its community.

The Health Service aspires to a culture of excellence, providing a safe workplace which is inclusive, open and striving for continuous improvement.

The recruitment, development and retention of a quality workforce are integral to our ability to provide the service that our community demands.

In 2007 the Human Resource expertise provided by WDHS was recognised regionally, resulting in WDHS providing a full-time HR Coordinator based at Portland District Health, with regular visiting support from the WDHS HR team.

Challenge

The challenge is to recruit, develop and retain high calibre professional and specialist staff in a shrinking labour market while meeting the needs of our community.

Achievements

- 89 students completed work experience at WDHS, including first time placements for Theatre and Emergency Department
- staff best practice acknowledged by awards
- overseas recruitment strategy, resulting in Allied Health staff immigrating to Hamilton
- Manchester health recruitment expo attended
- Organisational Effectiveness Survey completed and action plans for improvements in place
- EBA completion for nurses, health and allied services (clerical, health professionals, medical scientists, administrative staff)
- HR integrated into executive team
- E-learning strategy implemented across WDHS

The future

- further planning to manage medical clinical placement increases from Deakin Medical School
- workforce plan completed by the end of 2008
- strategic learning and development plan for all staff by late 2008
- updated management competencies and supporting development program completed by early 2009
- enhanced scope of HR regional services



Ward Clerk Surgical Unit Vivienne Rowe is retiring after 31 years at Hamilton Base Hospital.



Celebrating a combined 90 years of nursing for two HBH nurses was Colleen Dunn (40 years), Leslie Stewart, Margaret Langford (50 years), WDHS CEO Jim Fletcher and WDHS DON Janet Kelsh.

Attracting and retaining staff

The HR Strategic Plan was our main focus during 2007/08. Workforce planning is occurring across the service, and has resulted in a better understanding of retirement plans for key staff. In addition we have commenced a process to provide WDHS with a better understanding of employment intentions for key staff not considering retirement in the next five years, enabling us to improve succession planning, help target staff recruitment and fill current vacancies.

A recruitment DVD developed last year for the UK recruitment expo has been integrated into the job seekers page on the WDHS internet site.

Human Resources Strategic Plan 2006-2011

The HR Strategic Plan adopted by the Board of Management in August 2006 provided the framework for managing our HR challenges this year, with the focus on improving workforce planning.

- A workforce analysis completed in all areas of high risk for staff turnover (medical workforce, theatre, Midwifery, ICU and unit managers) identified employees likely to retire or resign in the next five years. Contingency plans are being developed to reduce the impact of any major changes.
- WDHS uses a broad range of strategies to recruit in a tight labour market including internet advertising, head hunters and recruitment agents both locally and overseas to fill key roles as rapidly as possible.
- In 2008 we appointed an Allied Health Manager as a pilot project, to evaluate the effectiveness of this role to support all allied health departments and enhance resource sharing, enabling valuable clinical staff to focus on clinical rather than administrative tasks. This activity is part of the HR strategy to provide enhanced management support for professionals.
- In October 2007, the HR Manager joined the WDHS executive to ensure HR implications and impacts will be structured into all strategic plans and documents in the future.

Sub regional HR support

WDHS provided a Sub Regional service to Portland District Health (PDH) from October 2007 following a pilot program which concluded in June 2006. Other HR Sub Regional opportunities will be pursued 2008/09, including education, OH&S, Industrial Relations support, conflict resolution, policy and procedural development, recruitment and management assistance.

Agencies provided with support over the year included PDH, Heywood Rural Health, Casterton Memorial Hospital, Harrow Bush Nursing Centre, Balmoral Bush Nursing Centre, Mulleraterong, Eventide Lutheran Homes, Edgarley Home, Otway Community Health and Hesse Rural Health.

Recruitment challenge

Recruitment and retention of professional staff is expected to remain a major challenge in the foreseeable future. International recruitment has filled several vacancies including two physiotherapists, a podiatrist, and Resident Medical Officers. Shortages in midwifery, senior and general nursing roles continue to put pressure on staff.

The WDHS workforce for the end of June 2008 is 533.71 EFT, approximately a 1.5% increase in permanent fulltime staff from 2007. Much of this increase can be accounted for by the new Division 2 Graduate Nursing Program provided at WDHS. The WDHS website received 38,913 hits from prospective job seekers and provides a strong gateway for people looking at health careers at WDHS.

125 new employees commenced at WDHS in 2007/08, with 109 positions advertised (internal and external).

89 students completed work experience at WDHS in 2007/08, including placements in Theatre and the Emergency Department for the first time. The feedback has been positive with many students commenting on the high level of support and range of programs where WDHS offers work experience.

Staff development and training

The employment of a full time learning and education manager marks the next stage in WDHS' ongoing commitment to excellence in learning and professional development for all staff. The focus will be broadened from the current nursing education program, to enhance medical, Allied Health, management and general professional development for our staff.

During 2007/08, e-learning was further developed for delivery of programs, including fire safety training, anaphylaxis, blood transfusion, elder abuse and epidural anaesthesia competencies. An effective learning management system Dynamic Online Training System (DOTS) will improve monitoring and management of our education programs and help standardise learning delivery and management across the region.

Staff and volunteers service milestones

10 Years

Catherine Armstrong
Anne Bowman
Vivienne Bradley
Dawn Cay
Anita Collins
Pamela Darroch
Judith Della-Vedova
Jill Drew
Camilla Dundon
Wendy Harris
Heather Kelly
Dianne Macdonald
Mark Moore
John Nepean
Greg Oliver
Kathleen Rhook
Brenda Uebergang

15 Years

Gwendoline Baulch
Chris Dorman
Elizabeth Ewing
Susan Ferrier
Nathalie Gash
Julie Morice
Dianne Nagorcka
Fay Picken
Jane Robertson
Suzanne Staude
Leah Swainston

20 Years

Maureen Atchison
Denise Beaton
Sue Cameron
Mary Anne Campbell
Lynette Carracher
Sue Coe
Louise Emsley
Merilyn Grant
Marion Groves
Mary Hicks
Jill Jackson
Dellwyn Johnson
Dianne Kavanagh
Janet Kelsh
Shane Kennett
Kerrie Patterson
Lorraine Plunkett
Janice Purcell
Carol Scherek
Wendell Shaw
Marilyn Sherren
Mary Anne Spong
Richard Staude
Roger Smith

Jennifer Speteri

Mark Stevenson
Susan Stevenson
Bruce Tonkin
Richard Trigger
Lynette Turner

25 Years

Bev Clarke
Pam Fraser
Jennifer Lane
Helen Maas
Lynette Marsden
Lorace Parsons
Di Raymond
Ruth Trigger
Pat Turnbull
Mavis Wilkinson

30 Years

Marilyn Campbell
Kavell Lyons

35 Years

Linda Donaldson



Division 1 Nurse Ellen Wombwell is participating in our Nurse Graduate Program, on rotation in Aged Care with the Webster Medication Management System.

Workforce profile 2008

Labour category	Female 2008	Male 2008	% Workforce	Total 2008	Total 2007	EFT 2008	EFT 2007
Managers	7	9	2.37	16	21	15.78	20.05
Professionals	253	31	42.01	284	273	215.57	211.02
Associate Professionals	85	9	13.91	94	108	74.58	84.61
Tradespersons & Related Workers	6	16	3.25	22	23	20.18	20.81
Advanced Clerical/ Sales/ Service	4	0	0.59	4	5	3.65	5.09
Intermediate Clerical/Sales/Service	139	9	21.89	148	133	113.12	96.83
Intermediate Production/Transport	3	6	1.33	9	8	7.58	7.13
Elementary Clerical/Sales/Service	13	6	2.81	19	21	17.18	18.65
Labourers & Related Workers	58	22	11.83	80	80	65.35	61.87
Total	568	108	100.00	676	672	532.99	526.06

Rural health mentoring

WDHS continues to support the Australian College of Health Service Executives (ACHSE) rural management residency program. Partially funded by DHS, ACHSE develops and mentors new graduates for rural health service management positions. In 2007 the ACHSE graduate assisted with the Virtual Visiting program and in 2008 the ACHSE participant will focus on identifying and developing the key competencies required by middle managers to ensure effective and best practise management of staff and delivery of the service plan.

Industrial relations

One day was lost through industrial action in 2007/08. A number of statewide Enterprise Bargaining Agreements (EBA) have been negotiated this year, including the nurses' EBA, finalised in April 2008. The restructure of administrative staff positions was completed in September 2007. A review of clerical positions is underway to be completed by September 2008. The health professionals (medical scientists) EBA was completed in late June and the health professionals (allied health) EBA is expected to be finalised in the last quarter of 2008. Change management meetings are conducted regularly, involving staff, management and unions, to encourage open communication.

Statutory compliance

All WDHS staff and volunteers undergo a police check. New requirements have meant staff working unsupervised with children are also required to have a current Working With Children check. Although WDHS has until 1 July 2009 to comply, most staff will comply with this requirement from 1 July 2008 as well as all relevant new staff. Police checks are renewed every three years and the Working With Children's check is valid for five years.

In the current year there were no complaints under the Whistle Blowers Act or the Equal Opportunity Act and there were no notifiable incidents to WorkSafe.

Whistleblowers Act

The Health Service policy ensures we meet the requirement of the Whistleblowers Act 2001. There were no complaints registered in the current year.

Promoting a healthy and safe work environment

WDHS created a health-specific fire safety training package, including a DVD. 308 WDHS staff have completed online training since July 2007. Tracey Gould has been seconded to SWARH to develop the package for delivery at other health services.



Occupational Health and Safety

Occupational Health and Safety management continues to be a priority at WDHS. 2007/08 has seen a major reduction in the cost of claims and duration of claims.

OH&S equipment procurement program

We have continued our commitment to improved OH&S management strategies through an ongoing equipment procurement program. More than \$50,000 has been spent on equipment to improve OH&S outcomes for our staff. DHS provided \$99,000 for OH&S improvements, including \$38,000 to install capital improvements preventing occupational violence in the workplace.

Fire safety and emergency procedures

Fire and Emergency Codes training is compulsory for all staff.

In 2007, WDHS received funding from the Victorian Health Service's management innovation council to create a health-specific fire safety training package, including a DVD. The package has been developed and implemented and allows staff to complete the theory component online, at quieter times where there is less impact on staffing, and in their own time. 308 WDHS staff have completed online training since July 2007. The package has been customised for delivery at a number of other health services.

The WDHS Bushfire Preparedness Plan 2006-07 was revised in November 2007 and is available to staff on the 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 (CBR) incident, was activated once during the past year to exhaust mode as a precaution and was confirmed as a false alarm. The WDHS Radiation Manual was updated in 2007/08 and is available on the WDHS intranet site.

OH&S management

WDHS continues to use the electronic recording system RiskMan for all incident reporting, which enables accurate analysis of incident categories and trending.

WorkCover

WDHS reviewed and developed policies and procedures in accordance with the relevant legislative requirements and was free from serious injury or death in 2007/08. WDHS recorded one new major claim with a significant reduction in days lost.

For 2007/08 the WDHS premium illustration as of May 30, 2008 was \$47,3063.69; a decrease of \$56,000 from the previous year.

Claims costs for WDHS have reduced significantly from \$151,258 (2006/07) to \$8,804 (2007/08), which is a reduction of 94%. Our indicative performance rating for 2008/09 is 94.3%. This means our claims costs compared to our remuneration is 5.7% better than the industry group average in which WDHS operated for the past three years. This indicates that WDHS is better than the industry rate (1.0) by 5.7%. The average premium rate for the industry is 1.6579% with the projected premium rate for WDHS 1.5630% for 2008/09.

Vaccination policy

In line with DHS guidelines, WDHS runs a staff and volunteer vaccination program.

All staff are offered vaccines as recommended and an annual Influenza Program is run for both staff and volunteers. In 2008, 441 influenza vaccinations were administered across the three campuses of WDHS - an increase of 20 from 2007.

Initiatives to improve safety

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

Initiatives to improve safety in 2007/08:

- Accredited education session on the OHS Act 2004
- 22 senior managers attended a Return To Work and Workcover education session
- Ongoing harassment and bullying training
- Occupational Violence prevention plan
- 11 staff attended Professional Assault Response Training (PART) in 2008
- Visitors Code of Conduct Policy implemented
- Fixed seating ordered for ED and Pharmacy
- OH&S representation on Bariatric Work Group
- Weekly safety and maintenance inspections

Future initiatives to be undertaken:

- Shatter-proof glass to be installed in ED

Worksafe notifiable incidents

There were no notifiable incidents for the current period.

P

rofessional education

Nurse Educator Faye Gumley retired from WDHS at the end of 2007, after 52 years employment at the Health Service and the gratitude of thousands of the nurses she taught.



Orientation

The general orientation one day program outlining Human Resource services, Infection Control, Fire Safety and Occupational Health & Safety is compulsory for all new staff and volunteers. It is held monthly and was attended by 116 new employees and 10 volunteers in 2007/08. In February 2008 the nursing orientation program was expanded to two days, running in conjunction with the general orientation. 12 nurses and Personal Care Workers have attended.

