

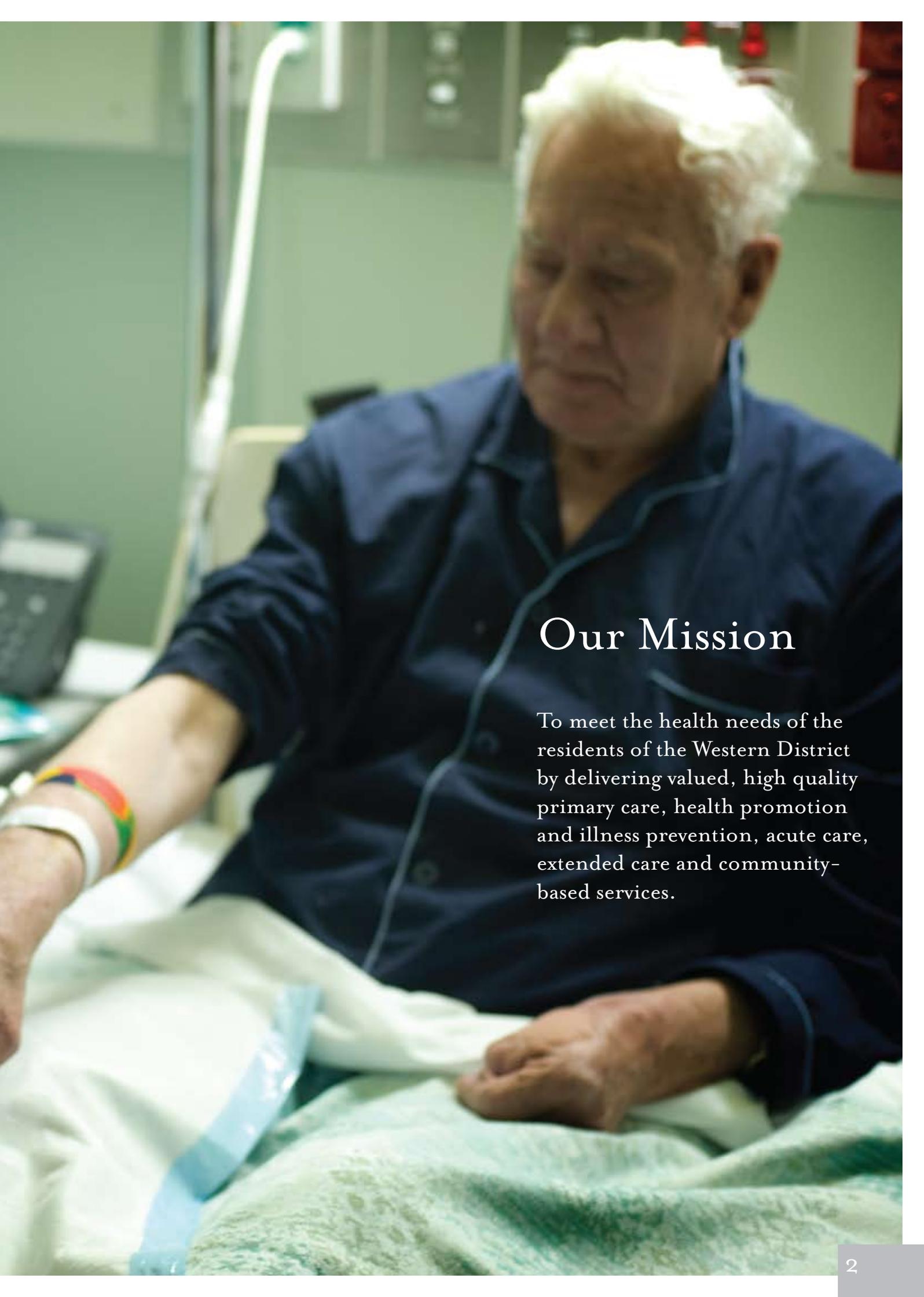
Western District Health Service  
HEALTH, WELLBEING & SAFETY - RAISING THE BAR

Annual Report 2009



# Our Vision

Excellence in health care,  
putting people first



## 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 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



## Annual Report 2009

Victorian Premier's Primary Health Service 2008  
Victorian Premier's Regional Health Service 2007

The Theme of this year's report, Health, Wellbeing and Safety – Raising the Bar, describes the achievements of the past 12 months and the opportunities and challenges ahead. This will include taking a leadership role through innovation, partnerships and the pursuit of best practice to continue to raise the bar for health, wellbeing and safety.



Community Liaison Department staff, Melonie Fitzpatrick, Kerry Martin, Jeanette Ryan and Robyn Holcombe with the Gold Australasian Reporting Award won by Western District Health Service for its 2008 Annual Report.

### This report

- Covers the period 1 July 2008 to 30 June 2009
- Is the eleventh annual report for Western District Health Service
- Is prepared for the Minister for 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



#### ARA Gold Medal 2008 Annual Report

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 six consecutive years.

#### ALTERNATIVE FORMAT

This Annual Report is also available on the Western District Health Service website at [www.wdhs.net](http://www.wdhs.net).

**Front Cover:** Theatre Manager, Liska Greyling, Surgeon, Stephen Clifforth and the busy team of theatre staff, performing procedures in the Hamilton Base Hospital Theatre Unit.

**Inside Cover:** Dr Ruben Ambikaipalan, caring for patient, Mr Lindsey Whennan in the HBH Medical Unit.

**Page 3&4:** Coleraine Campus Nurse, Toni Reid and resident Mrs Ellen McDonald sharing some quality time together.

## A Piece of Our History

### Influenza Pandemics

Influenza Pandemics are not new to Australia or the Western District. Our Medical Historian Dr. Elizabeth Arthur has researched health service records which include extracts from the Hamilton Spectator in 1919 reporting an influenza pandemic which was later dubbed the "Spanish Flu".

Australia with a total population of just over 5m in 1919 recorded in excess of 12,000 deaths attributed to this influenza strain.

Whilst there were no recorded deaths in the Western District 43 patients were admitted to the Hamilton Hospital Fever Ward (which is now the Frances Hewett Community Centre).

For several months in 1919 May to August notices were printed in the Spectator requiring householders and Medical Practitioners to notify the Clerk of the Municipal District of any influenza outbreaks. Failure to comply or observe this notice incurred a fixed penalty not exceeding 25 pounds and a further penalty not exceeding 5 pounds and not less than 21 shillings for each day during which the offence continued.

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WDHS Midwives caring for new bubs under the new Hamilton Midwifery Model of Maternity Care, introduced in May 2009.

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# Year in brief



Western District Health Service's continual pursuit of excellence was rewarded with the service winning the Premier's Primary Health Service for 2008.

## Highlights

Highlight	Page
2008 Premier's Primary Health Service of the Year Award	5, 11, 12
Establishment of the National Centre for Farmer Health and Launch by the Premier, Hon. John Brumby	11, 20, 21, 33, 46, 54
ACHS Accreditation including HACC for a further four years	11, 12, 18, 39
Aged Care re-accreditation for Coleraine Campus and Grange Community Aged Care Packages Program	12, 18
Excellent results for Food Safety, Waste Management, External Cleaning Audits and Patient Satisfaction Survey	12, 18, 19, 50, 55
Research and Best Practice participation through Sustainable Farm Families, G.P in Community Health, Go For Your Life, Climate Change and Youth Programs	11, 28-30, 34-36
National, State and Local Awards	11, 12, 30, 31
10th Handbury Lecture presented by the Governor of Victoria	11
Launch of Virtual Visiting Program by Ambassador for Aged Care, Ms Noelene Brown	11, 13, 27, 51, 53, 59
Launch of \$2.2m Grange fundraising campaign by Patron Dr Geoff Handbury AO	11, 12, 27, 56, 58
Roll out of Sustainable Farm Families Program and presentation at World's largest Agriculture Conference (Canada)	11, 34
Sub Regional Wound Management Program commenced	13, 20, 24, 27
Integration of Dental Health Services	11, 12, 21, 28, 54
Amalgamation of Community Services and Allied Health to create a new division	13, 28, 44
Implementation of Hamilton Midwifery Care Model	12, 24, 26, 44, 45
Introduction of Employee of the Month Award sponsored by Darrwill Farm	12, 44, 46, 47, 57
First Regional Human Resources Forum held	13, 44
\$207,000 State Grant to replace theatre operating tables	12, 24, 25, 57
\$500,000 Commonwealth Grant for Merino	12, 15, 54
Operating budget surplus	13, 14, 17

	2009	2008	% Change	2007	2006
<b>Financial (\$000's)</b>					
Total revenue	54,284	50,950	15.6%	46,941	44,372
Total expenditure	53,948	50,611	15.8%	46,585	44,026
Surplus ( before capital and specific items )	336	339	(5.6%)	356	346
Total assets	71,534	70,525	3.8%	68,944	66,131
Total liabilities	18,029	16,214	19.2%	15,130	13,054
<b>Equity</b>	<b>53,505</b>	<b>54,311</b>	<b>(0.6%)</b>	<b>53,814</b>	<b>53,077</b>
<b>Fundraising (\$000's)</b>					
Income	612	767	(8.9%)	672	1,729
Expenditure	13	17	(7.1%)	14	27
Surplus	599	750	(9.0%)	658	1,702
<b>Staff</b>					
Number of staff employed	708	676	5.4%	672	678
Equivalent full time	541.37	532.99	2.9%	526.06	520.79
<b>Performance Indicators (Acute)</b>					
Inpatients treated (separations)	7,415	7,181	7.6%	6,890	6,840
Complexity adjusted inpatients (WIESI5)*	5,267	5,195	0.5%	5,240	5,188
Average stay (days)	3.23	3.37	(7.1%)	3.48	3.51
Inpatient bed days	23,967	24,417	(0.01%)	23,968	24,027
Total occasions of non-admitted patient service	60,342	58,254	6.2%	56,812	59,965

\* WIES - Weighted Inlier Equivalent Separations

# Overview

## 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 2008/09, 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
<b>Leadership and Management</b>	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	2008 Premier's Primary Health Service of the Year Award <b>P 11, 12</b>	
			Appointment of Project Team to implement new financial management system for SWARH <b>P 51, 52</b>	Implementation of new financial management system across SWARH
			Establishment of Sub Regional Corporate Services Working Group <b>P 13, 51, 52</b>	Implementation of Sub Regional Corporate Services systems and support
			Sub Regional Wound Management Program established <b>P 13, 24, 27</b>	Implement Wound Management Sub Regional plan
		Participate in the development and implementation of ICT across South West Victoria	Implementation of new governance arrangements for SWARH <b>P 53</b>	Implementation of SWARH Regional Staffing Strategy
			Launch of Virtual Visiting Program <b>P 11, 13, 27, 51, 52, 59</b>	Continued roll out of Virtual Visiting Program
		Maintain structure and systems to ensure clinical and corporate governance accountability	Implementation of Strategic and Service plans <b>P 40, 43, 44, 48</b>	Continued implementation of Strategic and Service plans
Operating budget surplus and WIES target exceeded by 3.49% <b>P 13, 14, 17</b>	Update three year budget strategy			
<b>Improving Performance</b>	To comply with ACHS, Aged Care and World's Best Practice standards through pursuit of continuous Quality Improvement and Risk Management Program	Maintain compliance with legislative, statutory, ACHS and Aged Care Standards requirements	ACHS re-accreditation including HACCC Aged Care re-accreditation for Coleraine campus <b>P 11, 12, 18, 39</b> Quality Improvement Survey of Grange CACPS <b>P 12, 18</b>	Aged Care Re-accreditation of the Birches, Grange and Penshurst Campus
			Participate in best practice projects	Participate in research and best practice programs through Sustainable Farm Families, G.P. in Community Health, Go For Your Life, Climate Change and Young Persons' Technology Program <b>P 11, 28-30, 34-35</b> Presentation of papers at State, National and International Conferences <b>P 11, 36</b>
		Continued development of Risk Management Program	Risk register reviewed and updated <b>P 19, 39</b> VMA Risk Management framework review completed and recommendations implemented <b>P 19, 39</b> Clinical Governance Audit conducted and recommendations implemented <b>P 19, 39</b> Implementation of smoke free policy <b>P 19, 49</b>	Continued implementation of Risk Management Program
			Participate in statewide consumer satisfaction and patient surveys	High peer group rating for consumer satisfaction <b>P 12, 18, 19, 55</b>
<b>Safe Practice and Environment</b>	To ensure a safe environment and the wellbeing and safety of consumers, staff and Health Service assets	Improve and promote safe practice programs	Post operative management program implemented <b>P 11, 24, 25</b>	Continue to promote and improve safe practice
		Continue to meet environmental, food, security and fire safety standards	Excellent results for food safety and waste management <b>P 12, 19, 55</b> Fire safety audit completed with all high priority works completed <b>P 49, 51, 54</b>	Continue environmental, food and fire safety program Implementation of security audit recommendations re CCTV
		Implementation of Infection Control initiatives	Increase staff vaccination <b>P 49</b> High rating for cleaning audit 97% <b>P 12, 50, 55</b>	Implementation of Infection Control strategies

	Objectives	Strategies	Outcomes	Future
<b>Clinical Services Acute and Extended Care</b>	To enhance our role as a Sub Regional Referral Centre and provide an integrated range of Specialist services to our Community	Develop a high quality contemporary model of care for Maternity Services	Implementation of the Hamilton Midwifery Care Caseload Model <b>P 12, 24, 26, 44, 45</b>	
		Review Bariatric and Stroke services	Development of Bariatric Surgery and Stroke frameworks <b>P 12, 24, 26, 32</b>	Implementation of service frameworks
		Introduction of online Regional medication system for Cancer patients	BSWRICS online oncology medication system (CHARM) implemented <b>P 11, 24, 25</b>	Participate in the development and implementation of BSWRICS strategic plan.
		Increase access to Specialist services	Increase theatre sessions for Orthopaedic surgery <b>P 24, 25</b> Increase laparoscopic surgery <b>P 11, 25</b>	Establish specialist outpatient services for cancer patients
		Enhance HMO Program	Increased HMO coverage and introduction of revised orientation and training program <b>P 24, 25</b>	Develop Memorandum of Understanding with Deakin and Regional Medical School
	To provide a comprehensive range of services to the aged, including specialist extended care and Community Aged Care Packaged (CACPS)	Implementation of COAG Long Stay Older Patient initiative	Improved services and assisted daily living skills outcomes for Long Stay Older Patients at Hamilton Base Hospital <b>P 27</b>	Increase the number of Aged Care places
		Increase therapy programs	\$28k grant for Men's Diversional Therapy Program <b>P 23, 27</b>	Implementation of Diversional Therapy Program for Men in residential care



WDHS Nurses donned uniforms from years gone by to celebrate International Nurses' Day in May 2009.



WDHS Go For Your Life Program Manager, Fran Patterson and the participants in the CMA Pedometre Challenge event.

<b>Community Based Services</b>	To continue to develop contemporary health programs which support access and improve the health, wellbeing and safety of the community	Provide leadership in research, education, health, wellbeing and safety for Farmer Health	Establishment and launch of National Centre for Farmer Health <b>P 11, 20, 33, 46, 54</b> Roll out of Sustainable Farm Families Program across Victoria and Australia <b>P 11, 33, 34</b>	Continued research and development of Farmer Health
		Continue to provide and expand primary care and health programs that support health and well being	Establishment of WorkSafe Worrk Health Program <b>P 11, 28</b> \$1 20,000 State Grant over three years for YouthBiz <b>P 19, 20, 30</b> Establishment of Well for Life and Allied Health CMBS projects <b>P 28, 31</b>	Continued expansion and roll out of health and well being and chronic disease programs
	To enhance partnerships between consumers and WDHS to maximise participation in preventative health	Enhance integration and coordination of services	Integration of Dental Health Services <b>P 11, 12, 20, 21, 54</b> Amalgamation of Community Services and Allied Health <b>P 13, 28, 44</b>	Implementation of Health Independence Program
		Expansion of South West Community Transport Program	Implementation of Transport Connection Project <b>P 29, 59</b>	Continued expansion of South West Community Transport Program

	Objectives	Strategies	Outcomes	Future
<b>Human Resources Management</b>	To recruit, develop and retain high calibre staff committed to customer focussed services	Maintain and promote Western District Health Service partnerships with Universities	Undergraduate clinical placements for Nursing, Medical and Allied Health <b>P 32, 44, 47</b>	Maintain undergraduate clinical placements
		Maintain Graduate programs	Graduate programs for Nursing and Medical staff <b>P 44, 47, 48</b>	Provision of graduate placements
		Promote staff and organisational achievements and awards	Organisational and staff awards including Employee of the Month <b>P 12, 44, 46, 47, 57</b>	Support staff and organisational awards
		Establish school based apprenticeship/trainee programs	9 apprenticeship/traineeship placements <b>P 44, 45</b>	Support apprenticeship, traineeship and work experience placements
		Implement comprehensive recruitment program	14 staff recruited from overseas 121 staff appointments <b>P 32, 44</b>	Continue recruitment program
		Promote employe of choice through work environment values and culture	Values and culture training <b>P 44</b> Staff Olympics <b>P 46,48</b> Mentoring programs <b>P 48</b>	Continued promotion of employer of choice
	Provide training opportunities that motivate and encourage staff to maximise the use of their skills	Implement continuing education program	Roll out Sub-Regional Education programs <b>P 45, 47</b> Development of three year Education Strategic Plan <b>P 44, 48</b> e-Learning strategy implemented <b>P 47, 52</b> Sustainable Farm Families Train the Trainer program provided to health and agricultural professionals across Australia <b>P 11, 34</b>	Implementation of education strategic plan and extend e-learning  Development and delivery of post graduate course unit in Agricultural Health and Medicine
<b>Facilities and Equipment</b>	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	Revision of design and staging options for Coleraine redevelopment <b>P 12, 15, 54, 64</b> Complete stage I of Penshurst redevelopment <b>P 12, 15, 27, 54, 57, 64</b> New Dental Clinic on Frances Hewett Community Centre site <b>P 12, 21, 64</b> \$500k Capital grant for new Merino Centre <b>P 12, 15, 54</b> Schematic design completed for new Physiotherapy unit <b>P 54</b> Final stage of Hamilton accommodation plan completed <b>P 54, 64</b>	Progress the redevelopment of Coleraine and develop a new centre at Merino Complete schematic design for Hamilton Base Hospital kitchen and 2nd floor Complete final stage of Grange Residential Care redevelopment
		Upgrade major clinical equipment	Replacement of theatre operating tables <b>P 12, 24, 25, 57</b> Purchase of portable ultrasounds and laparoscopic surgical equipment <b>P 12, 25</b> Replacement of ENT and Ophthalmic equipment <b>P 12, 25</b>	Continue upgrade of clinical equipment
		Upgrade infrastructure	Complete resealing of Foster Street and Frances Hewett Community Centre car parks <b>P 12, 15, 64</b> Complete stage I of replacement water piping and ducting project at Hamilton Base Hospital <b>P 12, 15, 54, 64</b> Replacement of industrial dishwasher at Hamilton Base Hospital <b>P 12, 54, 64</b> Replacement of roof for Linen Services <b>P 12, 54</b>	Continue infrastructure upgrade program
<b>Community Engagement</b>	To increase community involvement and enhance the profile of the Health Service	Continue implementation of fundraising and donor initiatives	Excellent fundraising result \$611,722 <b>P 12, 15, 56</b> Grange Appeal launch reaches \$1.67m <b>P 11, 12, 27, 56, 58</b> Hospital Sunday Appeal raises \$48,278 <b>P 56, 57</b>	Continue fundraising and donor initiatives
		Promote Western District Health Service and increase community awareness	Publications, newsletters, National and State presentations <b>P 55, 64</b> Gold medal for 2008 Annual Report <b>P 5, 11</b> Top of the Town – State Events and Tourism and Southern Grampians Shire (SGS) Awards <b>P 11, 59</b> Grange Open Day held <b>P 57</b> Consumer participation plans implemented <b>P 18</b>	Inform and involve the community via media, internet, newsletters, annual reports  Promote consumer involvement
		Provision of regional education, health and wellbeing forums	Governor of Victoria delivered 10th Handbury Lecture <b>P 11</b> Regional Human Resources Forum held <b>P 13, 44</b>	Provision of Regional and Educational forums

# Year in Review

## Health, Wellbeing and Safety – Raising the Bar



Western District Health Service Chief Executive Officer, Jim Fletcher and Western District Health Service Board President, Mary-Ann Brown, committed to raising the bar in health service provision

### Report from the President and Chief Executive Officer

On behalf of the Board of Directors, management and staff, we are pleased to present the 11th Western District Health Service (WDHS) Annual Report.

WDHS strives to provide a culture of innovation and excellence seeking out best practice and innovative ways to raise the bar to enhance health, wellbeing and safety.

Years of building partnerships and developing programs focussing on health, wellbeing and safety saw the Health Service rewarded with the Victorian Premier's Award for Primary Health Service of 2008.

### The Premier's Award recognised WDHS for its:

- Leadership and excellence in delivery of programs focusing on health, wellbeing and safety
- Strengthening the capacity of individuals, families and communities through effective prevention and health promotion
- Innovative programs including Sustainable Farm Families, Chronic Disease Management, Hospital Admission Risk Program (HARP), Men's, Women's and Youth Health, Go for Your Life 'Challenging the Stereotypes', GP in Community Health, Active Script, Community Transport, Counselling, Rehabilitation and Strength Training
- Lead role in building sustainable partnerships, sharing knowledge, expertise and rolling out programs to other partners
- Sustainable, well managed, efficient health services
- Outstanding community support

This award, which complemented our 2007 Regional Health Service Award, is outstanding recognition for many years of hard work by the Board, staff and community.

### Other major highlights include:

- The establishment of the National Centre for Farmer Health (NCFH) launched by the Premier of Victoria, Hon John Brumby
- Continued roll out of the Sustainable Farm Families program across Victoria and Australia bringing the total number of farming families participating in the program since its inception in 2003 to nearly 2,000, with over 150 health and agriculture professionals completing Train the Trainer program and over 120 partners
- Presentation of the Sustainable Farm Families program at the World's largest Agriculture Conference in Canada
- Re-accreditation by the Australian Council of Health Care Standards for a further four years
- Re-accreditation of the Coleraine campus Aged Care Services for a further three years
- Integration of Dental Health services into the Community Services and Allied Health Division
- Launch of the Virtual Visiting Program by Ambassador for Aged Care, Ms. Noelene Brown
- Launch of the \$2.2m Grange Fundraising campaign by Patron Dr Geoff Handbury AO
- Presentation of the 10th Handbury Lecture by the Governor of Victoria, Professor David deKretser AC
- Caring for the health, wellbeing and safety of our community with a continued focus on addressing chronic disease through innovative programs including HARP, G.P. in Community Health, Go For Your Life, YouthBiz, WorkSafe Work Health Program, increased Counselling Support and improving access to Community Transport in the South West Region
- Enhancement of patient safety and outcomes through improvements to post operative management, implementation of an online oncology medication system and improved access to laparoscopic surgery
- National and State Awards including Victorian State Events and Tourism Award for the Top of the Town Charity Ball and Australasian Annual Reporting Gold Award



The North Hamilton Ladies' Auxiliary presenting ENT Surgeon, Ann Cass and Theatre Manager, Liska Greyling with the new ear, nose and throat equipment.

## Improving Performance

Our ongoing commitment to continuous quality improvement and pursuit of best practice culture was rewarded with a number of achievements. These included ACHS re-accreditation, Aged Care re-accreditation for the Coleraine Campus, top ratings for patient satisfaction and excellent results for food safety, waste management and external cleaning. Pleasingly a number of extensive achievement ratings were received for our ACHS re-accreditation survey. The quality survey reports for our HACC and CACPs program were also positive. Suggestions and recommendations from all surveys for further improvement will be implemented in line with our aim of continuous quality improvement.

During the year we developed new service frameworks for bariatric surgery and stroke to ensure we assess our systems against best practice.

The Hamilton Midwifery Model of Care, developed in consultation and adopted by our Midwifery and Surgical Nursing staff, commenced towards the latter part of the year to improve the continuity of care for women from antenatal to birthing and post natal care. This will complement the care provided by our Director of Obstetrics and Gynaecology, Dr Cloete, and the three General Practitioners providing Maternity care.

## Our Staff

The willingness of staff to embrace change and innovation, and seek out best practice to enhance their knowledge and skills is the major reason for our success as an organisation.

In recognition of this, the Employee of the Month Award sponsored by Darriwill Farm was introduced with 10 staff receiving the award this year. We were proud of the other awards received, recognising the quality work of our staff including:

- Premier's Primary Health Service Award 2008
- Public Healthcare awards for our Youth and Primary Care Partnership programs
- Hamilton Rotary Pride of Workmanship awards for Katherine Cooper, Tony Jackson, Leonie Nolte and Pat O'Beirne

## Our Community

The level of support from our community was again outstanding despite the economic downturn and ongoing impact of drought.

Our major fundraising campaign for the Grange was launched by the campaign Patron Dr Geoff Handbury AO, who has committed \$300,000 to the appeal. Of the \$2.2m required, \$1.67m is on hand through donations received or pledged and funds held by the Health Service for the project. Substantial bequests were received from the Estates of Arthur Nitschke, Leo Foran, Susan White and Mary Hocking.

Another successful Hospital Sunday Appeal and significant donations from the Aged Care Trust, Hamilton and North Hamilton Auxiliaries, Hospital Opportunity Shop, Collier and William Angliss Trusts, regular benefactors, Dr Geoff Handbury AO, Bill Hyslop and many other businesses and hundreds of individuals resulted in another outstanding fundraising year with \$611,722 raised.

## Facilities and Equipment

Major capital achievements were the completion of the \$600,000 stage 1 redevelopment of our Penshurst campus, relocation of the Dental Health Clinic to a new building on the Frances Hewett Community Centre site, replacement of Theatre operating tables assisted by a \$207,000 State Government grant and purchase of two portable ultrasounds, laparoscopic, ENT and Ophthalmic equipment. We also continued our infrastructure upgrade program with the replacement of an industrial dishwasher and laundry roof at Hamilton Base Hospital (HBH) and resealing of the Foster Street and Frances Hewett Centre car parks. A State Government grant of \$310,000 enabled the completion of stage 1 of the HBH water piping and ducting project and we will receive a similar grant this year to complete this project.

Our major disappointment was again missing out on funding in the 2009/10 State budget for the Coleraine/Merino re-development. This is a major concern for the Health Service due to the ongoing deterioration of existing building stock.

On a positive note, a \$500,000 allocation for a new building at Merino was announced in the 2009/10 Commonwealth Government budget in response to a submission submitted in partnership with the Shire of Glenelg.



WDHS Board President, Mary-Ann Brown, Dr Geoff Handbury AO, Governor General, Professor David de Kretser, WDHS Chief Executive Officer, Jim Fletcher and Mrs Jan de Kretser at the 10th Annual Handbury Lecture.

## Leadership and Management

The establishment of a Regional Wound Management Program, commencement of the Virtual Visiting roll out and implementation of a new financial system, together with the establishment of a Corporate Services Work Group, were the key features of our leadership role across the sub region. We also formed a partnership with local businesses to hold a Human Resources Forum for the region, attended by a wide range of industries.

A new Division in the organisation structure was created with the amalgamation of Community Services and Allied Health to enhance the integration and coordination of services.

On the financial operating performance and service activity front, our performance has been very pleasing, achieving an operating surplus of \$336,192 whilst exceeding our patient WIES throughput target by 3.49 %, treating a record 7,415 acute inpatients.

However, on the other side, our entity result following depreciation and revaluation of land and buildings recorded a loss of \$1.059m. This is entirely due to a decrease in the value of our buildings by \$1.4m, a reflection of the absence of any State Government funding for a major capital project during the past decade. On a positive note, we have maintained a current asset ratio of in excess of 1.3:1.

## Acknowledgements

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

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

## Future Outlook

The platform established by our innovative programs and partnerships with other service providers together with the future development of the National Centre for Farmer Health will provide new opportunities and challenges to continue to take a leadership role in research, education, innovative service delivery and to pursue best practice to continue to raise the bar for health, wellbeing and safety.

It is an opportunity and challenge that we welcome in taking our Health Service forward in partnership with our community and stakeholders.

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 30 June 2009.

Mary-Ann Brown  
President, 24th August 2009

# Financial overview

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

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

On 1 July 2005, Coleraine District Health Service and Western District Health Service amalgamated to form a new entity. The financial statements prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards and Australian Accounting Interpretations for the year ended 30 June 2009 represent the fourth year of operation of the new reporting entity.

Western District Health Service incurred an entity deficit of \$1.059m for the 2008/09 financial year but improved overall liquidity and maintained the asset base with an investment in fixed assets of \$3.1m, while providing services in excess of targets in all areas. While it is disappointing to report an entity deficit for the year, this reported

result includes recognition of an expense of \$1.4m as a consequence of the revaluation of land and buildings undertaken in June 2009. Excluding this valuation decrement, the Health Service would have reported an entity surplus of \$366,000 for the year.

To continue to expand service delivery in a financially sustainable way is a constant challenge for the Health Service. While operating performance and liquidity targets were achieved, the continued deterioration of building facilities and the lack of significant investment in buildings assets is reflected in the failure to achieve the level of investment necessary to maintain the Health Service asset base.

## Operating Performance

With the exception of residential aged care, funding provided excludes any contribution towards depreciation costs. Funds are allocated by government capital grants to fund asset replacement and the Health Service continues to rely on community fundraising for equipment replacement.

