

WEST WIMMERA HEALTH SERVICE

# annual report

## 2006-2007

*This has been a year that will remain in the memory of West Wimmera Health Service and the people of the various communities we serve.*



*A year in which a central part of our vision became emphatic reality.*

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## OUR VISION

To establish a health service without peer through the pursuit of excellence and by opening the doors to innovation and technology.

## OUR MISSION

West Wimmera Health Service is committed to the delivery of health, welfare and disability services which are compassionate, responsive, accessible and accountable to individual and community needs, which result in quality outcomes for the people of the West and South Wimmera, and Southern Mallee.

## OUR VALUES

- Strong leadership and management
- A safe environment
- A culture of continuing improvement
- Effective management of the environment
- Responsive partnerships with our consumers

*We want the people of the rural West Wimmera region to have modern, diverse healthcare, available near their homes.*

## West Wimmera Health Service...

- Is a pre-eminent Rural Health Service
- Covers 17,000 square kilometres of remote North Western Victoria
- Has seven sites in six communities
- Employs 533 people
- Returned \$19 million back to its communities in salaries and purchases this year
- Has 55 Acute Beds
- 123 Nursing Home and Hostel Beds
- 15 Community Aged Care Packages
- National Respite for Carer Program
- Lowan Rural Health Project
- Disability Service
- Allied and Community Health Services
- 494 Operating Suite Procedures
- Public & Private Dental Services
- Is conducting a Major Appeal to complete the Redevelopment of the Nhill Hospital and purchase medical equipment for all sites
- Has formed significant partnerships with businesses, other health providers and community groups.

## Highlights of Our Year

- The initial stage of 'New' Nhill Hospital officially opened 22 September 2006 providing modern and comfortable accommodation for all patients
- Patients relocated to new hospital 4 November 2006
- Full Accreditation status achieved following Australian Council on Healthcare Standards EQUIP Periodic Review
- Computer Radiology technology introduced at Nhill Hospital achieving superior film clarity
- Water conservation initiatives introduced addressing rainwater collection and water savings.
- New Policies and Protocols system introduced based on 'best practice' principles
- Drought forums conducted in Rainbow, Jeparit and Nhill
- Podiatry services expanded
- Dietetic Services extended to regional level
- Nhill Drought Resource Centre opened
- Full Accreditation compliance achieved following Aged Care unannounced visits at all sites
- Haemodialysis Unit opened February 2007
- Successful recruitment of nursing staff for Kaniva, Jeparit and Nhill Hospitals

## Challenges We Faced

- To recruit and retain qualified and skilled health professionals
- To commence and finance the remaining stage of the Nhill Hospital Redevelopment
- To achieve viability of Cooina Disability Services through the introduction of new business initiatives
- To address Physiotherapist recruitment difficulties
- To re-establish Birthing Services at Nhill Hospital
- To access capital funding from Department of Human Services for acquisition of major equipment

Performance in Brief for the Year Ended 30 June 2007							
<b>Acute Services</b>	<b>2006-07</b>	<b>2005-06</b>	<b>Variance</b>	<b>Employees</b>	<b>2006-07</b>	<b>2005-06</b>	<b>Variance</b>
Patients Treated	1,749	1,799	-2.8%	Total Employees in Service *	533	535	-0.4%
Occupancy	82.9%	91.7%	-9.6%	<b>Finance</b>	<b>2006-07</b>	<b>2005-06</b>	<b>Variance</b>
Cost Per Acute Inpatient	\$4,651	\$4,587	1.4%	Total Net Surplus **	\$539,000	\$2,494,000	-78.4%
<b>Residential Aged Care Services</b>	<b>2006-07</b>	<b>2005-06</b>	<b>Variance</b>	<b>Fundraising</b>	<b>2006-07</b>	<b>2005-06</b>	<b>Variance</b>
Nursing Home (High Care) Percentage Occupancy	98.7%	98.8%	-0.1%	Total Cost of Fundraising	\$47,000	\$138,000	-66%
Hostel (Low Care) Percentage Occupancy	83.2%	86.4%	-3.7%	* the 2005-06 figure has been adjusted to reflect the total number of employees employed over the full financial year rather than only those employed at year end.			
Cost Per Aged Care Bed Day	\$239	\$235	1.7%	** the large fall in Total Net Surplus in 2006-07 reflects the fact that the previous year's result included significant levels of non-recurrent capital funding received for from the Department of Human Services for the Nhill Hospital Redevelopment.			
<b>Allied &amp; Community Services</b>	<b>2006-07</b>	<b>2005-06</b>	<b>Variance</b>				
Occasions of Service	79,116	83,857	-5.7%				