Graduate nurse program

This year 13 newly-registered Division 1 nurses have participated in the 12-month Graduate Nurse Program. Eight 2007 Division 1 graduates gained employment at WDHS following their program. In 2007 seven newly-registered Division 2 nurses participated in a 12 month Graduate Nurse Program. Six were appointed to positions at WDHS.

Clinical placements

WDHS provides clinical placements for many undergraduates from local, regional and distant universities, and South West TAFE. The nursing students obtain experience in acute medical and surgical units, theatre, District Nursing, Community Health and in aged care at Penshurst and Coleraine. Allied health students have placements at WDHS in such specialty areas as physiotherapy, occupational therapy, dietetics and pharmacy. We receive positive feedback from many students regarding their WDHS experiences.

Preceptors

WDHS acknowledges and congratulates our staff on the high standard of preceptorship they provide. Preceptors coach, supervise, mentor and act as role models.

In the past year, our preceptors provided support for 559 occasions of placement nursing undergraduates, and for 20 first-year graduates, six Graduate Diploma students and 87 work experience students.

The experience at WDHS influences many nursing undergraduates in their application for a graduate year, nominating Hamilton as their first preference.

Division 2 Nurses

In the 2007/08 year, five Division 2 nurses extended their Scope of Practice to include the administration of medications by undertaking a course provided by SWTAFE. Nine Division 2 nurses now have this qualification. Additionally 33 Division 2 nurses have been educated by on-site facilitators to enable them to administer medications from a dose administration aid, filled by a Pharmacist.

Students undertaking Division 2 Nurse training from 2008 will graduate with a qualification allowing them to administer medication.

Graduate Diplomas

Currently five WDHS nurses are undertaking Graduate Diplomas by distance mode through Deakin University in Midwifery, Critical Care Nursing and Perioperative Nursing.

The nurses use video conferencing and e-live for the theoretical units and undertake most of the practical experience at WDHS, with short blocks at other hospitals.

Continuing nurse education

WDHS is the fund holder for the Department of Human Services grant for the delivery of continuing nurse education programs for Area 4 of the Barwon South West Region which includes WDHS, PDH, Casterton Memorial Hospital, Heywood Rural Health Service and Dartmoor and Balmoral Bush Nursing Centres. Many well-attended education days were conducted by external lecturers.

Hindson Professional Development Fund

The Sue Hindson Professional Development Fund was established late in 2007, following the death of highly-respected Hamilton Base Hospital Division 1 Nurse, Sue Hindson. The Hindson family established the fund according to Sue's wishes, to provide critical care professional development opportunities annually, to maintain best practice to critical care nurses at WDHS.

Sue was always committed to best practice in nursing, from being awarded the Gwladys Thomas Memorial Award for graduating top of her year at HBH in 1979, to a lifelong commitment to learning new skills to ensure she delivered quality care to her patients. Her generosity with her knowledge went beyond the workplace – Sue self-funded two trips to Vietnam, where she shared knowledge with Vietnamese nurses through demonstration and lectures.

The Sue Hindson Professional Development fund will support nurses who meet the following criteria and eligibility:

- Working in critical care (Intensive Care Unit/ Emergency Department)
- Commitment to WDHS
- Identified educational needs
- Commitment to share learnings with other staff

Staff changes in the education department

The past year has seen many staff changes in the Education Centre, including the retirement of Nursing Education Manager Faye Gumley in December 2007. Faye made an outstanding contribution to WDHS, nursing and education in her 52 years with the Health Service. Despite retiring, she has continued to coordinate several projects and deliver classroom education.

Senior staff

Director of Obstetrics and Gynaecology Dr Jacobus Cloete received an award for Clinical Teaching from Flinders University.



Chief Executive Officer

Jim Fletcher BHA, AFCHSE, CHE, MIPAA

Community Liaison Manager

Deborah Howcroft, MFIA

Penshurst Manager/Director Of Nursing

Darren Clarke RN, RM, BN, MN, MAAQHC, MQSA, MRCNA to March '08

Damien Malone BA, BN, RN, MN, Cert IV A&WT from April '08

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 and Budget

Nicholas Starkie BBus, DipTS(Bus), GradCertBusAdmin, ASA

Chief Health Information Manager

Lena McCormack BAppSci(HIM), GradCertBusAdmin, MHIMAA

Hotel Services Manager

Peter Davies BA

Human Resources Manager

Hilary King MBA, Grad Dip HR, Dip Physio, CAHRI

Learning and Development Manager

Deborah Smith PostGradCertEd, PostGradDipEval, BAdmin(Hons), Cert IV A&WT (from June '08)

I.C.T. Manager

Garry Aydon BAppSc, CCNA

Librarian

Louise Milne ALIA

Facility Manager

Daryl Hedley AImm, FMAM, IHEAM

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 and Infection Control Cert

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

Dianne Nagorcka RN, RM, Periop Cert, BN, from Jun '08

Nurse Managers

Aged Care Services

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

Unit Manager, The Birches

Jennifer Kearney RN, DipBus until Dec '07

Cindy Godfrey RN, BN from Jan '08

Unit Manager, The Grange

Cindy Godfrey RN, BN to Dec '07

Peter Francis BN, Cert Psych, Cert Advanced Physiology, Grad Cert Paeds, Grad Dip Midwifery, Grad Dip Health Services Administration, MRCNA from Jan '08

District Nursing /Discharge Planning

Pat O'Beirne RN, RM

Medical Unit/ICU/ED

Betty Joosen RN, BN, MRCNA to Aug '07

Lesley Stewart RN, Sterilisation & Infection Control Cert Acting from Sep '07

Nurse Education Manager

Faye Gumley PSM, RN to Dec '07

Surgical/Obstetrics Unit

James Smith RN, DipAppSci(Nursing), BAppSci(Hons), Peri-operative Cert, DiplInfecandTropDiseases, GradDiplInfecandTropDiseases, Dip. Venereal Diseases, Cert Coronary Care/HighDependency, Cert Psych, CertAdvPhysiology, DipBusMgt, Cert.HIV/HEPcounselling

Theatre/CSSD

Elizabeth Munro RN, Periop Cert, BAppSci(Nursing) to Mar '08

Jane Saunders RN CertTeach(London) acting from Mar '08

Cathy Blake RN acting from Mar '08

Clinical Nurse Consultants Infection Control

Lesley Stewart RN, Sterilisation & Infection Control Cert to Sep '07

Mark Stevenson RN, Periop Cert, GradCertBusAdmin from Sep '07

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 to Sept '08

Meindert van der Veer MB CHB University of Pretoria (South Africa), Sept '07 to Feb '08

Acting Director of Medical Services

Dr John Christie DMS, DT MandH, FAFPHM, FRACMA, MACTM, from Feb '08

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, DipOandG

Craig de Kievit MB, BS, DRANZCOG, FACRRM

Dale Ford MB, BS, FRACGP, FACRRM

Michael Forster MB, BS, MCPsych, DRANZCOG, FACRRM

Niranjani Harindran MB,BS (Sri Lanka)

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 (S/pore), GDFP (Dermatology)

Leesa Walker MB, BS, FRACGP

Anthony Wark MB, BS

Christine Wilson MB, BS

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

Dental Officers (honorary)

David Baring BDS

Dr Jiwen (Steven) Sun BDS(China)

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

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

Associate Professor Peter Gates MB, BS, FRACP
Neurology RACP

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



Resident Medical Officer Dr Shabana Ahamed and Unit Manager Medical Lesley Stewart review a patient's history in the Intensive Care Unit.

Ophthalmologist

Vincent Lee FRACS, FRACO, MMed

Oral and Maxillofacial Surgeons

Martin Ching MB, BS, BDS, MDS, FRACDS(OMS)

Graeme Fowler LDS, BDS, MDS, FDSRCP

Orthopaedic Surgeon

Rick Cunningham MB, BS, FRACS (ORTH)

Otolaryngologists

Anne Cass MB, BS, FRACS

Paediatrician

Christian Fiedler MD,(KIEL), FRACP

Pathologist

David Cliff MB, BS FRCPA

Physicians

Nicholas Abbott MB, BS, DCH, MRCP(UK), FRACP
retired Dec '07

Geoffrey Coggins MB, BS, FRACP

Andrew Bowman MBChB (Zimb), LRCP (Edin), LRCS (Edin), LRCP&S (Glas), FRCP (UK), CCST (UK), FRACP

Andrew Bradbeer MB, BS, FRACP

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

Resident Medical Staff

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

St Vincent's Health - three interns (2 general surgery, 1 general medicine)

Barwon Health - one intern (general medicine), one special surgical registrar (assisting visiting specialists and obstetrician/gynaecologist), one medical registrar

Austin Health - one surgical registrar

Resident Medical Officers (employed by WDHS)

Dr. Faizan Zia MB, BS, DA, (JN Medical College and University Hospital, AMU, India)

Dr Dhruv Mori MB, BS (Maharashtra University, India)

Dr Ohide Otome MB, ChB (Makerere University, Uganda)

Dr Shabana Ahamed MB, ChB (Makerere University, Uganda)

Dr Rajasutharasan Kathirgamanathan MB, BS (University of Jaffna, Sri Lanka)

Allied Health

Unit Manager Hamilton House Allied Health Centre, Community Rehabilitation Centre, ADASS, Day Centre

Marilyn Campbell RN

Acting Allied Health coordinator

(since March 2008)

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, MHA, Member APA.

Podiatrist

Phuong Huynh MSc, BAppSci(Pod), MAPodA, AAPSM

Senior Clinical Social Worker

Katherine Leahy (MAASW AccDip.Tech of Social Work)

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, MBA, Honorary Fellow, University of Melbourne

Our community partnerships

Western District Health Service (WDHS) values the partnership between the Health Service and our community. The Community Liaison Department communicates with our community, and further develops reciprocal partnerships. The Department promotes new programs and the services at WDHS, organising fundraising events and initiatives, coordinating the many volunteers who give their valuable time and representing WDHS at community events. The commendable image of WDHS is promoted through the media, annual report, brochures and biannual newsletters.

Our goal is to keep our community fully informed 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.



Community Liaison Department staff Jeanette Ryan and Deb Howcroft raised funds in the Biggest Loser campaign to purchase a new ECG machine for Theatre. (Photo supplied by Hamilton Spector)

Fundraising strategy

WDHS' fundraising is conducted in accordance with the Fundraising Appeals Act 1998, 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, an eight-member committee plus Board of Directors' representation.

The Community Liaison Department manages the overall fundraising strategy on behalf of WDHS. In addition to fundraising events and functions the Department applies to Trusts and Foundations to support our fundraising efforts. This year we have raised a total of \$767,000.

Stand out events in 2007/08 were the Top of the Town Charity Ball (raising \$182,000), Hospital Sunday (100 volunteers donated more than 250 hours and raised a record \$51,000), The Biggest Loser (16 participants raised \$33,500), Geoff Handbury donated \$60,000 to our Image Intensifier Appeal, and \$40,000 to YouthBiz and more than \$80,000 was received from Trusts.

Other fundraising activities included:

- Christmas Appeal which raised \$61,000 for the Image Intensifier
- Hands Up for The Grange Charity Auction - \$34,000
- There were a number of bequests totalling \$10,000

Support for appeals

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 donates nappy vouchers to mothers with newborns at WDHS. IGA has also donated over \$1,153 to the hospital from its "Community Benefits Scheme", which was directed to our Bladder Scanner and Bronchoscope Appeals.
- Elders Junior Auction at Sheepvention lets young people test their skills, auctioning donated items to raise funds for WDHS. This year \$1,600 was donated and directed to the purchase of a Welch Allyn Monitor.
- Jacinta and John Hedley from Darriwill Farm hosted a Black Tie Food and Wine Evening for the Hospital Sunday, which raised \$870.

All of these generous donors are extremely important to our Health Service, allowing us to purchase much-needed equipment and to refurbish our facilities as required. We thank all of those who contributed, whether financially or in-kind, in the 2007/2008 financial year. A list of donors is shown on page 44-45.

Top of the Town Charity Ball

In October 2007, a community committee of 13 people hosted the second Top of the Town Charity Ball, "Reflections". On the shores of Lake Hamilton, 530 people were served a three course meal in a massive marquee, were entertained by spectacular fireworks and Frankie Holden and Wilbur Wilde – and importantly raised \$182,000 for Hamilton Base Hospital. The Charity Ball received a Highly Commended award from the Victorian branch of the Fundraising Institute of Australia and a Powercor Southern Grampians Shire Business Award.

The funds purchased a Steriliser for Theatre (\$107,000), a vital piece of medical equipment, which will save the Health Service 31,000 litres of water a week.

Other theatre equipment purchased with Top of the Town funds were a heat sealer (\$5,800), intubating bronchoscope (\$11,200) and an operating microscope (\$73,000).

The Charity Ball funds were raised through sponsorship and donations, ticket sales, and an auction, lucky envelopes and photographs which totalled \$269,545. Expenses were kept to a minimum due to the generosity of the community, with costs of \$86,955 for catering and drinks, venue construction, decoration and grounds and entertainment.