In reviewing operating performance, capital purpose income of \$2.245m and specific revenue of \$281,000 is excluded. These funds are provided for specific capital purposes and are not available to support operations. Depreciation and revaluation decrements of \$1.425m reflecting changes in non-current asset values are also excluded, being mostly funded from capital income sources.

The accepted indicator of performance is the result of continuing operations prior to Capital and Specific items. In 2008/09 the result was a surplus of \$336,000 (\$339,000 in 2008), representing 0.62% of operating revenue.

In 2008/09, depreciation charges of \$2.287m were recorded reflecting the cost associated with the use of buildings and equipment in delivering services. A revaluation of land and buildings was completed by the Victorian Valuer General, which required recognition of an increase in the value of land of \$223,000 and reduction in the value of buildings of \$1.425m.



Members of the WDHHS Finance Team with the 2008 Excellence in Service Quality Award.

In order to maintain the Health Service asset base, operating surpluses and capital purpose income must exceed depreciation charges and periodic non-current asset valuation changes. In 2008/09, Capital Income was \$1.5m less than depreciation and valuation charges, specific revenue of \$281,000 was recognised from SWARH and PCP joint ventures. An increase in land value of \$223,000 and the value of the Health Service share portfolio of \$30,000 were recorded directly to equity. Including all items, the Health Service net assets reduced by \$806,000 for the year, which represents a reduction of 1.5% (increase of 0.9% in 2008).

## Liquidity Position

During 2008/09, the Health Service generated positive cash flows from operations of \$1.835m and \$2,675,000 in Capital Purpose Income, \$3,139,000 of these funds were used to purchase property, plant and equipment during the year. The entity generated a positive cash flow of \$1.371m for the year after capital items and elimination of cash flows of \$299,000 from the sale of investments.

At the end of the year, the ratio of current assets to current liabilities (excluding Patient Trust funds) was 1.35 :1, a slight reduction from the ratio of 1.38 :1 at the start of the year. This is in excess of the 0.8 target ratio, but is expected to deteriorate over the next few years as funds are expended on major capital works associated with the Coleraine and Merino Redevelopment project.



WDHS Carpenter, Peter Smith completing the construction of the new Dental Clinic.



Maintenance staff, Julian Gardner, Brenten De Witte and Jordan Roberts, preparing the Medical Imaging room for the newly purchased Toshiba Aquilon 16 slice cat scan, which will significantly improve services to the region.

## Asset Management

\$2.7m was invested during the year in equipment upgrades (\$1.7m) and building works (\$1.0m) in accordance with the capital works budget adopted in August by the Board of Directors. This investment was \$580,000 greater than the depreciation on equipment items. Investment in buildings was however \$3m below the depreciation and revaluation decrement. The lack of sufficient funding allocation to investment in buildings over the past 10 years has resulted in a substantial exposure in regard to physical infrastructure, most notably at the Coleraine and Merino Campuses. The level of investment required in building stock is beyond the resources of the Health Service and will require significant government investment in the next two years in order to ensure ongoing service capacity.

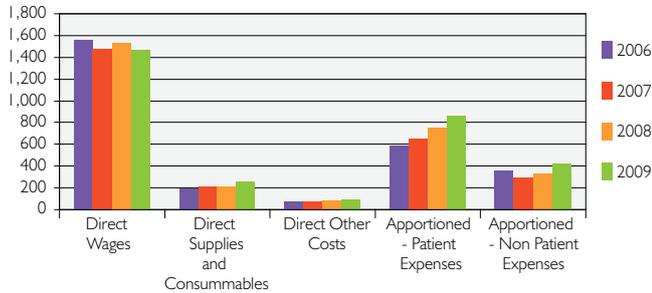
Included in the capital works investment in the current year was \$420,000 for works associated with stage 1 of the Penshurst Redevelopment, \$171,000 to upgrade the Foster Street Carpark, \$143,000 preconstruction costs associated with the Coleraine Redevelopment, \$290,000 in other buildings works, \$589,000 on medical equipment and \$1.065m on other plant and equipment.

## The Future

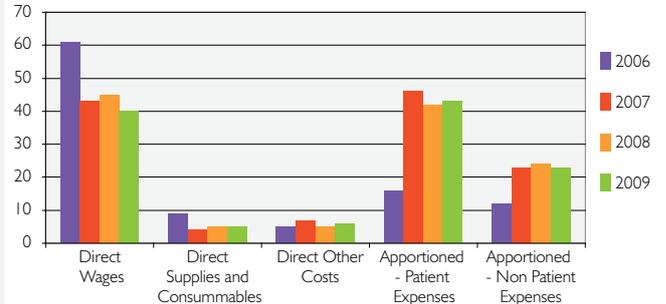
The continued support of the community, as indicated by the \$611,722 received from donations and bequests in 2008/09, provides the opportunity for Western District Health Service to continue to invest in buildings and medical equipment and technology which would not otherwise be possible. It is important to maintain the level of investment to provide a strong base for the Health Service to improve service delivery and efficiency and comply with increasingly rigorous service standards. It is apparent that significant support is required from government in the short term to address the significant decline in building infrastructure, in particular at the Coleraine campus which is well beyond the capacity of the Health Service and community to fund.

The Health Service will also face challenges brought about by substantial changes in the economic environment, increased productivity demands, the continued implementation of new clinical information systems and new medical technology, increasing demand for high quality services, as it strives to continually improve service provision in a financially sustainable way.

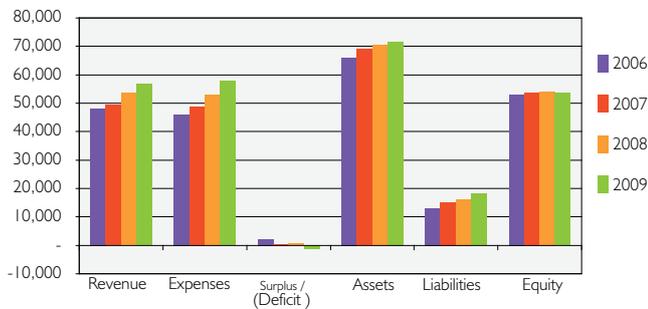
### AVERAGE COST ACUTE INPATIENT (\$'000s)



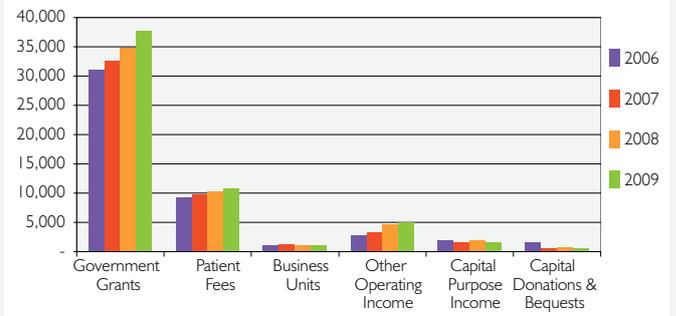
### AVERAGE COST NON-ADMITTED OCCASION OF SERVICE (\$'000s)



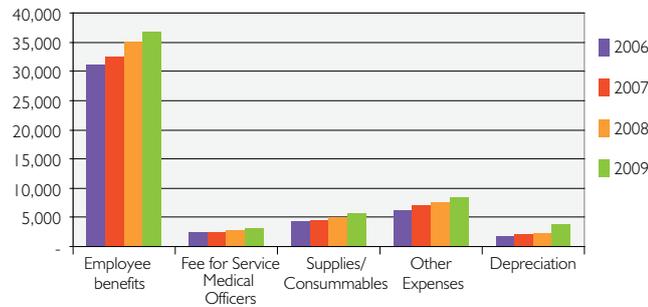
### ANALYSIS OF FINANCIAL POSITION 30 JUNE (\$'000s)



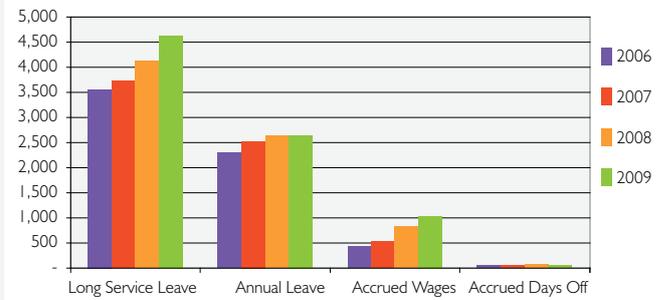
### INCOME BY CATEGORY (\$'000s)



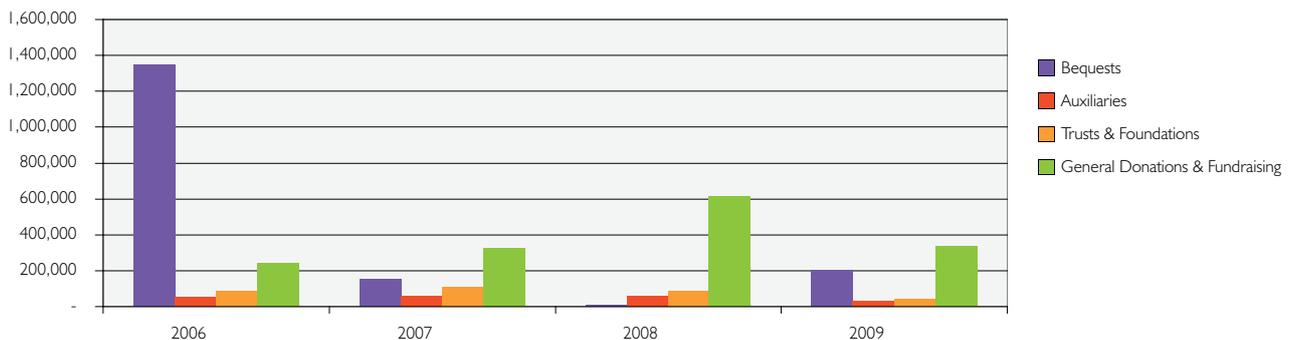
### EXPENDITURE BY CATEGORY (\$'000s)



### EMPLOYEE BENEFITS AS AT 30 JUNE (\$'000s)



### DONATIONS AND BEQUESTS (\$'000s)



## Financial analysis of operating revenues and expenses

Revenue	2009	2008	2007	2006
	\$000s	\$000s	\$000s	\$000s
Services Supported by Health Service Agreement				
Government grants	36,955	33,949	31,305	30,044
Indirect contributions by Department of Human Services	740	963	1,262	1,075
Patient fees	10,708	10,330	9,815	9,332
Other revenue	707	927	687	460
	49,110	46,169	43,069	40,911
Services supported by Hospital/Community Initiatives				
Business Units	1,189	1,129	1,235	1,157
Property income	623	575	584	554
Other revenue	3,362	3,077	2,053	1,750
	5,174	4,781	3,872	3,461
<b>Total revenue</b>	<b>54,284</b>	<b>50,950</b>	<b>46,941</b>	<b>44,372</b>
<b>Expenditure</b>				
Services Supported by Health Service Agreement				
Employee entitlements	35,373	33,728	31,168	29,864
Fee for service medical officers	3,046	2,869	2,605	2,506
Supplies and consumables	5,588	4,911	4,434	4,126
Other expenses	8,002	7,169	6,531	5,763
	52,009	48,677	44,738	42,259
Services supported by Hospital/Community Initiatives				
Employee entitlements	1,419	1,377	1,374	1,291
Supplies and consumables	145	148	149	198
Other expenses	375	409	324	278
	1,939	1,934	1,847	1,767
<b>Total Expenditure</b>	<b>53,948</b>	<b>50,611</b>	<b>46,585</b>	<b>44,026</b>
Surplus for the year before capital purpose income, depreciation and specific items				
	336	339	356	346
Capital Purpose Income	736	831	747	1,008
Donations and bequests	612	767	642	1,729
Residential Aged Care - Capital Purpose Income	1,046	1,062	871	844
Surplus/(Loss) on disposal of fixed assets	(149)	29	61	62
Impairment of Financial Assets	(142)			
Specific Income /(Expense )	281	(120)	(141)	(64)
Revaluation Decrement on Non Current Assets	(1,425)			
Depreciation	(2,354)	(2,287)	(2,184)	(1,827)
<b>Operating surplus for the year</b>	<b>(1,059)</b>	<b>621</b>	<b>352</b>	<b>2,098</b>

\* See page 14 for Financial Overview

# Improving Performance

## Strategy

To pursue best practice through a culture of continuous quality improvement and increased consumer participation in health care and evaluation.

## Achievements

- ACHS re-accreditation for four years
- Re-accreditation of Coleraine campus Aged Care Services
- Risk Management Program revised and updated
- VMIA Risk Management framework review completed and recommendations implemented
- Clinical Governance audit completed and recommendations implemented
- High peer group rating for patient satisfaction

## The Future

- Re-accreditation of Aged Care Services at Hamilton and Penshurst
- Continued implementation of Risk Management Program
- Continued participation in Patient and Client satisfaction surveys
- Develop a Disability Action Plan



Dr James Muir, Sarah Duffy, Bev Robinson, Judy Mibus and James Smith receive the 2008 Clinical Excellence Award.

## Australian Council on Health Care Standards (ACHS) Accreditation

In May 2009, four ACHS Surveyors and one trainee Surveyor from Hong Kong completed an organisational wide re-accreditation survey. The survey included assessment against all standards and a review of the implementation of any prior recommendations. We were assessed as meeting all standards to achieve accreditation for a further four years and also received a number of extensive achievement ratings. Surveyors provided complimentary feedback on our governance, risk management, innovation, clinical practice and environmental management. The survey included an assessment of the HACC Program which also achieved re-accreditation.

In line with our continuous quality improvement plan, suggestions and recommendations for further enhancement will be actioned with some already implemented.

## Aged Care Re-Accreditation

The Aged Care Standards and Accreditation Agency completed visits to all our Aged Care facilities and completed a full accreditation survey of our Coleraine Campus facilities in November 2008. Coleraine was successful in achieving re-accreditation for a further three years having met all 44 service standard outcomes.

A quality survey was completed for the Grange Community Aged Care Packages Program with a positive outcome and the development of a new brokerage agreement with Dhauwurd-Wurrung Elderly Citizens Association for the five packages for our Koori clients.

## Risk Management

Throughout the year focus was placed on the development of a comprehensive Risk Register which includes clinical, corporate, human resources and environmental risk management. The Register also allocates actions to individuals to manage and minimise risk.

In November, WDHS accepted an invitation from the Victorian Managed Insurance Authority (VMIA) to review our risk management system and to make suggestions for further improvement. The VMIA was complimentary of the developments and recommended several enhancements to the management of the Risk Register, all of which have since been implemented. The organisation's Risk Management Policy was updated accordingly and reflects new processes and responsibilities for risk management.

Our internal Auditor also conducted an audit of our clinical governance and made a small number of minor recommendations regarding an update to our policy and reporting systems which have been implemented.

The Health Service introduced a Smoke Free Policy in September 2008 after a number of months promoting the change to our community. Implementation of the policy included assistance to inpatients and staff with respect to quit smoking strategies.



WDHS Quality Manager, Sheryl Nicolson, reviewing the 2008 Quality of Care Report in preparation for this year.



Penshurst Manager/Director of Nursing, Damien Malone, presenting the first community survey to Mayor Marcus Rentsch as part of the community consultation for identification of community health needs for the Penshurst community.

## Consumer Feedback and Satisfaction

Every six months the Department of Human Services commissions external consultants to undertake patient satisfaction surveys relating to a patient's care whilst in hospital.

In both surveys we received very good results with our rating at the top of our peer group range. Importantly, 100% of patients were fairly or very satisfied with their stay in hospital.

## Disability Action Plan

In the year ahead we will have an increased focus on improving access to our health services for people with a disability. We will review new Victorian Disability Service Standards and gather information from the community on ways in which we can improve access. Actions to be implemented will be documented into a new Disability Access Plan and managed through our Community Advisory Committee.

## Quality of Care Report

Each year WDHS publishes a Quality of Care Report as a means of providing the community with information on the systems and processes in place to ensure the highest possible quality of care and service. Aspects of the report include consumer feedback, external reviews and clinical practice and includes data demonstrating the outcomes of our quality initiatives.

The Quality of Care Report is reviewed by the Department of Human Services each year with a score awarded based on the degree to which certain criteria are met. This year our Report ranked in the top third of reports reviewed.

Further information about improving our performance is available in our Quality of Care Report in printed or audio formats available at all campuses and at [www.wdhs.net](http://www.wdhs.net).

# About Our Organisation

Western District Health Service (WDHS) has played a central role in its community for the past 147 years, since the 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, 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 Peshurst, in the Southern Grampians Shire (SGS). WDHS incorporates Frances Hewett Community Centre (FHCC), Grange Residential Care Service, Hamilton Base Hospital (HBH), Coleraine District Health Service (CDHS), Peshurst and District Health Service (PDHS), the National Centre for Farmer Health (NCFH) 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 and allied health services, and youth services.

WDHS is a member of the Southern Grampians Glenelg Sub Region of the Department of Human Service's Barwon South West Region. Other member health services are Casterton Memorial Hospital, Heywood Rural Health, Portland District Health, Balmoral and Dartmoor Bush Nursing Centres.



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.



Ms Gayle Tierney, Government member for Western Victoria and Ms Noelle McComb at the unveiling of the new Coleraine Independent Living Units on 5 August 2008. Ms McComb is a niece of M B Wishart whose bequest contributed the funding of the project.

## Our Past, Present and Future...

WDHS was established in 1998, with the amalgamation of Hamilton Base Hospital, Southern Grampians Community Health Services 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 in 1998. YouthBiz provides a drop in centre and a wide range of health and recreation services to the young people of our community.

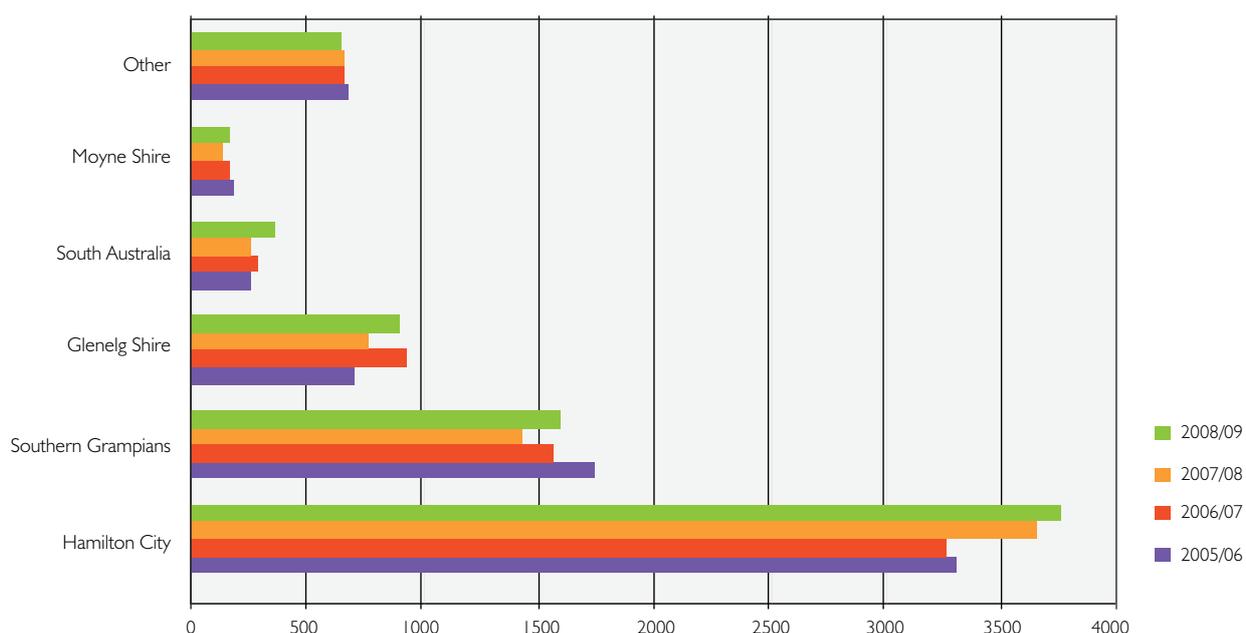
WDHS took over management of the Dental Health Services in July 2008 and

a new public dental clinic building on the Francis Hewett Community Centre was completed in June 2009. It will initially house three dentists' chairs, with potential for future expansion and will improve conditions and consulting room space for dental patients and staff. There are plans for the establishment of a dental training school in partnership with La Trobe University with a target commencement date of 2012.

## National Centre for Farmer Health

This new centre commenced in October 2008 and is a partnership between WDHS and Deakin University. Funded by \$2.4m from State Government and \$1m from the Handbury Trust, it is a university research, service delivery and education centre that will provide national leadership to improve the health, wellbeing and safety of farmers, farm workers and their families across Australia.

### PATIENT DEMOGRAPHICS – TOTAL NUMBER OF ADMISSIONS



# Our Services

## Acute

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

## Acute Care Services

- 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
- Pharmacy
- 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, Wannon and Mackie Hostels)

- Community Aged Care Packages
- Dementia Specific Residential Aged Care
- Palliative Care
- Psycho Geriatric Care
- Residential Aged Care
- Residential Extended Care
- Respite

## Community and Allied Health Services

(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
- Audiology
- Blood Services
- Cancer Support Group
- Cancer Support Services
- Cardiac Rehabilitation
- Carer's Support
- Chronic Disease Management
- Coordinated Care
- Community Rehabilitation Centre (CRC)
- Continence Service
- Counselling
- Day Centre
- Dermatology
- Dental Services
- Diabetes Education
- District Nursing Service
- Domiciliary Midwifery
- Family Planning
- FReeZA
- Go for your life
- GP in Community Health Program
- Hamilton Community Transport
- HARP (Hospital Admission Risk Program).
- Hospital in the Home
- Lymphoedema Compression Clinic
- Maternity Enhancement
- Meals on Wheels
- Medical Imaging
- Men's Health
- Nutrition and Dietetics
- Occupational Therapy
- Palliative Care
- Physical Activity Programs
- Physiotherapy
- Podiatry
- Post Acute Care
- Pulmonary Rehabilitation
- Quit Fresh Start
- Sexual and Reproductive Health
- Social Work
- South West Community Transport Service
- Speech Pathology
- Stomal Therapy
- Women's Health
- Work Health
- Victorian Aids and Equipment Program
- YouthBiz
- IOMMM



Dr Ruben Ambikaipalan from St Vincent's Hospital in Melbourne doing his surgical internship with WDHS

## National Centre for Farmer Health

- Sustainable Farm Families

## Administrative

- Auxiliaries
- Business Support and Innovation
- Community Liaison
- Education and Learning
- Facility Management
- Finance
- Health Information
- Hotel Services
- Human Resources, Training and Development
- Information Communications and Technology
- Library
- Linen Services
- Occupational Health and Safety
- Quality Improvement
- Reception
- Security
- Volunteer Program

# Service Performance at a Glance

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

	2009	2008	2007	2006
<b>Inpatient Statistics (Acute Program)</b>				
Inpatients Treated	7,415	7,181	6,890	6,542
Average Complexity (DRG Weight)	0.71	0.74	0.76	0.76
Complexity adjusted inpatients (WIES I5)*	5,267	5,195	5,240	5,187
Inpatient Bed Days	23,967	24,417	23,968	24,027
Average Length of Stay (days)	3.23	3.37	3.48	2.89
HITH bed days	578	664	690	750
Nursing Home Type Bed Days	2,659	3,669	3,221	3,125
Operations	3,088	3,006	2,993	2,950
Births	237	221	219	217
Available Bed Days	30,172	30,907	30,833	29,567
Occupancy Rate	79.4%	79.0%	79.8%	83.8%
<b>Average Cost per inpatient</b>	<b>\$3,099</b>	<b>\$2,915</b>	<b>\$2,669</b>	<b>\$2,768</b>
<b>Aged Care Statistics (Aged Program)</b>				
<b>High Care</b>				
Residents Accommodated	166	167	165	152
Resident Bed Days	40,756	43,448	43,593	41,817
<b>Low Care</b>				
Residents Accommodated	88	93	74	98
Resident Bed Days	18,907	16,504	16,520	17,414
<b>Respite</b>				
Residents Accommodated	145	102	119	135
Resident Bed Days	1,676	1,532	1,469	1,742
Occupancy Rate	98.95%	99.19%	99.35%	98.85%
Community Aged Care Package (CAPs) clients	38	44	34	25
CAPS occasions of service	10,854	10,672	8,006	7,249
<b>Accident/Emergency Occasions of Service</b>	<b>5,792</b>	<b>5,836</b>	<b>5,739</b>	<b>4,512</b>
<b>Outpatient (non-admitted) Occasions of Service</b>				
Physiotherapy	8,094	8,033	8,927	11,416
Rehabilitation & Day Centre	5,095	5,256	4,785	2,493
Speech Pathology	1,030	887	829	879
Podiatry	2,012	2,150	2,195	2,611
Social Welfare	4,025	3,829	3,384	4,415
Occupational Therapy	4,266	4,749	4,809	4,830
Palliative Care	1,056	776	830	980
District Nursing Service	34,764	32,574	31,053	32,341
Total non-admitted occasions of service	60,342	58,254	56,812	59,965
Cost per non-admitted occasion of service	\$117	\$121	\$123	\$104
Meals on Wheels	39,613	34,005	31,243	31,493
<b>Quality Assurance</b>				
Full Accreditation Status	YES	YES	YES	YES

\* WIES - ( Weighted Inlier Equivalent Separations ) are based on the Australian Refined - Diagnosis Related Groups ( AR-DRG ) further refined in Victoria by the addition of a few DRGs by the Vic-DRG version 52.

\* Our Target WIES for 2008/09 ( excluding those funded under the Small Rural Health Services Program ) was 4,859. We exceeded this by 169.50 WIES ( 3.49% )

<b>Inpatients treated by patient classification</b>	2009	2008	2,007	2006
Public	5,327	5,081	4,856	4,853
Private	1,673	1,657	1,647	1,562
Department of Veterans Affairs	339	376	309	349
Workcover	37	23	47	39
Transport Accident Commission	39	44	31	37
	<b>7,415</b>	<b>7,181</b>	<b>6,890</b>	<b>6,840</b>

# Clinical Services

## Challenge

To enhance our Sub Regional role providing an integrated range of high quality services to our community and to meet the needs of an ageing population.

## Achievements

- Implementation of the Hamilton Midwifery Care Model to enhance continuity of care for women and their babies
- Development of Bariatric Surgery and Stoke frameworks
- Introduction of CHARM online medication system for Oncology
- Increased theatre sessions for Orthopaedics surgery
- Increased surgery undertaken laparoscopically
- Improved services for long stay older patients
- Development of a Diversional Therapy Program for Men in Residential Care
- Launch of The Virtual Visiting Project
- Establishment of a Sub Regional Wound Management Program for South West residential and HACC Service Providers

## The Future

- Implementation of new service frameworks/models
- Participation in the development of the Barwon South West Region Cancer Service plan
- Establishment of specialist outpatient services for Cancer patients
- Implementation of Men's Diversional Therapy project
- Increased services for our ageing population

## Significant Developments this Year

- Purchase of equipment to increase number of procedures undertaken by laparoscopic surgery
- Enhancement of post operative management
- Introduction of online medical system for Oncology
- Enhancement of HMO coverage, orientation and training
- Replacement of operating theatre tables to improve safety for patients and staff
- Purchase of portable ultrasound equipment to improve imaging quality for obstetrics
- Implementation of new service frameworks and models of care

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 7,415 inpatients treated during the past 12 months and 60,342 outpatient occasions of service provided.



Baby Riley Jay Iredell born under the newly introduced WDHS Midwifery Model of Maternity Care

The Operating Theatres at WDHS, served by leading medical and surgical proceduralists supported by quality theatre staff, facilities and equipment operated on 3,088 patients this year. Our Midwifery Unit shared the joy of welcoming 237 babies in 2008/09, while our staff provided support and care for 5,792 patients who attended the HBH

Emergency Department and those who attended the Primary Care treatment service provided at CDHS and PDHS for minor injuries and illnesses.

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

WDHS' six aged care facilities, The Birches and The Grange in Hamilton; Penshurst Nursing Home and Kolor Lodge in Penshurst; Valley View Nursing Home and Wannan Court 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 supporting our residents and their carers in these facilities are predominantly Division 1 and Division 2 nurses supported by Personal Care Workers.

We accommodated 166 high care residents, 88 low care residents, 145 respite residents and our occupancy rate in our aged care facilities was 98.95%. We serviced 38 CACPs clients.

The Acute and Extended Care services at HBH campus of WDHS have been enhanced during 2008/09. 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.

# Medical and Surgical Services

## Laparoscopic Surgery

For the first time at Hamilton Base Hospital, laparoscopic surgery, also known as keyhole surgery, was introduced for bowel cancer procedures resulting in greatly reduced recovery times, reducing hospital stays by up to three days. The purchase of a range of laparoscopic surgical equipment, largely supported by community fundraising efforts has also increased the use of laparoscopic surgery for other procedures benefiting the recovery rate and outcomes for patients.

## Post Operative Management

The implementation of a second stage Post Operative recovery area in the Surgical Ward for patients returning from the theatre recovery room, initiated by our Director of Anaesthetics, Dr James Muir, ensures best practice. The initiative has resulted in the identification of early signs of any unexpected variation in recovery post surgery.

We achieved 100% compliance with initial assessment on arrival to ward and improvement in post operative orders, observation, I.V. therapy, pain and sedation documentation.