# HISTORY OF A RURAL HEALTH SERVICE

West Wimmera Health Service is a Victorian Public Health Service incorporated under the Health Services Act 1988 (The Act) to deliver Acute, Aged Care, Allied & Community Health services. The communities it serves rely predominately on agriculture and three large National commercial business located in Nhill.

The Service delivers Acute, Residential Aged Care and Community Care from the following centres.

## Nhill

The Nhill Hospital, Iona Digby Harris Nursing Home, Dental Clinic and Community Health Services, Cooinda Disability Service, Community Nursing Services, Allied Health and Community Aged Care Services.

## Goroke Community Health Service

Community Health, Community Nursing Services, Allied Health and Community Aged Care Services, GP Clinic.

## Jeparit

The Jeparit Hospital, Tullyvea Nursing Home and Hostel, Allied Health, Community Nursing Services, Community Health and Community Aged Care Services.

## Kaniva

The Kaniva Hospital, Nursing Home and Hostel, Community Health, Community Nursing Services, Allied Health and Community Aged Care Services.

## Natimuk

Aged Care Centre, Nursing Home, Hostels, Community Health, Community Nursing Services, Allied Health and Community Aged Care Services.

## Rainbow

Rainbow Hospital, Nursing Home, Hostel, Community Health, Community Nursing Services, Allied Health and Community Aged Care Services.

Aged Residential Care comprises 77 High Care Nursing Home places and 46 Low Care Hostel places; Acute care is available from 55 acute beds at Nhill, Jeparit, Kaniva and Rainbow Hospitals, Allied and Community Health Services are available at all centres.

All services provided by West Wimmera Health Service are available from all centres with the exception of General and Specialist Surgical Procedures, Haemodialysis, and Maternity Services, which are based at the Nhill Hospital.

## Extending Services for Small Rural Communities

The merger of Nhill, Kaniva and Jeparit Hospitals to form West Wimmera Health Service on 21 August 1995 was the catalyst for four more mergers - Rainbow Bush Nursing Hospital 1997 - the first Bush Nursing Hospital to become a Public Hospital, Goroke Community Health Centre and Natimuk Bush Nursing Hospital 1998 and finally Cooinda Disability Service Nhill, March 1999, the first Disability Service to be incorporated under the auspices of a public hospital.

The chain of mergers opened up an unprecedented array of health services for the people in the smaller communities who then had access to Allied Health professionals in their own community as well as access to the general and specialist acute services available at the Nhill Hospital.

## The Value of Teamwork and Consistency

We have redeveloped, rebuilt or refurbished all facilities, established new services and programs, extended community aged care, introduced sophisticated Information and Communication Technologies to all centres, we operate on a secure computer network that links all sites, we have developed a strong network for peer support and importantly we have learnt from one another.

## The Next Steps...

Our future plans revolve around the changing face of our communities and the inevitable impact the ageing profile and the arrival of migrants to the area will bring, opening the need to pinpoint fitting services and access to our services by Culturally and Linguistically Diverse members of our communities.

Data from The Shire of Hindmarsh Positive Ageing Plan, the 2006 Census and the Victorian Population Health Project will provide sound statistical data on which to base future planning for the services we need.

**West Wimmera Health Service – Available to the community, in the community and managed by your community.**

# THE 'NEW' NHILL HOSPITAL



*The 'New' Nhill Hospital opened on 22<sup>nd</sup> September 2006*

## From Dream to Reality

Six hundred people and gale force winds arrived simultaneously to herald the opening of the first stage of The 'New' Nhill Hospital on 22nd September 2006.

The marquee flapping in the wind and a message that the Minister for Health would not arrive to conduct the Official Opening did not dampen the spirits of the huge crowd who had travelled from far and wide to attend this much awaited event.