Grange fundraising

The Grange Residential Care Service redevelopment fundraising campaign was launched at a Charity Auction in June 2008. The redevelopment will cost \$2.5 million for the expansion of The Grange to provide extra beds, upgrade catering, diversional therapy and facilities for residents and staff. The works include a new 7-bed wing, providing an extra five beds taking the total to 50 to meet the need for additional Aged Care beds in the region. At the Charity Auction more than 100 items were offered, which had been donated, along with the venue, the auctioneers and decorations. The total of \$34,000 raised includes \$2,000 paid to the Aged Care Trust for the catering, which they will donate back to The Grange Fundraising Campaign.

Aged Care Trust celebrates 15 years

The Hamilton and District Aged Care Trust (HDACT) celebrated 15 years raising funds to care for the elderly in our community in February 2008. The HDACT has raised almost \$600,000 towards the Grange Residential Care Service in that time.

The trust was formed in February 1993, when four trustees - Brian Newns, Tony Gurry, Diana Smith and Jenny Gubbins held their first meeting. The trust's objective is: "To put people into an environment where they can be as happy as possible in their surroundings for the last part of their lives".

In 2007/08 the Trust donated \$12,000, taking the total in the HDACT trust account for The Grange to \$66,000. They will play a significant role in fundraising for The Grange redevelopment.

Record Hospital Sunday

The introduction of rural collectors to our annual Hospital Sunday Appeal in 2007 was extended, and resulted in a 30% increase in rural donations. 100 volunteer collectors contributed 250 hours in Hamilton, Dunkeld and Penhurst, and the surrounding rural areas. "Hospital Sunday Goes to Work" took the appeal into workplaces, and while the funds raised were modest (\$600), the workplace campaign helped raise the profile of the Appeal. It will be further expanded in 2009. In 2008 the appeal raised a record \$51,021.05.

Auxiliaries and community groups

WDHS' five auxiliaries, the Opportunity Shop, the Hamilton & District Aged Care Trust, two Murray to Moynes teams and the United Staff Association, have again contributed a great deal to the Health Service.

- The North Hamilton Ladies Auxiliary donated \$2,200 for two bariatric shower commode chairs
- Hamilton Base Hospital Ladies Auxiliary raised \$3,000 for floor mats and floor alarms for Aged Care and a Pap Smear Illuminator
- The Opportunity Shop donated \$25,500 to the Health Service, which purchased an insufflator and K-Wire Driver and Telescope for Theatre at HBH. This donation is \$10,000 more than 2006/07
- The United Staff Association raised \$5,273.84, primarily from the annual Hospital Golf Day, which purchased a Welch Allyn Monitor for HBH
- In Coleraine, The Homes for the Aged Ladies Auxiliary has donated 41 new dining room chairs, three lounge chairs and a wheeled shower chair and the Hospital Ladies Auxiliary has donated two Procure Alternating Air Mattresses, two Princess Chairs and an ECG machine
- In Penhurst, the Ladies Auxiliary purchased hearing devices to assist our residents who have difficulty hearing, particularly in group settings, a refrigerator for the Kolor Lodge hostel and a chain saw with an extendable arm for trimming branches for the Maintenance Department

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

Top left: Hamilton North Ladies Auxiliary donated \$2,200 to purchase two Bariatric Shower Commode chairs for Hamilton Base Hospital.

Top right: HBH Auxiliary president Doris Cross and secretary Pat Forster enjoy the auxiliary's annual Spring luncheon.



Donation from Keith Brown

Mackie House resident Keith Brown has donated \$5,000 to the Coleraine Mackie Hostel where he has lived for the past four years. CDHS has purchased an electric bed, a large outdoor setting, a digital camera and a couple of portable CD players with the donation.

Murray to Moyne Cycle Relay

2008 was another successful year for the riders in our two teams in the Murray to Moyne cycle relay. The Hamilton Base Bikers were joined by riders from Iluka, a mining company based in Southern Grampians for the second year. The Base Bikers raised \$7,065 which purchased Bariatric Weigh Scales, an Alcometer for ED, equipment for Occupational Therapy and a table for the Rehab Day Room. The Rouse Rare Rumps raised \$12,700 for 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.

50 years for Peshurst

The Peshurst and District Health Service marked the 50th anniversary of the first patient admitted to the Memorial Hospital on 24 July 1957, with a community celebration in October 2007.

On 16 December 1956, Pastor E.W. Wiebusch unveiled a plaque at the original front entrance to commemorate the opening. At the 50th celebration, descendants of Pastor Wiebusch planted a red oak in the PDHS grounds to commemorate the 50 years which had passed. PDHS Education Coordinator Nathalie Gash wrote a history titled "Footsteps from the Past", which is available from PDHS.

Supporting our community

In partnership with the Hamilton Ministers Fellowship, in April 2008 we instigated a monthly service in the HBH Chapel for residents, patients, staff and community members. The Service timetable is advertised in the local media and throughout HBH and our Aged Care facilities, and has been well-received. Our great supporter Bob Henderson donated a Piano to the Chapel this year.

In 2007/08 we revised the HBH Patient Directory, to ensure that our patients are well-informed about their stay in hospital. The patient directories are located in every bedside table. Their production was supported by advertisements from local businesses, and was printed at no cost to the Health Service.

Our volunteers

WDHS has 225 registered, unpaid, volunteers, excluding auxiliaries, who undertake tasks that greatly benefit our patients, residents and clients. New volunteers attend an induction day with new staff. We are grateful for the invaluable work undertaken by all our volunteers.

Comforts trolley

Approximately 14 registered volunteers provide the comforts trolley service to inpatients on the HBH wards, selling confectionary, toiletries and other items at a small mark-up. Approximately 250 hours were contributed by volunteers servicing the Comforts Trolley in 2007/08, with profits and donations used to purchase items for HBH.

Opportunity Shop

15 volunteers manage and staff the Hamilton Base Hospital Opportunity Shop. The Op Shop's 75% increase in donations to HBH in the past two years is primarily due to its relocation to a more central site. The shop has raised an astonishing \$299,500 for the hospital over the past 70 years. Approximately 1,500 hours were contributed by Op Shop volunteers in 2007/08, raising \$25,500 for the hospital.

Palliative Care Service

10 volunteers participate in the Palliative Care Volunteer Service. Two of the 10 volunteers provided a total of 62.5 visiting hours this year, caring for two clients. Volunteers provide clients and their families with moral support, companionship, respite and general assistance.



Community Transport

The Hamilton Community Transport Service has 57 registered volunteer drivers and escorts, with 42 assisting the Health Service this year. In 2007/08 the volunteers donated 1,918.6 hours, provided 1,756 trips and covered a total of 83,130km – 10,000km more than 2007/08. The volunteers drive and escort eligible clients to medical appointments locally, and to services in Ballarat, Warrnambool, Geelong, Melbourne, Horsham and Mt Gambier. There are 30 registered transport drivers and administration staff providing a volunteer service in Coleraine four days each week, enabling clients to access local activities, and medical appointments.

Aged care service volunteers

Volunteers visit our Aged Care residents to provide companionship, shopping, escorting to appointments and helping with recreational activities such as cooking, gardening, playing cards, music, manicures, hairsets, wheelchair walks and outings, as well as assisting the Diversional Therapists and Occupational Therapists in scheduled activities.

In 2007/08:

- 20 volunteers provided 793.9 hours at The Grange Residential Care Service
- 3 WDHS volunteers and external work placement/ work experience volunteers provided 1,075 hours at The Birches Specialist Extended Care Service
- 17 volunteers provided 812.33 hours to Peshurst Campus residents
- 10 volunteers provided 346.83 hours at Wannon Court and Mackie House in Coleraine
- 9 volunteers assisted with Virtual Visiting providing 21 hours
- 10 volunteers assisted at Coleraine Planned Activity Groups (PAGs)

- 14 Volunteers support the Merino Bush Nursing Centre
- 2 new Volunteers provided 21.5 hours to the Go for your life program
- 2 Volunteers provided 35 hours to Medical Ward patients
- 2 volunteers were trained to assist with the Chronic Disease Management Program
- 225.5 hours of voluntary office assistance and special one off-tasks such as Top Of the Town volunteering was provided to the Community Liaison Department
- Adult Day Activity and Support Service in Hamilton volunteers assist with driving, activities and lunches, providing 462 hours
- ADASS Peshurst volunteers provided 300.5 hours

Appreciation

The Community Liaison Department extends its sincere appreciation to WDHS' auxiliaries, the Op Shop, Aged Care Trust, United Staff Association, our Murray to Moyne teams, community groups, businesses, Trusts and Foundations, WDHS staff, volunteers and many local individual donors for their outstanding support and assistance during 2007/08. It was an extremely full and successful fundraising year. We look forward to working with you again in 2008/09.

Opposite page left: Mackie Court resident Keith Brown and Coleraine District Health Service Manager/ Director of Nursing Tim Pitt-Lancaster enjoy the outdoor setting purchased with Mr Brown's \$5,000 donation.

Opposite page right: WDHS Vice President Mary-Ann Brown and CEO Jim Fletcher, cut the cake with Hamilton and District Aged Care Trust President Jenny Gubbins, Vice President Di Smith and Trustee Tony Gurry to celebrate the Trust's 15 years of fundraising for the Grange in February 2007.

Left: The HBH Opportunity Shop raised \$25,500 for the Health Service this year. One item purchased with the funds was a Welch Allyn monitor for the Surgical Ward.

Right: Members of the Top of the Town committee who worked for 18 months to organise the Charity Ball "Reflections", which hosted 530 people and raised \$182,000 for Hamilton Base Hospital.

Our supporters

WDHS CEO Jim Fletcher and WDHS Board President Richard Walter, presented Mr Geoff Handbury AO with a Life Governor Award at the Health Service's Annual Meeting.



Life Governors

Aarons B	Fitzgerald B	McCalman J	Robertson M
Aarons F	Fleming JD	McCorkell FH	Ross C
Aldridge MLV	Flynn JE	McCrae DG	Ross J
Apex Club of Coleraine	Forbes F	McCutcheon JT	Runciman P
Bailey M	Francis E	McDonald E	Ryan D
Ball R	Fraser M	McDonald J	Ryan J
Baudinette LE	Frazer T	McIntyre J	Scaife S
Baudinette NR	Fyfe BJ	McIntyre SM	Scaife CAG
Baxter CJ	Gaussen D	McKinnon M	Schramm F
Baxter J	Gardiner PD	McLean M	Schultz CA
Beggs HN	Golding AL	McMahon Mrs	Schurmann VM
Boyle J	Gubbins J	Mason Mrs	Scullion E
Brabham R	Gumley F PSM	Meadows L	Simkin D
Brebner K	Gurry AJ	Mibus HA	Smith D
Broers M	Handbury G AO	Mibus L	Soulsby JJV
Brumby A	Harrip EL	Mibus LG	Spence JR
Bunge B	Hay T	Mibus PA	Stapleton JN
Bunge R	Heazlewood P	Mirtschin H	Steele DA
Bunge RJ	Henty Anderson G	Moon A	Templeton H
Burger GG	Hickleton E	Morrison HM	Templeton MA
Burgin E	Holmes ES	Muir R	Thomas D
Celewych K	Hope MMH	Munn EB	Thornton A
Clayton D	Hutton T	Murray EM	Tippett L
Cook C	James DP	Mutch L	Tonkin N
Cottrill A	Jenkins L	Nagorcka L	Walker O
Cross C	Kanoniuk M	Newns BJ	Wallis V
Cross D	Kaufman ML	Nolte EW	Walter R AM
Donehue L	Kenny J	Northcott J	Wettenhall HM
Douglas WH	Kenny L	Parkes Mrs	Wettenhall M
Drew WS	Kruger N	Peden M	Wiebusch EW
Duff S	Langley C	Pitcher WH	Williams J
Duncan W	Lawson V	Price GM	Wright J
Duvall W	Linke N	Quast H	Young JLC
Edmonds Dr J	Little J	Rabach G	Young M
Fidler E	Logan U	Rabach S	
Finch GM	Lyon E	Rabone M	
	MacLean M	Rentsch TA	