## Online Medication for Oncology

The dispensing of oncology medication, managed by our pharmacy department, is a component of over 21,500 items dispensed for the year. As part of our participation with the Barwon South Western Regional Integrated Cancer Services (BSWRICS) we have implemented an online medication system for Oncology. This system has been implemented at Barwon Health and will be rolled out shortly to Warrnambool. The system has improved the integration, continuity and coordination of Oncology medication for patients accessing services across the region.



WDHS Surgeon, Stephen Clifforth and staff in the HBH Theatre, performing one of 3,088 surgical procedures.

## Hospital Medical Officers

Hamilton Base Hospital relies on the services of our rotating Surgical Registrar from the Austin, Medical Registrar from Barwon Health and Hospital Medical Officers (HMO's) rotating from St. Vincent's and Barwon Health. We also employ International Medical Graduates as HMO's to support the provision of medical, surgical and accident and emergency cover 24 hours a day for every day of the year.

This year we have six International HMO's on staff, three from Sri Lanka, two from India and one from Pakistan. All have become very valuable members of the team and completed an enhanced orientation program to familiarise themselves with policies, procedures and practices of a Sub Regional referral centre. They have also completed additional training and courses such as advanced cardiac life support and basic life support to enhance their skills. One of our International HMO's from last year has taken up the Anaesthetic Trainee position at WDHS under the guidance of our Director of Anaesthetics.

## State of the Art Medical Equipment

The purchase of new state of the art operating theatre tables and orthopaedic extension at a total cost of \$227,000 has enhanced the capacity to cater for Bariatric patients and joint replacements. We have also increased the allocation of theatre sessions for Orthopaedics to meet additional demand and the needs of an ageing population.

The purchase of new ENT surgical instruments will reduce the need for patients to travel to other services for some procedures. We have replaced ENT and ophthalmic microscopes (\$89,000 and \$105,000) respectively, replaced a portable ultrasound for obstetrics (\$64,000) and purchased a new ultrasound equipment for intensive care and theatre (\$60,000). This will ensure that we continue to provide our staff and community with modern day state of the art treatment facilities to achieve quality outcomes for our patients.

# Service Frameworks /Models of Care



Happy mums, Erika Donaldson with son Kaeden and Sara Holmes with son Flynn are amongst the first families to experience the new Midwifery Care Model at WDHS

## Bariatric Surgery

A review of our Bariatric Surgery framework involving pre and post operative care and equipment needs was completed, resulting in an enhancement of our assessment and continuity of care from pre-operative to post-operative service and equipment capabilities. The outcome of our review and subsequent framework was provided to the Statewide Committee established by the Department of Human Services. Pleasingly our framework was considered to meet the requirements being developed by this Committee.

## Stroke

Our Health Service has taken a lead role in the Sub Region for the implementation of the Statewide Service framework for the provision of stroke services. As a result, we have confirmed our clinical service level and will be implementing a policy to provide thrombolytic therapy to stroke patients who meet the criteria for this treatment.

## New Maternity Services Model

The Health Service experienced an increase in the number of births to 237 after a period of five years at 200 to 220 births per year. To meet current and future demand, a new Caseload Model to ensure the effective use of Midwives was developed and adopted by Midwives and General Registered Nurses. This new initiative,

the Hamilton Model Midwifery Care (HMMC) commenced on 15 June 2009 with the support of our Director of Obstetrics and Gynaecology and three General Practitioners practising obstetrics and the Department of Human Services.

As a result, all women having their babies at Hamilton Base Hospital will be assigned to a Midwife and have the opportunity in the main to develop a one to one relationship for the midwifery component of their care. The care provided by the Midwife throughout pregnancy, labour, birth and post natally will complement the care provided by their Specialist or General Practitioner.

This important initiative will enhance the learning opportunities for Graduate Diploma of Midwifery students and is expected to improve retention of post graduates who would otherwise have sought employment in large stand alone maternity units elsewhere. WDHS is now also able to offer employment to direct entry Midwives when the need arises, a recruitment opportunity not previously available to facilities such as WDHS where Midwives traditionally worked with a shared patient load of both maternity and surgical patients.

The introduction of the HMMC will provide continuity of care for women, ensuring the continued maintenance of their dignity and individuality, enhance and support the skills of Midwives and Doctors in a collaborative framework and continue to provide safe and quality care to women and their babies.

# Aged Care

## Virtual Visiting

Our Virtual Visiting Program which we believe is a world first was officially launched by the Ambassador for Aged Care Ms. Noeline Brown. In December 2009, this occurred at our Peshurst Campus during a live link up with a resident of Kolor Lodge and her daughter and great grandchildren in Melbourne to celebrate the resident's birthday. The launch also included a quiz link up with Peshurst and Port Fairy-Moyneyana House residents.

The project has made an enormously positive impact on the quality of life of our residents, enabling them to maintain visual contact with distant family and friends, breaking down the tyranny of distance barrier. This innovative program has attracted Australia wide interest and is being made available to many aged care facilities across South West Victoria and other parts of Australia.

## Services to Long Stay Older Patients

With funding from the Council of Australian Government (COAG) we have implemented a number of initiatives to improve the care of older patients in hospital to reduce functional decline and improve the environment in our acute setting. The improvements made to date include improved assessment and screening, management of dementia, involvement and empowerment of patients in their care to maintain existing levels of function and the development of a brochure "Maximising your Health while in Hospital".

Extension to a number of rooms in the Medical Unit to improve space available for eating and exercising, new furniture and improved signage have improved the safety and environment for long stay older patients with special needs.



Ambassador for Ageing, Ms Noeline Brown witnessing the positive impact the WDHS 'Virtual Visiting' program has for resident Sylvia Simons who spoke to her family in Melbourne using the new technology to celebrate her birthday.

## Diversional Therapy

With a predominantly female population in our residential facilities there is a gap in providing specific activities for men living in residential care. We have been successful in obtaining a \$28,000 grant from the State Government to develop appropriate programs and a resource kit in consultation with our male residents for future use by Diversional Therapists and staff involved in the provision of activities.

## Regional Wound Management

State Government funding was received to provide a consulting service for complex and chronic wounds for those clients and residents of Home and Community Care (HACC) and Public Sector Residential high care facilities across the South West Region. This new initiative is for an initial period of three years. We have employed a half time Clinical Nurse Consultant (CNC) to provide mentoring, education/training and support for staff involved in HACC and high care residential programs and to assist in the development of wound care protocols, evaluation and research best practice to improve the management and treatment of chronic wounds.

## Grange Launch and Open Day

The next and final stage of the Grange redevelopment was launched on April 2, 2009 by our appeal patron Dr Geoff Handbury AO, followed by an open day for our community to view plans, hear an outline of the final stage and tour the facility to see first hand the first three stages completed from 1999 to 2002.

Both the launch and open day were well attended and currently \$1.67m is held in donations, pledges and Health Service reserves towards the \$2.8m project. When completed, the redevelopment will provide additional beds and redesign of some areas to meet the changing needs of residents, and improve functionality and comfort as well as extra space for activity programs. The project is planned to commence in late 2010/early 2011.

## Peshurst Redevelopment

The first stage of the implementation of the Peshurst Campus Master Plan is complete with the \$600,000 upgrade extending the living, dining and outdoor areas for nursing home residents and upgrading two bedrooms and ensuites for long stay older patients. The upgrade has improved the quality of life and standard of accommodation provided at the Campus and is the first step of a planned \$5m upgrade over the next seven to 10 years.

# Community Services and Allied Health



Dr Dale Ford, Hamilton Medical Group and Adam Taylor, Nurse Project Officer for the GP in Community Health Strategy

In May 2009, Community Services and Allied Health were amalgamated to form one Division. This initiative aims to create closer linkages between services and programs, thereby offering a more integrated service for the community. The amalgamation is enhancing the ability of staff to work across disciplines, to develop common approaches to meeting client needs and to create links between primary care and disease prevention.

The new Division provides:

- Programs to prevent or ensure early intervention of illness
- A full range of Allied Health services
- Services to assist people and their families to manage their chronic disease or cancer at home

The creation of the new Division will build on the many innovative flagship programs focusing on health, wellbeing and safety to strengthen the capacity of individuals, families and communities through effective prevention and health promotion. As a result, many positive outcomes have been achieved over the past year.

Achievements include:

- Integration and relocation of Dental Health Services
- Establishment of the WorkSafe WorkHealth Program
- Continuation of an innovative flagship programs, 10MMM, G.P. in Community Health, Go for Your Life, Active Script, HARP, Community Transport, Puberty Education in schools
- \$120K State Government grant over three years for Youth Programs
- Establishment of Allied Health CMBS Clinical trial and Well for Life projects

## Dental Service

In July 2008, the public dental service was transferred to WDHS from Dental Health Services Victoria, including a Dentist and Dental Therapist. The service provides a range of general dental services for children and adults. Over the year, the Dental Service has:

- treated over 1,500 clients
- received positive feedback from clients
- consistently met or exceeded performance targets against state benchmarks
- relocated to a new modern clinic on the Frances Hewett Community Centre (FHCC) site

## WorkHealth

WorkHealth was launched by the Victorian Government in 2008. It aims to reduce preventable chronic disease, such as diabetes and identify risk factors that impact upon individual health and wellbeing. WDHS is an endorsed service provider to provide confidential health checks to workplaces under the WorkHealth initiative. This year, WDHS has delivered WorkHealth checks to over 350 people at 10 local workplaces.

## HIP

In 2009, WDHS commenced implementing the Department of Human Service's best practice guidelines for Health Independence Programs (HIP). This includes the implementation of an integrated service model including a coordinated process for client intake, assessment, care planning and care management.

## Active Script

Active Script has been highly effective since commencing in 2004. GPs refer patients to a Community Health Nurse at WDHS who rings the patients regularly over a 12-month period to support them to increase their level of physical activity. Patients are typically very sedentary, lack motivation and have multiple health conditions.

A review of 125 participants identified that 98% reported an increase in their level of activity. Participants reported improvements in blood pressure, improved levels of blood glucose, increased energy, weight loss, greater wellbeing and reduced pain and stiffness.

## Challenging Stereotypes

### - 'Go for Your Life' project

Challenging the Stereotypes is a three year project delivering the messages of the 'Go for your Life' initiative in the Shire of Southern Grampians. The project is led by WDHS in collaboration with the Southern Grampians Shire and the Southern Grampians and Glenelg Primary Care Partnership (SGGPCP).

Thirteen workplaces completed initiatives in 2008 and 19 workplaces are involved in 2009. Key achievements include:

- Increased fruit and vegetable consumption and participation in physical activity across all workplaces
- Decreased weight, Body Mass Index (BMI) and significant decrease in average waist measurement
- Introduction of adult activities adults including Annual Fun Run, Touch Football competition and pole walking groups
- Awareness activities to over 2,000 community members

### One workplace commented:

"Staff have just completed a 10 week 10,000 Step Pedometer Challenge. Fifty six staff members participated, with seven teams of eight participants. Total steps completed by staff were 42,081,239, which gave an average of 10,735 steps per person. 10,000 steps is approximately eight km in distance. The project was a huge success with a lot of positive feedback from staff as well as weight loss results for several. Staff are looking forward to commencing the next Challenge."

## GP in Community Health Strategy

This strategy has been effective in improving client access to bulk billed services that seek to enhance the management of their chronic disease. It involves linking GPs with a Nurse Project Officer to create Chronic Disease Management plans.

Over 12 months, the Strategy has resulted in:

- 57 referrals with 60% of GPs participating
- 42 GP Management Plans
- A successful reduction in HbA1c levels and waist measurement in 24 clients reviewed
- Sustained linkages between local GP and WDHS services
- Sustained change with the GP clinic employing a practice nurse

## Transport Connections

South West Transport Connections is funded through the Victorian Government's Transport Connections program to improve local transport services. WDHS is the lead agency for this project covering the shires of Southern Grampians and Glenelg.

In 2008, a number of new services were introduced in the region, including:

- Portland to Mount Gambier via Nelson
- Hamilton to Mount Gambier via Casterton
- new accessible bus in Hamilton

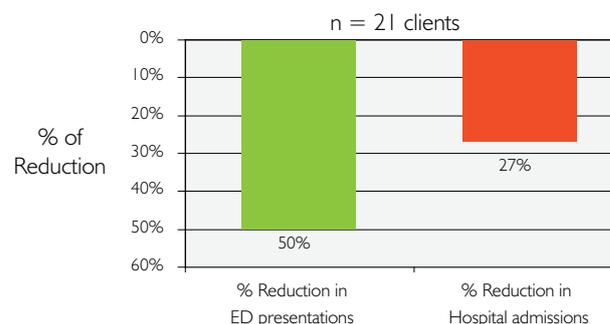
## Hospital Administration Risk Program (HARP)

HARP aims to reduce the level of preventable hospital admission. This year, the service employed a Psychosocial Care Coordinator to support people with complex psychosocial needs that may impact on their ability to manage their health.

WDHS offers a range of chronic disease management programs, including:

- Better Health Self-management / Diabetes Program
- Chronic disease management program – incorporating Pulmonary Rehabilitation, Heart Failure management and stroke program
- Cardiac Rehabilitation

### % REDUCTION IN ED PRESENTATIONS & HOSPITAL ADMISSIONS FOR CLIENTS 6-MONTHS PRE HARP COMPARED TO 6-MONTHS POST HARP



Data for July to Dec 2008 indicates:

- 50% reduction in presentations to ED
- 27% reduction in hospital admissions (see graph)

This data continues a positive trend over the last two years and represents the sum total of presentations to WDHS, which includes admission for any reason, planned or unplanned, related or not related to chronic disease.



The WDHS YouthBiz Drop in Centre, providing a range of programs to support, encourage and develop local youth

## 10MMM (Multi Media Mayhem Project in 10 Towns of Southern Grampians Shire)

Funded by Vic Health and managed by WDHS in partnership with RMIT Hamilton, the 10MMM Program provides young people with opportunities to learn new skills and have their say through new technology and multimedia.

Achievements this year include:

- Over 100 young people have participated in workshops gaining skills in animation, game making, claymation, film special effects and digital drawing
- Launch of the new 10MMM website: [www.10mmm.com](http://www.10mmm.com)
- Four editions of the Purple Couch magazine with readership of over 1,000
- 10MMM Youth Film Festival
- A Highly Commended Award in the category 'Improving the Health and Wellbeing of Disadvantaged People and Communities' in the Victorian Public Healthcare Awards, 2008

Other youth activities implemented this year include:

**7 Jeans** – funded by the Department of Planning and Community Development to promote positive body image in young women. Local activities were provided for 40 young women, including making facials, basic self defence, cooking and serving a healthy meal, yoga and creating an artwork.

**Life in the Fast Lane** – a project funded by the Office of Youth and implemented with the PCP to celebrate National Youth Week. Young people participated in taking and presenting photos for display in the laneways of Hamilton's central business district.

## Women's Health

This year, pap smear clinics were provided at FHCC, Penshurst and Balmoral funded by PapScreen Victoria. Eighty four women accessed the additional clinics. Funding has again been secured to offer additional pap smear clinics in the coming year, including clinics for Indigenous women.

Breast Cancer Case Management continues to support women and their families through the journey of breast cancer, providing a Breast Cancer Support Group, for younger women and the cancer support group with over 40 members.

## Youth Programs

### Health in Schools

Health programs have been delivered to over 400 school children this year. This includes puberty education to Year 5 and 6 students; healthy life programs to Year 12 at Baimbridge College and Healthy Relationships Programs to Year 9 students funded by the Primary Care Partnership.

## YouthBiz

In 2009, WDHS received \$120,000 over three years from the Office for Youth to maintain the YouthBiz Drop-In Centre and its related youth programs. This is a welcome addition to the 2007 donation of \$120,000 over three years from Dr Geoff Handbury AO.

This year, YouthBiz provided services to over 3,000 contacts with a range of activities that aim to increase skills and offer new opportunities to local 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
- School Holiday Activity Programs – providing low cost activities over school holidays



WDHS staff with participants on their "Graduation Day" after completing a six-week Chronic Disease Management course at WDHS' Physiotherapy Department.

## Allied Health

### Consumer Satisfaction

A consumer satisfaction survey for Allied Health was conducted in late 2008. Results were very positive with 95% of respondents satisfied with the assistance of reception staff and 97.2% satisfied with our Allied Health professionals. 79% waited less than 10 minutes for their appointment.

### CMBS Clinic Trial

WDHS has received funding to trial the provision of public health services funded by the Medicare Benefits Scheme. This project aims to enhance service access by providing bulk billed Allied Health and other services. WDHS staff will work alongside local GP's to provide clients with a 'one-stop-shop' for their chronic disease management. This will initially include the WDHS Diabetes Educator, Dietitian and Podiatrist.

### Adult Day Activity and Support

This service enhances the lives of aged, frail and people with disabilities via activities providing social interaction, access to other services and health professionals, and practical and emotional support. Weekly sessions are provided in Hamilton and Peshurst. Eighty nine clients and 2,297 contacts were provided in 2008/09.

### Community Rehabilitation Centre

This service coordinates access to Allied Health Services and encourages therapy for clients with a disability and those who are frail, chronically ill or recovering from traumatic surgery. 231 individuals and 3,050 contacts were provided in 2008/09.

In 2008, the CRC received \$14,000 from DHS to establish a mobility training area in the grounds of WDHS. This offers a safe environment within which clients can develop their mobility skills on ramps and a range of surfaces.

### Day Centre

The Day Centre provides daily support, social contact, activities, carer respite and health monitoring to the aged, frail and people with disabilities. The Centre had 92 clients with a total of 3,396 contacts this year. In 2009, additional Well for Life funding has supported the development of new activities in WDHS Planned Activity Groups, including brain gym, tai chi and the purchase of a Nintendo Wii Console to provide computer aided physical activity.



WDHS Podiatrists, Phuong Huynh and Clair Barrand provide services to inpatients, outpatients and communities across the region.

## Nutrition and Dietetics

This service promotes the maintenance of healthy bodies and minds through evidence-based dietary recommendations. Staff assist in managing conditions and diseases through specific nutritional and dietary interventions and advocate balanced healthy eating for the general community.

Dietetics was involved in the development and implementation of the 2008/2009 best practice framework for bariatric surgery at WDHS. In 2009, the department welcomed a school-based trainee undertaking a Certificate III in Allied Health Assistance.

## Occupational Therapy

This year, the department introduced hand therapy and occupational rehabilitation services for hospital outpatients and other service organisations including the Transport Accident Commission. A new team joined WDHS in 2008/09, including a new Chief and three Occupational Therapists.

## Physiotherapy

The Physiotherapy Department provides assessment, care planning and clinical therapy services to clients of all ages, across all WDHS campuses and to Edenhope and Heywood.

The department has welcomed five overseas trained physiotherapists over the year, ensuring stable service delivery and bringing a breadth of knowledge and experience to services and programs. The Department maintains its commitment to training the next generation of health professionals, hosting 10 undergraduate physiotherapy students (totalling 42 weeks), various work-experience placements and welcoming to the Department a school-based trainee undertaking a Certificate III in Allied Health Assistance.

In 2008/2009, the service has provided 3,500 individual outpatient contacts, 8,356 individual inpatient contacts, 1,216 aged care contacts and 1,138 hours of regional service.



The WDHS Physiotherapy and Occupational Therapy staff provide activities for patients and residents as part of their rehabilitation

## Podiatry

The Podiatry service provides a range of comprehensive foot care, including treatment of painful and debilitating foot problems. A second podiatrist, recruited from the UK, commenced in 2009 to help meet service demand. Podiatrists conduct targeted, preventative treatment strategies that may delay or prevent hospitalisation and treatment techniques and therapeutic care plans to facilitate mobility.

Podiatry services are provided to inpatients, outpatients and to other towns in the region. This year there were over 1,000 contacts in our Hamilton House Podiatry surgery.

## Social Work

The Social Work department provides information, support and counselling to in-patients and their families experiencing stress or life crises associated with chronic or acute illnesses. It also provides support to aged care residents, including facilitating the transfer of community members into residential care for either respite or permanent care. The Placement Coordinator facilitated 185 respite admissions during the past 12 months and 76 admissions into permanent residential aged care.

## Speech Pathology

In 2008, the Speech Pathology department appointed a part-time Allied Health Assistant to expand service capacity. Services are provided to people with a variety of communication and swallowing disorders with ages ranging from infancy to the elderly.

Services for children include screening, assessment and involvement in early intervention playgroups at kindergartens; autism assessment and treatment by local health and education professionals. Services for adults include assessment and treatment for stroke clients.

# National Centre for Farmer Health

The new National Centre for Farmer Health is a landmark in Victoria's agricultural and health industry history, given it is the first of its kind bringing together university research, service delivery and education to address the health, wellbeing and safety of farm families.

The National Centre for Farmer Health was officially launched by Premier John Brumby at Western District Health Service (WDHS) in Hamilton on Friday July 10.

In attendance were the Honourable Joe Helper (Minister for Agriculture), Dr Geoff Handbury AO (benefactor) and Professor John Catford (Dean Health, Medicine, Nursing and Behavioural Science at Deakin University) as well as more than 100 agricultural, health, research and community representatives.

The National Centre for Farmer Health (NCFH) is a new Hamilton-based partnership between WDHS and Deakin University. It encompasses university research, service delivery and education, which will provide national leadership to improve the health, wellbeing and safety of farm men and women and farm workers and their families.

The five core activities of NCFH are:

1. Professional Training and Education: providing leadership, support and continuing education for general practitioners, nurses, allied health practitioners, veterinary surgeons, agronomists and primary industry staff
2. Applied Research and Development: enhancing the evidence base on cost-effective interventions to improve farmer and agricultural workers' health, wellbeing and safety
3. IT Information Hub: transferring knowledge through web-based information, advisory services and professional networks
4. Agri-Safe Programs: introducing innovative occupational health services to help make farms a safer place in which to work and live
5. Sustainable Farm Families: maintaining and enhancing the Sustainable Farm Families Program with an emphasis on dissemination of research results from the program

NCFH is overseen by an experienced management board consisting of the Dean of the Faculty of Health, Medicine, Nursing and Behavioural Sciences and the Head of the School of Medicine from Deakin University, the Chief Executive Officer of WDHS, a WDHS Board Member and the Director of NCFH. Additionally, each core activity is overseen by a multidisciplinary advisory group of 8 - 10 health, education and agricultural professionals.

NCFH has been generously funded by the Victorian Government through the Future Farming Strategy and philanthropically through the Helen and Geoff Handbury Trust.



Opening the National Centre for Farmer Health are Agriculture Minister, Joe Helper, WDHS Chief Executive Officer, Jim Fletcher, Premier John Brumby, Deakin University Professor, John Catford, Dr Geoff Handbury AO, Centre Director, Sue Brumby and WDHS Board President, Mary-Ann Brown



Mark Gould from Geraldton WA and Mark Thomas of Beverly WA in the Sustainable Farm Families Train the Trainer Program



The NCFH's Dr Scott McCombe conducting a respiratory test on Constable Ben Carroll of Hamilton Police while his colleague Constable Desiree Stephens watches on at this year's Sheepvention site

## Sustainable Farm Families

More than 1,850 farm men and women from every state in Australia have participated in the Sustainable Farm Families Program. In 2008/9, more than 50 programs were delivered in Victoria with support from the Departments of Primary Industries and Human Services.

### The SFF Program

The SFF Program addresses the health, wellbeing and safety of farm families over a period of two or three years.

Included in the Program is a physical assessment, health condition prevalence, health behaviour assessment, focus group discussions, safety practices and education relating to common health conditions. Analysed health indicators include body mass index (BMI), total cholesterol, fasting blood glucose, waist circumference, eyesight, respiratory ability and blood pressure – all risk factors for chronic and lifestyle diseases. The SFF Program has shown that farm families have specific health needs which differ from other populations and industries.

### Train the Trainer

Training in the SFF Program provides other health and rural professionals with 'best practice' guidelines and illustrates the complex environment in which farm families operate. In June 2009, 24 health professionals from as far away as Georgetown in Queensland to Geraldton in WA participated in the training in Hamilton, taking the total of rural professionals trained to more than 140.

### Partnerships

At the core of the Program is the development of community partners and ensuring the Program remains relevant and addresses the health, wellbeing and safety needs of farm families. Since beginning in 2003, SFF has worked in partnership with:

- 6 universities
- 43 health agencies
- 82 industry partners
- 8 funding partners

### Future

The SFF Program will deliver a further 20 new programs with the support of the Department of Primary Industries during the remainder of 2009 and will continue with second and third year roll out of previous programs.

It has also recently received a \$189,000 grant from the Rural Industry Research and Development Corporation (RIRDC) to revisit and review the original program participants of 2003.

# Southern Grampians & Glenelg (SGG PCP) Primary Care Partnership



Acting Executive Officer, Rowena Wylie and Chair Kevin O'Brien at the launch of the new PCP Partnership agreement.

## Achievements for 08/09

- 2008 Victorian Public Healthcare Awards Silver Winner for 'Striking a Balance' Falls Prevention Project
- New Partnership Agreement developed to encompass broader membership
- Range of initiatives showcased at state level:
  - Climate Change Framework
  - 'Place Based' planning initiatives
  - Heatwave Strategy
- Leader in gaining water fluoridation in Hamilton, Tarrington and Dunkeld
- New funding attracted:
  - Dept of Justice - Gamblers Help
  - Handbury Fellowship – Arts
  - VicHealth – Creative Web Arts Project
  - DHS – Place-based Project
- High member satisfaction reported

Western District Health Service, as the auspice agency of the SGG PCP is closely associated with the deliverables and financial management of the partnership.

The Southern Grampians and Glenelg Primary Care Partnership (SGG PCP) was established to facilitate primary care agencies working together to improve health outcomes for consumers. 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.

Our PCP works across a broad range of issues that impact on community health, wellbeing and safety, including addressing the impacts of drought and climate change; poor nutrition and oral health; alcohol abuse; family violence; social and economic disadvantage; participation in the arts; transport; poor service access and childhood health and education.

The PCP welcomed South West Healthcare (Psychiatric Services) to the Partnership and Janette Lowe as Executive Officer in May 2009.

## Achievements

### Enhancing the primary care system

#### Chronic Disease Management

With Chronic Disease Management Networks now based in both Hamilton and Portland, progress has been made towards a coordinated care planning approach to patient care between community health, some acute programs, allied health, mental health, general practitioners and exercise physiology. The PCP is also looking at supporting the expansion of the Practice Nurse model that has been successful in Hamilton to small outlying towns including Coleraine, Casterton and Balmoral.

#### Consumer Journeys

The PCP, through the Portland & District Chronic Disease Management Network, undertook a Consumer Journeys Project to investigate the experiences of people living with chronic conditions in Portland and district. It documented the numerous activities in the region, which are aiming to improve the quality of service delivery and co-ordination of care for people living with chronic conditions. A report that highlights key issues experienced by patients is being finalised and will include recommendations for moving forward.

## Preventing ill-health

### Healthy Relationships

The PCP undertook a Healthy Relationships pilot project in 2008; the project has been extended in 2009. The aim of this program is to promote healthy relationships in order to prevent family violence and sexual assault. The program is run with Year 9 students in the Southern Grampians region. The content includes aspects of healthy/unhealthy relationships; the influence of beliefs and stereotypes; power; control and violence; communication in relationships; support and services available.

### Arts

The Community Arts project commenced in October 2007 with funding from Arts Victoria and the Southern Grampians Shire Council. Key activities to date have included:

- A Mapping Report, which surveyed over 80 artists and 20 local organisations
- The establishment of the Southern Grampians Arts Network, which has over 40 members and currently meets on a quarterly basis to help establish links amongst artists and organisations across the region, and to provide increased professional development opportunities to local artists
- Facilitation of the implementation of three key areas identified through the mapping report
- Training and professional development for local artists, sourcing alternative exhibition and participation spaces, and communication

The Project is credited with attracting increased Arts funding into the region, including collaboration between arts and non-arts organisations, as well as a monthly communication bulletin, Arts News, which is distributed to a database of over 400 people. Future funding is currently being sought to continue this project.

### Climate Change - Merino 'Place Based' Project

In August 2008, the University of Melbourne's McCaughey Centre published the PCP's climate change planning framework, "Climate Change Adaptation: a framework for local action". This framework has been showcased at state and national conferences with the PCP invited as keynote speakers at the PCP State Conference, Municipal Association of Victoria's Climate Change Conference and University of Melbourne forums.

The success of the PCP's work has resulted in a Handbury Research Fellowship and a research partnership with the University of Calgary, Canada. Research is underway on a 'Place Based' project in a small town in the Glenelg Shire. This project aims to facilitate and build on community strength and resilience by facilitating a three phased approach:

- a) Community Engagement Activity
- b) Practical climate change responses
- c) Facilitating increased access to health services through the Merino Bush Nursing Centre

Phase I of the project is nearing completion and has been successful in creating an interest in energy efficiency through monitoring the temperature using an 'ibutton' (a temperature data logger), in various homes around Merino.

For further information, go to [www.sggpcp.com](http://www.sggpcp.com)

### PCP Members:

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

### Stakeholders:

Country Fire Authority	RIST, Hamilton
Department of Human Services	RMIT, Hamilton
Department of Primary Industries	Southern Grampians Glenelg Women's Health Resource Worker
Department of Veterans Affairs	South West Sports Assembly
Dhaurwud Wurrung Portland & District Elderly Citizen's Association	Victorian Farmers Federation
Gunditjmara Aboriginal Corporation	Winda Mara Aboriginal Corporation
Local Learning and Employment Network	
Primary Mental Health Team	

# Corporate Governance

## Board of Directors

### Mary-Ann Brown

**BEcs, GradDipLibSc, MBA**

Mary-Ann lives on a merino sheep stud at Dunkeld and is the office manager of financial planning firm, Robert W Brown and Associates. She is secretary of the Dunkeld Progress Association, Vice-President of the Hamilton Regional Business Association (HRBA), President of the Hamilton Film Group, member of the Performing Arts Centre Advisory Committee and Dunkeld Visitor Information Centre volunteer. First appointed November 2002, current term expires 30 June 2012.