A quick consultation between the Department of Human Services, the Chief Executive Officer and the President of West Wimmera Health Service soon determined that the Mayor of the Shire of Hindmarsh, Cr Darryl Argall, was the perfect choice to perform the Official Opening supported by Mr Hugh Delahunty, Member for Lowan who officiated on behalf of the Victorian Government.

As the official party entered the buzz of conversation indicating the high level of enthusiasm and anticipation after ten years of planning and waiting subsided. We were at last 'on the way' with our new hospital.

The crowd were still arriving trying to squeeze inside while others remained outside in the less than pleasant weather. A small group of anti fluoride protesters who had arrived by bus from a regional centre soon dissipated when they learnt the Minister would not be present.

The many people and organisations responsible for the striking new building were congratulated and it was agreed that the partnership between West Wimmera Health Service, the Department of Human Services, our community and our benefactors had resulted in a first rate facility with the capacity to serve our region for many generations.

The President of West Wimmera Health Service, John Magrath, expressed our heartfelt appreciation to the Companies, Philanthropic Trusts and the community for major donations and bequests that had enabled West Wimmera Health Service to honour its commitment of \$1.9 million towards the magnificent new facility.

In particular Tattersall's, Geoffery Handbury, The Helen Macpherson Smith Trust, The Collier Foundation, The Jack Brockhoff Trust, The Danks Trust and Luv a Duck and the Nhill Hospital Ladies Auxiliary were acknowledged for their significant contributions to our cause.

The \$8.7 million grant from The Department of Human Services for this stage of the redevelopment was gratefully acknowledged.

## Capital Fundraising Appeal – The Launch

John Hobday, Chairman of the West Wimmera Health Service Capital Fundraising Cabinet was introduced to the guests to perform the Official Launch of the Appeal. In doing so John acknowledged the Patron of the Appeal, Mr Geoffery Handbury expressing our gratitude that he had accepted the position and appreciation for his ongoing support for this Service.

## The Appeal

### The Need – An Explanation

It was explained that there is an absolute need to raise \$2 million dollars to complete the remaining areas of the hospital and to build capital reserves for continuing upgrades of equipment across the service which was the catalyst for launching The Major Fundraising Appeal.



Nhill Hospital is the heart of the Service, the central point for Financial, Clinical, Allied Health and Administration Support. Staff from these departments are in crowded temporary premises, working in less than satisfactory conditions not conducive to efficient work practices or staff morale and spread in various locations, not as a central group.

To promote efficient and effective work practices and address OH&S issues, the remaining stages of the Nhill Hospital must be completed!

In launching the Appeal John implored the community for their wholehearted support, then guests and dignitaries crossed the highway to view the "New" Hospital. The corridors were crowded with everyone anxious to view the whole facility.

And now to the next stage of our redevelopment!

# THE PRESIDENT'S MESSAGE

My vision for the Service is to ensure West Wimmera Health Service continues to provide a diverse array of quality services in modern, comfortable and safe facilities I will focus on improving communication between the Service and stakeholders to ensure our strategic vision is understood and continues to meet the changing needs of our communities.

## Thank you John Magrath

John Magrath stood down as President after a term of six years. He was President during taxing times and his commercial experience and wisdom during the redevelopment of our facilities and subsequent financial struggles were invaluable. I admired John's leadership and am reassured that he has chosen to continue to serve on the Board.

John the Service thanks you sincerely for your dedication, and excellent leadership of this Service.

## Opening of the 'New' Nhill Hospital

It was an accomplishment to finally open The 'New' Nhill Hospital, the heart of the Service and a contemporary facility from which we provide a wide range of quality of care. The finished product is a credit to our Chief Executive Officer John Smith and his staff!

On behalf of the Board I express our appreciation to the Government of Victoria for its \$8.9 million contribution towards the \$11.4 million project.

Another commendable chapter in the history of West Wimmera Health Service.

Community Advisory Committees at each site, assist the Board to maintain direct links with its communities providing a forum through which the Board receives consumer advice on issues they may need to consider. At the same time they provide an efficient avenue for publicising events and issues occurring throughout the Service.

Nominations were recently sought to boost the dwindling number of community representatives on these Committees and as a result Advisory Committees are back in action.