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

Our Donors

Donations over \$50 are acknowledged

ACE Radio	Brian, H & M
Agar, W	Bridge, M
Aged Persons Welfare Foundation	Brindabella Airlines
Alexander, J	Brinkmann, T & A
Allan Walkom Plumbing	Brody, T & J
Allen, B	Bromell, H
Allen, N	Brown K
Allen, P & V	Brown, GL & DJ
Anderson, P	Brumby, M & A
Annett, C	Brumby, S
ANZ Trustees	Burne, A
Apex Club Coleraine	Burrowes, A & B
Archer, M	Callow, K
Arkoll, T	Calvano's Milk Bar
Armstrong, M	Calvert, D
Aron, P & S	Cameron & Co
Atkinson, J	Cameron Mr G
Auden, T	Cameron, DA & DJ
Australian Veterans Vietnam Reconstruction Group	Cameron, G & R
Aydon, G	Cameron, H
Aydon, J	Cameron, HR & KJ
Bacon, T	Cameron, L
Bailey, J	Cameron, P & P
Bailey, W	Cameron, R & J
Ballarat Road Milk Bar	Campbell, B
Barker, A & J	Campbell, M
Barnes, J	Canavan, B
Bast, L	Carmichael, J L
Baulch, D & M	Casterton Friendship Force
Baulch, L	Casterton Pipes & Drums
Baulch, P & S	Catholic Women's League
Beament, N & J	Cayley, J & G
Beaton Mr & Mrs G	CGU Insurance
Beggs, H	Chamberlain, P
Beilby, P	Clarke, J & S
Belcher, D	Clarke, WJT
Berry, A	Cloete, C
Bett, R	Clutterbuck, H & R
Beveridge, R	Coates, G & P
Birrell, S	Coleraine & District Bendigo Community Bank
Blackwell, B & C	Coleraine Lions Club Family Day
Blast, L	Coleraine Opportunity Shop
Bligh, J	Collier Charitable Fund
Bochara Wines P/L	Collins, D & L
Bones, S	Collins, E
Boots, J	Cook, K
Boyd, A	Cook, P
Boyd, J & K	Coote, K
Brant, P	Cordy, B
Brennan, E	Corney RC
	Cowland, RB & JC
	Cranage, T
	Crawford, J
	Crawford, J & R

Cross, D	Hamilton Base	Lions Club of	Pierce Armstrong	Tarrington Lutheran	Donehue's Leisure	Your Beauty Laser &
Currie, L	Hospital Ladies	Hamilton Inc.	Trust	Women's Guild	Downs Removals	Spa
D'Angelo, M	Auxiliary	Lowe, J & J	Pigeon Ponds Sports	Taylor, A	Dunkeld Pastoral Co.	Grange Auction
Darriwill Farm	Hamilton Hospital	Luhrs, D	Social Club	Taylor, M	Elaine's Sewing	In Kind Donors
Hamilton	Past Trainees	Lyons Mr & Mrs J	Pither, H & D	Thamas, J	Basket	
Darroch, J	Association	Lyons, A	Pizzey, S	The Jack Brockhoff	ERA Nurseries	Alstin, A
Darroch, PJ	Hamilton Produce	Lyons, Lyn	Polack, G	Foundation	Finchett's Plumbing	Arcadia
Davies, P	Hammond, P	Lyons, L	Pratt, N	The William Angliss	Fitzgeralds Concrete	Atkins Autoworks
Dean J & M	Handbury, G AO	Lyons, P	Price, D & C	(Vic) Charitable	Ford, D&R	Baimbridge Antiques
DeKievit, C & J	Hanks, G & C	Lyons, P & R	Quinn, A	Fund	Fox Refrigeration P/L	Beattie's Newsagency
Delahunty, MP, H	Hardy, F & S	Macdonald, H & J	Rabone, R & M	Thomas Degaris &	Fresha Fruit Juices	Bistrot D'Orsay
Delany, A	Hawker, A & L	MacGibbon, R.P.	Radford, G	Clarkson	George Hotel	Bochara Wines
Dela-Vee Hair Studio	Hawker, D	Macgugan, I & H	Radford, K	Thomas, C	Gilly's Catering	Botanica World
Derham, J	Hawker, D & E	Mackellar, M	Radley, L	Thompson, G & J	Glenelg Hopkins	Discoveries
Dickos Total Undercar	Hamilton Concrete	Maclean, C	Raebone, R	Thompson, L	CMA	Buckle's Menswear
Dinges, C	Products	MacLean, N & H	Reusch, A & A	Thorne, CF	Grampians Event	Carmichael, R & S
Diprose, J & H	Health Super	Mad About Shoes	Rentsch, D & J	Thorne, CP & BM	Hire	Charlotte's Web
Doherty, P & M	Hearn, D & K	Madden, J	Rentsch, N & M	Toleman, T	Great Western Winery	Clifforth, S & A
Dohle, B	Heazlewood, P & J	Mann, RE	Rentsch, PM & AM	Tonkin, B	Hamilton &	Crawford River Wines
Donaldson, W	Hedley, D	Mann, S	Richardson's Butchery	Tonkin, J	Alexandra College	Crawford B & J
Donehue, S	Heine, R & N	Manson, J & L	Riordon, J	Trimmell, T & B	Hamilton Furnishing	Dean, J & L
Doyle, K & M	Henderson, B	Matthews, A	Rivett, R	Trix, B	Company	DIMMS Auto Service
Drechsler, L	Henry's Hydraulic	McArthur, G	Rix, D	Tung, P	Hamilton PAC	Elders Hamilton
Dunkeld Uniting	Services	McArthur, M	Robert W Brown &	Turnbull, P & N	Hamilton Spectator	ERA Nurseries
Church Fellowship	Henstridge, J	McCorkell, L	Associates	Tyepower	Hamilton	GAS Gifts
Ladies Guild	Herrmann, L & M	McCulloch, D & W	Roberts, B	Uebergang, A	Community House	Grangeburn Holden
Dunn, J	Hill, M & P	McDonald Struck &	Robertson, D	Uebergang, B	Hammonds Paints	Hamilton Art Effects
Dunn, R	Hindson, S	Co	Robertson, D & A	United Staff	Harvey Norman	Hamilton Produce
Dyer, D & M	Hines, C & S	McEachern, KD & BM	Robertson, DA & MF	Association	Haymes Paints	Hamilton Spectator
Eastwood, E & M	Hiscock, A	McFarlane, D & S	Robertson, L	Urquhart, W	Hayward Corporation	Hayes, Dawn
Elizabeth Hooper	Hodgetts TN	McIntyre, J	Robertson, R & I	Walkom, A & R	Health Science	HeazlewoodJ
Furnishings	Holmes, D	McIntyre, L	Robinson, R & A	Walkom, NC	Planning	Hill, B
Elliot, M	Holmes, S	McKenzie, F	Robinsons Sportsce	Walter, W	Consultants	Home Flair
Ellis, I	Holmes, T	McLeod, A	Rogers WAI & AC	Ward J	Health Super P/L	Hunter News
Ellis, JMW	Hope, D & L	McLeod, G	Roll, NS & AL	Warne, J	Heatherleigh Leasing	Hutton, J
Equity Trustees Ltd	Hospital Opportunity	McLeod, G & O	Romsey Fresh	Waters Mr & Mrs G	Hedley, J	Iluka Resources
Eulamet Pastoral	Shop	McLindon, T & K	Ross, D	Waters Mr & Mrs RJ	Hutchins, D	Ivory Print
Co,	Howcroft, D	McMeekin Mr & Mrs J	Ross, M	Watson, J & B	Iluka Resources	Izzy's Tavern
Evans, T & J	Howcroft, E	McVicker, O	Ross, N & I	Watson, M	Kranz, S	Lawrence, E
Featherston, G	Hunter, R	Membrey, E & B	Rossy, C & L	Watt, J & J	Lawrence, E	Macdonald, H & J
Fenton, D & C	Hutton, T & J	Menzel, D	RSL Bowling Club	WD Windows &	McGillivray, A & J	Macleod, I
Finch, G	Hyslop, B & J	Mercer, L	Russell, K	Doors	Melville Orton &	Lewis
Finch-Huf, K	Hyslop, N	Mibus, N	Ryan, J	West, M	Mercer, R	Metropolitan Golf
Fisher, A	IMAGCO	Middleton, N	Satchel, A	Wettenhall Family	Club	Mitre 10
Fisher, P	Irvin, P & S	Millard, D	Schleter, D & V	Whelan,	Mitton, R	Morton, D
Fishers Stores	Irvine, R & L	Millard, L & E	Schultz, G	White Cross	Morton, D	National Gallery of
Consolidated P/L	Jenkin, D & J	Miller Whan & John	Scott, R	Independent	National Gallery of	Australia
Fleming, D	Jensen, P	Pty Ltd	Scullion, P & V	Lifestyle Solutions	Nelson, A	Pierpoint Wines
Fletcher, J & B	Jolly, M	Mirtschin, B	Sheehan, T	Whiting, J	Plants Plus	Plants Plus
Forster, F & P	Jolly, TJ & EG	Mirtschin, R	Sigley, G	Wilson, S & A	Punters Corner	Quantas Holidays
Forsyth, J	Jones, J	Morton, R	Silcock, R	Winnel, K	Quest Waterfront	Regent Florist
Francis, P & A	Kellys Merchandise	Moyle, N & S	Simons, B & J	Winter-Cooke, C	Quinn's Sports Scene	Regent Florist
Fraser, K	Kelsall, J & H	Muir R	Simpson, S	Wood, H	Rendell, D	Richardson, C
Freemantle, T	Kennett, D	Murray, G & C	Slorach, L	Wood, M	Robinson's Sports	Scene
Fry, PD & GI	Killan, S & D	Nagorcka Joinery	Small, A	Wraith, L & k	Scene	Scullions
G I Panels	King, B & J	Nagorcka, D & J	Smith, A & E	Young, JS	Sharp Aviation	Sharrad, J & L
Gallery Corner	Kinnealy, J & C	Nagorcka, J & E	Smith, B	Zenith Tiles &	Sharrad, J & L	Sporn's Plumbing
Gardner, F & H	Kinnealy, WJ & JM	Nagorcka, J & J	Smith, C & J	Lighting	Sporn's Plumbing	Stonefield Estate
Gardner, R & J	Klein Mr H	Nagorcka, J & L	Smith, E	Zolnierciwicz, T	Stonfield Estate	Vineyard
Garfoot, D & H	Koch, MLC, D	Napier, N	Smith, J		Studio GAS	Tara Travel
Gash, B	Krause, T	National Australia	Sobey, E		Tara Travel	Tarrington Wines
Gebert, G & R	Lacy, B	Bank	Sobey, P		The Eye Room	The Swanston Hotel
Gee, A	Laidlaw, S	Neal, T	Sommerville, R		Uebergang, P & B	Uebergang, P & B
George Street	Lakeside Fish Shop	Neeson EF & Co	Soulsby, F & D		Vitality Family Health	& Fitness
Primary School	Lane, W	Neeson RJ	Southern Grampians		Vitality Gym	Wannon River Park
Gledhill, AI & RE	Lanyon, D	Neeson J	Livestock & Real		Wards Jewellers	Wendy Burrow
Gordon Mr & Mrs R	Lawrence, D	Nepean, D	Estate		Western Van Lines	Whiting, J
Gorrie, M	Lawrence, E	Nepean, J	Speirs, S			
Gough, H	Layley, K	Nicholas, N & S	Spencer, T			
Gough, M	Lazzari, M	Norris J	Spiller, M			
Grand Central Hotel	Lazzari, P	North Hamilton Base	St Andrew's			
Green, R	Lehmann, L	Hospital Ladies	Presbyterian			
Greig, R	Leistra, O	Auxiliary	Church			
Grey, L	Lenwin Motor Inn	North, AK & LE	Staude, EM			
Grieve, A	Lewis, G	O'Brien, S	Steele, R & J			
Grotnveld, A	Lewis, G & V	O'Keefe, G	Steele, T & A			
Groves, B & P	Lewis, H & J	Oliver Snell, P	Steer, B & R			
Groves, D & T	Lewis, J	Oliver, T & N	Stebbens, W & M			
Gubbins, A	Lewis, PW & PL	Onderwater, C & AM	Stevens, L			
Habel, M & S	Leyonhjelm, G	O'Shannessy, M & P	Stevenson, RW & IH			
Hausler, M	Linke, A	Oster, B	Stewart, M			
Hamilton & District	Linke, B & V	P K Bearings P/L	Stratmann, M			
Aged Care Trust	Linke, G	Page, G & J	Street, J			
Hamilton & District	Linke, G & R	Page, R & J	Sutherland, A			
Pensioners	Linke, R	Palmer, E	Sutherland, H & M			
Association Inc.	Linke, R & J	Payne JO	Swanson, P			
Hamilton & Districts	Linke, T & D	Peach, K	Symons, K			
Stock Agents	Linke, V	Pearson, JF	Tabor Ladies Guild			
Association	Linke, Y	Pertzel, C & S	Taggart, X			
Hamilton Art Effects	Lions Club of	Pertzel, R & S				
	Coleraine					

Top of the Town Donors & Sponsors

2 Blues Timber & Plumbing
 ACE Radio
 Alexandra House
 Andrew Alstin Restorations
 AWM Electrical
 Baimbridge Antiques
 Barry Francis
 Bendigo Bank
 Brendan Roberts Photography
 Brown, D
 Caledonian Hotel
 Campes Coaches
 Coca-Cola
 Cogger, L & F
 Cogger Gurry
 Comfort Inn
 Grangeburn
 Cowland, R
 Crawford River Wines
 Cricket Australia
 David Rowe Sign Design

Legislative compliance

Right: WDHS maintenance staff achieved a milestone with the construction of the new Resident Medical Officer quarters.



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 six consultancy contracts in connection with the Coleraine District Health Service redevelopment were partially completed during the year. Payments totalling \$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 42 FOI requests were received. No request was denied, no documents were held for two requests, 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 Regulations 2006 and Building Code of Australia relevant at the time of the works.