### Jenny Hutton

**B.Ed**

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 Executive Committee of ADAPE (Association of Development and Alumni Professionals in Education) and Chairman of Penshurst Botanical Gardens Friends Group. Appointed November 2002, current term expires 30 June 2012.

### Ron Jones

**JP FCDA Dip CD**

Ron is a serving Police Officer with Victoria Police in Hamilton and lives in Coleraine. He has recently been appointed as a Justice of the Peace, is Chair of the Coleraine District Health Service Management Committee and member of his local golf club. Appointed November 2005, term expires 30 June 2011.



WDHS Board members L-R Peter Duffy, Jenny Hutton, Peter Irvin, Elizabeth Lawrence, Hugh Macdonald, Mary-Ann Brown and Ron Jones

### Peter Irvin

**B.Bus (B & F) FinF**

Peter is the Business Manager and Company Secretary of The Hamilton and Alexandra College Ltd and The Hamilton and Alexandra College Foundation Ltd, and has a background in corporate and commercial banking. He is a board member of the Rotary Club of Hamilton North. First appointed November 2006, current term expires 30 June 2011.

### Elizabeth Lawrence

**Health and Human Sc (Nursing)**

Elizabeth lives with her husband Ben and their two young children on a property in Tarrington, "Carlyle Performance Horses". Elizabeth has a background in health and was working in the health industry in the Northern Territory prior to moving to the Western District. Appointed November 2004, term expires 30 June 2011.

### 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 and a trustee for The Hamilton and Alexandra College Old Collegians. He has been President of the 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 30 June 2012.

### Peter Duffy

**Grad Cert PSM**

Peter is the owner operator of the Hamilton Townhouse Motel and a Board Member of Grampians Tourism. He has had vast experience in the health sector in WA, as Regional Manager Community Health Services (Pilbara), and SA chairing the Eyre Regional Health Board and the State Ministerial Rural Health Advisory Council. In addition, he has a background in corporate & resource management, local Government and Aboriginal Affairs. Appointed July 2008, current term expires 30 June 2010.

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

## Board structure, role and responsibilities

BOD terms of appointment are usually three years, with one third of terms expiring in October 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 2008/09 year and has assisted greatly in evaluating the effectiveness and performance of the Board Chair, individual Directors and the Board as a team. 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 BOD 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.

## 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 the Health Service values and 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

Board Member	Board Meetings Attended	Committee Membership as at 30 June 2009	Committee Meetings attended
Mary-Ann Brown	10 of 11	Audit & Compliance Medical Appointments Advisory Medical Consultative Project Control Quality Improvement Remuneration	2 of 2 2 of 2 4 of 4 1 of 1 1 of 3 2 of 2
Peter Duffy	9 of 11	Audit & Compliance Community Advisory Quality Improvement	2 of 3 3 of 4 0 of 2
Jenny Hutton	10 of 11	Community Advisory Development Council Medical Appointments Advisory Penshurst Advisory Quality Improvement	4 of 4 6 of 6 2 of 2 5 of 6 1 of 1
Peter Irvin	11 of 11	Audit & Compliance Project Control Remuneration	5 of 5 3 of 4 2 of 2
Ron Jones	10 of 11	Audit & Compliance Coleraine Advisory Medical Appointments Advisory Project Control Remuneration	5 of 5 5 of 6 2 of 2 3 of 4 2 of 2
Elizabeth Lawrence	9 of 11	Development Council Project Control Quality Improvement	5 of 6 3 of 4 5 of 6
Hugh Macdonald	10 of 11	Development Council Quality Improvement	3 of 6 5 of 6

## 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 2008/09, risk management continued to be enhanced with the implementation of an electronic reporting system Riskman. Over the course of the reporting period, a comprehensive update of the Clinical Risk Register was completed, including clinical, corporate, human resources and environmental risk.

Our insurers, VMIA, completed a review of our risk management framework and were complimentary of our system and made a small number of recommendations for enhancement, which have been implemented. Our Risk Management Policy was updated to reflect revised processes and allocation of responsibilities for risk management. The ACHS Accreditation Survey rated our risk management as 'extensive achievement'.

An internal audit has been completed of our clinical governance by an internal auditor. The small number of recommendations have been implemented.

## 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  
24 August 2009

## Ethics

Board members are required by the Health Services 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 and Allied Health, Human Resources Manager, Coleraine Manager/Director of Nursing, Peshurst Manager/Director of Nursing and the Director, National Centre for Farmer Health. The Executive met 24 times during the year and provided regular progress reports to the BOD.



Top of the Town Committee members, Tony McGillivray, Paul Aron, Deb Howcroft and Peter Franklin receive the Regional Events Award at the 2008 Regional Business Awards



Face painting was amongst the most popular activities at this year's WDHS Fete which raised funds for Hamilton Base Hospital

# Committees of the Board

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## 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. Francis Pekin and Colin Thompson were the external representatives on the committee. The committee received internal audit reports on taxation compliance, occupational health and safety, clinical governance, payroll and I.T. disaster recovery. Five meetings were held during the year.

## Medical Appointments Advisory Committee

Advises the BOD on appointments, re-appointments, suspensions and terminations of visiting medical practitioners. Two 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 the Board, 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 during the year.

## Development Council

Oversees and guides WDHS' fundraising strategy. The Council operates in compliance with the Fundraising Appeals Act 1984. Jenny Gubbins, Rachel Malseed, Philip Baulch, Charlie Gubbins, Vicki Whyte, Sardie Edgar, Megan Campbell and Peter Sandow were the community members on the committee in 2008/09. Six meetings were held during the year.

## Penshurst (PDHS) Advisory Committee

Reviews operation, performance and strategic planning for the Penshurst campus. Community representatives are Tom Nieuwveld, Les Paton, Tom Stephens (until October 2008), Wendy Williams, Margaret Eales, Florence Graetz, Jennifer Kinnealy, George McLean and Mary Johnson. Six meetings were held during the year.

## Coleraine (CDHS) Management Committee

Reviews operation, performance and strategic planning for the Coleraine campus. Community representatives are Sandra Adams, John McMeekin, Wilfred Dinning (until October 2008), Gabrielle Baudinette, John Northcott, Grant Little and Colin Warnock (until October 2008), Alan Millard and Anne Pekin. Six meetings were held during the year.

## Community Advisory Committee

Provides consumer views and advice to the Board on planning, implementation and evaluation of health services. John Pateman (until August 2008), Peter Sandow, Kay Scholfield, Sandra Duncan, Rev. Peter Cook and Chris Phillips were the community representatives. Four meetings were held during the year.

## Project Control Committee

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

# Executive Team



The WDHS Executive Team L-R Patrick Turnbull, Rosie Rowe, Sue Brumby, Tim Pitt-Lancaster, Jim Fletcher, Damien Malone, John Christie, Janet Kelsh and Hilary King

## 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 also the Chair of the South West Alliance of Rural Health (SWARH).

## Deputy Chief Executive Officer Director of Corporate Services

**Patrick Turnbull**

**BBus, BHA, FCPA**

Patrick has been with Hamilton Base Hospital since 1982. He has been the Hospital's principal accounting officer since 1987 and was appointed to his current role in 1993. Financial and business support of patient services is managed through the Corporate Services Division. Among Patrick's commitments with WDHS are his role as Chair of the SWARH Finance Sub-committee and Chair of the FMIS Rural Alliance Implementation Committee.

## Director, Community Services and Allied Health

**Rosie Rowe**

**BNatRes, MBA**

Rosie was appointed as Director, Community Services and Allied Health in May 2009. Prior to this appointment, Rosie was the Deputy Director of Community Services from October 2008 and for five years, the Executive Officer of Southern Grampians and Glenelg Primary Care Partnership. She has held senior positions in both the public and private sectors, including in natural resources and telecommunications.

## Director of Nursing

Janet Kelsh

**RN, ICUCert, 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 across Australia and overseas before moving to Hamilton. Janet represents WDHS on a number of regional committees, including palliative care, infection control, sub acute rehabilitation and nurse education through collaborative relationships with a number of Universities.

## Director of Medical Services

John Christie

**DMS, DTM&H, FAFPHM, FRACMA, MACTM**

Dr John Christie commenced at WDHS as a part-time DMS in March 2009. Prior to this, John was acting in a locum position as DMS. John also works as a part-time medical administrator at Swan Hill District Health in the Loddon Mallee region of Victoria. John commutes between the two regions on a weekly basis. He has a background in public health, tropical medicine and health administration, having worked for a number of years in developing countries as well as other Victorian hospitals including the Warrnambool Base Hospital, South West Health Care. He has extensive experience in medical management and public health and is a Paul Harris Fellow.

## Director, National Centre for Farmer Health

Associate Professor  
Susan Brumby

**RN, RM, DipFMgt, GradDip Women's Studies, MHMgt, CertIVWorkplaceTrainer, AFCHSE, MRCNA**

Sue commenced her position as Foundation Director of the National Centre for Farmer Health (a partnership between Western District Health Service and Deakin University) in November 2008 continuing her role as Principal Investigator with Sustainable Farm Families. Prior to commencing with the NCFH she was Director of Community Services at WDHS from 2002. In this position, she oversaw the introduction of new programs and innovative service delivery models resulting in numerous awards for service excellence, consumer involvement and health promotion. Sue is a graduate of the Australian Rural Leadership Program.

## 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.

## 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.

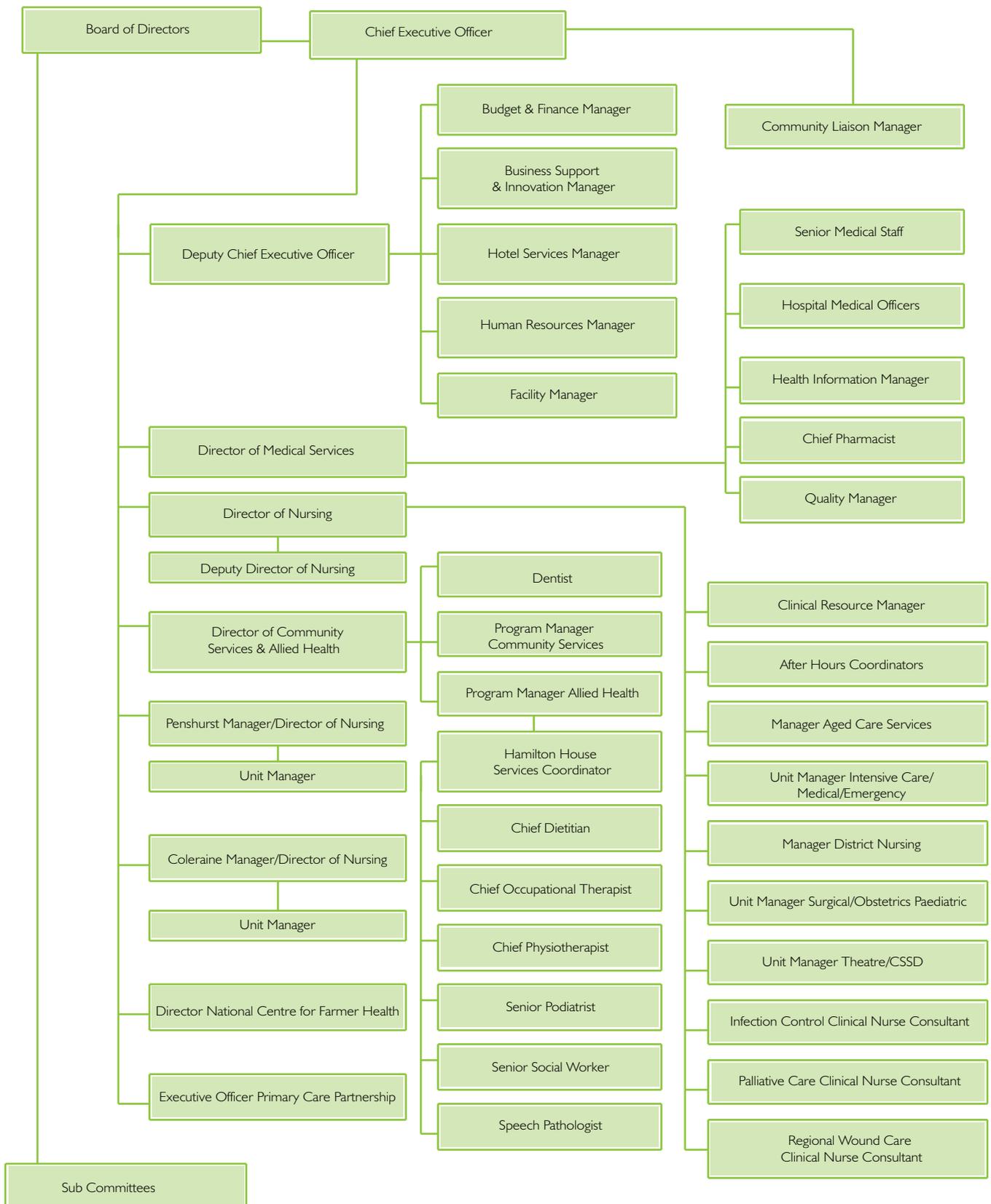
## Penshurst Manager/Director of Nursing

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.

# Organisational Structure



# Corporate Social Responsibility

## Our People in the Workplace

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

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

WDHS understands that the community has very high expectations of us and in return we welcome the high level of community involvement in our service from volunteers, associates and the broader community.

The recruitment, development and retention of a quality workforce are integral to our ability to provide the service that our community needs. During the 2008/09 year, WDHS has continued to be faced with challenges in attracting experienced health professionals to rural areas. However, innovative solutions have seen most vacancies filled by high quality candidates within acceptable time frames.

## Challenge

The challenge is to recruit, develop and retain high calibre professionals and specialist staff in a shrinking labour market while meeting the needs of our community and to provide training opportunities that motivate and encourage staff to maximise the use of their skills.

## Achievements

- Implementation of HR Strategic Plan
- Hosting of first Regional HR Forum
- Sub Regional HR Management support
- Recruitment to 121 positions including 14 overseas appointments
- 63 work experience and nine school based apprenticeship/traineeship placements.
- Employee of the Month and Pride of Workmanship Awards
- Associate Professor appointment
- 341 undergraduate clinical placements for Nursing, Allied Health & Medical
- Division 1 and Division 2 Graduate and Post Graduate programs
- Implementation of e-learning strategy
- Development of three-year Learning and Education Strategic Plan

## The Future

- Implementation of HR and Learning and Education Strategic Plans
- Continue Employer of Choice and other recruitment strategies
- Support undergraduate, post graduate, apprenticeships/traineeships and work experience placement and programs
- Continue staff recognition through Employee of the Month Award
- Implementation of Healthy Workforce Strategy
- Development and delivery of Post Graduate course for Agricultural Health and Medicine.

## HR Strategic Plan 2006-11

The plan was adopted by the Board of Management in August 2006. During 2008/09, the focus has been on improving structural efficiencies throughout the service, with the amalgamation of Allied Health and Community Services into a new division, and changes to the Corporate Services Division, which has seen the Health Information and Pharmacy Departments incorporated into the Medical Services Division. In addition, a new Business Support and Innovation department has been formed to support organisational change and redesign initiatives.

During this period, WDHS has continued to recruit with innovation and this year has seen an increase in International recruitment to fill critical roles.

The development of the Hamilton Midwifery Model of Care will improve our ability to recruit and retain experienced midwives, as they will now focus on midwifery services. Previously, midwives often carried a mixed surgical/ midwifery caseload.

Early in 2008, WDHS hosted the inaugural Regional Human Resources Forum. Forum presenters travelled to the South West region from as far away as Melbourne, and included keynote speakers Heather Worland of VECCI, Charles Van Heerden of Warrnambool Cheese & Butter, Stan Branch of South West TAFE (SW TAFE), Deb Howcroft of Glenelg Hopkins CMA and Alistair McCosh of Deakin University. Topics discussed included the latest changes

## Staff and Volunteer Service Milestones

### 10 Years

Ruth Arnold  
Neville Barker  
Marilyn Callaby  
Deborah Clugson  
Robert Cook  
Peter Davies  
Rowena Farquarson  
Tim Hall  
Brian Hearn  
Paula Heine  
Jean Humphries  
Phoung Huynh  
Floyd Killen  
Jean McIntosh

Susan Patterson  
Ian Powlton  
Gwenda Rentsch  
Brian Rigney  
Marie Robinson  
Jean Ross  
Jan Street  
Julianne Schultz  
Jean Swaby  
Janene Taylor  
Helen Thomas  
Anne Warburton  
Charlie Watt  
Alison Woolridge

### 15 Years

Amanda Francis  
Jennifer Fitzgerald  
Rhonda Hamilton  
Raelene Koenig  
Marlene Lee  
Elizabeth Millard  
Pam Pollack  
Eileen Robertson  
Rosemary Rowland  
Roma Tully  
Geoff Winnell  
Tania Deutscher

### 20 Years

Karen Alexander  
Kathleen Baugh  
Cheryle Casey  
Ruth Fatone  
Sue Frost  
Cheryl Martyn  
Ian Phillips  
Robyn Priestly  
Judith Sharrock  
Debbie White  
Kathleen Brown

### 25 Years

Sandra Anton  
Carolyn Coate  
Judith Crane  
Leonie Eales  
Rowena Ford  
Annette Mason  
Elizabeth McCreddan  
Louise Milne  
Tracy Noske  
Dorn Page  
Kaye Roberts-Rundell  
Lesley Stewart  
Joylene Uebergang  
Debbie Vaughan

### 30 Years

George Donaldson  
Timothy Hicks  
John Hodgkinson  
Jean Killen  
Graeme Marnell  
Frank Reynolds  
Evelyn Thuma

### 60 Years

Ethel Murray

to Industrial Relations legislation and its impact on local businesses; reconfiguring a workplace during recessionary times; attracting and engaging generation Y's; and essential coaching skills for managers. A similar forum is planned for 2009/10. Attendees included representatives from councils, health services, not for profit organisations, small businesses, education, manufacturing and primary industries.

## Sub Regional HR Management

In October 2007, WDHS commenced provision of a Sub-Regional service to Portland District Health (PDH). During 2008/09, support was extended to all agencies in the Sub Regional alliance in policy development, Industrial Relations, education and OH&S support. Agencies provided with support included Portland District Health, 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.

A particular focus has been the development of an Aspin Management Development Program, being run jointly at PDH and WDHS. Participating students will complete the Diploma of Frontline Management. An important feature of the program is the supporting workshops, open to all staff, run by senior managers across WDHS or PDH, giving practical advice and strategies for implementing the theory from the course.

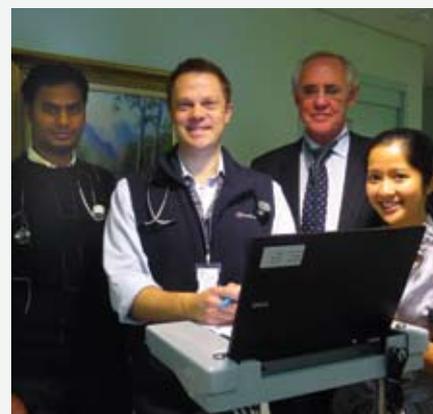
## Recruitment

Recruitment and retention of professional staff continues to be a challenge and is expected to remain a major challenge in the foreseeable future. Changes to the midwifery model of care and international recruitment are beginning to ease the midwifery staffing issues reported last year. A number of staff vacancies in the ICU and Emergency Department have led to the recruitment of four experienced nurses from the UK and South Africa. An experienced palliative care nurse has also commenced duty.

Most positions in the Occupational Therapy Department were filled early in the year, providing an opportunity for the occupational therapy strategic direction to be overhauled with a focus on sub regional opportunities. Physiotherapy also saw a number of new international staff commence this year and this department is now our most culturally diverse, with staff from Australia, New Zealand, South Africa, Ireland and India.

Human Resources staff supported recruitment of 121 positions for the year, requiring approximately 360 hours of interviews. This is an excellent result for a rural health service and is in no small part a result of the innovative and professional work done by our Human Resources team. In addition, our website continues to receive many hits from prospective job seekers and provides a strong gateway for people looking at careers at WDHS.

The WDHS workforce at June 30, 2009 is approximately 542 EFT, an increase of



HMOs, Drs Balaji Kodivalasa and Hieu Lam doing the rounds with Medical Registrar, Iain Rossiter and Physician, Dr Geoff Coggins.

approximately nine EFT from last year with over 50% of staff either professional or paraprofessional.

During the year, 63 students completed work experience at WDHS. The feedback from this excellent program is very positive with students commenting on the high level of support and range of programs offered. Support for school-based students has grown, with nine students being given an opportunity to complete a school-based apprenticeship or traineeship at WDHS. Students spend one day a week working under the supervision of WDHS staff. In addition, they complete formal studies at SW TAFE to obtain a Certificate III in their chosen area. WDHS is one of the first health services in the state to include Allied Health placements in this program with students placed in Dietetics and Physiotherapy in 2009. Other placements include Electrical, Plumbing, Business, Aged Care, Information technology, and Commercial Cookery.

## Workforce Profile 2009

Labour Category	% Workforce	Female	Male	Total 2009	Total 2008	EFT 2009	EFT 2008	EFT 2007
Managers	2.26	7	9	16	16	15.30	15.78	20.05
Professionals	41.24	255	37	292	284	223.91	215.57	211.02
Associate Professionals	13.84	90	8	98	94	73.50	74.58	84.61
Tradespersons & Related Workers	4.10	10	19	29	22	23.81	20.18	20.81
Advanced Clerical	0.56	4	0	4	4	4.10	3.65	5.09
Intermediate Clerical	22.32	149	9	158	148	113.89	113.12	96.83
Intermediate Production/Transport	1.27	3	6	9	9	8.70	7.58	7.13
Elementary Clerical/Sales/Service	2.26	10	6	16	19	13.85	17.18	18.65
Labourers & Related Workers	12.15	64	22	86	80	64.31	65.35	61.87
<b>Total</b>	<b>100.00</b>	<b>592</b>	<b>116</b>	<b>708</b>	<b>676</b>	<b>541.37</b>	<b>532.99</b>	<b>526.06</b>

## Staff Recognition and Awards

A well deserved recognition of Sue Brumby, Director of the National Centre for Farmers Health, saw her appointed as Associate Professor with Deakin University School of Medicine.

Four Rotary Pride of Workmanship Awards were granted to WDHS staff.

WDHS is proud of the numerous staff who have completed formal studies in 2008/09. These studies range from Certificate courses through to Master degrees in areas such as Food Science and Technology, Business studies, and Post Graduate Nursing, Allied Health and Medical qualifications.

In September 2008, the Employee of the Month Award was introduced in response to feedback from our organisational effectiveness survey and to enhance recognition of our staff. The award is sponsored by Darriwill and the recipients were:

### **September 2008**

Sue Rondeau (Business Support and Innovation)

### **October**

Gwen Rentsch (Penshurst Campus)

### **November**

Mandy McAdam (Human Resources)

### **December**

Craig Richardson (Hotel Services HBH)

### **January 2009**

Heather Wilkinson (Palliative Care)

### **February**

Toni Reid (Nursing – Coleraine Campus)

### **March**

Melanie Russell (Youthbiz)

### **April**

James Smith (Nursing Services HBH)

### **May**

Norm Saligari (Hotel Services HBH)

### **June**

Robyn Beaton (Community Services and Allied Health)



Sonia Shaw, Jane Sanders, Alida Kildy and Deb Boote were among the many WDHS staff who undertook additional education.

## Staff Olympics

In October 2008 WDHS staff brought the Olympics to Hamilton in a unique form. The event involved staff and families from all disciplines and departments. Nine teams of 10 competed with flair and style with competitiveness in abundance presenting the Officials with many challenges. The outright winners were the Op Shop Queens. The event was a great morale booster and a break from the daily rigor of the workplace.

## Industrial Relations

There were no days lost through industrial action in 2008/09. It has been a busy year with a number of State-wide enterprise bargaining agreements being negotiated. Finalisation of the Medical Scientists, Health Professionals, Dentists and Dental Therapists and Maintenance EBAs has kept Human Resources and Payroll staff busy implementing changes.

## Public Sector Values and Employment Principles

Public Sector Values and Employment Principles are integral to Western District Health Service's Leadership and Employee Orientation programs. The employment principles have also been incorporated

into our recruitment and selection training programs to ensure that all employment decisions are based on merit and equity. Western District Health Service is an Equal Opportunity Employer.

## Statutory Compliance

All WDHS staff are required to have a current police check. In addition, new requirements have meant that staff working unsupervised with children must have a current "Working with Children Check". 100% of WDHS staff are compliant with these requirements.

## Whistleblowers and Equal Opportunity Acts

Over the last year there were no Complaints under the Whistle Blowers Act or the Equal Opportunity Act.

## Code of Conduct

The WDHS Employment Code of Conduct outlines the standards of behaviour and conduct expected of all employees. The code is designed to assist employees' understanding of their responsibilities and obligations as a WDHS and public sector employee. Education about the Code of Conduct is provided to staff in conjunction with bullying and harassment prevention training.

# Learning and Education

## Orientation

Orientation is provided to all new staff and volunteers. The general one day program is compulsory for all staff and volunteers and covers general information about WDHS, including service directions, Human Resources, Infection Control, Fire Safety and Occupational Health & Safety. It is held monthly and was attended by 151 new employees and 45 volunteers in 2008/09.

In late 2008 and early 2009, an enhanced orientation program was introduced for six international medical staff commencing work at Hamilton Base Hospital. A short program was also introduced for medical and surgical registrars on rotation from larger hospitals in Melbourne and Geelong. The nursing orientation program is held monthly over two days in conjunction with the general orientation program. Thirty six Nurses and five Personal Care Workers attended in 2008/09.

## Clinical Placements

WDHS provides placements for undergraduate students from local, regional and distant universities and TAFE. The placements allow the students to experience learning encounters with all relevant aspects of the health industry and enables them to reinforce and consolidate the theoretical component of their training.

Over the last financial year, we have provided Nursing placements for 159 Division 1 undergraduates, 143 Division 2 undergraduates and 31 students studying towards a Certificate IV in Aged Care.

In Allied Health, WDHS hosted nine students in Occupational Therapy, four in Physiotherapy, three in Dietetics and Nutrition, two in Pharmacy, and one in Podiatry. In addition, 20 Medical Students completed placements with the Service.

## Online Learning

In early 2009, a learning management system was introduced. SOLLE (SWARH OnLine Learning and Education) allows staff to view a calendar of face-to-face education opportunities, register for internal activities online and undertake online learning courses, and facilitates the delivery of mandatory education required by staff working in particular areas of the health service.

Online courses allow staff to undertake education at a time and place convenient to them and at their own pace.



Nurse Educator, Chris McGenniken, conducts Basic Life Support Training for all new staff and volunteers

## Medical Education

A weekly tutorial program has continued to be provided for interns on rotation to WDHS. These sessions are coordinated by the Medical Education Officer and presented by local and visiting senior medical staff. In addition, programs provided by the Royal Australian College of Physicians and Otway Division of General Practice have been supported.

## Continuing Nursing Education

WDHS has continued to facilitate continuing nursing education activities on behalf of the South West sub region. Over the past 12 months, nurses have been financially supported to attend events locally, which covered topics of obstetrics, leadership, common emergency department presentations, paediatric and neonatal emergencies, drugs and alcohol and wound care.

## Graduate Nurse Program

This year 12 newly-registered Division 1 nurses commenced and are participating in the 12-month Graduate Nurse Program. Ten of the 2008 Division 1 graduates gained employment at WDHS following their program. The 2009 Division 2 Graduate Nurse Program has 10 newly-registered Division 2 nurses participating. Seven Division 2 nurses were appointed to positions at WDHS after completing the 2008 Division 2 Graduate Nurse Program.

## Nursing Graduate Diplomas

Currently, five staff are undertaking Graduate Diplomas through Deakin University. Over the last year, three staff completed their courses, one each in Midwifery, Peri-operative Nursing and Critical Care. The students work at WDHS and attend larger facilities for two to four weeks during the course to gain more experience and develop skills. The majority of education is delivered by videoconferencing or live over the internet, so students can participate remotely from Hamilton.

## Hindson Professional Development Fund

This fund was established in late 2007 in memory of our Nursing colleague, Ms Sue Hindson to provide professional development opportunities for nurses working in critical care. Two staff members from WDHS attended the Trauma Nursing Program in Melbourne in June 2009. One staff member works predominantly in the Intensive Care Unit, and the second in the Emergency Department. The program is beneficial in assisting staff to consolidate their knowledge and enhance their skills and confidence when dealing with trauma patients.

## Scope of Practice

Over the past year, 14 of our Division 2 nurses successfully completed the medication endorsement course provided by SW TAFE. In addition, the 10 Division 2 nurses in the 2009 Graduate Program completed the course prior to commencing employment, which allowed them to expand their scope of practice to administer medications.

## Mentoring

WDHS has a strong commitment to the development of both clinical and non-clinical staff through training, secondments and the use of mentoring as a way of developing new skills and future leaders in the organisation. This year mentoring programs were provided to staff in the Nursing, Community Services & Allied Health and Corporate Services Divisions.