I express gratitude to members who continue to serve on the Advisory Committees and also recognise the contribution of those members who did not renominate.

## Strategic Plan

The Board formally adopted its Strategic Plan covering the period 2006-2009 which will guide the future direction and ensure continuing improvement of the Service.

## Board Education and Development Seminar

Continuing education for Board members is paramount. The Board Education and Development Seminar conducted in March provided an excellent forum for Board Members to further develop their skills and understanding of their role and responsibilities.

The Board is also undertaking an evaluation of their performance the outcome of which will be known in the next financial year.

## Delegate to the Board of Governance

The Minister for Health appointed Ken Taylor as Delegate to the Board for 12 months from September 2006 to advise the Board on matters relating to monitoring financial and operational performance, governance structure and compliance and strategic planning. The Board has benefited from Ken's advice.

## Board of Governance

We welcomed John Hicks to the Board in November 2006 and look forward to benefiting from his professional skill and expertise.

It was with regret we learnt of Jeanette Feder's decision not to renominate to the Board. Jeanette made an outstanding contribution to the Board for over 11 years and to the Kaniva Hospital Committee of Management for 10 years prior to the formation of West Wimmera Health Service. We thank her and wish her well.

We also farewelled Father Denis Sotiriadis, who relocated to another Parish and resigned his position. Denis made quite an impact during his short time on the Board and we thank him.

I extend my sincere thanks to my Board colleagues for their dedicated commitment to West Wimmera Health Service.

## Looking ahead

There are four areas of improvement that I hope we can focus on in the coming year.

1. The Community Needs Analysis and Service Profile Planning
2. The redevelopment of the Kitchen and Administration areas at Nhill Hospital.
3. Improving the performance of Cooina.
4. Establishing a permanent fundraising regime

The Board will commence a Community Needs Analysis and Service Profile Planning process to address the types of services our communities will require in the future and those which people must now travel further afield to access.

While Nhill Hospital has a striking new facade the kitchen and administration areas are very antiquated and inefficient and urgently need upgrading.

Cooinda is an area I have taken a personal interest in. I believe Cooinda can be improved and the business enterprises enhanced and again become a viable asset.

We have recently undertaken a successful major fundraising campaign and have almost reached our target. I believe this should become an ongoing function perhaps in the form of a 'Foundation' which may provide us with greater surety to make future improvements and maintain our wonderful facilities.

The year has been memorable and challenging and the service has risen to these challenges, as it will to any which emerge as the future unfolds.



**Ron Ismay**  
President, Board of Governance



*It was with great honour that I accepted the position of President of the Board of Governance of West Wimmera Health Service. I believe my term as Vice President prepared me for the responsibilities the President of this organisation encounters.*

*I am thrilled to have the opportunity to lead West Wimmera Health Service as it enters a new era.*

# STRATEGIC DIRECTION - The way forward

Our Goals	Strategies to Achieve Goals
	<ul style="list-style-type: none"> <li>• Implement recommendations from Disability Services Review</li> <li>• Investigate introduction of new services</li> </ul>
<p>To Deliver Needs-Based Health Care</p>	<ul style="list-style-type: none"> <li>• Ensure ongoing medical services in partnership with other organisations</li> </ul>
	<ul style="list-style-type: none"> <li>• Improve staff compliance with training in Manual Handling &amp; No-Lift</li> <li>• Conduct evacuation drills at all sites</li> <li>• Collaborate with external stakeholders to improve safety systems and practices</li> </ul>
<p>Ensure A Safe Environment</p>	<ul style="list-style-type: none"> <li>• Engaged consultants to advise on OH&amp;S responsibilities</li> </ul>
	<ul style="list-style-type: none"> <li>• Upgrade computer stock</li> <li>• Finalise ICT Strategic Plan</li> </ul>
<p>Provide Effective Information Management</p>	<ul style="list-style-type: none"> <li>• Introduce CT Scanning services</li> </ul>
<p><b>NO IMAGE AVAILABLE FROM THIS YEAR</b></p>	<ul style="list-style-type: none"> <li>• Reviewed Aged Care financial practices</li> <li>• Finance and Audit Committees strengthened Finance, Policy and Risk Management Agendas</li> </ul>
<p>Deliver Sound Financial Management</p>	<ul style="list-style-type: none"> <li>• Implement strategies identified in Financial Management Implementation Plan (FMIP) to achieve a financial surplus</li> </ul>
	<ul style="list-style-type: none"> <li>• Introduce Strategic Plan 2006-09</li> <li>• Participate in accreditation processes</li> <li>• Ensure ongoing education for Board and staff members is resourced</li> </ul>
<p>Strengthen Leadership And Management</p>	<ul style="list-style-type: none"> <li>• Ensure policies and protocols are in accordance and compliant with legislative requirements</li> </ul>
	<ul style="list-style-type: none"> <li>• Review of car fleet to ensure it remains safe and economic</li> <li>• Renovate Nhill Hospital Dental Clinic</li> </ul>
<p>Ensure Appropriate Asset Management</p>	<ul style="list-style-type: none"> <li>• Complete Stages 3 &amp; 4 of the Nhill Hospital Redevelopment</li> </ul>
	<ul style="list-style-type: none"> <li>• Reintroduce Community Advisory Committees</li> </ul>
<p>Promote Positive and Productive Relationships with the Community and Other Stakeholders</p>	<ul style="list-style-type: none"> <li>• Conduct Community Information Forums</li> </ul>