Buildings certified for approval

A Certificate of Final Inspection was issued on 31 July 2007 on completion of a ramp meeting current disability access provisions at the Hamilton Medical Group consulting rooms at the Hamilton Base Hospital.

An Occupancy Permit was issued on 26 September 2007 on completion of the Social Club Rooms at the Hamilton Base Hospital.

Three Occupancy Permits were issued on 13 March 2008 on completion of construction of three Independent Living Units at St Josephs Court, Coleraine.

An Occupancy Permit was issued on 18 April 2008 on completion of construction of a residential accommodation at 40 Foster Street, Hamilton.

Building works 2007/08

Medical clinic shelter

A shelter was constructed at the base of the recently constructed ramp.

Social Club rooms

A specific building was constructed for the WDHS Social Club at the Hamilton Base Hospital.

ILU Coleraine

Three Independent Living Units were constructed at St Josephs Court, Coleraine.

Residential accommodation

A residential unit was constructed in Foster Street, Hamilton for accommodation for Resident Medical Officers for short term accommodation.

Infrastructure projects:

Hamilton Base Hospital

Lift upgrade – Hamilton Base Hospital

The second lift at the Hamilton Base Hospital was upgraded in accordance with current standards and disability access provisions. The lift motor and controls were replaced during the upgrade.

Coleraine Hospital

Remedial Works – Coleraine Hospital

Repairs were conducted on the fabric and services at Coleraine Hospital to retard the deterioration of the building.

Water Management Plan:

In accordance with the Water Act 1989 and the Water Industry Act 1993, WDHS developed a Water MAP (Management Action Plan) dated 12 December 2007.

The Water MAP was submitted to the local water authority – Wannon Water and DHS Sustainability Unit.

Publications

Western District Health Services maintains a website www.wdhs.net, which provides access to electronic copies of publications produced by the Health Service and information for consumers.

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 free to most households in our region and is also available on the website.

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

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

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

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

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


Mary Ann Brown
President


Jim Fletcher
Chief Executive Officer



Pat Turnbull
Chief Finance and
Accounting Officer

Hamilton
21 August 2008

Hamilton
21 August 2008

Hamilton
21 August 2008

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members of Western District Health Service

The Financial Report

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

The Board Members Responsibility for the Financial Report

The Board Members of 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 entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

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

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Level 24, 35 Collins Street, Melbourne Vic. 3000

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

Auditing in the Public Interest

VAGO

Victorian Auditor-General's Office

Independent Auditor's Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial statements published in both the annual report and on the website of Western District Health Service for the year ended 30 June 2008. The Board Members of Western District Health Service are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Western District Health Service web site.

Independence

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

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Western District Health Service as at 30 June 2008 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
3 September 2008



F. D. R. Pearson
Auditor-General

Operating Statement For the Year Ended 30 June 2008

	Note	Total 2008 \$'000	Total 2007 \$'000
Revenue from Operating Activities	2	49,448	45,670
Revenue from Non-operating Activities	2	1,502	1,271
Employee Benefits	3	(35,105)	(32,542)
Non Salary Labour Costs	3	(2,869)	(2,605)
Supplies & Consumables	3	(5,059)	(4,583)
Other Expenses From Continuing Operations	3	(7,578)	(6,855)
Net Result Before Capital & Specific Items		339	356
Capital Purpose Income	2	2,689	2,321
Depreciation and Amortisation	4	(2,287)	(2,184)
Specific Expense	22	(120)	(141)
NET RESULT FOR THE PERIOD		621	352

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

Balance Sheet For the Year Ended 30 June 2008

	Note	Total 2008 \$'000	Total 2007 \$'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	5	15,594	13,110
Receivables	6	2,435	2,286
Inventories	8	418	430
Non-Current Assets Classified as Held For Sale	9	-	40
Other Current Assets	10	-	56
Total Current Assets		18,447	15,922
Non-Current Assets			
Receivables	6	479	439
Other Financial Assets	7	1,185	1,659
Investments Accounted for using the Equity Method	22	76	280
Property, Plant & Equipment	11	50,323	50,618
Intangible Assets	13	15	26
Total Non-Current Assets		52,078	53,022
TOTAL ASSETS		70,525	68,944
LIABILITIES			
Current Liabilities			
Payables	12	2,717	3,511
Provisions	14	6,474	5,809
Other Liabilities	15	1,184	1,209
Total Current Liabilities		10,375	10,529
Non-Current Liabilities			
Provisions	14	1,181	1,040
Other Liabilities	15	4,658	3,561
Total Non-Current Liabilities		5,839	4,601
TOTAL LIABILITIES		16,214	15,130
NET ASSETS		54,311	53,814
EQUITY			
Asset Revaluation Reserve	16a	1,838	1,838
Available for Sale Revaluation Reserve	16a	(133)	385
Restricted Specific Purpose Reserve	16a	4,583	4,280
Contributed Capital	16b	49,535	49,141
Accumulated Surpluses/(Deficits)	16c	(1,512)	(1,830)
TOTAL EQUITY	16d	54,311	53,814
Contingent Liabilities and Contingent Assets	20		
Commitments for Expenditure	19		

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

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

	Note	Total 2008 \$'000	Total 2007 \$'000
Total equity at beginning of financial year		53,814	53,077
Available-for-sale investments:			
Gain/(Loss) taken to equity	16a	(518)	385
NET INCOME RECOGNISED DIRECTLY IN EQUITY		(518)	385
Net result for the year		621	352
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		103	737
Transactions with the State in its capacity as owner		394	-
Total Equity at the end of the financial year		54,311	53,814

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

Cash Flow Statement For the Year Ended 30 June 2008

	Note	Total 2008 \$'000	Total 2007 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		34,882	32,974
Patient and Resident Fees Received		10,275	9,787
Private Practice Fees Received		302	265
Interest Received		801	614
Dividend Received		91	62
GST Received from/(paid to) ATO		661	(2,054)
Other Receipts		4,606	4,462
Employee Benefits Paid		(34,549)	(32,277)
Fee for Service Medical Officers		(2,869)	(2,605)
Payments for Supplies & Consumables		(8,785)	(6,716)
Other Payments		(5,309)	(2,601)
Cash Generated from Operations		106	1,911
Capital Grants from Government		831	747
Capital Donations and Bequests Received		767	642
Other Capital Receipts		1,062	871
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	17	2,766	4,171
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant & Equipment		(2,366)	(2,559)
Proceeds from Sale of Property, Plant & Equipment		140	248
Proceeds from Sale of Investment		85	-
(Purchase) Sale of Investments		474	-
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(1,667)	(2,311)
CASH FLOWS FROM FINANCING ACTIVITIES			
Contributed Capital from Government		394	-
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES		394	-
NET INCREASE / (DECREASE) IN CASH HELD		1,493	1,860
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		9,137	7,277
CASH AND CASH EQUIVALENTS AT END OF PERIOD	5	10,630	9,137

This Statement should be read in conjunction with the accompanying notes

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Note 1: Statement of Significant Accounting Policies

(a) Statement of Compliance

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

(b) Basis of preparation

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

In the application of AAS's management is required to make 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 2008, and the comparative information presented in these financial statements for the ended 30 June 2007.

(c) 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 AAS's.

(d) Rounding of Amounts

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

(e) Cash and Cash Equivalents

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

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

(f) Receivables

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

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

(g) Inventories

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

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

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

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

Inventories acquired for no cost or nominal considerations are measured at current replacement cost at the date of acquisition.

(h) Other Financial Assets

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

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

The Health Service assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

Available-for-sale financial assets

Other financial assets held by the entity are classified as being available-for-sale and are stated at fair value. Gains and losses arising from changes in fair value are recognised directly in equity until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in profit or loss for the period. Fair value is determined in the manner described in Note 18.

(i) Intangible Assets

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

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. 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 (typically straight-line) 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 finite useful lives are amortised over a 10-15 year period. (2007 10-15 years)

Note 1: Statement of Significant Accounting Policies

(j) Property, Plant and Equipment

Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the 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 asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply.

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

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

(k) Revaluations of Property, Plant and Equipment

Non-current physical assets measured at fair value are revalued in accordance with FRD 103C. This revaluation process normally occurs every five years as dictated by timelines in FRD103C which sets the next revaluation for the Health, Welfare and Community Purpose Group to occur on 30 June 2009, or earlier should there be an indication that fair values are materially different from the carrying value. Revaluation increments or decrements arise from differences between an asset's 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 at 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 within an asset 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.

(l) 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, and are not subject to depreciation.

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 expected to be completed within one year from the date of classification.

(m) Depreciation

Assets with a cost in excess of \$1,000 (2006-07 and 2007-08) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost—or valuation—over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2007-2008	2006 - 2007
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

(n) Impairment of Assets

Intangible assets with indefinite useful lives (and intangible assets not yet available for use) are tested annually for impairment (i.e. as to whether their carrying value exceeds their recoverable amount and so require write-downs). 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.

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

(o) Payables

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

(p) Provisions

Provisions are recognised when the Health Service has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

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

(q) Resources Provided and Received Free of Charge or for Nominal Consideration

Resources provided or received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another entity or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

(r) Functional and Presentation Currency

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

Note 1: Statement of Significant Accounting Policies

(s) Goods and Services Tax

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

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

Cashflows are presented on a gross basis. The GST component of cashflows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cashflow.

(t) Employee Benefits

Wages and Salaries, Annual Leave, Sick Leave and Accrued Days Off

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

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

Long Service Leave

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

The components of this current LSL liability are measured at:

Present value – component that the Health Service does not expect to settle within 12 months; and

Nominal value – components that the Health Service expects to settle within 12 months.

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

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

Superannuation

Defined contribution plans

Contributions to defined contribution superannuation plans are expenses when incurred.

Defined benefit plans

The amount charged to the Operating Statement in respect of defined benefit plan superannuation represents the contributions made by the Health Service to the superannuation plan in respect to the current services of current Health Service staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

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

The name and details of the major employee superannuation funds and contributions made by the Health Service are as follows:

Fund	Contributions Paid or Payable for the Year	
	2008	2007
	\$'000	\$'000
Defined Benefit plans:		
Health Super	2,442	2,237
HESTA	126	115
Other	101	92
Defined Contribution plans		
Health Super	332	299
TOTAL	3,001	2,743

The Health Service does not recognise any defined benefit liability in respect of the superannuation plans because the Health Service has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial report.

Termination Benefits

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

On-Costs

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

(u) Residential Aged Care Service

The following Residential Aged Care Services operations are an integral part of the Health Service and share its resources.

- The Birches and Grange Residential Care Service (located in Hamilton)
- Kolor Lodge and W J Lewis Nursing Home (located in Penhurst)
- Valley View Nursing Home and Wannan Hostel (located in Coleraine)

These Residential Aged Care Services are substantially funded by Commonwealth bed day subsidies. Where services are co-located with other health service operations an apportionment of land and buildings has been made based on floorspace. *The results of all operations have been segregated based on actual revenue earned and expenditure incurred by each operation.*

Note 1: Statement of Significant Accounting Policies

(v) Western District Linen Service

The Western District Linen Service is a self-funding operation controlled by the Health Service Board. As the Linen Service operations are an integral part of the agency, with shared resources, its operations have been included with the Health Service for accountability.

(w) Joint Ventures

Interests in jointly controlled operations and jointly controlled assets are accounted for by recognising in the Health Service's financial statements, its share of assets, liabilities and any revenue and expenses of such joint ventures. Details of the joint venture are set out in Note 22.

(x) Intersegment Transactions

Transactions between segments within the Health Service have been eliminated to reflect the extent of the Health Service's operations as a group.

(y) Leases

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

Entity as lessee

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

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

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

(z) Income Recognition

Income is recognised in accordance with AASB 118 *Revenue* and is recognised as to the extent it is earned. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Government Grants

Grants are recognised as income when the Health Service gains control of the underlying assets in accordance with AASB 1004 Contributions. For reciprocal grants the Health Service is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants the Health Service is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Indirect Contributions

- Insurance is recognised as revenue following advice from the Department of Human Services.
- Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 13/2008.

Patient Fees

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

Private Practice Fees

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

Donations and Other Bequests

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

Dividend Revenue

Dividend revenue is recognised on a receivable basis

Interest Revenue

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

(aa) 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.

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

(ac) Comparative Information

Where necessary the previous year's figures have been reclassified to facilitate comparisons.

Operating Statement - Share of Net Result of Associates & Joint Ventures Accounted for using the Equity Model Expense 2006/2007 (141,000) is now recognised as a Specific Expense in the Operating Statement for 2007/2008 comparatives.

Note 2 & 2a - 2006/2007 comparatives changes in accordance with 2007-2008 Annual Reporting Guidelines.

Note 3 & 3a - 2006/2007 comparatives changes in accordance with 2007-2008 Annual Reporting Guidelines.

(ad) Asset Revaluation Reserve

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

(ae) 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.