## Strategic Plan

A Learning and Education Strategic Plan was developed during the year to guide education and training for all staff. Under the plan, professional development opportunities were provided in all disciplines including monthly in-service programs in clinical areas and Excel computer training, which was attended by 31 staff. Training in PART (Predict, Assess and Respond to Aggressive / Challenging Behaviour) was also provided to three staff members.

Formal training has been facilitated with nine staff supported to complete VET sector qualifications. Six staff completed a Certificate IV in Training and Assessment, two obtained Certificate IV in Allied Health Assistance and one received a Certificate IV in Business (Human Resources).

Eleven staff also commenced a Diploma of Management. This course is being delivered via flexible delivery and staff will complete their studies later this year. A monthly management in-service program has been implemented to support the delivery of the course and other staff working in management and supervision roles.

In addition, numerous staff members were supported to attend professional development opportunities in their respective fields facilitated by external providers.



Nurses, Meg Watson, Leanne Deutscher, Wilma Lindeque and Kathy Ross providing care in our ICU. Staff of the unit are supported by the Hindson Professional Development Fund.



HMOs, Drs Aseem Sabharwal, Ali Moaz, and Dardeniya (Dan) Wijeratne, part of the team of HMOs providing 24 hour care to the community

# Occupational Health and Safety



Occupational Health and Safety initiatives provided 555 WDHS staff with influenza vaccinations and improved hand hygiene in the workplace. Helen van Doren prepares Sonia Gould for her vaccination.

## Promoting a Healthy and Safe Work Environment

We aim to ensure a safe environment and the wellbeing and safety of consumers, staff and health service assets.

Achievements:

- Occupational health and safety initiatives including staff vaccinations and hand hygiene
- Fire safety audits completed with all high priority works completed
- Excellent results for environmental audits, cleaning, food safety and waste management

## Future:

- Continue environmental, food and fire safety programs
- Installation of CCTV in HBH acute areas
- Continue Implementation of Infection Control strategies
- Complete review of Emergency Response Procedures

## Initiatives to Improve Health and Safety

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

Key initiatives in 2008/09 include:

- Health and safety representative attended a one day education session conducted by Occupational Health and Safety services regarding the OHS Act 2004 and responsibilities
- Five new health and safety representative attended OHS representative training
- Ongoing harassment and bullying prevention training, including an accredited course for contact officers run by the Equal Opportunity Commission
- Increased focus on health and safety management of contractors on site
- Introduction of totally smoke free policy from September 1, 2008 supporting staff with Quit programs
- Infection control measures including:
  - Increase in influenza vaccinations to staff and volunteers with 446 influenza vaccinations administered at Hamilton in 2009 compared to 377 in 2008. Across the three campuses of Hamilton, Coleraine and Peshurst and including non WDHS staff such as visiting Healthcare workers, a total of 555 influenza vaccinations were administered in 2009
  - Increased emphasis on good hand hygiene for staff and visitors with the introduction of hand cleaning dispensers at all entrances

## OHS Equipment Procurement Program

We have continued our commitment to improved management strategies through an ongoing equipment procurement program. In excess of \$80,000 has been spent on equipment focused on improving OH&S outcomes for staff. We received funding from the Department of Human Services to resource the installation of capital improvements preventing occupational violence in the workplace. This funding was used to install fixed seating in the Emergency Department and pharmacy, and CCTV installation in acute areas of HBH, to be completed in the latter half of 2009.



Part of the Waste Wise Going for Gold Effort – Waste Wise Executive Officer Cydoni Younie with Grange Residential Care staff, Chris Storer, Marion Starkie, Kevin Brown, George Donaldson, Janine Rhook and Unit Manager, Peter Francis.

## WorkCover

Western District Health Service continues to review and develop policies and procedures in accordance with relevant legislative requirements. WDHS was free from serious injury or death in 2008/09, recording only six new major claims and a reduction in days lost from 287 to 239.

For 2008/09 the WDHS premium as at May 30, 2009 was \$577,566, an increase of \$104,502 from the previous year.

Our indicative performance rating for 2009/10 is 112%, an increase from the previous year of 94.3%. This means that our claims costs compared to our remuneration is 12.9% worse than the average for the industry group over the past three years. However, with an overall improvement in health and safety performance over the past two years, it is expected that WorkCover premiums will reduce over 2009/10.

There were no notifiable incidents to Worksafe during the 2008/09 financial year.

## CBR Incident Response Plan

The Emergency Department exhaust ventilation system reduces the effects of possible contamination to staff and patients in the event of a CBR incident. The system was activated twice during the year as a precaution, and both instances were confirmed as a false alarm.

## Fire Safety and Emergency Procedures

In February 2009, Lake Young and Associates Fire Safety Engineering Consultants completed the fire safety re-audit reports for all WDHS campuses. All recommendations for interim works to be actioned within six months and priority works to be actioned within 12 to 24 months have been completed.

## Environment

Excellent results were achieved through the year for external cleaning, food safety and waste management audits.

Our external cleaning audit achieved 97%, well above the Statewide benchmark of 85% and in the top three of 19 Health Services benchmarked with an excess of 100 beds.

The annual food safety audit conducted by an external auditor was successful with all campuses meeting all standards.

To demonstrate leadership in the protection of the environment through waste management, a waste minimisation team called "The Going for Gold Team" has been established with representatives from all sites and campuses. As a result, all sites are now Waste Wise certified. In a recent regional waste management benchmarking exercise for all Health Services, HBH topped the table with Coleraine third place on the table.

# Corporate Social Responsibility



WDHS giving back to the community - Reverend Peter Cook and WDHS Volunteer Coordinator Jeanette with Christmas gifts purchased and donated by WDHS staff for the Uniting Church to distribute to Hamilton families.

## Business and Systems Support

The Corporate Services Division comprises departments staffed by people with a wide range of skills and expertise in business analysis, budget and finance, food, environmental and linen, human resources, information communications and technology, library and supply and maintenance services. These departments support direct patient care and ensure Western District Health Service functions effectively and efficiently. The division employs 135 people (95.6 EFT) and has an annual budget of \$9.9m.

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
- Develop, implement and monitor infrastructure and technology strategic initiatives
- 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

- Corporate Services Division restructure completed including the transfer of Health Information to the Medical Division
- Sub-Regional Corporate Services Governance established with steering committee meeting on a bi-monthly basis
- New Business Support and Innovation Department established to support organisational change and process redesign initiatives
- Aged Care "Virtual Visiting" launched by Ambassador for Aged Care, Ms Noelene Brown, with National media coverage
- "Virtual Visiting" Community Pilot Program with VCAL students from Monivae and Baimbridge Colleges initiated
- Completion of capital redevelopments and infrastructure project
- High ratings for cleaning, waste management and food satisfaction

- Fire Safety Audit completed with all high priority works actioned
- IT Disaster Recovery Assessment completed by Deloitte, with all high priority issues resolved

## The Future

- Complete implementation of the state-wide Oracle Financial Management Information System (FMIS)
- In conjunction with Southwest Healthcare, complete a Regional Linen Service review and implement a sustainable service model
- Expand the Sub-Regional corporate services model by establishing a regional purchasing and supply function
- Review of WDHS Emergency procedures and update in line with the DHS State Hospitals Emergency Response Program (SHERP)
- Develop a new ICT strategy aligned with the Victorian Whole of Health ICT Strategy 2009-13
- Complete upgrade of WAN/LAN infrastructure at all WDHS sites
- Progress major review of Theatre including the completion of feasibility study for the redevelopment of the Theatre Suite
- Construction of a new community centre at Merino
- Participate in a DHS – MEAMF (Medical Equipment Asset Management Framework) Project to pilot the Global Medical Device Nomenclature and Effective Life Tool
- Complete replacement and upgrade of water pipes and ducting throughout the Hamilton Base Hospital acute facility
- Implement environmental, waste management, food and fire safety programs



Business Support and Innovation Manager, Emma Kealy, E-Learning Co-ordinator, Tracey Gould and ACHSE Management Resident, Stacey Smith mapping system enhancement strategies.



Anne Sparke, one of the friendly faces at HBH reception assisting one of the many visitors to HBH.

## Corporate Services Support

Providing effective support services involves working across divisions with divisional directors, departmental managers and clinicians to achieve organisational goals, explore opportunities to further develop existing services and to increase the range of services required to meet the current and future needs of our community. A major responsibility of the Division is the development of strategic alliances and participation in industry workgroups.

The focus of Corporate Services has been redefined due to external factors such as fire, power disruption, water quality issues and pandemic H1N1 Influenza. Internal factors have also caused more frequent service disruption including infrastructure and ICT system failures.

The risk of system failures or disruptions due to increased technical complexity and supply chain issues, and the further increase in these risks during periods of organisational system change, provided the impetus to restructure the Corporate Services Division during the year. The implementation of the state wide Financial Management Information System (Oracle) and the extension of the Sub-Regional Corporate Services structure were the other key factors requiring a restructure of the division to meet the challenges of the next five - 10 years.

The restructure of the Division involved:

- Restructure of Business Support and Development with the segregation of technical ICT staff to be transferred to SWARH and the focus of the new Business Support and Innovation department on management of significant business process change and the planning and support of initiatives to introduce new technology and systems
- Transfer of responsibility for Reception Services to Finance and Budget department
- Transfer of Health Information to the Medical Division to ensure a strong alignment with clinical information management requirements and a focus on the quality of the patient medical record and monitoring of clinical indicators
- Supply function transferred from Maintenance to the Finance and Budget department to ensure implementation of new Oracle system was supported by an appropriate structure

The final stage of the restructure will be completed with the formal transfer of ICT staff to SWARH effective from September 2009.

The next year's key activities will be the implementation of the Oracle FMIS system and the associated regional supply and purchasing model, the completion of the new ICT strategy, completion of key infrastructure projects with the upgrade of water pipes and ducting for HBH and the upgrade of the WAN/LAN data and communication network for all sites.

## Sub Regional Progress, Alliances and Partnerships

The development of Sub-Regional Corporate Services across the Glenelg and Southern Grampians planning area has continued with a representative steering committee meeting on a bi-monthly basis identifying new opportunities for cooperative initiatives. The group has established common human resource policies, has a common internal audit contract with Deloitte, undertaken an analysis of common contracts, printing and fleet costs, established website links to enhance staff recruitment and implemented common online learning systems.

The Sub-Regional Corporate Services initiative has developed an effective resource sharing arrangement among member agencies to provide relief for periods of leave and resources on a fee for service basis in areas of finance, human resources, payroll, supply and engineering. Priorities for the group in the next year include the implementation of an online system to facilitate police checks for staff, a joint contract management process and modifications to the payroll system, extension of the electronic menu system and the continued development of e-learning content.

Western District Health Service and Southwest Healthcare, as the two specialist linen service providers, are faced with significant capital investment to replace and

update equipment. Both linen services have underutilised capacity and a largely static client base and production volume which has been a barrier to improving efficiency in regional linen services. In December 2008 the two agencies signed a heads of agreement to jointly review the provision of linen services in the region with a view to jointly develop the most efficient system and rationalise the level of equipment investment required. It is expected that the evaluation and planning will be completed by December 2009 with the new system operational by June 2010. This cooperative initiative is expected to significantly reduce the investment required and provide an improved and more efficient linen service to all clients in the region.

On a state wide basis, Corporate Services staff have been actively involved in the implementation of the Oracle FMIS in conjunction with DHS Rural and Regional Division and the five rural alliances. This project involves not only the implementation of a common IT solution, but also the implementation of a common supply catalogue and common business processes for all participating rural health services. The SWARH Alliance will utilise the capabilities of the new system to significantly restructure supply and purchasing processes across the region which will rationalise the multiple individual supply functions with a single supply system with multiple warehouses. The new system is scheduled to go live in February 2010.

Another state wide development involved the new DHS Alliance Policy released in April 2008 establishing a standard Governance structure for rural alliances with mandated membership of public health services, a new cost sharing formula and identified core services to be provided by the alliances. The policy required the wind-up of the SWARH Joint Venture which had operated since 1998 and the establishment of a new joint venture agreement to apply from 01 July 2008, and established Barwon Health as the lead agency.



Monivae College students at a WDHS Volunteer Orientation and Training Program, which will prepare them as volunteers in the new "Virtual Visiting" program and aged care services.

## Business Support and Innovation Projects

The Business Support and Innovation department was established during the year to work with managers throughout WDHS to implement major changes to work practice, manage projects and to facilitate the introduction of innovative practice and new technology to enhance business processes and improve performance. Staff are highly skilled in process mapping, systems analysis and workforce design.

A key activity during the year was the continued expansion of the "Virtual Visiting" Program which was officially launched in December by the Ambassador for Aged Care, Ms Noelene Brown, with national media coverage. The Program has now been extended to eight agencies across the sub-region with interest shown from other agencies in Victoria and interstate. A Community Pilot Program with VCAL students from Monivae College and Baimbridge College was initiated and other opportunities are being explored to extend this innovative program to palliative care patients and acute inpatients in the next year.

A major review of Theatre was commenced during the year. This extensive review by theatre users and staff supported by the Business Support and Innovation department will run over a three year period and will involve all areas of theatre operation including equipment and facilities, patient flows, information management processes, staffing and scheduling and the development of strategic targets for the next five years.

The first phase of the Theatre review involved an assessment of equipment and facilities and the associated management and recording systems. This has resulted in the purchase of additional equipment to improve work flow and efficiency, the development of a single consolidated asset register and adoption of a strategic review of technology to develop an efficient and effective upgrade strategy for suites of equipment.

Future priorities for Business Support and Innovation include the detailed planning of the transition to a complete electronic medical record and e-prescribing capability, completion of the next phase of the Theatre review, transition of all users to Office 2007 and the extension of virtual and remote services. It is also anticipated that the Oracle implementation will require considerable input from the unit to ensure the new regional supply and purchasing structure and e-procurement capabilities are introduced in a way to minimise disruption and maximise process improvements and return on investment.



Dental therapist, Joanne Nelson and Dental Assistant, Karel Walkenhorst with a young client in the new Dental Clinic

## Facilities Management

Facilities Management requires the ongoing maintenance of physical facilities to ensure they are reliable, safe and comply with relevant standards. The significant investment in infrastructure requires a long term planning approach, which includes major redevelopment and refurbishment and the maintenance of essential plant at all campuses. The Facilities department also has responsibility for the procurement of capital equipment, in accordance with regularly changing product standards and government procurement policies.

Progress continues to be made with out two major capital projects at Coleraine/Merino and Penshurst.

In addition to these major works planned it has become apparent that the building fabric and functional layout of key service areas at HBH will require substantial investment in the next five to 10 years. The most urgent areas requiring significant investment include the catering department, Theatre and the physiotherapy building. Initial planning work, feasibility and schematic design has been completed for a new physiotherapy building and the catering department during the current year with a review of the design of Theatre and the second floor of the HBH acute area to be undertaken during the 2009/10 financial year.

In 2004 a multi-year investment program to address risks associated with sub-standard infrastructure at HBH commenced. Projects completed under this program during the year include stage 1 of the water pipe and ducting in the acute section of HBH funded by a \$310,000 grant from the DHS Infrastructure Fund, stage 1 of the car park upgrade works at a cost of \$200,000, replacement of the laundry roof \$33,000 and replacement of the HBH industrial



WDHS Business Process Engineer, Sue Rondeau, Acting Unit Manager, Medical Unit, Leanne Deutscher, Dr Aseem Sabharwal (back), Education Centre Receptionist, Sally Kinghorn and Dr Dan Wijeratne with the virtual eye service technology that will give local patients greater access to specialised medical treatment.

dishwasher \$121,000. Major outstanding infrastructure works include stage 2 of the water pipe and ducting project \$310,000, replacement of the emergency generator \$500,000 and the upgrade and extension of the data and communication network which will be undertaken through the SWARH Alliance WAN/LAN upgrade.

Other significant projects undertaken during the past twelve months include the completion of refurbishment of McKellar House to accommodate the National Centre for Farmer Health, establishment of a new building and associated works to accommodate dental services at the Frances Hewett Community Centre site and the completion of all priority works identified in the Fire Safety Audit.

During the year Western District Health Service was invited to participate in the DHS Medical Equipment Asset Management Framework (MEAMF) Project. This project is seeking to optimise strategic asset management of medical equipment in Victorian health services. Initially this involved the identification of all significant items of medical equipment requiring replacement from 2010 to 2012. In 2009 WDHS will be one of four health services invited to pilot the use of the Global Medical Device Nomenclature (GMDN) and effective life tool developed by the project. After completion of the pilot in November 2009, the tool will be implemented in all Victorian health services.

In the coming year the priorities will include the construction of a new community centre in Merino, the completion of the HBH water pipe and ducting upgrade works and the upgrade and extension of the data and communication network infrastructure at all sites.

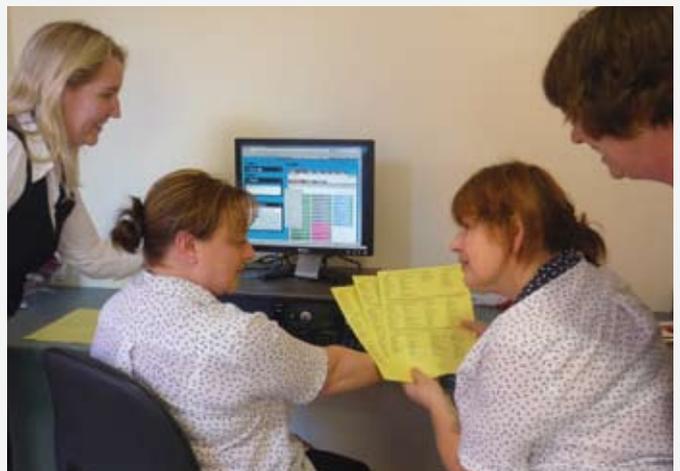
## Business Continuity and Contingency Planning

A SWARH system failure in January causing loss of data and up to three days without some applications, state wide power disruptions, fires on Black Saturday in February, a continuation of the drought and the pandemic H1N1 influenza virus, have focused considerable attention on business continuity and contingency planning.

Increasingly computer networks and systems are relied on to maintain communications, manage access to clinical data and patient information and to control building systems. Considerable activity was undertaken during the year to ensure plans and systems were in place to ensure the Health Service was well prepared to respond in an emergency situation and could continue to operate with disruption to essential supplies.

In response to the SWARH system failure a review was undertaken by the alliance to identify risks and corrective action to prevent future service disruption. In addition the WDHS Audit and Compliance Committee initiated a review by the internal auditor, Deloitte, to assess the incident and evaluate Disaster Recovery systems and processes. The report identified eight areas of potential hazard which required action, some by SWARH and some requiring local remediation. In May 2009 the last of the high priority recommendations was resolved with the Audit and Compliance Committee monitoring progress on resolution of the remaining items. A major risk will be mitigated with the planned upgrade of the WAN/LAN scheduled to be completed by September 2009. This will provide a more robust network with additional redundancy capability to reduce the risk of service disruption and security breach.

Debriefings held following the power outage and Black Saturday fires identified a need for a comprehensive review of emergency procedures to ensure their integration with other emergency services plans and reflected current best practice. In accordance with the action plan developed by the Executive in March 2009, the initial priority was the review of "Code Brown" (External Disaster) to ensure consistency with the DHS State Hospitals Emergency Response Program (SHERP) and an appropriate structure was in place to manage the Health Service emergency response. The remaining emergency procedures will be integrated into the new structure as a second stage with the new system in place from November 2009.



Unit Manager of The Birches, Cindy Godfrey and Ward Assistants, Natasha MacDonald, Janice Purcell and Lorraine McRae working with the new electronic menu system.

## 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. The Hotel Services team regards itself as an integral part of WDHS and in particular, has forged a desire to continually strive for excellence in the delivery of quality services to its community.

In keeping with this desire, Hotel Services participates in rigorous, on-going external audit examinations, as well as benchmarking exercises to see how it rates against other peer group services.

Achievements in the current year include:

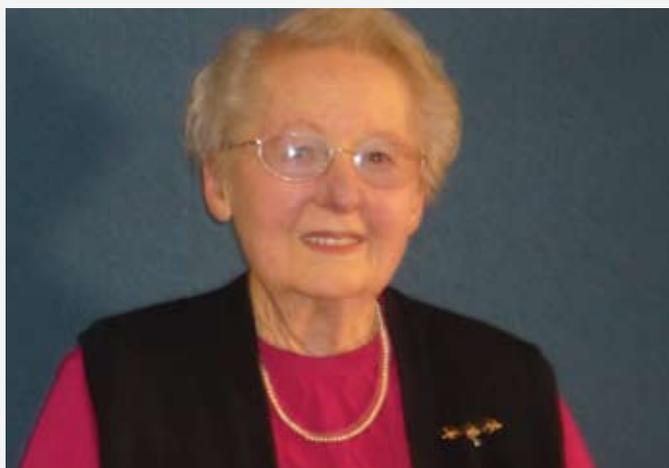
- 100% external food safety audit result
- Top 5% result for annual state-wide external cleaning audit (97%)
- Top overall result for VPSM state-wide food satisfaction survey for 2008 (93.5%)
- Top rating for Regional Waste Management Benchmarking (100/101)

As well as its ongoing involvement in external audits and benchmarking surveys, Hotel Services is committed to participating in activities that add value to the manner in which it provides its services. Over the past two years, Hotel Services has been involved in developing a waste management benchmarking program and obtained the services of Eco-Recycle Victoria to assist, as well as conduct the survey. This year, HBH achieved top rating with a score of 100 out of a possible 101.

The Hotel Services initiative to recycle water from its linen process plant continued during 2008/09. The system is now fully operational and scheduled to save 2.5m litres of potable water per year. This estimate is down on the original saving of 3.2 million, due to a contract change for linen services by East Grampians Linen Service in October 2007.

In the coming year the focus will continue to be on striving for best-practice outcomes and providing high quality, contracted linen services throughout the region, as well as the Meals on Wheels Program to the Shire of Southern Grampians.

# Our Community Partnerships



Ethel Murray has been a member of the North Hamilton Ladies' Auxiliary for 60 years; a life long contribution to the Health Service.

Western District Health Service (WDHS) values its partnerships with the community. The Community Liaison department is responsible for developing ongoing reciprocal partnerships on behalf of the Health Service.

Community Liaison promotes new WDHS programs and services, coordinates fundraising events and initiatives, supports the many volunteers who give their valuable time, and represents WDHS at community events. The commendable image of WDHS is promoted through the media, Annual and Quality of Care Reports, brochures, biannual newsletters and the website.

Our goal is to fully inform our community and increase community awareness of and involvement in the Health Service. We have a commitment to community feedback, which identifies needs and facilitates community participation in our future.

We thank everyone in our community who contributed to WDHS, whether financially or in-kind, during the past year.

## Fundraising strategy

WDHS' fundraising is conducted in accordance with the Fundraising Appeals Act 1994, and the Fundraising Institute of Australia Ethical Codes of Fundraising. The total fundraising strategy of the Health Service is guided by the WDHS Development Council, 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 submits applications to Trusts and Foundations to support our fundraising efforts. This year we have raised a total of \$611,722.

Key fundraising events in 2008/09 were the Grange Redevelopment Appeal, with a total standing at \$1.67m, including pledges and funds held in reserve by the Health Service, our Hospital Sunday Appeal raising \$48,278, a Charity Night organised by the Cancer and Breast Cancer Support Groups, raising \$13,500, the Christmas Appeal raising \$16,068 and the Murray to Moyne Cycle Relay, Hamilton and Penshurst teams raising \$25,350.

The continuation of the drought and the local community's extraordinarily generous response to the Bushfire Appeal this year was expected to impact considerably on our fundraising capacity but the support of the people of the Western District was stronger than ever, and we acknowledge this with sincere gratitude.

Other fundraising activities included:

- The Hospital Fete, which raised \$8,000 for various hospital departments
- Bequests totalling \$213,672

## Fundraising Activities

### The Grange Redevelopment Fundraising Appeal

This appeal was launched in April by campaign patron Dr Geoff Handbury AO to raise money for the final redevelopment stage at an estimated cost of \$2.8m. This will provide the facility with a new wing of seven beds and a redesign of Home 3 to care for residents with more complex needs (15 beds to 13 beds), a total increase of 5 beds (45 to 50). A new kitchen will be constructed along with increased activity space for programs and covered delivery and pick up areas.

This stage is the final building block in the creation of a first class aged care facility ensuring The Grange will retain its premier status in the Western District and continue to meet the increasing needs of the community.

The target date for commencement is late 2010/early 2011. Donations, pledges and funds held in Health Service reserves toward the redevelopment to date total \$1.67m, an increase of \$270,000 since the Launch held on 2 April 2009. This is a fantastic effort to date, leaving \$530,000 remaining to reach our fundraising target of \$2.2m.

## Christmas Appeal

In December a Christmas Appeal, conducted via letters of request and newsletters sent into the community, raised \$16,068, which was directed towards the purchase of two new operating tables for the Theatre at Hamilton Base Hospital. The new tables were required to meet the needs of bariatric patients and address manual handling, occupational, health and safety issues for staff.

## Hospital Sunday Appeal



WDHS Volunteer Co-ordinator, Jeanette Ryan and volunteers, Wes Walter and Dawn Annett packing up the bags used by 102 door knockers for the Hospital Sunday Appeal

This year's Hospital Sunday Appeal was a resounding success with 102 volunteers door knocking over the first weekend of May in the communities of Hamilton, Glenthompson, Dunkeld, Cavendish, Peshurst and Branxholme and surrounding rural districts. One creative volunteer held a 'High Tea', inviting neighbours along to enjoy the occasion and donate to the cause. The appeal tally

reached an amazing \$48,278 with the funds going towards the purchase of a colonoscope and an orthopaedic drill.

## Cancer Support Groups' Charity Night

A Charity Night organised by the Cancer and Breast Cancer Support Groups, together with generous support from Dr Geoff Handbury AO resulted in an outstanding donation of \$13,500 being made to WDHS.

The funds resourced the creation of a Palliative Care family room located in the HBH Medical Unit. The room is open to any family member or friend visiting loved ones in the Palliative Care room, offering a quiet space that is private and a home-like environment within the hospital. It will also provide a private area for relatives to meet with clinicians when necessary.

## Hospital Fete

The fete, held on March 21, was a great success with large crowds in attendance and almost every stall sold out by the end of the afternoon. Funds raised totalled \$8,000 and will go towards improvements for a number of WDHS departments.

## Murray to Moyne

The annual Murray to Moyne Team Cycle Relay was held on April 3 & 4, with two enthusiastic WDHS teams participating. Twenty three riders and a support team of nine took up the challenge, had a lot of fun and managed to raise a total \$25,157 with the Hamilton Base Bikers, including riders from Iluka, raising \$11,819 for HBH and the Rouse Rare Rumps raising \$13,338 for the Peshurst campus.

This contribution will make a substantial difference to the provision of health services at both locations.

## Support for appeals

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

- Geoff Handbury \$120,00, Bill Hyslop \$10,000, Collier Foundation \$35,000 and the Estates of Arthur Nitschke \$102,648, Leo Foran \$61,559, Susan White \$37,464, and Mary Hocking \$10,000
- Fisher's IGA donated nappy vouchers to mothers with newborns at WDHS. IGA has also donated \$997 to the hospital from its "Community Benefits Scheme", which was directed to the purchase of a portable ultrasound and colonoscope
- Jacinta and John Hedley of Darrivill Farm provided sponsorship of our Employee of the Month Award
- The Hamilton Anglican Mothers' Union donated toiletry packs to the Hospital to be distributed to the Surgical, Midwifery and Medical Units
- The Hamilton and Alexandra College Student Representative Council (SRC) donated \$1,958 to the maternity unit for the purchase of a symphony breast pump
- An ensemble concert donated by Orchestra Victoria raised \$8,500 for the Grange redevelopment

These generous donors and supporters are extremely important to Western District Health Service, making it possible for us to purchase much-needed equipment and to refurbish our facilities to meet the needs of our patients and clients. We sincerely thank all those who contributed, financially or in-kind throughout the 2008/09 year. A list of donors is shown on pages 60 and 61.



Opportunity Shop Manager, Essie Hickleton and volunteer, Margaret Cameron at work in the shop which has been raising funds for HBH for 71 years.



Coleraine District Health Service Manager/Director of Nursing – Tim Pitt-Lancaster with members of the Coleraine Ladies' Auxiliary and the ECG machine they donated to the service

## Auxiliaries and Community Groups

WDHS' five auxiliaries, the Opportunity Shop and the Hamilton & District Aged Care Trust have again contributed a great deal to the Health Service.

- The North Hamilton Ladies' Auxiliary donated \$2,800 towards the purchase of a pulse oximeter for midwifery, and specialised ear, nose and throat equipment, which will enable patients to have procedures undertaken locally at HBH instead of having to travel outside the region for the service
- The Hamilton Base Hospital Ladies' Auxiliary donated \$5,000 towards the purchase of a Welch Allyn Vital Signs Monitor for the Preadmission Clinic
- The Hamilton & District Aged Care Trust continued to raise funds for the Grange Redevelopment
- The Coleraine Hospital Ladies' Auxiliary and Homes for the Aged donated \$11,337 toward an ECG machine, shower/bath trolley, mower and commercial Bamix
- The Penshurst Hospital Ladies' Auxiliary donated \$3,591 toward a hot water unit, roller door and data projector
- The Hospital Opportunity Shop donated \$25,000 for 2008/09 to the Grange appeal
- The Hamilton Lions' Club donated \$1,000 towards the Grange redevelopment and a Nintendo Wii for the activities program at The Birches. The Club has also pledged financial support of up to \$5,000 per year to The Birches over the next three years. This exceptional gesture of support will fund the purchase of items that will specifically enhance the quality of life of residents via additional leisure and comfort items, and recreational and therapeutic resources and activities

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

## Opportunity Shop Milestone

This year's donation of \$25,000 from the Op Shop volunteers saw a significant milestone reached, in that over the past 71 years they have managed to raise \$324,500, all of which has been donated to the Health Service. The funds have been used to improve facilities and purchase equipment and furnishings for the improved comfort and medical wellbeing of patients. Fourteen current volunteers make up the tireless team however, since it first opened its doors in 1938 many have given of their time and energy to make the Op Shop the remarkable success that it has become. We acknowledge the outstanding contribution to the Health Service by all members since its inception.