Note 1: Statement of Significant Accounting Policies

(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 is 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 to Operating Statement). 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:

- Non-current asset revaluation increments/decrements
- Diminution in investments

- Impairment of non current assets, includes all impairment losses (and reversal of previous impairment losses), related to non current assets only which have been recognised in accordance with Note 1 (j)

- Depreciation and amortisation, as described in Note 1 (n)

- Assets provided free of charge, as described in Note 1 (r)

- Expenditure using capital purpose income, which comprises expenditure which either falls below the asset capitalization threshold (Note 1 (j) and (k)) or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

(ai) Category Groups

Western District Health Service has used the following category groups for reporting purposes for the current and previous financial years.

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

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

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

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

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

Note 1: Statement of Significant Accounting Policies

(ah) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2008 reporting period. As at 30 June 2008, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008.

The Health Service has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for reporting periods beginning on or ending on	Impact on Health Service's Annual Statements
AASB 2007-2 Amendments to Australian Accounting Standards arising from AASB Interpretation 12	Amendments arise from the release in February 2007 of Interpretation 12 Service Concession Arrangements	Beginning 1 July 2008	The impact of any changes that may be required cannot be reliably estimated and is not disclosed in the financial report.
AASB 8 Operating Segments.	Supersedes AASB 114. Segment Reporting	Beginning 1 January 2009	Not applicable.
AASB 2007-3 Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 and AASB 1038]	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	Impact not expected to be significant.
AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]	Option to expense borrowing cost related to a qualifying asset had been removed. Entities are now required to capitalise borrowing costs relevant to qualifying assets.	Beginning 1 January 2009	All Australian Government jurisdictions are currently still actively pursuing an exemption for government for capitalising borrowing costs.
AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101.	Editorial amendments to Australian Accounting Standards to align with IFRS technology.	Beginning 1 January 2009	Impact not expected to be significant.
Interpretation 12 Service Concession Agreements	Amendments arising from the release of AASB 2007-6	Beginning 1 January 2009	Impact not expected to be significant.
AASB 1004 (Revised) Contributions	Relocation of requirements on contributions from AAS's 27,29 and 31, into AASB 1004	Beginning 1 July 2008	Impact not expected to be significant
AASB 1050 Administered Items	Relocation of the requirements for the disclosure of administered items from AAS 29 into a new topic-based Standard	Beginning 1 July 2008	Impact not expected to be significant.
AASB 1051 Land under Roads	Relocation of the requirements for the disclosure into a new topic-based Standard	Beginning 1 July 2008	Impact not expected to be significant.
AASB 1052 Disaggregated Disclosures	Relocation of the requirements relating to the reporting of disaggregated information from AAS 27 and AAS 29, into a new topic-based Standard.	Beginning 1 July 2008	Impact not expected to be significant.
Interpretation 1038 (Revised) Contributions by Owners Made to Wholly-Owned Public Sector Entities	Relocation of requirements on contributions from AAS's 27, 29 and 31, into AASB 1004.	Beginning 1 July 2007	Impact not expected to be significant.
AASB 2007-09 Amendments to Australian Accounting Standards arising from the Review of AAS's 27, 29 and 31 [AASB 3, AASB 5, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137]	Relocation of certain relevant requirements from AAS's 27, 29 and 31, into existing topic-based Standards. In particular, this Standard addresses: (a)the notion of reporting entity as it applies to local governments, governments and government departments; (b)restructures of local governments; (c)infrastructure, cultural, community and heritage assets; (d)control in the public sector; and (e) obligations arising from local government and government existing public policies, budget policies, election promises or statements of intent. The Standard also makes consequential amendments, arising from the short-term review of the requirements in AAS's 27, 29 and 31 to AASB 5, AASB 8, AASB 101 and AASB 114.	Beginning 1 July 2008	Impact not expected to be significant.

Note 2: Revenue

	HSA 2008 \$'000	HSA 2007 \$'000	Non HSA 2008 \$'000	Non HSA 2007 \$'000	Total 2008 \$'000	Total 2007 \$'000
Revenue from Operating Activities						
Government Grants						
- Department of Human Services	33,504	30,882	-	-	33,504	30,882
- State Government - Other	120	98	-	-	120	98
- Commonwealth Government - Other	320	318	5	7	325	325
Total Government Grants	33,944	31,298	5	7	33,949	31,305
Indirect Contributions by Department of Human Services						
- Insurance	963	1,262	-	-	963	1,262
Total Indirect Contributions by Department of Human Services	963	1,262	-	-	963	1,262
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	2,501	2,367	-	-	2,501	2,367
- Resident Aged Care (refer note 2b)	7,829	7,448	-	-	7,829	7,448
Total Patient & Resident Fees	10,330	9,815	-	-	10,330	9,815
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities	-	-	302	265	302	265
- Catering	-	-	288	247	288	247
- Laundry	-	-	360	529	360	529
- Cafeteria	-	-	179	194	179	194
- Other	-	-	3,077	2,053	3,077	2,053
Total Business Units and Specific Purpose Funds	-	-	4,206	3,288	4,206	3,288
Sub-Total Revenue from Operating Activities	45,237	42,375	4,211	3,295	49,448	45,670
Revenue from Non-Operating Activities						
Interest	-	-	836	625	836	625
Dividends	-	-	91	62	91	62
Property Income	-	-	575	584	575	584
Sub-Total Revenue from Non-Operating Activities	-	-	1,502	1,271	1,502	1,271
Revenue from Capital Purpose Income						
State Government Capital Grants						
- Targeted Capital Works and Equipment	831	719	-	-	831	719
Commonwealth Government Capital Grants	0	28	-	-	-	28
Residential Accommodation Payments (refer note 2b)	1,062	871	-	-	1,062	871
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	-	-	29	61	29	61
Donations and Bequests	-	-	767	642	767	642
Sub-Total Revenue from Capital Purpose Income	1,893	1,618	796	703	2,689	2,321
Total Revenue (refer to note 2a)	47,130	43,993	6,509	5,269	53,639	49,262

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 2a: Analysis of Revenue by Source

	Acute Health 2008 \$'000	RAC 2008 \$'000	Aged Care 2008 \$'000	Primary Health 2008 \$'000	Other 2008 \$'000	Total 2008 \$'000
Revenue from Services Supported by Health Services Agreement						
Government Grants	25,678	2,373	4,535	1,363	-	33,949
Indirect contributions by Department of Human Services	783	60	88	32	-	963
Capital Purpose Income (refer note 2)	831	-	-	-	-	831
Patient and Resident Fees (refer note 2b)	1,800	7,829	701	-	-	10,330
Interest and Dividends	-	-	-	-	927	927
Residential Accommodation Payments (refer note 2b)	-	1,062	-	-	-	1,062
Sub-Total Revenue from Services Supported by Health Services Agreement	29,092	11,324	5,324	1,395	927	48,062
Revenue from Services Supported by Hospital and Community Initiatives						
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities	-	-	-	4,206	-	4,206
- Other	-	-	-	575	-	575
Capital Purpose Income (refer note 2)	-	-	-	-	796	796
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	4,781	796	5,577
Total Revenue from Operations	29,092	11,324	5,324	6,176	1,723	53,639

	Acute Health 2007 \$'000	RAC 2007 \$'000	Aged Care 2007 \$'000	Primary Health 2007 \$'000	Other 2007 \$'000	Total 2007 \$'000
Revenue from Services Supported by Health Services Agreement						
Government Grants	24,678	2,312	3,001	1,307	7	31,305
Indirect contributions by Department of Human Services	1,026	79	115	42	-	1,262
Capital Purpose Income (refer note 2)	747	-	-	-	-	747
Patient and Resident Fees (refer note 2b)	1,786	7,448	581	-	-	9,815
Interest and Dividends	-	-	-	-	687	687
Residential Accommodation Payments (refer note 2b)	-	871	-	-	-	871
Sub-Total Revenue from Services Supported by Health Services Agreement	28,237	10,710	3,697	1,349	694	44,687
Revenue from Services Supported by Hospital and Community Initiatives						
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities	-	-	-	-	3,288	3,288
- Other	-	-	-	-	584	584
Capital Purpose Income (refer note 2)	-	-	-	-	703	703
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	4,575	4,575
Total Revenue from Operations	28,237	10,710	3,697	1,349	5,269	49,262

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: Patient and Resident Fees

	Total 2008 \$'000	Total 2007 \$'000
Patient and Resident Fees Raised		
Recurrent:		
Acute		
– Inpatients	1,800	1,786
– Outpatients	343	314
Residential Aged Care		
– Generic	7,829	7,448
Other	358	267
Total Recurrent	10,330	9,815
Capital Purpose:		
Residential Accommodation Payments(*)	1,062	871
Total Capital	1,062	871

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

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

	Total 2008 \$'000	Total 2007 \$'000
Proceeds from Disposals of Non-Current Assets		
Land	8	-
Plant & Equipment	-	1
Medical Equipment	-	40
Motor Vehicles	132	207
Total Proceeds from Disposal of Non-Current Assets	140	248
Less: Written Down Value of Non-Current Assets Sold		
Land	8	-
Plant & Equipment	-	7
Medical Equipment	-	11
Furniture & Fittings	-	4
Motor Vehicles	103	165
Total Written Down Value of Non-Current Assets Sold	111	187
Net gains/(losses) on Disposal of Non-Current Assets	29	61

Note 3: Expenses

	HSA 2008 \$'000	HSA 2007 \$'000	Non HSA 2008 \$'000	Non HSA 2007 \$'000	Total 2008 \$'000	Total 2007 \$'000
Employee Benefits						
Salaries & Wages	29,456	27,411	1,192	1,211	30,648	28,622
WorkCover Premium	514	369	22	16	536	385
Departure Packages	-	42	-	-	-	42
Long Service Leave	881	719	39	31	920	750
Superannuation	2,877	2,627	124	116	3,001	2,743
Total Employee Benefits	33,728	31,168	1,377	1,374	35,105	32,542
Non Salary Labour Costs						
Fees for Visiting Medical Officers	2,869	2,605	-	-	2,869	2,605
Total Non Salary Labour Costs	2,869	2,605	-	-	2,869	2,605
Supplies and Consumables						
Drug Supplies	1,117	1,056	-	-	1,117	1,056
S100 Drugs	238	171	-	-	238	171
Medical, Surgical Supplies and Prosthesis	2,258	2,031	14	14	2,272	2,045
Pathology Supplies	229	206	-	-	229	206
Food Supplies	1,069	970	134	135	1,203	1,105
Total Supplies and Consumables	4,911	4,434	148	149	5,059	4,583
Other Expenses from Continuing Operations						
Domestic Services & Supplies	351	306	166	142	517	448
Fuel, Light, Power and Water	758	801	28	21	786	822
Insurance costs funded by DHS	963	1,262	-	-	963	1,262
Motor Vehicle Expenses	235	222	-	-	235	222
Repairs & Maintenance	654	852	46	44	700	896
Maintenance Contracts	124	131	1	2	125	133
Patient Transport	242	324	-	-	242	324
Bad & Doubtful Debts	19	32	4	1	23	33
Lease Expenses	239	209	-	-	239	209
Other Administrative Expenses	3,553	2,319	164	114	3,717	2,433
Audit Fees	31	73	-	-	31	73
Total Other Expenses from Continuing Operations	7,169	6,531	409	324	7,578	6,855
Specific Expense (refer note 22)	120	141	-	-	120	141
Depreciation and Amortisation (refer note 4)	2,287	2,184	-	-	2,287	2,184
Total	2,407	2,184	-	-	2,407	2,325
Total Expenses	51,084	46,922	1,934	1,847	53,018	48,910

Note 3a: Analysis of Expenses by Source

	Acute Health 2008 \$'000	RAC 2008 \$'000	Aged Care 2008 \$'000	Primary Health 2008 \$'000	Other 2008 \$'000	Total 2008 \$'000
Services Supported by Health Services Agreement						
Employee Benefits	18,623	8,935	3,659	1,606	905	33,728
Non Salary Labour Costs	2,869	-	-	-	-	2,869
Supplies & Consumables	3,117	907	434	289	164	4,911
Other Expenses From Continuing Operations	4,497	1,589	661	414	8	7,169
Specific Expense	-	-	-	-	120	120
Depreciation and Amortisation (refer note 4)	1,737	349	89	43	69	2,287
Sub-Total Expenses from Services Supported by Health Services Agreement	30,843	11,780	4,843	2,352	1,266	51,084
Services Supported by Hospital and Community Initiatives						
Employee Benefits	-	-	-	-	1,377	1,377
Supplies & Consumables	-	-	-	-	148	148
Other Expenses From Continuing Operations	-	-	-	-	409	409
Sub-Total Expense from Services Supported by Hospital and Community Initiatives (3b)	-	-	-	-	1,934	1,934
Total Expenses	30,843	11,780	4,843	2,352	3,200	53,018

	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	17,567	8,435	2,929	1,465	772	31,168
Non Salary Labour Costs	2,605	-	-	-	-	2,605
Supplies & Consumables	2,696	983	378	190	187	4,434
Other Expenses From Continuing Operations	4,133	1,398	596	279	125	6,531
Specific Expense	-	-	-	-	141	141
Depreciation and Amortisation (refer note 4)	1,659	334	85	41	65	2,184
Sub-Total Expenses from Services Supported by Health Services Agreement	28,660	11,150	3,988	1,975	1,290	47,063
Services Supported by Hospital and Community Initiatives						
Employee Benefits	-	-	-	-	1,374	1,374
Supplies & Consumables	-	-	-	-	149	149
Other Expenses From Continuing Operations	-	-	-	-	324	324
Sub-Total Expense from Services Supported by Hospital and Community Initiatives (3b)	-	-	-	-	1,847	1,847
Total Expenses	28,660	11,150	3,988	1,975	3,137	48,910

Note 3b: Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives

	Total 2008 \$'000	Total 2007 \$'000
Private Practice and Other Patient Activities	547	507
Catering	328	296
Laundry	867	883
Cafeteria	74	79
Property Expenses	118	82
TOTAL	1,934	1,847

Note 4: Depreciation and Amortisation

	Total 2008 \$'000	Total 2007 \$'000
Depreciation		
Landscaping	56	60
Buildings	1,182	1,157
Plant & Equipment	176	141
Medical Equipment	435	399
Computers and Communication	58	85
Furniture and Fittings	87	77
Motor Vehicles	282	254
Total Depreciation	2,276	2,173
Amortisation		
Intangible Assets	11	11
Total Amortisation	11	11
Total Depreciation & Amortisation	2,287	2,184

Note 5: 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 2008 \$'000	Total 2007 \$'000
Cash on Hand	4	4
Cash at Bank	11,390	9,406
Deposits at Call	4,200	3,700
TOTAL	15,594	13,110
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	10,630	9,137
Cash for Monies Held in Trust	4,964	3,973
TOTAL	15,594	13,110

Note 6: Receivables

	Total 2008 \$'000	Total 2007 \$'000
CURRENT		
Trade Debtors	799	808
Patient Fees	609	491
Accrued Investment Income	35	38
Accrued Revenue - Other	7	32
Accommodation Bonds Owing	878	797
GST Receivable	180	157
TOTAL	2,508	2,323
LESS Provision for Doubtful Debts		
Trade Debtors	(39)	(21)
Patient Fees	(34)	(16)
TOTAL CURRENT RECEIVABLES	2,435	2,286
NON CURRENT		
DHS - Long Service Leave	479	439
TOTAL NON-CURRENT RECEIVABLES	479	439
TOTAL RECEIVABLES	2,914	2,725
(a) Movement in the Allowance for doubtful debts		
	Total 2008 \$'000	Total 2007 \$'000
Balance at beginning of year	37	129
Amounts written off during the year		
Amounts recovered during the year	(11)	(101)
Increase/(decrease) in allowance recognised in profit or loss	47	9
Balance at end of year	73	37
(b) Ageing analysis of receivables		
Refer to Note 18(c) for the ageing analysis of receivables		
(c) Nature and extent of risk arising from receivables		
Refer to Note 18(c) for the nature and extent of credit risk arising from receivables.		

Note 7: Other Financial Assets

	Specific Purpose Fund 2008 \$'000	Specific Purpose Fund 2007 \$'000	Capital Fund 2008 \$'000	Capital Fund 2007 \$'000	Total 2008 \$'000	Total 2007 \$'000
Shares	1,177	1,651			1,177	1,651
Aust. Dollar Term Deposits			8	8	8	8
TOTAL	1,177	1,651	8	8	1,185	1,659
Represented by:						
Health Service Investments	1,177	1,651	8	8	1,185	1,659
TOTAL	1,177	1,651	8	8	1,185	1,659

(b) Ageing analysis of other financial assets

Refer to Note 18(c) for the ageing analysis of other financial assets

(c) Nature and extent of risk arising arising from other financial assets

Refer to Note 18(c) for the nature and extent of credit risk arising from other financial assets.

Note 8: Inventories

	Total 2008 \$'000	Total 2007 \$'000
CURRENT		
Pharmaceuticals - at cost	125	116
Catering Supplies - at cost	15	15
Housekeeping Supplies - at cost	28	25
Medical and Surgical Lines - at cost	59	58
Engineering Stores - at cost	1	1
Administration Stores - at cost	36	35
Circulating Linen - at net realisable value	154	180
TOTAL INVENTORIES	418	430

Note 9: Non-Current Assets Classified as Held For Sale

	Total 2008 \$'000	Total 2007 \$'000
Freehold Land at valuation	–	40
TOTAL	–	40

Note 10: Other Current Assets

	Total 2008 \$'000	Total 2007 \$'000
Prepayments	–	56
TOTAL	–	56

Note 11: Property, Plant & Equipment

	Total 2008 \$'000	Total 2007 \$'000
Land		
- Land at Cost	242	242
Less Impairment		
- Land at Valuation	1,657	1,625
Less Impairment		
- Landscaping at Valuation	1,132	1,132
Less Impairment	(116)	(60)
Total Land	2,915	2,939
Buildings		
- Buildings Under Construction	713	524
- Buildings at Cost	1,258	494
Less Accumulated Depreciation and Impairment	(28)	(2)
	1,230	492
- Buildings at Valuation	43,079	43,079
Less Accumulated Depreciation and Impairment	(2,311)	(1,155)
	40,768	41,924
Total Buildings	42,711	42,940
Plant and Equipment at Cost		
- Plant and Equipment	3,332	3,258
Less Accumulated Depreciation and Impairment	(2,021)	(1,845)
Total Plant and Equipment	1,311	1,413
Medical Equipment at Cost		
- Medical Equipment	4,888	4,468
Less Accumulated Depreciation and Impairment	(3,128)	(2,693)
Total Medical Equipment	1,760	1,775
Computers and Communication at Cost		
- Computers and Communication	841	792
Less Accumulated Depreciation and Impairment	(618)	(560)
Total Computers and Communications	223	232
Furniture and Fittings at Cost		
- Furniture and Fittings	1,306	1,101
Less Accumulated Depreciation and Impairment	(866)	(779)
Total Furniture and Fittings	440	322
Motor Vehicles at Cost		
- Motor Vehicles	1,682	1,539
Less Accumulated Depreciation and Impairment	(719)	(542)
Total Motor Vehicles	963	997
TOTAL	50,323	50,618

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 \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Computers & Communications \$'000	Furniture & Fittings \$'000	Motor Vehicles \$'000	Total \$'000
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 4)	(60)	(1,157)	(141)	(399)	(85)	(77)	(254)	(2,173)
Balance at 1 July 2007	2,939	42,940	1,413	1,775	232	322	997	50,618
Additions	-	953	74	420	49	205	353	2,054
Amount transferred from asset classified as held for sale	40	-	-	-	-	-	-	40
Disposals	(8)	-	-	-	-	-	(105)	(113)
Depreciation and Amortisation (note 4)	(56)	(1,182)	(176)	(435)	(58)	(87)	(282)	(2,276)
Balance at 30 June 2008	2,915	42,711	1,311	1,760	223	440	963	50,323

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 12: Payables

	Total 2008 \$'000	Total 2007 \$'000
CURRENT		
Trade Creditors	1,041	1,567
Accrued Expenses	380	249
GST Payable	42	316
DHS	441	504
Other	813	875
TOTAL	2,717	3,511

(b) Maturity analysis of payables

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

(b) Nature and extent of risk arising from payables

Refer to Note 18(c) for the nature and extent of credit risk arising from payables.

Note 13: Intangible Assets

	Total 2008 \$'000	Total 2007 \$'000
Computer Software	166	166
Less Accumulated Amortisation and Impairment	(151)	(140)
Total Written Down Value	15	26

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

Computer Software	Total 2008 \$'000	Total 2007 \$'000
Balance at beginning of year	26	37
Amortisation (note 4)	(11)	(11)
Balance at end of year	15	26

Note 14: Provisions

	Total 2008 \$'000	Total 2007 \$'000
CURRENT		
Employee Benefits (refer Note 14a)	6,474	5,809
TOTAL	6,474	5,809
NON-CURRENT		
Employee Benefits (refer Note 14a)	1,181	1,040
TOTAL	1,181	1,040

Note 14a: Employee Benefits

	Total 2008 \$'000	Total 2007 \$'000
CURRENT		
Unconditional Long Service Leave Entitlements	2,934	2,682
Annual Leave	2,635	2,529
Accrued Wages and Salaries	834	534
Accrued Days Off	71	64
TOTAL	6,474	5,809
Current Employee benefits that:		
Expected to be utilised within 12 months (nominal value)	3,464	3,001
Expected to be utilised after 12 months (present value)	3,010	2,808
	6,474	5,809
NON-CURRENT		
Conditional Long Service Leave Entitlements (present value)	1,181	1,040
TOTAL	7,655	6,849
Movement in Long Service Leave:		
Balance at start of year	3,722	3,557
Provision made during the year	909	786
Settlement made during the year	516	621
Balance at end of year	4,115	3,722

* 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 15: Other Liabilities

	Total 2008 \$'000	Total 2007 \$'000
CURRENT		
Monies Held in Trust*		
- Patient Monies Held in Trust	299	-
- Accommodation Bonds (Refundable Entrance Fees)	885	1,209
Total Current	1,184	1,209
NON CURRENT		
Monies Held in Trust*		
- Accommodation Bonds (Refundable Entrance Fees)	4,658	3,561
Total Non Current	4,658	3,561
Total Other Liabilities	5,842	4,770
* Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets (refer to Note 5)	4,964	3,973
Receivables (refer to Note 6)	878	797
TOTAL	5,842	4,770

Note 16: Equity & Reserves

	Total 2008 \$'000	Total 2007 \$'000
(a) Reserves		
Land and Buildings Asset Revaluation Reserve		
Balance at the beginning of the reporting period	1,838	1,838
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	385	-
Valuation gain / (loss) recognised	(518)	385
Balance at end of the reporting period	(133)	385
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	4,280	3,888
Transfer to Restricted Specific Purpose Reserve	-	-
Transfer to Asset Replacement Reserve for Aged Care Capital Income	1,062	871
Transfer from Asset Replacement Reserve	(877)	(547)
Transfer Specific Donations/Bequests from Accumulated Surpluses	118	68
Balance at the end of the reporting period	4,583	4,280
Total Reserves	6,288	6,503
(b) Contributed Capital		
Balance at the beginning of the reporting period	49,141	49,141
Capital contribution received from Victorian Government	394	-
Balance at the end of the reporting period	49,535	49,141
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(1,830)	(1,790)
Net Result for the Year	621	352
Transfer to Restricted Specific Purpose Reserve	-	-
Transfer to Asset Replacement Reserve for Aged Care Capital Income	(1,062)	(871)
Transfer from Asset Replacement Reserve	877	547
Transfer Specific Donations and Bequests to Restricted Specific Purpose Reserves	(118)	(68)
Balance at the end of the reporting period	(1,512)	(1,830)
Total Equity at the reporting date	54,311	53,814

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

	Total 2008 \$'000	Total 2007 \$'000
Net Result for the Year	621	352
Depreciation & Amortisation	2,287	2,184
Net (Gain)/Loss from Sale of Plant and Equipment	(29)	(62)
Net (Gain)/Loss from Sale of Investment	(85)	-
Change in Operating Assets & Liabilities,		
Increase/(Decrease) in Payables	(111)	1,138
Increase/(Decrease) in Employee Benefits	806	514
Increase/(Decrease) in Other Liabilities	(743)	322
(Increase)/Decrease in Other Current Assets	(35)	(49)
(Increase)/Decrease in Inventory	8	-
(Increase)/Decrease in Prepayments	118	(187)
(Increase)/Decrease in Receivables	(71)	(41)
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	2,766	4,171

Note 18: Financial Instruments

(a) 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, with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the financial statements.

(b) Categorisation of Financial Instruments

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

	Note	Category	Carrying Amount 2008 \$'000	Carrying Amount 2007 \$'000
Financial Assets				
Cash and cash equivalents	5	N/A	15,594	13,110
Receivables	6	Receivables	2,734	2,568
Other financial assets	7	Available for sale financial assets (at fair value)	1,185	1,659
Financial Liabilities				
Payables	12	Financial liabilities measured at amortised cost	2,675	3,195
Accommodation Bonds	15	Financial liabilities measured at amortised cost	5,842	4,770

(c) Credit Risk

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

Interest rate exposure and ageing analysis of financial asset at 30 June 2008.

	Weighted Average Effective Interest Rates (%)	Carrying Amount \$'000	Interest Rate Exposure			Not Past Due and Not Impaired \$'000	Less than 1 Month \$'000	Past Due But Not Impaired				Impaired Financial Assets \$'000
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non Interest Bearing \$'000			1-3 Months \$'000	3 Months 1 Year \$'000	1-5 Years \$'000	Over 5 Years \$'000	
2008												
Financial Assets												
Cash and Cash Equivalents	7.15	15,594	-	15,590	4	15,594	-	-	-	-	-	-
Receivables	-	2,734	-	-	2,734	-	1,376	327	552	479	-	-
Other Financial Assets	-	1,185	-	-	1,185	1,185	-	-	-	-	-	-
Total Financial Assets		19,513	-	15,590	3,923	16,779	1,376	327	552	479	-	-
2007												
Financial Assets												
Cash and Cash Equivalents	5.75	13,110	-	13,106	4	13,110	-	-	-	-	-	-
Receivables	-	2,568	-	-	2,568	-	1,298	308	523	439	-	-
Other Financial Assets	-	1,659	-	-	1,659	1,659	-	-	-	-	-	-
Total Financial Assets		17,337	-	13,106	4,231	14,769	1,298	308	523	439	-	-

(d) Liquidity Risk

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

Interest rate exposure and maturity analysis of financial liabilities at 30 June 2008.