The Op Shop is open five days a week from 10:00am to 4:00pm and is staffed by two volunteers each day. For the 2008/09 year, 3,024 hours were contributed by this fantastic team of volunteers.

## Our Volunteers

WDHS has 295 registered, unpaid volunteers (an increase of 70 on the previous year), excluding auxiliaries, who give of their valuable time and skills to support our patients, residents and clients across the health service.

Volunteers are recruited through an interview process with the Volunteer Coordinator to determine where their skills, experience and interests will be best used. All undergo a Police Check and comprehensive orientation program before commencement of service.

WDHS relies heavily upon the support of all its volunteers, and we acknowledge and appreciate their considerable contribution to improving the lives of people we provide services to.

## Volunteer Hours of Service in 2008/09

- 15 volunteers provided 668.28 hours of support to The Grange Residential Care Service
- 9 volunteers and external work placement / work experience volunteers provided 273 hours of support at The Birches Specialist Extended Care Centre
- 11 Volunteers provided 303 hours of support to Peshurst campus residents
- 6 volunteers provided 652.25 hours of support at Wannan Court and Mackie House in Coleraine
- The Merino Bush Nursing Centre is supported by 21 volunteers
- 14 volunteers provided 250 hours to provide a comforts trolley service to Hamilton Base Hospital patients, raising \$644.65 after costs
- 102 volunteers donated in excess of 260 hours to doorknock for the Hospital Sunday Appeal, which raised \$48,278 for the purchase of an orthopaedic drill and a colonoscope
- 1 volunteer gave 72 hours of support to visit and care for two palliative care clients and their carers
- 196.50 hours of voluntary service provided office administration and support to the Community Liaison department
- 3 volunteers visited patients in hospital for a total of 34.75 hours
- 2 volunteers donated 23 hours of assistance for data entry and support at the Peshurst Show
- 1 volunteer provided 79 hours of support to the Chronic Disease Management program
- The Adult Day Activity and Support Service in Hamilton and Peshurst received 517 hours of volunteer support to assist with transport, meals, activities and a three-day trip
- 2 volunteers provided 14 hours of support to the Virtual Visiting and Virtual Quiz activities, with another 27 Monivae College and Baimbridge College students recruited into the program in readiness for expansion of the program next year

## Major Award for Top of the Town

The Top of the Town Committee won the prestigious 2008 Australia Post Events and Tourism Award in the 'Regional Achievement and Community Awards' in recognition of the first class 2007 Top of the Town Ball which raised in excess of \$182,000 for the Health Service and was attended by 530 people.

The Top of the Town Committee is planning to hold the next ball in late 2010.



Community Transport Program volunteers Jean Humphries, Neil Sandford, Wes Walter, Dee Beardsell, Peter Humphries and Doug Baulch support patients unable to travel independently for medical treatment.

## Community Transport Program

The Hamilton Community Transport Program now has 63 registered volunteer drivers and escorts, 46 of whom assisted the Health Service in 2008/09. The volunteers donated 2,372.5 hours, an increase of 33.4% on the previous year, and provided 1,688 trips, covering a total of 110,878 kilometres, an increase of 27,748. The program transports 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 community transport service in Coleraine four days per week, enabling clients to attend local activities and medical appointments.

A Special Commendation Award for outstanding team achievement at the 2009 Minister for Health Volunteer Awards was a major highlight for the Community Transport team.

## Appreciation

The Community Liaison department extends its sincere appreciation to WDHS' auxiliaries, the Op Shop, Aged Care Trust, United Staff Association, Murray to Moyne teams, community groups, businesses, Trusts and Foundations, WDHS staff, volunteers and many local individual donors for their outstanding support during 2008/09. We are able to continue to provide high calibre services to our community because of your generosity and commitment, and we thank you all.

## Life Governors

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

## Our Donors

Aarons B & F	Cook K
Adams S	Cook P
Addinsall J	Coolana Corriedale Cordy B
Aitken J	Cowland B & M
Alexander J	Cunningham R
Alexandra House	Curran L
Anderson NC	Dalton D
Anglican Mothers' Union NC	Davies P
ANZ Trustees	Davies T
Archer M & A	Davies TP
Arkcoll T & D	Day H
Armstrong K	Delahunty H
Armstrong M	De Vries A
Armytage P	Deakin M & R
Astbury R & J	Dean J
Aydon G	Diprose J & H
Aydon J	DMA Clinical Pilates
Bailey W	Doherty P & M
Balderstone P & E	Dohle J & B
Ball M	Donaldson W
Banemore Partnership	Douglas M
Barber KR & YF	Dowell AC
Barnes J.L	Doyle K & M
Baudinette LE	Dunkeld Consolidated School
Baulch D & M	Eales M & J
Baulch P & S	East J & N
Beggs H	Egan M
Bellchambers R	Elliot V
Bendigo Bank Hamilton Branch	Elliott M
Bickley S	Emsley B & L
Birrell S	Eulo Pastoral Pty Ltd
Blackwell C	Evans T & N
Blye A	Fenton E
Bond R & G	Field I
Boyd A & I	Finch G
Boyd A & K	Finch V
Branxholme Ladies Fellowshipship	Finchett T
Brennan K & E	Fisher D
Brewer W	Fishers IGA Stores
Brinkmann T & A	Fitzgerald R & K
Briskin D	Fitzpatrick E
Britten P	Fleming D & A
Brody T & J	Fletcher J & B
Broers T	Foran L Estate of
Brown B & MA	Ford D & R
Brown GL&DJ	Forster M
Brumby M & A	Forsyth JA
Brumby M	Fox Refrigeration J & J
Brumby S	Franklin J
Burger D	Fraser K
Burne A	Free AG & B
Burne A	Fry G
Burrowes J	Gardner R & J
Butterworth K	Garfoot D & H
Cameron DA & DJ	Gash N
Cameron H & J	George Hotel
Campbell M	George Street Primary School
Canty PD	Gledhill AI & RE
Carter FJ	Good Shepherd College
Casey C	Gordon R
Centrelink Hamilton	Gordon RJ & GV
Charlton VD	Gough H
Christie L & H	Grant A
Clarke J & S	Greed B & L
Clarke WJT	Groves P & B
Clayton D	Gunningham E
Cloete C & J	Habel M & S
Cogger-Gurry	Hable L
Coleraine Community	Haeusler P & G
Bendigo Bank	Haines K
Coleraine District Health Service Ladies Aux	Hall R
Coleraine Hotel Members Association	Hamill B
Coleraine Opportunity Shop	Hamilton Base Bikers Murray to Moyne Team
Coleraine Pensioners Social Club	Hamilton Base Hospital Ladies Auxiliary
Coleraine Primary School Students	Hamilton Base Hospital Opportunity Shop
Collier Charitable Fund	Hamilton Base Hospital Social Club
Collins C & C	Hamilton Country Women's Association
Collins D & L	Hamilton & District Aged Care Trust
Cook AB	

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



WDHS Carer Support worker, Sue Frost with members of the Cancer Support Group presenting CEO, Jim Fletcher and nursing staff, Leanne Deutscher and Rowena Farquharson with a vital signs monitor for the Chemotherapy Room

- O'Connell K
- O'Donnell N
- Oliver C & J
- Oliver T & N
- Page B
- Page G & J
- Page GF & JA & BF
- Page R & J
- Page R
- Palmer E
- Parker N
- Patterson S
- Payne J
- Peddie J & L
- Penny V
- Penshurst Community Carols
- Penshurst Hospital Ladies  
Auxiliary
- Penshurst Rouse Rare Rumps  
Murray to Moyne Team
- Penshurst Show Society
- Penshurst Urban Fire Brigade
- Perry B
- Peters C
- Phillips K
- Pigeon Ponds Sports Social  
Club
- Plush I
- Possum Gully Shearing Pty Ltd
- Power L & L
- Pratt N
- Prust J
- Rabone R & M
- Rayner M & C
- Reid C
- Reid R
- Rendell D
- Rentsch A & A
- Rentsch A
- Rentsch D & J
- Rentsch GM
- Rentsch N & M
- Rentsch PM & A
- Rentsch S & N
- Rentsch S & T
- Rhodes R
- Richardson G
- Riddle P
- Rissman NM Estate of
- Rimpos M
- Roads J & C
- Robertson M
- Robertson T & J
- Robinson R & A
- Ross D
- Ross N & I
- Ross S & K
- Rufus Pty Ltd
- Rushton Valuers
- Russell Kay
- Ryan G
- Ryan T
- Ryan Pastoral Co
- Saint Mary's Old Time Dance
- Schultz G
- Schultz M & R
- Scott B & P
- Scown J
- Scown L
- Seagren J
- Seagren N
- Sharp W & J
- Shaw B
- Shillitoe M
- Sidebottom S
- Silcock R
- Simons B & J
- Simpson S
- Small P & P
- Smith D
- Smith E
- Smith J
- Smith J & B
- Smith L & R
- Smooker N
- Snowsill J
- Soulsby F & D
- Spence J & M
- Spencer T
- Spiller M
- Stanich Partnership
- Staude EM
- Steele T & A
- Steer B & R
- Stephens W
- Stevens L
- Stevenson R & I
- Stewart M
- Stewart T
- Stockdale A
- Stonehaven Pastoral Company
- Strang G
- Sturgess PM
- Sutherland H & M
- Suttie L
- Sutton MA
- Symons K
- Tabor Ladies Guild
- Tabor Lutheran Church
- Tabor Male Choir
- Tait A & F
- Tarrington Lutheran  
Women's Guild
- Taylor G
- Taylor R
- Ted Finchett Pty. Ltd
- The Hamilton & Alexandra  
College
- The William Angliss (Vic)  
Charitable Fund
- Thibou M
- Thomas C
- Thomas Dr B
- Thompson Dr S
- Toleman T
- Tonkin J
- Trimnell T & B
- Troeth IS
- Trotman J
- Turnbull P
- Turner B
- Uebergang C
- Uebergang I & L
- Uebergang M & M
- Van Gemert L
- Van Rooy T, D & C
- Vandersluis P & J
- Volunteer Grants Program
- Waldron P & J
- Walkenhorst Family
- Walter WJ
- Wareham JR & SA
- Warne J
- Waters R & J
- Waters RJ
- Waters WA
- Watson J & B
- Watt J & H
- Watt J & J
- Watt J
- Waugh J
- Weaver Dr RA
- West P & M
- Wettenhall H & M
- Wettenhall Family
- White SM Estate of
- Whiting J & J
- Williamson G Estate of
- Wilson D
- Wingara Pty Ltd
- Winter-Cooke C
- Wooster I
- Young JS
- Young M
- Young P & L

- Hamilton & District Stock  
Agents Association
- Hamilton Farm Supplies
- Handbury G, AO
- Hardy F & S
- Harindran N
- Harman V
- Hatherall N
- Hawker D
- Hawker D & E
- Hearn G
- Hearn J
- Heazlewood JA & AJP
- Heazlewood P & J
- Hehir S
- Henry P & S
- Henry's Hydraulic Services
- Herrmann M
- Herrmann S & C
- Hicks R Estate of
- Hill M & P
- Hindson A
- Hines C & S
- Hocking M Estate of
- Hodgetts TN
- Hodgson V
- Holmes B
- Holmes S
- Horberry H
- Hucker A
- Huf P & J
- Huggins NE
- Hutchins J
- Hutton J
- Hyslop B & J
- Hyslop N
- In memory of Mr Allan  
McGrath
- Iluka Resources Pty Ltd
- Irvin P & S
- Irvine R & L
- Ivory J
- Jenkin D & J
- Jensen L
- Jolly TJ & EG
- Jones J
- Kanonik J
- Kearney M
- Keatley Livestock
- Keeble M
- Kelly D
- Kelly's Merchandise PTY LTD
- Kelsall J & H
- Kelsh J
- Kerr G & N
- King B
- King JE
- Kinnealy J & C
- Kinnealy WJ & JM
- Klein H
- Koch DF
- Koch MLC D & J
- Krowicky M
- Kruger N & S
- Laidlaw K
- Lehmann A & M
- Lehmann H & I
- Lehmann S
- Lennox Electronics  
Lewis D & K
- Lewis J
- Lewis PW & PL
- Lewis S
- Leyonhjelm G
- Linke A
- Linke B & V
- Linke G
- Linke GD & AJ
- Linke I & R
- Linke N
- Linke T & D
- Lions Club of Coleraine
- Lions Club of Hamilton Inc
- Lomas R & C
- Loria B
- Lundry T
- Lyon A
- Lyon R
- Lyons A
- Lyons B
- Lyons E
- Macdonald H & J
- Macgibbon P
- MacGugan R & L
- MacLean N & H
- Macleod G & O
- Matuschka Family  
Macnochie ERA & COA
- Mari R & L
- Mason J
- Matthews A
- Mayfield E
- McBurnie Dr M
- McClellan P
- McCorkell L
- McCulloch D & W
- McDonald G
- McGrath E
- McGrath EI
- McFarlane D
- McIntyre L & V
- McKellar M
- McKenna NJ & JE
- McKenry S & H
- McKenzie F
- McKinnon M
- McKinnon MG
- McLeod A
- McMeekin JA
- McVicker O, OAM
- Memorial fund – Alexander, B
- Memorial fund – Bailey, J
- Memorial fund – Campbell, L
- Memorial fund – Hayes, R
- Memorial fund – Horsell, J
- Memorial fund – Kruger, K
- Memorial fund – Lehmann, S
- Memorial fund – Lewis, T
- Memorial fund – Mayfield, D
- Memorial fund – McPherson, B
- Memorial fund – Slater, M
- Menzel P & J

- Mibus K & M
- Millard L & E
- Miller Whan & John Pty Ltd
- Milne L
- Milton J
- Mirtschin C & K
- Mirtschin H
- Mirtschin R
- Mirtschin SA
- Mirtschin S
- Moralla Golf Club
- Morelli D
- Morris G
- Morton D
- Morton H
- Morton R
- Mostyn G & C
- Mowbray E & J
- Muir J
- Muir R
- Munro W & N
- Mylius M
- Nagorcka A
- Nagorcka D & J
- Nagorcka J & E
- Natras D & C
- Nave C
- Nave J
- Nave P
- Neeson R
- Neighbourhood Watch
- Neil Roll Contracting
- Nicholas N & S
- Nitschke AE Estate of
- Nolte R
- Norris JF
- North AK & LE
- North Gums Partnership
- North Hamilton Base Hospital  
Ladies Auxiliary
- Northcott J
- O'Brien LD
- O'Brien S

# Staff

## Chief Executive Officer

Jim Fletcher BHA, AFCHSE, CHE, MIPAA, MAICD

## Community Liaison Manager

Kerry Martin AssDipBusAdmin, CertIVWplaceL&M, (from March 2009)

Deborah Howcroft MFIA (to December 2008)

## Penshurst Manager/ Director of Nursing

Damien Malone BA, BN, RN, MN, Cert IV A&WT

## Penshurst Unit Manager

Jenny Paton RN, RM

## Coleraine Manager/ Director of Nursing

Tim Pitt-Lancaster RN BN Cert Peri-operative nursing, GradDipNursingSci

## Coleraine Unit Manager

Denise Beaton RN RM

## Deputy Chief Executive Officer/Director of Corporate Services

Patrick Turnbull BBus, BHA, FCPA

## Manager Finance & Budget

Nicholas Starkie BBus, Dip TS(Bus), GradCertBusAdmin, ASA

## Business Support

## & Innovation Manager

Emma Kealy BBiomedSci

## Hotel Services Manager

Peter Davies BA

## Human Resources Manager

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

## Facility Manager

Daryl Hedley AIMM, FMAM, AIHEAM

## Learning and Education Manager

Deborah Smith PGradCert Ed, PGradDipEval, BAAAdmin (Hons), Cert IV A&WT

## I.C.T. Manager

Garry Aydon BAppSc

## Librarian

Louise Milne ALIA

## Nursing Services

### Director of Nursing

Janet Kelsh RN, ICU Cert, BAppSci(Nadmin), CertMgt(Deakin), GradDipAgedServMgt, 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&InfectionControl 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, Peri-op Cert, BN

## Nurse Managers

### Aged Care Services

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

### Unit Manager, The Birches

Cindy Godfrey RN, BN

### Unit Manager, The Grange

Peter Francis, BN, CertPsych, CertAdvPhysiology, Grad Cert Paeds, GradDipMidwifery, GradDipHealthServicesAdmin, MRCNA

### District Nursing /Discharge Planning

Pat O'Beirne RN, RM

### Unit Manager, Medical/ICU/ED

Lesley Stewart RN, Sterilisation&Infection Control Cert (to May 2009)

Leanne Deutscher RN acting (from May 2009)

### Unit Manager Surgical/Obstetrics /Paediatrics

James Smith RN, DipAppSci(Nursing), BAppSci(Hons), Periop Cert, GradDipInfect&TropDis, Dip Venereal Dis, CertCoronaryCare/HighDependency, Cert Psych, CertAdvPhysiology, DipBusMan, CertHIV/HEPCounselling

### Unit Manager Theatre/CSSD

Jane Saunders RN, CertTeach (London) acting (to Oct 2008)

Cathy Blake RN acting (to Oct 2008)

Liska Greyling RN, BCUR-Nursing Degree, DipSurgNursing(OpRm)(from Oct 2008)

## Regional Programs

### Infection Control

Mark Stevenson RN, Periop Cert, GradCertBusAdmin,

Sterilisation&InfectionControl Cert, Accredited Nurse Immuniser

Carolyn Templeton RN, Sterilisation&InfectionControl Cert, CertHIV/HEPCounselling, Accredited Nurse Immuniser

### Paediatric Home Care Program

Gaye Goggin RN

### Palliative Care Service

Heather Wilkinson OAM RN (to March 2009)

Louise Emsley RN acting (from March 2009) RN, BN,

GradDipPallCareinAgedCare, Cert IV Workplace Trng,

Cert IV Frontline mgt

### Regional Wound Management

Leslie Stewart (from April 2009) RN, Sterilisation&Infection Control Cert

### COAG LSOP

Jennie O'Donnell RN, AdvCertMgt, AdvCertWorkplaceSkills

## Medical Services

### Director of Medical Services

John Christie DMS, DTM&H, FAFPHM, FRACMA, MACTM

### Quality Manager

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

### Chief Pharmacist

Lynette Christie BPharm, MPS, GradCertBusAdmin

### Chief Health Information Manager

Lena McCormack BAppSci (HIM), GradCertBusAdmin, MHIMAA

## Senior Medical Staff

### Anaesthetics (Director)

James Muir MBChB, FRCA

### Anaesthetists in General Practice

Craig de Kievit MBBS, DRANZCOG, FACRRM

Kim Fielke MBBS, DRANZCOG, DA (UK), FRACGP

Stuart Perry MBBS

### General Practitioners

Victoria Blackwell MB, ChB, MRCCGP, DRCOG, DFFP

Brian Coulson MBBS, FACRRM, DipO&G

Craig de Kievit MBBS, DRANZCOG, FACRRM

Dale Ford MBBS, FRACGP, FACRRM

Michael Forster MBBS, MCPPSych, DRANZCOG, FACRRM

Niranjani Harindran MBBS (Sri Lanka)

Allan Mark Johnson MBBS

Robey Joyce MB, ChB (Pretoria)

Andrew McAllan MBBS, MMed(Ophth)

Stuart Perry MBBS

Greta Prozesky MB, ChB, FRACGP

Shaun Renfrey MBBS

Susan Robertson MBBS, DipRACOG, FRACGP,  
DipPallCare

Robert Scaife MBBS, FACRRM

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

Kim Tan MBBS, FRACGP, FCFP (S/pore), GDFP (Dermatology)

Leesa Walker MBBS, FRACGP

Anthony Wark MBBS

Christine Wilson MBBS

#### **Dental Officers (honorary)**

David Baring BDS

Timothy Halloran LDS, BDS

(Steven) Jiwen Sun BDS

Peter Tripovich LDS, BDS

#### **Dermatologist**

Julie Wesley RFD, MBBS, FACD

#### **Endocrinologist**

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

#### **General Surgeons**

David Bird MBMS, FRCS, FRACS

Stephen Clifforth MBBS, FRACS

Peter Tung MBBS, FRACS, FHKAM

#### **Neurologists**

Associate Professor Peter Gates MB, BS, FRACP,  
Neurology RACP

Raju Yerra MBBS, FRACP

#### **Obstetrician/Gynaecologist (Director)**

Jacobus Cloete MBChB, MMed (O&G), MFamMed (Cape  
Town), FCOG (South Africa), FRCOG (UK), FRANZCOG

#### **Obstetricians in General Practice**

Craig de Kievit MBBS, DRANZCOG, FACRRM

Robey Joyce MB, ChB (Pretoria)

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

#### **Ophthalmologist**

Vincent Lee MBBS, MMed, FRACS, FRANZCO

#### **Oral and Maxillofacial Surgeons**

Graeme Fowler LDS, BDS, MDSc, FDSRCP

#### **Orthopaedic Surgeon**

Rick Cunningham MBBS, FRACS (ORTH)

#### **Otolaryngologists**

Anne Cass MBBS, FRACS

#### **Paediatrician**

Christian Fiedler MD, (KIEL), FRACP

#### **Pathologist**

David Clift MBBS, FRCPA

#### **Physicians**

Nicholas Abbott MBBS, DCH, MRCP (UK), FRACP

Geoffrey Coggins MBBS, FRACP

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

Andrew Bradbeer MBBS, FRACP

#### **Radiologists**

Dan Arthanghelschi MBBS, FRANZCR

Margaret Bennett MBBS, FRANZCR

Damien Cleeve MBBS, FRACP

John Eng MBBS, FRANZCR

Robert Jarvis MBBS, FRACP

#### **Urologists**

Richard Grills MBBS, FRACS

#### **Hospital Medical Officers (visiting on rotation)**

St Vincent's Hospital – two general surgical interns, one  
general medicine intern

Barwon Health – one general medicine intern, one special  
surgical registrar, one medical registrar

Austin Hospital – one surgical registrar

#### **Hospital Medical Officers (employed by WDHS)**

Harshika de Lanerolle MBBS

Balaji Kodivalasa MBBS

Ali Maoaaz MBBS

Aseem Sabharwal MBBS

Sanjiwika Wasgewatta MBBS

Chinthaka Wijeratne MBBS

Faizan Zia MBBS (anaesthetic trainee)

## Community Services & Allied Health

#### **Director Community Services & Allied Health**

Rosie Rowe BNatRes, MBA, Honorary Fellow, University of  
Melbourne (from May 2009)

#### **Program Manager, Allied Health**

Fran Keeble-Buckle BSc, MND, DipEd, APD (from Oct  
2008)

#### **Program Manager, Community Services**

Stuart Wilder acting BN, GradDipCritCare,  
GradDipCoronaryCare, MNurseSci, MRCNA (from June 2009)

#### **Dentist**

Hau Chuen Chai BDS

#### **Hamilton House Services Coordinator**

Marilyn Campbell RN

#### **Chief Dietitian**

Fran Keeble-Buckle BSc, MND, DipEd, APD (to Sept  
2008)

Jodie Nelson BHSc(Nutrition&Dietetics) (from Oct 2009)

#### **Chief Occupational Therapist**

Ellen Dix BAppSc(OT), MOT (to June 2009)

Sue Adamson BAppSc(OT), DipBusMgt(from March 2009)

#### **Chief Physiotherapist**

Lyn Holden BAppSc(Physio), MPhysio, Member APA

#### **Speech Pathologist**

Sue Cameron BAppSc(SpeechPath), MSPAA

#### **Senior Social Worker**

Kate Leahy DipTech(SW)

#### **Senior Podiatrist**

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

#### **Primary Care Partnership Executive Officer**

Rosie Rowe BNatRes, MBA (to Oct 2008)

Rowena Wylie acting (from Oct 2008 to May 2009)

Jeanette Lowe MBA, BEng (from May 2009)

#### **National Centre for Farmer Health**

Susan Brumby RN, RM, DipFMgt, GradDipWomen's Studies,  
MHMgt, CertVWorkplaceTrainer, AFCHSE, MRCNA (from Nov 2008)

## Community Services (until May 2009)

#### **Director of Community Services**

Susan Brumby RN, RM, DipFMgt, GradDipWomen's Studies,  
MHMgt, CertVWorkplaceTrainer, AFCHSE, MRCNA (to May 2009)

#### **Deputy Director of Community Services**

Rosie Rowe BNatRes, MBA, Honorary Fellow, University of  
Melbourne (from Oct 2008 – May 2009)

## 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 six contracts with consultants undertaken during the year paid by WDHS. These consultancies were all less than \$100,000 and totaled \$71,388.

In addition six consultancy contracts in connection with the Coleraine Health Service Redevelopment were partially completed during the year. Payments totaling \$143,093 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 41 FOI requests were received. No request was denied.

## 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 27 March 2009 on completion of the fire proofing of the wall separating the emergency generator and electrical switchroom.

A Certificate of Final Inspection was issued on 27 March 2009 for the restoration works on McKellar house veranda.

An Occupancy Permit was issued on 30 March 2009 for the extension to the Medical Ward for the establishment of a Rehabilitation Unit.

A Certificate of Final Inspection was issued on 17 June 2009 on completion of the portable Dental Facility at Frances Hewett Community Centre.

## Building works 2008/09

McKellar House – renovations were carried out to establish office accommodation in McKellar house for the National Centre of Farmer Health and the Business Support & Innovation Department.

Rehabilitation Unit – Medical ward was extended to expand the rehabilitation unit.

Linen Service – asbestos roof was replaced.

The Birches – alterations were conducted to increase the level of security and safety in the psychogeriatric wing.

Dental Services – a specifically designed transportable Dental Clinic was established at the Frances Hewett Community Centre site with an associated linkway. The car park was upgraded at the same time.

Penshurst Hospital – Stage 1 redevelopment has commenced with major renovations to the Nursing Home dining/lounge area and the two 2 bed acute wards.

## Infrastructure projects:

Water pipe replacement – water pipe and HVAC ducting replacement continues throughout the HBH ward areas.

Allied Health Centre: - a mobility garden was established for client training activity.

Allied Health Centre – the hot water pipes throughout the facility were replaced.

Electrical works - switchboards were upgraded in McKellar House, HBH basement sub switchroom and top plantroom. The cardiac protection system in ICU was upgraded.

HBH Foster Street car park has been realigned and sealed.

Remedial works continue at Coleraine facilities to retard the deterioration of the buildings and infrastructure.

Fire Safety – all interim and priority 1 works identified in the Fire Safety Re-audit – February 2009 were completed at all WDHS facilities.

## Water Management Action Plan:

Water conservation measures continue – flow restrictors have been installed throughout HBH. Flush-o-meters throughout HBH have been converted to dual flush.

## Publications

Western District Health Services maintains a website [www.wdhs.net](http://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.

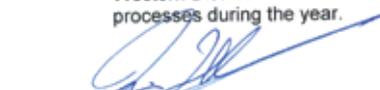
The Annual Report and the Quality of Care Report are available at each of our sites and on the WDHS website, or may be obtained by contacting the Chief Executive Officer.

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

## Attestation on Data Accuracy

I, Jim Fletcher, certify that the Western District Health Service has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. The Western District Health Service has critically reviewed these controls and processes during the year.



Jim Fletcher  
CHIEF EXECUTIVE OFFICER  
Hamilton  
24 August 2009

### 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 has been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial report, presents fairly the financial transactions during the year ended 30 June 2009 and the financial position of Western District Health Service as at 30 June 2009.

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

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



**Mary Ann Brown**

PRESIDENT

Hamilton. 24 August 2009



**Jim Fletcher**

CHIEF EXECUTIVE OFFICER

Hamilton. 24 August 2009



**Pat Turnbull**

CHIEF FINANCE AND ACCOUNTING OFFICER

Hamilton. 24 August 2009

This Annual Report of the entity is prepared in accordance with the Financial Management Act 1994 and the Directions of the Minister for Finance. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
<b>Report of Operations – FRD Guidance</b>		
<b>Charter and purpose</b>		
FRD 22B	Manner of establishment and relevant Ministers	inside front cover
FRD 22B	Objectives, functions, powers and duties	7-16, 20, 21
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<b>Management and Structure</b>		
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<b>Financial and Other Information</b>		
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FRD 11	Disclosure of ex-gratia payments	N/A
FRD 21A	Responsible person and executive officer disclosures	88
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FRD 25	Victorian Industry Participation Policy disclosures	N/A
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# VAGO

Victorian Auditor-General's Office

## INDEPENDENT AUDITOR'S REPORT

### To the Members of the Board, Western District Health Service

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2009 of Western District Health Service which comprises the operating statement, balance sheet, statement of changes in equity and cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance & accounting officer's declaration, has been audited.

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

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

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

#### *Auditor's Responsibility*

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

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

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

Level 24, 35 Collins Street, Melbourne Vic. 3000

Telephone 61 3 8601 7000 Facsimile 61 3 8601 7010 Email [comments@audit.vic.gov.au](mailto:comments@audit.vic.gov.au) Website [www.audit.vic.gov.au](http://www.audit.vic.gov.au)

*Auditing in the Public Interest*

# VAGO

Victorian Auditor-General's Office

## Independent Auditor's Report (continued)

### *Matters Relating to the Electronic Presentation of the Audited Financial Report*

This auditor's report relates to the financial report published in both the annual report and on the website of Western District Health Service for the year ended 30 June 2009. The Members of the Board 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 website.

### *Independence*

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

### *Auditor's Opinion*

In my opinion, the financial report presents fairly, in all material respects, the financial position of Western District Health Service as at 30 June 2009 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE  
25 August 2009

  
D D R Pearson  
Auditor-General

Level 24, 35 Collins Street, Melbourne Vic. 3000  
Telephone 61 3 8601 7000 Facsimile 61 3 8601 7010 Email [comments@audit.vic.gov.au](mailto:comments@audit.vic.gov.au) Website [www.audit.vic.gov.au](http://www.audit.vic.gov.au)

*Auditing in the Public Interest*

# Financial Statements

## Operating Statement For the Year Ended 30 June 2009

	Note	Total 2009 \$'000	Total 2008 \$'000
Revenue from Operating Activities	2	52,954	49,448
Revenue from Non-operating Activities	2	1,330	1,502
Employee Benefits	3	(36,792)	(35,105)
Non Salary Labour Costs	3	(3,046)	(2,869)
Supplies & Consumables	3	(5,733)	(5,059)
Other Expenses From Continuing Operations	3	(8,377)	(7,578)
<b>Net Result Before Capital &amp; Specific Items</b>		<b>336</b>	<b>339</b>
Capital Purpose Income	2	2,245	2,689
Depreciation and Amortisation	4	(2,354)	(2,287)
Impairment of Financial Assets	3	(142)	-
Revaluation Decrement on Non Current Assets	3	(1,425)	-
Share of Net Result of Joint Ventures accounted for Using the Equity Method	20	281	(120)
<b>NET RESULT FOR THE PERIOD</b>		<b>(1,059)</b>	<b>621</b>

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

## Balance Sheet As at 30 June 2009

	Note	Total 2009 \$'000	Total 2008 \$'000
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents	5	17,544	15,594
Receivables	6	2,144	2,435
Inventories	8	439	418
<b>Total Current Assets</b>		<b>20,127</b>	<b>18,447</b>
<b>Non-Current Assets</b>			
Receivables	6	679	479
Other Financial Assets	7	887	1,185
Investments Accounted for using the Equity Method	20	378	76
Property, Plant & Equipment	9	49,455	50,323
Intangible Assets	11	8	15
<b>Total Non-Current Assets</b>		<b>51,407</b>	<b>52,078</b>
<b>TOTAL ASSETS</b>		<b>71,534</b>	<b>70,525</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	10	3,786	2,717
Employee Benefits and Related On-Costs Provisions	12	6,832	6,474
Other Liabilities	13	1,921	1,184
<b>Total Current Liabilities</b>		<b>12,539</b>	<b>10,375</b>
<b>Non-Current Liabilities</b>			
Employee Benefits and Related On-Costs Provisions	12	1,533	1,181
Other Liabilities	13	3,957	4,658
<b>Total Non-Current Liabilities</b>		<b>5,490</b>	<b>5,839</b>
<b>TOTAL LIABILITIES</b>		<b>18,029</b>	<b>16,214</b>
<b>NET ASSETS</b>		<b>53,505</b>	<b>54,311</b>
<b>EQUITY</b>			
Property, Plant & Equipment Revaluation Reserve	14a	2,061	1,838
Financial Assets Available for Sale Revaluation Reserve	14a	(103)	(133)
Restricted Specific Purpose Reserve	14a	4,831	4,583
Contributed Capital	14b	49,535	49,535
Accumulated Surpluses/(Deficits)	14c	(2,819)	(1,512)
<b>TOTAL EQUITY</b>	<b>14d</b>	<b>53,505</b>	<b>54,311</b>
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This Statement should be read in conjunction with the accompanying notes.

# Financial Statements

## Statement of Changes in Equity For the Year Ended 30 June 2009

	Note	Total 2009 \$'000	Total 2008 \$'000
<b>Total equity at beginning of financial year</b>		<b>54,311</b>	<b>53,814</b>
Gain / Loss on Asset Revaluation		223	-
Available-for-sale investments:			
Gain/(Loss) taken to equity	14a	30	(518)
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>		<b>253</b>	<b>(518)</b>
Net result for the year		(1,059)	621
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		<b>(806)</b>	<b>103</b>
Transactions with the State in its capacity as owner		-	394
<b>Total Equity at the end of the financial year</b>		<b>53,505</b>	<b>54,311</b>

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

## Cash Flow Statement For the Year Ended 30 June 2009

	Note	Total 2009 \$'000	Total 2008 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		37,893	34,882
Patient and Resident Fees Received		10,616	10,275
Private Practice Fees Received		336	302
Interest Received		727	801
Dividend Received		-	91
GST Received from/(paid to) ATO		1,011	661
Other Receipts		4,533	4,606
Employee Benefits Paid		(36,486)	(34,549)
Fee for Service Medical Officers		(2,891)	(2,869)
Payments for Supplies & Consumables		(8,139)	(8,785)
Other Payments		(5,765)	(5,309)
<b>Cash Generated from Operations</b>		<b>1,835</b>	<b>106</b>
Capital Grants from Government		736	831
Capital Donations and Bequests Received		612	767
Other Capital Receipts		1,327	1,062
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>15</b>	<b>4,510</b>	<b>2,766</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of Property, Plant & Equipment		(3,465)	(2,366)
Proceeds from Sale of Property, Plant & Equipment		326	140
Proceeds from Sale of Investment		-	85
(Purchase) Sale of Investments		299	474
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>		<b>(2,840)</b>	<b>(1,667)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Contributed Capital from Government		-	394
<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES</b>		<b>-</b>	<b>394</b>
<b>NET INCREASE / (DECREASE) IN CASH HELD</b>		<b>1,670</b>	<b>1,493</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		<b>10,630</b>	<b>9,137</b>
<b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>	<b>5</b>	<b>12,300</b>	<b>10,630</b>

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

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

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

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

#### (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 2009, and the comparative information presented in these financial statements for the ended 30 June 2008.

#### (c) Reporting Entity

The financial statements include all the controlled activities of the Health Service.

#### (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 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 14.

### (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. (2008 10-15 years)

### (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 and impairment.

**Plant, Equipment and Vehicles** are recognised initially at cost and subsequently measured at fair value 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 103D. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Revaluation increments or decrements arise from differences between an asset's 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.

In accordance with FRD 103D the Health Service non current physical assets were subjected to a detailed valuation in the current financial year.

### (l) Depreciation and Amortisation

Assets with a cost in excess of \$1,000 (2007-08 and 2008-09) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2008-2009	2007 - 2008
Buildings	10 to 40 Years	10 to 40 Years
Plant & Equipment	8 to 10 Years	8 to 10 Years
Medical Equipment	7 to 9 Years	7 to 9 Years

### (m) Net Gain / (Loss) on Non-Financial Assets

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

#### Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets

is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at the time.

#### Impairment of Non-Financial Assets

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

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.

### (n) Payables

These amounts consist predominantly of liabilities for goods and services.

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

The normal credit terms are usually Nett 30 days.

### (o) Provisions

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

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

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

Resources provided or received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another entity or agency as a consequence of a restructuring

# Financial Statements

## Note 1: Statement of Significant Accounting Policies

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.

### (q) 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.

### (r) 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.

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

### (s) 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	
	2009	2008
	\$'000	\$'000
<b>Defined Benefit plans:</b>		
Health Super	2,504	2,442
HESTA	208	126
Other	50	101
<b>Defined Contribution plans</b>		
Health Super	313	332
<b>TOTAL</b>	<b>3,075</b>	<b>3,001</b>

The Health Service does not recognise any unfunded 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.

### (t) 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 Penshurst)

- Valley View Nursing Home and Wannan Hotel (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.

### (u) 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.

### (v) 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 20.

### (w) 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.

### (x) Leases

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

#### Entity as lessee

Finance leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, 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.

#### Operating Leases

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

### (y) Income Recognition

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

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

#### Government Grants

Grants are recognised as income when the Health

Service gains control of the underlying assets in accordance with 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 Metropolitan Health and Aged Care Services Division Hospital Circular 34/2008.

### 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.

### (z) Fund Accounting

The Health Service operates on a fund accounting basis and maintains three funds:

Operating, Specific Purpose and Capital Funds. The Health Service's Capital and Specific Purpose Funds include unspent capital donations and receipts from fund-raising activities conducted solely in respect of these funds.

### (aa) Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

Activities classified as Services Supported by Health Services Agreement (HSA) are substantially funded by the Department of Human Services and includes 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.

### (ab) Changes in Accounting Policies

In accordance with Victorian Government Financial Reporting Direction 103D "Non-Current Physical Assets", the Health Service measures plant and equipment, and medical equipment assets at fair value from 1 July 2008. Previously these assets were measured at cost. This change in accounting policy is required to ensure that Victoria's Whole of Government financial report, to which the Health Service is consolidated into, complies with the requirements of AASB 1049 Whole of Government

and General Government Sector Financial Reporting. As this change is the initial application of a policy to revalue assets in accordance with AASB 1116 Property, Plant and Equipment, the change is treated as a revaluation in the current year.

### (ac) Comparative Information

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

### (ad) Property, Plant & Equipment Revaluation Reserve

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

### (ae) Financial Assets 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.

### (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 (h)
  - Depreciation and amortisation, as described in Note 1 (l)
  - Assets provided free of charge, as described in Note 1 (p)
  - Expenditure using capital purpose income, which comprises expenditure which either falls below the asset capitalization threshold (Note 1 (h) and (i)) 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.

# Financial Statements

## Note 1: Statement of Significant Accounting Policies

### (aj) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2009 reporting period. As at 30 June 2009, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2009.

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 8 Operating Statements.	Supersedes AASB 114 Segment Reporting.	Beginning 1 January 2009	Not Applicable.
AASB 2007-3 Amendments to Australian Accounting Standards arising from AASB 8 (AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 and AASB 1038)	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	Impact expected to be not significant.
AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 (AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12)	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2008-3 Amendments to AAS arising from AASB 3 & AASB 127 (AASB 1, 2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 138, 140, 141, 1023 & 1308)	This Standard gives effect to consequential changes arising from revised AASB 3 and amended AASB 127. The Prefaces to those Standards summarise the main requirements of those Standards.	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2008-5 Amendments to AASs arising from the Annual Improvements Project (AASBs 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 140, 141, 1023 & 1308)	A suite of amendments to existing standards following issuance of IASB Standard Improvements to IFRSs in May 2008. Some amendments result in accounting changes for presentation, recognition and measurement purposes.	Beginning 1 January 2009	Impact is being evaluated.
AASB 2008-6 Further Amendments to Australian Accounting Standards arising from the Annual Improvements project (AASB 1 & AASB 5)	The amendments require all the assets and liabilities of a for-sale subsidiary's to classified as held for sale and clarify the disclosures required when the subsidiary is part of a disposal group that meets the definition of a discontinued operation.	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2008-7 Amendments to AAS Cost of an Investment in a Subsidiary, Jointly Controlled Entity of Associate (AASB 1, AASB 118, AASB 121, AASB 127 & AASB 136)	Changes mainly relate to treatment of dividends from subsidiaries or controlled entities	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2008-8 Amendments to Australian Accounting Standards – Eligible Hedged Items (AASB 139)	The amendments to AASB 139 clarify how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item, should be applied in particular situations.	Beginning 1 January 2009	Impact is being evaluated.
AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101	Amendments to AASB 1049 for consistency with AASB 101 (September 2007) version.	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2009-1 Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities (AASB 1, AASB 111 & AASB 123)	Amendments to Australian Accounting Standards to allow borrowing costs of Not-for-Profit Public Sector Entities to be expensed	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2009-2 Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments (AASB 4, AASB 7, AASB 1023 & AASB 1038)	Amendments to AASB 7 to enhance disclosures about fair value measurements and liquidity risk. Editorial amendments to AASB 4, AASB 1023 and AASB 1038 resulting from the amendments to AASB 7	Beginning 1 January 2009	Impact expected to be insignificant

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 2: Revenue

	HSA 2009 \$'000	HSA 2008 \$'000	Non HSA 2009 \$'000	Non HSA 2008 \$'000	Total 2009 \$'000	Total 2008 \$'000
<b>Revenue from Operating Activities</b>						
Government Grants						
- Department of Human Services	36,247	33,504	-	-	36,247	33,504
- State Government - Other	-	120	-	-	-	120
- Commonwealth Government - Other	491	320	-	5	491	325
<b>Total Government Grants</b>	<b>36,738</b>	<b>33,944</b>	<b>-</b>	<b>5</b>	<b>36,738</b>	<b>33,949</b>
Indirect Contributions by Department of Human Services*						
- Insurance	957	963	-	-	957	963
<b>Total Indirect Contributions by Department of Human Services</b>	<b>957</b>	<b>963</b>	<b>-</b>	<b>-</b>	<b>957</b>	<b>963</b>
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	2,714	2,501	-	-	2,714	2,501
- Resident Aged Care (refer note 2b)	7,994	7,829	-	-	7,994	7,829
<b>Total Patient &amp; Resident Fees</b>	<b>10,708</b>	<b>10,330</b>	<b>-</b>	<b>-</b>	<b>10,708</b>	<b>10,330</b>
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities	-	-	336	302	336	302
- Catering	-	-	329	288	329	288
- Laundry	-	-	296	360	296	360
- Cafeteria	-	-	228	179	228	179
- Other	-	-	3,362	3,077	3,362	3,077
<b>Total Business Units and Specific Purpose Funds</b>	<b>-</b>	<b>-</b>	<b>4,551</b>	<b>4,206</b>	<b>4,551</b>	<b>4,206</b>
<b>Sub-Total Revenue from Operating Activities</b>	<b>48,403</b>	<b>45,237</b>	<b>4,551</b>	<b>4,211</b>	<b>52,954</b>	<b>49,448</b>
<b>Revenue from Non-Operating Activities</b>						
Interest	-	-	707	836	707	836
Dividends	-	-	-	91	-	91
Property Income	-	-	623	575	623	575
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>-</b>	<b>-</b>	<b>1,330</b>	<b>1,502</b>	<b>1,330</b>	<b>1,502</b>
<b>Revenue from Capital Purpose Income</b>						
State Government Capital Grants						
- Targeted Capital Works and Equipment	736	831	-	-	736	831
Residential Accommodation Payments (refer note 2b)	1,046	1,062	-	-	1,046	1,062
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	-	-	38	29	38	29
Net Gain/(Loss) on Disposal of Financial Assets	-	-	(187)	-	(187)	-
Donations and Bequests	-	-	612	767	612	767
<b>Sub-Total Revenue from Capital Purpose Income</b>	<b>1,782</b>	<b>1,893</b>	<b>463</b>	<b>796</b>	<b>2,245</b>	<b>2,689</b>
Share of Net Results of Joint Ventures Accounted for using the Equity Model (refer note 20)	281	(120)	-	-	281	(120)
<b>Total Revenue (refer to note 2a)</b>	<b>50,466</b>	<b>47,010</b>	<b>6,344</b>	<b>6,509</b>	<b>56,810</b>	<b>53,519</b>

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

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 2a: Analysis of Revenue by Source

	Acute Health 2009 \$'000	RAC 2009 \$'000	Aged Care 2009 \$'000	Primary Health 2009 \$'000	Other 2009 \$'000	Total 2009 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>						
Government Grants	27,767	2,622	4,850	1,499	-	36,738
Indirect contributions by Department of Human Services	778	60	87	32	-	957
Capital Purpose Income (refer note 2)	736	-	-	-	-	736
Patient and Resident Fees (refer note 2b)	1,948	7,994	766	-	-	10,708
Residential Accommodation Payments (refer note 2b)	-	1,046	-	-	-	1,046
Share of Net Results of Joint Ventures Accounted for using the Equity Model (refer note 20)	281	-	-	-	-	281
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>31,510</b>	<b>11,722</b>	<b>5,703</b>	<b>1,531</b>	<b>-</b>	<b>50,466</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>						
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities	-	-	-	-	4,551	4,551
- Other	-	-	-	-	1,330	1,330
Capital Purpose Income (refer note 2)	-	-	-	-	463	463
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6,344</b>	<b>6,344</b>
<b>Total Revenue from Operations</b>	<b>31,510</b>	<b>11,722</b>	<b>5,703</b>	<b>1,531</b>	<b>6,344</b>	<b>56,810</b>

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 (Continued)

	Acute Health 2008 \$'000	RAC 2008 \$'000	Aged Care 2008 \$'000	Primary Health 2008 \$'000	Other 2008 \$'000	Total 2008 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>						
Government Grants	25,673	2,373	4,535	1,363	-	33,944
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
Residential Accommodation Payments (refer note 2b)	-	1,062	-	-	-	1,062
Share of Net Results of Joint Ventures Accounted for using the Equity Model (refer note 20)	(120)	-	-	-	-	(120)
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>28,967</b>	<b>11,324</b>	<b>5,324</b>	<b>1,395</b>	<b>-</b>	<b>47,010</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>						
Business Units & Specific Purpose Funds						
- Private Practice and Other Patient Activities	-	-	-	-	4,206	4,206
- Other	-	-	-	-	1,507	1,507
Capital Purpose Income (refer note 2)	-	-	-	-	796	796
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6,509</b>	<b>6,509</b>
<b>Total Revenue from Operations</b>	<b>28,967</b>	<b>11,324</b>	<b>5,324</b>	<b>1,395</b>	<b>6,509</b>	<b>53,519</b>

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

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 2b: Patient and Resident Fees

	Total 2009 \$'000	Total 2008 \$'000
<b>Patient and Resident Fees Raised</b>		
<b>Recurrent:</b>		
Acute		
– Inpatients	1,948	1,800
– Outpatients	410	343
Residential Aged Care		
– Generic	7,994	7,829
Other	356	358
<b>Total Recurrent</b>	<b>10,708</b>	<b>10,330</b>
<b>Capital Purpose:</b>		
Residential Accommodation Payments(*)	1,046	1,062
<b>Total Capital</b>	<b>1,046</b>	<b>1,062</b>

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

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

	Total 2009 \$'000	Total 2008 \$'000
Proceeds from Disposals of Non-Current Assets		
Land	-	8
Medical Equipment	13	-
Motor Vehicles	313	132
<b>Total Proceeds from Disposal of Non-Current Assets</b>	<b>326</b>	<b>140</b>
Less: Written Down Value of Non-Current Assets Sold		
Land	-	8
Plant & Equipment	6	-
Medical Equipment	32	-
Furniture & Fittings	4	-
Motor Vehicles	246	103
<b>Total Written Down Value of Non-Current Assets Sold</b>	<b>288</b>	<b>111</b>
<b>Net gains/(losses) on Disposal of Non-Current Assets</b>	<b>38</b>	<b>29</b>

## Note 3: Expenses

	HSA 2009 \$'000	HSA 2008 \$'000	Non HSA 2009 \$'000	Non HSA 2008 \$'000	Total 2009 \$'000	Total 2008 \$'000
<b>Employee Benefits</b>						
Salaries & Wages	30,844	29,456	1,237	1,192	32,081	30,648
Work/Cover Premium	533	514	22	22	555	536
Departure Packages	17	-	-	-	17	-
Long Service Leave	1,027	881	37	39	1,064	920
Superannuation	2,952	2,877	123	124	3,075	3,001
<b>Total Employee Benefits</b>	<b>35,373</b>	<b>33,728</b>	<b>1,419</b>	<b>1,377</b>	<b>36,792</b>	<b>35,105</b>
<b>Non Salary Labour Costs</b>						
Fees for Visiting Medical Officers	2,891	2,869	-	-	2,891	2,869
Agency Costs	155	-	-	-	155	-
<b>Total Non Salary Labour Costs</b>	<b>3,046</b>	<b>2,869</b>	<b>-</b>	<b>-</b>	<b>3,046</b>	<b>2,869</b>
<b>Supplies and Consumables</b>						
Drug Supplies	1,280	1,117	-	-	1,280	1,117
S100 Drugs	250	238	-	-	250	238
Medical, Surgical Supplies and Prosthesis	2,695	2,258	15	14	2,710	2,272
Pathology Supplies	227	229	-	-	227	229
Food Supplies	1,136	1,069	130	134	1,266	1,203
<b>Total Supplies and Consumables</b>	<b>5,588</b>	<b>4,911</b>	<b>145</b>	<b>148</b>	<b>5,733</b>	<b>5,059</b>
<b>Other Expenses from Continuing Operations</b>						
Domestic Services & Supplies	385	351	132	166	517	517
Fuel, Light, Power and Water	898	758	28	28	926	786
Insurance costs funded by DHS	972	963	-	-	972	963
Motor Vehicle Expenses	223	235	-	-	223	235
Repairs & Maintenance	811	654	67	46	878	700
Maintenance Contracts	238	124	-	1	238	125
Patient Transport	308	242	-	-	308	242
Bad & Doubtful Debts	64	19	-	4	64	23
Lease Expenses	188	239	-	-	188	239
Other Administrative Expenses	3,881	3,553	148	164	4,029	3,717
Audit Fees	34	31	-	-	34	31
<b>Total Other Expenses from Continuing Operations</b>	<b>8,002</b>	<b>7,169</b>	<b>375</b>	<b>409</b>	<b>8,377</b>	<b>7,578</b>
Impairment of Financial Assets						
- Available for Sale Financial Assets	142	-	-	-	142	-
Depreciation and Amortisation (refer note 4)	2,354	2,287	-	-	2,354	2,287
Revaluation Decrement on Non Current Assets (refer note 3c)	1,425	-	-	-	1,425	-
<b>Total</b>	<b>3,921</b>	<b>2,287</b>	<b>-</b>	<b>-</b>	<b>3,921</b>	<b>2,287</b>
<b>Total Expenses</b>	<b>55,930</b>	<b>50,964</b>	<b>1,939</b>	<b>1,934</b>	<b>57,869</b>	<b>52,898</b>

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 3a: Analysis of Expenses by Source

	Acute Health 2009 \$'000	RAC 2009 \$'000	Aged Care 2009 \$'000	Primary Health 2009 \$'000	Other 2009 \$'000	Total 2009 \$'000
<b>Services Supported by Health Services Agreement</b>						
Employee Benefits	19,669	8,830	3,675	2,217	982	35,373
Non Salary Labour Costs	2,976	37	14	9	10	3,046
Supplies & Consumables	3,710	972	440	293	173	5,588
Other Expenses From Continuing Operations	5,196	1,643	681	428	54	8,002
Depreciation and Amortisation (refer note 4)	1,761	376	92	48	77	2,354
Impairment of Financial Assets (refer note 3)	142	-	-	-	-	142
Revaluation Decrement on Non Current Assets (refer note 3c)	1,425	-	-	-	-	1,425
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>34,879</b>	<b>11,858</b>	<b>4,902</b>	<b>2,995</b>	<b>1,296</b>	<b>55,930</b>
<b>Services Supported by Hospital and Community Initiatives</b>						
Employee Benefits	-	-	-	-	1,419	1,419
Supplies & Consumables	-	-	-	-	145	145
Other Expenses From Continuing Operations	-	-	-	-	375	375
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives (3b)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,939</b>	<b>1,939</b>
<b>Total Expenses</b>	<b>34,879</b>	<b>11,858</b>	<b>4,902</b>	<b>2,995</b>	<b>3,235</b>	<b>57,869</b>

## Note 3a: Analysis of Expenses by Source (Continued)

	Acute Health 2008 \$'000	RAC 2008 \$'000	Aged Care 2008 \$'000	Primary Health 2008 \$'000	Other 2008 \$'000	Total 2008 \$'000
<b>Services Supported by Health Services Agreement</b>						
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
Depreciation and Amortisation (refer note 4)	1,737	349	89	43	69	2,287
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>30,843</b>	<b>11,780</b>	<b>4,843</b>	<b>2,352</b>	<b>1,146</b>	<b>50,964</b>
<b>Services Supported by Hospital and Community Initiatives</b>						
Employee Benefits	-	-	-	-	1,377	1,377
Supplies & Consumables	-	-	-	-	148	148
Other Expenses From Continuing Operations	-	-	-	-	409	409
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,934</b>	<b>1,934</b>
<b>Total Expenses</b>	<b>30,843</b>	<b>11,780</b>	<b>4,843</b>	<b>2,352</b>	<b>3,080</b>	<b>52,898</b>

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

	Total 2009 \$'000	Total 2008 \$'000
Private Practice and Other Patient Activities	590	547
Catering	333	328
Laundry	821	867
Cafeteria	71	74
Property Expenses	124	118
<b>TOTAL</b>	<b>1,939</b>	<b>1,934</b>

## Note 3c: Revaluation Decrement on Non Current Assets

	Total 2009 \$'000	Total 2008 \$'000
Buildings (refer to note 9)	1,425	-
<b>Total Depreciation</b>	<b>1,425</b>	<b>-</b>

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 4: Depreciation and Amortisation

	Total 2009 \$'000	Total 2008 \$'000
<b>Depreciation</b>		
Landscaping	57	56
Buildings	1,214	1,182
Plant & Equipment	192	176
Medical Equipment	434	435
Computers and Communication	48	58
Furniture and Fittings	95	87
Motor Vehicles	307	282
<b>Total Depreciation</b>	<b>2,347</b>	<b>2,276</b>
<b>Amortisation</b>		
Intangible Assets	7	11
<b>Total Amortisation</b>	<b>7</b>	<b>11</b>
<b>Total Depreciation &amp; Amortisation</b>	<b>2,354</b>	<b>2,287</b>

## 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 2009 \$'000	Total 2008 \$'000
Cash on Hand	4	4
Cash at Bank	13,340	11,390
Deposits at Call	4,200	4,200
<b>TOTAL</b>	<b>17,544</b>	<b>15,594</b>
<b>Represented by:</b>		
Cash for Health Service Operations (as per Cash Flow Statement)	12,300	10,630
Cash for Monies Held in Trust	5,244	4,964
<b>TOTAL</b>	<b>17,544</b>	<b>15,594</b>

## Note 7: Other Financial Assets

	Specific Purpose Fund 2009 \$'000	Specific Purpose Fund 2008 \$'000	Capital Fund 2009 \$'000	Capital Fund 2008 \$'000	Total 2009 \$'000	Total 2008 \$'000
Shares	879	1,177	-	-	879	1,177
Aust. Dollar Term Deposits	-	-	8	8	8	8
<b>TOTAL</b>	<b>879</b>	<b>1,177</b>	<b>8</b>	<b>8</b>	<b>887</b>	<b>1,185</b>
<b>Represented by:</b>						
Health Service Investments	879	1,177	8	8	887	1,185
<b>TOTAL</b>	<b>879</b>	<b>1,177</b>	<b>8</b>	<b>8</b>	<b>887</b>	<b>1,185</b>

### (b) Ageing analysis of other financial assets

Refer to Note 16(b) for the ageing analysis of other financial assets

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

Refer to Note 16(b) for the nature and extent of credit risk arising from other financial assets.

## Note 6: Receivables

	Total 2009 \$'000	Total 2008 \$'000
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Debtors	645	799
Patient Fees	608	609
Accrued Investment Income	37	35
Accrued Revenue - Other	46	7
Accommodation Bonds Owning	634	878
<b>Statutory</b>		
GST Receivable	246	180
<b>TOTAL</b>	<b>2,216</b>	<b>2,508</b>
Less Allowance for Doubtful Debts	(72)	(73)
<b>TOTAL CURRENT RECEIVABLES</b>	<b>2,144</b>	<b>2,435</b>
<b>NON CURRENT</b>		
<b>Statutory</b>		
DHS - Long Service Leave	679	479
<b>TOTAL NON-CURRENT RECEIVABLES</b>	<b>679</b>	<b>479</b>
<b>TOTAL RECEIVABLES</b>	<b>2,823</b>	<b>2,914</b>

### (a) Movement in the Allowance for doubtful debts

	Total 2009 \$'000	Total 2008 \$'000
Balance at beginning of year	73	37
Amounts written off during the year	(23)	-
Amounts recovered during the year	(42)	(11)
Increase/(decrease) in allowance recognised in profit or loss	64	47
<b>Balance at end of year</b>	<b>72</b>	<b>73</b>

### (b) Ageing analysis of receivables

Refer to Note 16(b) for the ageing analysis of receivables

### (c) Nature and extent of risk arising from receivables

Refer to Note 16(b) for the nature and extent of credit risk arising from receivables.