	Carrying Amount \$'000	Interest Rate Exposure			Weighted Average Effective Interest Rates (%)	Contractual Cash Flows \$'000	Less than 1 Month \$'000	1-3 Months \$'000	Maturity Dates			Over 5 Years \$'000
		Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non Interest Bearing \$'000					3 Months 1 Year \$'000	1-5 Years \$'000		
2008												
Payables												
Trade Creditors and Accruals	2,675	-	-	2,675	-	2,675	2,122	112	441	-	-	-
Accommodation Bonds	5,842	-	5,842	-	7.15	5,842	-	-	1,184	4,658	-	-
Total Financial Liabilities	8,517	-	5,842	2,675	-	8,517	2,122	112	1,625	4,658	-	-
2007												
Payables												
Trade Creditors and Accruals	3,195	-	-	3,195	-	3,195	3,195	-	-	-	-	-
Accommodation Bonds	4,770	-	4,770	-	5.75	4,770	-	-	1,209	3,561	-	-
Total Financial Liabilities	7,965	-	4,770	3,195	-	7,965	3,195	-	1,209	3,561	-	-

(e) Market Risk**Currency Risk**

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

Interest Rate Risk

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

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience, the Health Service believe the following movements are "reasonably possible" over the next 12 months (Base rates are sourced from the Federal Bank of Australia).

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

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

	Carrying Amount	Interest Rate Risk				Other Price Risk			
		-1%		1%		-10%		10%	
		Profit	Equity	Profit	Equity	Profit	Equity	Profit	Equity
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
2008									
Financial Assets									
Cash and Cash Equivalents	15,594	(155)	(155)	155	155	-	-	-	-
Receivables	2,734	-	-	-	-	-	-	-	-
Other Financial Assets	1,185	-	-	-	-	(118)	(118)	118	118
Financial Liabilities									
Trade Creditors and Accruals	2,675	-	-	-	-	-	-	-	-
Accommodation Bonds	5,842	-	-	-	-	-	-	-	-
2007									
Financial Assets									
Cash and Cash Equivalents	13,110	(131)	(131)	131	131	-	-	-	-
Receivables	2,568	-	-	-	-	-	-	-	-
Other Financial Assets	1,659	-	-	-	-	(166)	(166)	166	166
Financial Liabilities									
Trade Creditors and Accruals	3,195	-	-	-	-	-	-	-	-
Accommodation Bonds	4,770	-	-	-	-	-	-	-	-

Note 19: Commitments for Expenditure

	Total 2008 \$'000	Total 2007 \$'000
Capital Commitments		
Land & Buildings - Preconstruction Costs	353	756
Plant & Equipment	207	162
Total Capital Commitments	560	918
Land & Buildings - Preconstruction Costs Not later than one year	560	918
TOTAL	560	918
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases - Computers and Office Equipment	462	422
Total Lease Commitments	462	422
Operating Leases		
<i>Non-cancellable</i>		
Not later than one year	220	201
Later than one year and not later than 5 years	242	221
Later than 5 years		-
TOTAL	462	422

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 20: 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. (2007 nil)

Note 21: Segment Reporting

	Hospital 2008 \$'000	RACS 2008 \$'000	Linen Service 2008 \$'000	Primary Care 2008 \$'000	Eliminations 2008 \$'000	Total 2008 \$'000
REVENUE						
External Segment Revenue	39,714	11,324	370	1,395		52,803
Intersegment Revenue	358		486		(844)	
Total Revenue	40,072	11,324	856	1,395	(844)	52,803
EXPENSES						
External Segment Expenses	(38,435)	(11,780)	(451)	(2,352)	-	(53,018)
Intersegment Expenses	(358)		(486)		844	
Total Expenses	(38,793)	(11,780)	(937)	(2,352)	844	(53,018)
Net Result from ordinary activities	1,279	(456)	(81)	(957)	-	(215)
Interest Income	836	-	-	-	-	836
Share of Net Result of Associates & Joint Ventures using Equity Model		-	-	-	-	-
Net Result for Year	2,115	(456)	(81)	(957)	-	621
OTHER INFORMATION						
Segment Assets	-	-	-	-	-	-
Unallocated Assets	50,303	16,017	683	3,522	-	70,525
Total Assets	50,303	16,017	683	3,522	-	70,525
Segment Liabilities	-	-	-	-	-	-
Unallocated Liabilities	8,490	7,347	142	235	-	16,214
Total Liabilities	8,490	7,347	142	235	-	16,214
Investments in associates and joint venture	76					76
Depreciation & amortisation expense	1,825	349	70	43	-	2,287
Non cash expenses other than depreciation	871	60		32	-	963

	Hospital 2007 \$'000	RACS 2007 \$'000	Linen Service 2007 \$'000	Primary Care 2007 \$'000	Eliminations 2007 \$'000	Total 2007 \$'000
REVENUE						
External Segment Revenue	36,051	10,710	527	1,349		48,637
Intersegment Revenue	349		474		(823)	
Total Revenue	36,400	10,710	1,001	1,349	(823)	48,637
EXPENSES						
External Segment Expenses	(35,113)	(11,150)	(531)	(1,975)	-	(48,769)
Intersegment Expenses	(349)		(474)		823	
Total Expenses	(35,462)	(11,150)	(1,005)	(1,975)	823	(48,769)
Net Result from ordinary activities	938	(440)	(4)	(626)	-	(132)
Interest Income	625	-	-	-	-	625
Share of Net Result of Associates & Joint Ventures using Equity Model	(141)	-	-	-	-	(141)
Net Result for Year	1,422	(440)	(4)	(626)	-	352
OTHER INFORMATION						
Segment Assets	-	-	-	-	-	-
Unallocated Assets	49,442	15,412	647	3,443	-	68,944
Total Assets	49,442	15,412	647	3,443	-	68,944
Segment Liabilities	-	-	-	-	-	-
Unallocated Liabilities	9,320	5,473	118	219	-	15,130
Total Liabilities	9,320	5,473	118	219	-	15,130
Investments in associates and joint venture	280					280
Depreciation & amortisation expense	1,670	334	54	126	-	2,184
Non cash expenses other than depreciation	1,141	79		42	-	1,262

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

Business Segments

Hospitals
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 pricing is at cost

Geographical Segment

Western District Health Service operates predominately 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	Ownership Interest	
		2008 %	2007 %
South West Alliance of Rural Health	Information Technology	12.26%	15%

Western District Health Service interest in assets employed in the above jointly controlled operations and assets is detailed below. The amounts are included in the financial statements and consolidated financial statements under their respective asset categories:

	2008 \$'000	2007 \$'000
Current Assets	101	142
Non Current Assets	87	475
Share of Total Assets	188	617
Current Liabilities	111	337
Non Current Liabilities	1	-
Share of Total Liabilities	112	337
Net Share of Joint Venture	76	280
Share of Current Year Profit / (Loss)	(120)	(141)
Capital Commitment	-	27

Note 23: Remuneration of Auditors

	Total 2008 \$'000	Total 2007 \$'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	12
Payable as at 30 June	15	22
	27	34

Note 24: Responsible Persons and Executive Officer Disclosures

(a) Responsible Persons

	Period
Responsible Ministers	
The Honourable Bronwyn Pike, MLA, Minister for Health	1/07/2007 - 3/08/2007
The Honourable Daniel Andrews, MLA, Minister for Health	3/08/2007 - 30/06/2008
Governing Boards	
Mr R. Walter	1/07/2007 - 30/06/2008
Ms M. Brown	1/07/2007 - 30/06/2008
Ms J. Hutton	1/07/2007 - 30/06/2008
Ms E. Lawrence	1/07/2007 - 30/06/2008
Mr R. Jones	1/07/2007 - 30/06/2008
Mr P. Irvin	1/07/2007 - 30/06/2008
Mr H. Macdonald	1/07/2007 - 30/06/2008
Accountable Officers	
Mr J. Fletcher	1/07/2007 - 30/06/2008

(b) Remuneration of Responsible Persons

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

Income Band	2008	2007
	No.	No.
\$0 - \$9,999	7	9
\$220,000 - \$229,999	-	1
\$230,000 - \$239,999	1	-
	8	10
Total remuneration received or due and received by Responsible Persons from the reporting entity amounted to:	236,731	226,155

(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	
	2008	2007	2008	2007
\$100,000 - \$109,999	1	-	1	-
\$120,000 - \$129,999	1	-	1	-
\$130,000 - \$139,999	-	1	1	1
\$140,000 - \$149,999	1	1	1	1
\$150,000 - \$159,999	1	-	-	-
\$170,000 - \$179,999	-	1	-	1
	4	3	4	3
	533,773	456,871	513,773	446,871

Note 25: 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
Mr Geoff Handbury AO	Medical Equipment - Hamilton Base Hospital	50
Mr Geoff Handbury AO	Youthbiz Program	40
Jack Brockhoff Foundation	Coleraine District Health Service Redevelopment	32
Collier Charitable Trust	Coleraine District Health Service Redevelopment	30
		102

Note 26: Events Occuring after the Balance Sheet Date

There were no events occurring after reporting date, which require additional information to be disclosed.

The tenth Annual Report of the Western District Health Service is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure statements.

Legislation	Requirement	Page Reference
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Glossary of terms

10MMM	Multi Media Mayhem project in 10 towns of Southern Grampians Shire	HRIS	Human Resources Information System
A&E	Accident and Emergency	HVAC	Heating, Ventilation and Cooling
ACAS	Aged Care Assessment Service	ICT	Information, Communication and Technology
ACHS	Australian Council on Healthcare Standards	ICU	Intensive Care Unit
ACHSE	Australian College of Health Service Executives	ILU	Independent Living Unit
ACSAA	Aged Care Standards and Accreditation Agency	IT	Information Technology
ADASS	Adult Day Activity and Support Service	LAN	Local Area Network
ARA	Australasian Reporting Awards	MOU	Memorandum of Understanding
Best practice	the way leading edge organisations deliver world class performance	NCCFFH	National Centre for Farmer Health
BHSM	Better Health Self Management	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	PACS	Picture Archival and Communication System
CBR	Chemical Biological and Radiation	PAGs	Planned Activity Groups
CDHS	Coleraine District Health Service	PCP	Primary Care Partnerships
CDM	Chronic Disease Management	PDHS	Penshurst & District Health Service
CEO	Chief Executive Officer	PHC	Primary Health Care
CFA	Country Fire Authority	QI	Quality Improvement
Continuum of care	the cycle of care, comprising access, entry, assessment, care planning, implementation of care, evaluation, separation and community management	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
DHSV	Dental Health Service Victoria	ROAST	Rural Organisation of Acute Stroke Teams
DNS	District Nursing Service	SACS	Sub-acute Ambulatory Care Services
DON	Director of Nursing	SDFF	Sustainable Dairy Farm Families
DOTS	Dynamic Online Training System	Separation	Process by which a patient is discharged from care
DRG	Diagnostic Related Group; the means by which hospitals define and measure their casemix	SFF	Sustainable Farm Families
DVA	Department of Veterans Affairs	SGGPCP	Southern Grampians and Glenelg Primary Care Partnership
EBA	Enterprise Bargaining Agreement	SGGRP	Southern Grampians Glenelg Rehabilitation Program
ECG	Electrocardiogram	SGS	Southern Grampians Shire
ED	Emergency Department	SSR	Second Stage Recovery
EFT	Equivalent Full Time	Standard	Standard a statement of a level of performance to be achieved
EPR	Electronic Patient Record	SW	South West
EQuiP	Evaluation and Quality Improvement Program	SW TAFE	South West Technical and Further Education
ERV	EcoRecycle Victoria	SWARH	South West Alliance of Rural Hospitals
FHCC	Frances Hewett Community Centre	TOE	Transoesophageal Echocardiography
FIA	Fundraising Institute - Australia	VHA	Victorian Healthcare Association
FOI	Freedom of Information	VISP	Virtual Internet Service Provider
FReeZA	Drug & alcohol free entertainment for young people	VMIA	Victorian Managed Insurance Authority
GP	General Practitioner	VMO	Visiting Medical Officer
HARP	Hospital Admission Risk Program	VPSM	Victorian Patient Survey Monitor
HBH	Hamilton Base Hospital	WAN	Wide Area Network
HDACT	Hamilton and District Aged Care Trust	WDHS	Western District Health Service
HITH	Hospital in the Home	WHO	World Health Organisation
HMG	Hamilton Medical Group	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.
HMO	Hospital Medical Officer		
HR	Human Resources		

Western District Health Service

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