## Note 8: Inventories

	Total 2009 \$'000	Total 2008 \$'000
<b>CURRENT</b>		
Pharmaceuticals - at cost	144	125
Catering Supplies - at cost	14	15
Housekeeping Supplies - at cost	28	28
Medical and Surgical Lines - at cost	64	59
Engineering Stores - at cost	1	1
Administration Stores - at cost	31	36
Circulating Linen - at net realisable value	157	154
<b>TOTAL INVENTORIES</b>	<b>439</b>	<b>418</b>

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 9: Property, Plant & Equipment

	Total 2009 \$'000	Total 2008 \$'000
<b>Land</b>		
- Land at Cost	-	242
Less Impairment	-	-
- Land at Fair Value	3,650	1,657
Less Impairment	-	-
<b>Total Land</b>	<b>3,650</b>	<b>1,899</b>
<b>Buildings</b>		
- Buildings Under Construction at Cost	1,423	713
- Buildings at Cost	-	1,258
Less Accumulated Depreciation and Impairment	-	(28)
	-	1,230
- Buildings at Fair Value	39,105	44,211
Less Accumulated Depreciation and Impairment	-	(2,427)
	39,105	41,784
<b>Total Buildings</b>	<b>40,528</b>	<b>43,727</b>
<b>Plant and Equipment at Fair Value</b>		
- Plant and Equipment	3,550	3,332
Less Accumulated Depreciation and Impairment	(2,013)	(2,021)
<b>Total Plant and Equipment</b>	<b>1,537</b>	<b>1,311</b>
<b>Medical Equipment at Fair Value</b>		
- Medical Equipment	4,603	4,888
Less Accumulated Depreciation and Impairment	(2,686)	(3,128)
<b>Total Medical Equipment</b>	<b>1,917</b>	<b>1,760</b>
<b>Computers and Communication at Fair Value</b>		
- Computers and Communication	611	841
Less Accumulated Depreciation and Impairment	(421)	(618)
<b>Total Computers and Communications</b>	<b>190</b>	<b>223</b>
<b>Furniture and Fittings at Fair Value</b>		
- Furniture and Fittings	1,341	1,306
Less Accumulated Depreciation and Impairment	(850)	(866)
<b>Total Furniture and Fittings</b>	<b>491</b>	<b>440</b>
<b>Motor Vehicles at Fair Value</b>		
- Motor Vehicles	1,826	1,682
Less Accumulated Depreciation and Impairment	(684)	(719)
<b>Total Motor Vehicles</b>	<b>1,142</b>	<b>963</b>
<b>TOTAL</b>	<b>49,455</b>	<b>50,323</b>

## Note 10: Payables

	Total 2009 \$'000	Total 2008 \$'000
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Creditors	1,473	1,041
Accrued Expenses	929	380
Other	907	813
<b>Statutory</b>		
GST Payable	30	42
DHS	447	441
<b>TOTAL</b>	<b>3,786</b>	<b>2,717</b>

(a) Maturity analysis of payables

Refer to Note 16(c) for the ageing analysis of payables

(b) Nature and extent of risk arising from payables

Refer to Note 16(c) for the nature and extent of credit risk arising from payables.

## Note 11: Intangible Assets

	Total 2009 \$'000	Total 2008 \$'000
Computer Software	153	166
Less Accumulated Amortisation and Impairment	(145)	(151)
<b>Total Written Down Value</b>	<b>8</b>	<b>15</b>

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

	Computer Software \$'000	Total 2009 \$'000	Total 2008 \$'000
<b>Balance at beginning of year</b>	<b>15</b>	<b>15</b>	<b>26</b>
Amortisation (note 4)	(7)	(7)	(11)
Balance at end of year	8	8	15

## Note 9: Property, Plant & Equipment (Continued)

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

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Medical Equipment \$'000	Computers & Communications \$'000	Furniture & Fittings \$'000	Motor Vehicles \$'000	Total \$'000
<b>Balance at 1 July 2007</b>	<b>1,867</b>	<b>44,012</b>	<b>1,413</b>	<b>1,775</b>	<b>232</b>	<b>322</b>	<b>997</b>	<b>50,618</b>
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 (refer note 4)	-	(1,238)	(176)	(435)	(58)	(87)	(282)	(2,276)
<b>Balance at 1 July 2008</b>	<b>1,899</b>	<b>43,727</b>	<b>1,311</b>	<b>1,760</b>	<b>223</b>	<b>440</b>	<b>963</b>	<b>50,323</b>
Additions	-	1,024	424	623	18	150	732	2,971
Disposals	-	-	(6)	(32)	(3)	(4)	(246)	(291)
Revaluation Increments / (Decrements)	1,751	(2,952)	-	-	-	-	-	(1,201)
Depreciation and Amortisation (refer note 4)	-	(1,271)	(192)	(434)	(48)	(95)	(307)	(2,347)
<b>Balance at 30 June 2009</b>	<b>3,650</b>	<b>40,528</b>	<b>1,537</b>	<b>1,917</b>	<b>190</b>	<b>491</b>	<b>1,142</b>	<b>49,455</b>

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

The effective date of the valuation was June 30th 2009.

## Note 12: Employee Benefits and Related On-Costs Provisions

	Total 2009 \$'000	Total 2008 \$'000
<b>CURRENT</b>		
Unconditional Long Service Leave Entitlements	3,096	2,934
Annual Leave	2,638	2,635
Accrued Wages and Salaries	1,034	834
Accrued Days Off	64	71
<b>TOTAL</b>	<b>6,832</b>	<b>6,474</b>
Current Employee benefits that:		
Expected to be utilised within 12 months (nominal value)	3,301	3,464
Expected to be utilised after 12 months (present value)	3,531	3,010
	6,832	6,474
<b>NON-CURRENT</b>		
Conditional Long Service Leave Entitlements (present value)	1,533	1,181
<b>TOTAL</b>	<b>8,365</b>	<b>7,655</b>
Movement in Long Service Leave:		
Balance at start of year	4,115	3,722
Provision made during the year	1,066	909
Settlement made during the year	552	516
Balance at end of year	4,629	4,115

\* 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 13: Other Liabilities

	Total 2009 \$'000	Total 2008 \$'000
<b>CURRENT</b>		
Monies Held in Trust*		
- Patient Monies Held in Trust	387	299
- Accommodation Bonds (Refundable Entrance Fees)	1,534	885
<b>Total Current</b>	<b>1,921</b>	<b>1,184</b>
<b>NON CURRENT</b>		
Monies Held in Trust*		
- Accommodation Bonds (Refundable Entrance Fees)	3,957	4,658
<b>Total Non Current</b>	<b>3,957</b>	<b>4,658</b>
<b>Total Other Liabilities</b>	<b>5,878</b>	<b>5,842</b>
<b>* Total Monies Held in Trust</b>		
<b>Represented by the following assets:</b>		
Cash Assets (refer to Note 5)	5,244	4,964
Receivables (refer to Note 6)	634	878
<b>TOTAL</b>	<b>5,878</b>	<b>5,842</b>

## Note 14: Equity & Reserves

	Total 2009 \$'000	Total 2008 \$'000
<b>(a) Reserves</b>		
<b>Land and Buildings Asset Revaluation Reserve</b>		
Balance at the beginning of the reporting period	1,838	1,838
Revaluation Increment / (Decrements)		
- Land	1,750	-
- Building	(1,527)	-
<b>Balance at the end of the reporting period *</b>	<b>2,061</b>	<b>1,838</b>
* Represented by:		
- Land	2,061	311
- Buildings	-	1,527
	<b>2,061</b>	<b>1,838</b>
<b>Financial Assets Available-for-Sale Revaluation Reserve</b>		
Balance at the beginning of the reporting period	(133)	385
Valuation gain / (loss) recognised	(112)	(518)
Loss transferred to Operating Statement on impairment of financial assets	142	-
<b>Balance at end of the reporting period</b>	<b>(103)</b>	<b>(133)</b>
<b>Restricted Specific Purpose Reserve</b>		
Balance at the beginning of the reporting period	4,583	4,280
Transfer to Asset Replacement Reserve for Aged Care Capital Income	1,046	1,062
Transfer from Asset Replacement Reserve	(942)	(877)
Transfer Specific Donations/Bequests from Accumulated Surpluses	144	118
<b>Balance at the end of the reporting period</b>	<b>4,831</b>	<b>4,583</b>
<b>Total Reserves</b>	<b>6,789</b>	<b>6,288</b>
<b>(b) Contributed Capital</b>		
Balance at the beginning of the reporting period	49,535	49,141
Capital contribution received from Victorian Government	-	394
<b>Balance at the end of the reporting period</b>	<b>49,535</b>	<b>49,535</b>
<b>(c) Accumulated Surpluses/(Deficits)</b>		
Balance at the beginning of the reporting period	(1,512)	(1,830)
Net Result for the Year	(1,059)	621
Transfer to Asset Replacement Reserve for Aged Care Capital Income	(1,046)	(1,062)
Transfer from Asset Replacement Reserve	942	877
Transfer Specific Donations and Bequests to Restricted Specific Purpose Reserves	(144)	(118)
<b>Balance at the end of the reporting period</b>	<b>(2,819)</b>	<b>(1,512)</b>
<b>Total Equity at the reporting date</b>	<b>53,505</b>	<b>54,311</b>

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 15: Reconciliation of Net Result for the Year to Net Cash Inflow/ (Outflow) from Operating Activities

	Total 2009 \$'000	Total 2008 \$'000
<b>Net Result for the Year</b>	<b>(1,059)</b>	<b>621</b>
Depreciation & Amortisation	2,354	2,287
Decrement of Non Current Assets	1,425	-
Impairment of Financial Assets	142	-
Net (Gain)/Loss from Sale of Plant and Equipment	149	(29)
Net (Gain)/Loss from Sale of Investment	-	(85)
Change in Operating Assets & Liabilities,		
Increase/(Decrease) in Payables	1,196	(111)
Increase/(Decrease) in Employee Benefits	709	806
Increase/(Decrease) in Other Liabilities	(129)	(743)
(Increase)/Decrease in Other Current Assets	(59)	(35)
(Increase)/Decrease in Inventory	(20)	8
(Increase)/Decrease in Prepayments	-	118
(Increase)/Decrease in Receivables	(198)	(71)
<b>NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>4,510</b>	<b>2,766</b>

## Note 16: Financial Instruments

### (a) Financial Risk Management Objectives and Policies

The Health Service's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (excluding statutory receivables)
- Investments in Equities and Managed Investment Schemes
- Payables (excluding statutory payables)
- Accommodation Bonds

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. The main purpose in holding financial instruments is to prudentially manage the Health Service financial risks within the government policy parameters.

### 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.

	Carrying Amount 2009 \$'000	Carrying Amount 2008 \$'000
<b>Financial Assets</b>		
Cash and cash equivalents	17,544	15,594
Loans & Receivables	1,898	2,255
Other financial assets	887	1,185
<b>Total Financial Assets (i)</b>	<b>20,329</b>	<b>19,034</b>
<b>Financial Liabilities</b>		
At amortised cost	9,187	8,076
<b>Total Financial Liabilities (ii)</b>	<b>9,187</b>	<b>8,076</b>

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

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

## Note 16: Financial Instruments (Continued)

### (b) 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

	Carrying Amount \$'000	Not Past Due and Not Impaired \$'000	Past Due But Not Impaired				Impaired Financial Assets \$'000
			Less than 1 Month \$'000	1-3 Months \$'000	3 Months   Year \$'000	1-5 Years \$'000	
<b>2009 Financial Assets</b>							
Cash and Cash Equivalents	17,544	17,544	-	-	-	-	-
Receivables	1,898	-	1,138	369	391	-	-
Other Financial Assets	887	887	-	-	-	-	-
<b>Total Financial Assets</b>	<b>20,329</b>	<b>18,431</b>	<b>1,138</b>	<b>369</b>	<b>391</b>	<b>-</b>	<b>-</b>
<b>2008 Financial Assets</b>							
Cash and Cash Equivalents	15,594	15,594	-	-	-	-	-
Receivables	2,255	-	1,376	327	552	-	-
Other Financial Assets	1,185	1,185	-	-	-	-	-
<b>Total Financial Assets</b>	<b>19,034</b>	<b>16,779</b>	<b>1,376</b>	<b>327</b>	<b>552</b>	<b>-</b>	<b>-</b>

### (c) 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. Maturity analysis of financial liabilities as at 30 June

	Carrying Amount \$'000	Contractual Cash Flows \$'000	Maturity Dates			
			Less than 1 Month \$'000	1-3 Months \$'000	3 Months   Year \$'000	1-5 Years \$'000
<b>2009 Financial Liabilities</b>						
Trade Creditors and Accruals	3,309	3,309	3,200	109	-	-
Accommodation Bonds	5,878	5,878	-	-	1,921	3,957
<b>Total Financial Liabilities</b>	<b>9,187</b>	<b>9,187</b>	<b>3,200</b>	<b>109</b>	<b>1,921</b>	<b>3,957</b>
<b>2008 Financial Liabilities</b>						
Trade Creditors and Accruals	2,234	2,234	2,122	112	-	-
Accommodation Bonds	5,842	5,842	-	-	1,184	4,658
<b>Total Financial Liabilities</b>	<b>8,076</b>	<b>8,076</b>	<b>2,122</b>	<b>112</b>	<b>1,184</b>	<b>4,658</b>

## Note 16: Financial Instruments (Continued)

### (d) Market Risk

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

### 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.

	Weighted Average Effective Interest	Interest Rate Exposure			
		Carrying Amount	Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing
	Rates (%)	\$'000	\$'000	\$'000	\$'000
<b>2009</b>					
Cash and Cash Equivalents (i)	4	17,544	-	17,540	4
Receivables	-	1,898	-	-	1,898
Other Financial Assets	-	887	-	-	887
		<b>20,329</b>	<b>-</b>	<b>17,540</b>	<b>2,789</b>
<b>Financial Liabilities</b>					
Trade Creditors and Accruals	-	3,309	-	-	3,309
Accommodation Bonds	4	5,878	-	5,878	1,659
		<b>9,187</b>	<b>-</b>	<b>5,878</b>	<b>4,968</b>

	Weighted Average Effective Interest	Interest Rate Exposure			
		Carrying Amount	Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing
2008	Rates (%)	\$'000	\$'000	\$'000	\$'000
<b>Financial Assets</b>					
Cash and Cash Equivalents (i)	7	15,594	-	15,590	4
Receivables	-	2,255	-	-	2,255
Other Financial Assets	-	1,185	-	-	1,185
		<b>19,034</b>	<b>-</b>	<b>15,590</b>	<b>3,444</b>
<b>Financial Liabilities</b>					
Trade Creditors and Accruals	-	2,234	-	-	2,234
Accommodation Bonds	7	5,842	-	5,842	-
		<b>8,076</b>	<b>-</b>	<b>5,842</b>	<b>2,234</b>

(i) The carrying amount must exclude types of statutory financial assets and liabilities

### Sensitivity Disclosure Analysis

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

- A 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% Profit	Equity	1% Profit	Equity	-1% Profit	Equity	1% Profit	Equity
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>2009 Financial Assets</b>									
Cash and Cash Equivalents	17,544	(175)	(175)	175	175	-	-	-	-
Receivables	1,898	-	-	-	-	-	-	-	-
Other Financial Assets	887	-	-	-	-	(9)	(9)	9	9
<b>Financial Liabilities</b>									
Trade Creditors and Accruals	3,309	-	-	-	-	-	-	-	-
Accommodation Bonds	5,878	-	-	-	-	-	-	-	-
<b>2008 Financial Assets</b>									
Cash and Cash Equivalents	15,594	(155)	(155)	155	155	-	-	-	-
Receivables	2,255	-	-	-	-	-	-	-	-
Other Financial Assets	1,185	-	-	-	-	(118)	(118)	118	118
<b>Financial Liabilities</b>									
Trade Creditors and Accruals	2,234	-	-	-	-	-	-	-	-
Accommodation Bonds	5,842	-	-	-	-	-	-	-	-

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 17: Commitments for Expenditure

	Total 2009 \$'000	Total 2008 \$'000
<b>Capital Commitments</b>		
Land & Buildings	794	353
Plant & Equipment	-	207
<b>Total Capital Commitments</b>	<b>794</b>	<b>560</b>
Land & Buildings	-	
Not later than one year	794	560
<b>TOTAL</b>	<b>794</b>	<b>560</b>
<b>Lease Commitments</b>		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases - Computers and Office Equipment	817	462
<b>Total Lease Commitments</b>	<b>817</b>	<b>462</b>
<b>Operating Leases</b>		
Non-cancellable		
Not later than one year	3	220
Later than one year and not later than 5 years	814	242
<b>TOTAL</b>	<b>817</b>	<b>462</b>

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 18: 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. (2008 nil).

## Note 19: Segment Reporting

	Hospital 2009 \$'000	RACS 2009 \$'000	Linen Service 2009 \$'000	Primary Care 2009 \$'000	Eliminations 2009 \$'000	Total 2009 \$'000
<b>REVENUE</b>						
External Segment Revenue	42,269	11,722	300	1,531	-	55,822
Intersegment Revenue	357	-	500	-	(857)	-
<b>Total Revenue</b>	<b>42,626</b>	<b>11,722</b>	<b>800</b>	<b>1,531</b>	<b>(857)</b>	<b>55,822</b>
<b>EXPENSES</b>						
External Segment Expenses	(42,626)	(11,858)	(390)	(2,995)	-	(57,869)
Intersegment Expenses	(358)	-	(500)	-	857	-
<b>Total Expenses</b>	<b>(42,984)</b>	<b>(11,858)</b>	<b>(890)</b>	<b>(2,995)</b>	<b>857</b>	<b>(57,869)</b>
<b>Net Result from ordinary activities</b>	<b>(358)</b>	<b>(136)</b>	<b>(90)</b>	<b>(1,464)</b>	<b>-</b>	<b>(2,047)</b>
Interest Income	707	-	-	-	-	707
Share of Net Result of Joint Ventures using Equity Model	281	-	-	-	-	281
<b>Net Result for Year</b>	<b>630</b>	<b>(136)</b>	<b>(90)</b>	<b>(1,464)</b>	<b>-</b>	<b>(1,059)</b>
<b>Other Information</b>						
Segment Assets	-	-	-	-	-	-
Unallocated Assets	50,754	16,922	657	3,201	-	71,534
<b>Total Assets</b>	<b>50,754</b>	<b>16,922</b>	<b>657</b>	<b>3,201</b>	<b>-</b>	<b>71,534</b>
Segment Liabilities	-	-	-	-	-	-
Unallocated Liabilities	10,488	7,128	165	248	-	18,029
<b>Total Liabilities</b>	<b>10,488</b>	<b>7,128</b>	<b>165</b>	<b>248</b>	<b>-</b>	<b>18,029</b>
Investments in associates and joint venture partnership	378	-	-	-	-	378
Depreciation & amortisation expense	1,796	349	68	141	-	2,354
Non cash expenses other than depreciation	865	60	-	32	-	957

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 19: Segment Reporting (continued)

	Hospital 2008 \$'000	RACS 2008 \$'000	Linen Service 2008 \$'000	Primary Care 2008 \$'000	Eliminations 2008 \$'000	Total 2008 \$'000
<b>REVENUE</b>						
External Segment Revenue	39,714	11,324	370	1,395	-	52,803
Intersegment Revenue	358	-	486	-	(844)	-
<b>Total Revenue</b>	<b>40,072</b>	<b>11,324</b>	<b>856</b>	<b>1,395</b>	<b>(844)</b>	<b>52,803</b>
<b>EXPENSES</b>						
External Segment Expenses	(38,315)	(11,780)	(451)	(2,352)	-	(52,898)
Intersegment Expenses	(358)	-	(486)	-	844	-
<b>Total Expenses</b>	<b>(38,673)</b>	<b>(11,780)</b>	<b>(937)</b>	<b>(2,352)</b>	<b>844</b>	<b>(52,898)</b>
<b>Net Result from ordinary activities</b>	<b>1,399</b>	<b>(456)</b>	<b>(81)</b>	<b>(957)</b>	<b>-</b>	<b>(95)</b>
Interest Income	836	-	-	-	-	836
Share of Net Result of Associates & Joint Ventures using Equity Model	(120)	-	-	-	-	(120)
<b>Net Result for Year</b>	<b>2,115</b>	<b>(456)</b>	<b>(81)</b>	<b>(957)</b>	<b>-</b>	<b>621</b>
<b>Other Information</b>						
Segment Assets	-	-	-	-	-	-
Unallocated Assets	50,303	16,017	683	3,522	-	70,525
<b>Total Assets</b>	<b>50,303</b>	<b>16,017</b>	<b>683</b>	<b>3,522</b>	<b>-</b>	<b>70,525</b>
Segment Liabilities	-	-	-	-	-	-
Unallocated Liabilities	8,490	7,347	142	235	-	16,214
<b>Total Liabilities</b>	<b>8,490</b>	<b>7,347</b>	<b>142</b>	<b>235</b>	<b>-</b>	<b>16,214</b>
Investments in associates and joint venture partnership	76	-	-	-	-	76
Depreciation & amortisation expense	1,740	349	62	136	-	2,287
Non cash expenses other than depreciation	871	60	-	32	-	963

## Segment Reporting

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.

# Financial Statements

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 20: Jointly Controlled Operations and Assets

Name of Entity	Principal Activity	Ownership Interest		Fair Value	
		0 %	0 %	2009 \$'000	2008 \$'000
South West Alliance of Rural Health	Information Technology	12.26%	12.26%	274	76
Southern Grampians Glenelg Shire PCP	Primary Health	30.73%	30.73%	104	-

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:

South West Alliance of Rural Health		
	2009 \$'000	2008 \$'000
Current Assets	611	101
Non Current Assets	32	87
<b>Share of Total Assets</b>	<b>643</b>	<b>188</b>
Current Liabilities	368	111
Non Current Liabilities	1	1
<b>Share of Total Liabilities</b>	<b>369</b>	<b>112</b>
Net Share of Joint Venture	274	76
Share of Current Year Profit / (Loss)	199	120
Capital Commitment	64	-

Southern Grampians Glenelg Shire PCP		
	2009 \$'000	2008 \$'000
Current Assets	163	-
Non Current Assets	-	-
<b>Share of Total Assets</b>	<b>163</b>	<b>-</b>
Current Liabilities	59	-
Non Current Liabilities	-	-
<b>Share of Total Liabilities</b>	<b>59</b>	<b>-</b>
Net Share of Joint Venture	104	-
Share of Current Year Profit / (Loss)	82	-
Capital Commitment	-	-

## Note 21: Remuneration of Auditors

	Total 2009 \$'000	Total 2008 \$'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
Payable as at 30 June	30	15
	30	27

## Note 22a: Responsible Persons and Executive Officer Disclosures

Responsible Persons	Period	
<b>Responsible Ministers</b>		
The Honourable Daniel Andrews, MLA, Minister for Health	1/07/2008 - 30/06/2009	
<b>Governing Boards</b>		
Ms M. Brown	1/07/2008 - 30/06/2009	
Mr P. Duffy	1/07/2008 - 30/06/2009	
Ms J. Hutton	1/07/2008 - 30/06/2009	
Mr P. Irvin	1/07/2008 - 30/06/2009	
Mr R. Jones	1/07/2008 - 30/06/2009	
Ms E. Lawrence	1/07/2008 - 30/06/2009	
Mr H. Macdonald	1/07/2008 - 30/06/2009	
<b>Accountable Officers</b>		
Mr J. Fletcher	1/07/2008 - 30/06/2009	
<b>Remuneration of Responsible Persons</b>		
The number of Responsible Persons are shown in their relevant income bands;		
Income Band	2009 No.	2008 No.
\$0 - \$9,999	7	7
\$230,000 - \$239,999	-	1
\$250,000 - \$259,999	1	-
	8	8
<b>Total remuneration received or due and received by Responsible Persons from the reporting entity amounted to:</b>	<b>258,362</b>	<b>236,731</b>

## Note 22b: Executive Officer Disclosures

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

	Total Remuneration		Base Remuneration	
	2009	2008	2009	2008
\$100,000 - \$109,999	-	1	-	1
\$120,000 - \$129,999	1	1	1	1
\$130,000 - \$139,999	-	-	-	1
\$140,000 - \$149,999	1	1	1	1
\$150,000 - \$159,999	1	1	1	-
\$170,000 - \$179,999	-	-	-	-
	3	4	3	4
	424,344	533,773	406,334	513,773

## Note 23: Significant Donations and Bequests

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

Donor	Restricted Purpose	Total \$'000
Estate of Arthur Nitschke	Penshurst Campus Redevelopment	101
Estate of Leo Foran	Grange Residential Care Service Redevelopment	60
Dr Geoff Handbury AO	Grange Residential Care Service Redevelopment	60
Dr Geoff Handbury AO	Youthbiz Program	40
Estate of Susan White	Grange Residential Care Service Redevelopment	37
Collier Charitable Fund	Grange Residential Care Service Redevelopment	35
Dr Geoff Handbury AO	Medical Equipment	30
Hospital Opportunity Shop	Grange Residential Care Service Redevelopment	25
		<b>388</b>

## Note 24: Events Occurring after the Balance Sheet Date

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

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# Glossary of terms

## **IOMMM**

Multi Media mayhem project in 10 towns of Southern Grampians shire

## **ACHS**

Australian Council on Healthcare Standards

## **ACHSE**

Australian College of Healthcare Standards

## **ACSAA**

Aged Care Standards and Accreditation Agency

## **ADASS**

Adult Day Activity and Support Service

## **ARA**

Australasian Reporting Awards

Best practice the way leading edge organisations deliver world class performance

## **BOD**

Board of Directors

## **BSWRICS**

Barwon South West Regional Integrated Cancer Services

## **BNC**

Bush Nursing Centre

## **CACPS**

Community Aged Care Packages

## **CBR**

Chemical Biological and Radiation

## **CCTV**

Closed Circuit Television

## **CDHS**

Coleraine & District Health Service

## **CEO**

Chief Executive Officer

## **CHARM**

Online Oncology Medication System

## **CMA**

Catchment Management Authority

## **CMBS**

Commonwealth Medical Benefits Scheme

## **CNC**

Clinical Nurse Consultant

## **Continuum of Care**

the cycle of care, comprising access, entry, assessment, care planning implementation of care, evaluation, separation and community management

## **COAG**

Council of Australian Government

## **COAG LSOP**

Council of Australian Government's Long Stay Older Patients

## **CRC**

Community Rehabilitation Centre

## **CSSD**

Central Sterile Supply Department

## **DHS**

Department of Human Services

## **DON**

Director of Nursing

## **DRG**

Diagnostic Related Group; the means by which hospitals define and measure their casemix

## **DVA**

Department of Veterans Affairs

## **EBA**

Enterprise Bargaining Agreement

## **ED**

Emergency Department

## **EFT**

Equivalent Full Time

## **ENT**

Ear, Nose and Throat

## **EQuIP**

Evaluation and Quality Improvement Program

## **ERV**

EcRecycle Victoria

## **FHCC**

Frances Hewett Community Centre

## **FIA**

Fundraising Institute Australia

## **FMIS**

Financial Management Information System

## **FOI**

Freedom of Information

## **FReeZA**

Drug & alcohol free entertainment for young people

## **GMDN**

Global Medical Device Nomenclature

## **GP**

General Practitioner

## **HACC**

Home and Community Care

## **HARP**

Hospital Admission Risk Program

## **HBH**

Hamilton Base Hospital

## **HITH**

Hospital in the Home

## **HMG**

Hamilton Medical Group

## **HMMC**

Hamilton Midwifery Model of Care

## **HMO**

Hospital Medical Officer

## **HR**

Human Resources

## **ICT**

Information, Communication and Technology

## **ICU**

Intensive Care Unit

## **ILU**

Independent Living Unit

## **IMG**

International Medical Graduates

## **IT**

Information Technology

## **NCFH**

National Centre for Farmer Health

## **MEAMF**

Medical Equipment Asset Management Framework

## **O&G**

Obstetrics & Gynaecology

## **OH&S**

Occupational Health and Safety

## **OT**

Occupational Therapy

## **PART**

Predict, Assess and Respond to Aggressive/Challenging Behaviour

## **PCP**

Primary Care Partnerships

## **PDHS**

Penshurst & District Health Service

## **QI**

Quality Improvement

## **QOC Report**

Quality of Care Report

## **RIRDC**

Rural Industry Research & Development Corporation

## **RMIT**

Royal Melbourne Institute of Technology (university with a site in Hamilton)

## **RMO**

Resident Medical Officer

## **RN**

Registered Nurse

## **Separation**

Process by which a patient is discharged from care

## **SFF**

Sustainable Farm Families

## **SGGPCP**

Southern Grampians and Glenelg Primary Care Partnership

## **SGSC**

Southern Grampians Shire Council

## **SHERP**

State Hospitals Emergency Response Program

## **SWARH**

Online Learning and Education

## **SSG**

Shire of Southern Grampians

## **Standard**

a statement of a level of performance to be achieved

## **SW TAFE**

South West TAFE

## **SWARH**

South West Alliance of Rural Hospitals

## **VMIA**

Victorian Managed Insurance Authority

## **VMO**

Visiting Medical Officer

## **VPSM**

Victorian Patient Survey Monitor

## **WDHS**

Western District Health Service

## **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.

# Western District Health Service



## Incorporates:

### **Hamilton Base Hospital**

20 Foster Street  
Hamilton 3300  
T + 61 3 5551 8222

### **Coleraine District Health Service**

119 McKebery Street  
Coleraine 3315  
T + 61 3 5553 2000

### **Penshurst & District Health Service**

Cobb Street  
Penshurst 3289  
T + 61 3 5552 3000

### **Frances Hewitt Community Centre**

2 Roberts Street  
Hamilton 3300  
T + 61 3 5551 8450

### **YouthBiz**

222 Gray Street  
Hamilton 3300  
T + 61 3 5571 2233

### **Grange Residential Care Service**

17-19 Gray Street  
Hamilton 3300  
T + 61 3 5551 8257

### **National Centre for Farmer Health**

20 Foster Street  
Hamilton 3300  
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