Identifying the results we wish to generate and the means to achieve those results are the foundation of strategies which set clear directions for providing services designed specifically for our communities, the quality of those services and evaluation to guarantee continual improvement.

Achievements	Status	Future Plans
<ul style="list-style-type: none"> <li>Research new initiatives</li> <li>Partnership with Luv-a-Duck</li> </ul>	→	<ul style="list-style-type: none"> <li>Review all Cooinda Business Units and Business Plan</li> </ul>
<ul style="list-style-type: none"> <li>Haemodialysis &amp; Gynaecology services commenced</li> </ul>	✓	<ul style="list-style-type: none"> <li>Conduct a Community Needs Analysis Service Study</li> </ul>
<ul style="list-style-type: none"> <li>4 new GPs at Nhill &amp; 1 new GP at Kaniva</li> </ul>	→	<ul style="list-style-type: none"> <li>Seek Commonwealth funding for Medical Clinics at Nhill, Rainbow &amp; Natimuk</li> <li>Continue recruitment process with Tristar</li> </ul>
<ul style="list-style-type: none"> <li>Compliance with manual handling training increased from 94% to 97% and from 81% to 93% for No Lift</li> </ul>	→	<ul style="list-style-type: none"> <li>Refresher courses for OH&amp;S representatives and management</li> </ul>
<ul style="list-style-type: none"> <li>Drills conducted at Rainbow, Jeparit, Kaniva, Natimuk &amp; Cooinda</li> </ul>	→	<ul style="list-style-type: none"> <li>Conduct evacuation drill at Nhill</li> </ul>
<ul style="list-style-type: none"> <li>Six improvement notices from WorkSafe</li> </ul>	→	<ul style="list-style-type: none"> <li>Continue to work with WorkSafe &amp; finalise outstanding Notices</li> </ul>
<ul style="list-style-type: none"> <li>Association with OH&amp;S Consultants beneficial</li> </ul>	✓	
<ul style="list-style-type: none"> <li>New computers purchased &amp; surplus DHS computers utilised</li> </ul>	→	<ul style="list-style-type: none"> <li>Upgrade technology infrastructure</li> </ul>
<ul style="list-style-type: none"> <li>ICT Strategic Plan implemented</li> </ul>	→	<ul style="list-style-type: none"> <li>Develop a Computer Replacement Plan and budget for 2007/08</li> </ul>
<ul style="list-style-type: none"> <li>Business Plan completed decision not to proceed</li> </ul>	→	<ul style="list-style-type: none"> <li>Negotiate provision of CT Scanning services with Radiology Services Provider</li> </ul>
<ul style="list-style-type: none"> <li>Revenue increased from new efficiencies</li> </ul>	→	<ul style="list-style-type: none"> <li>Maximise revenue potential for aged care</li> </ul>
<ul style="list-style-type: none"> <li>Finance Committee meetings commenced</li> <li>Audit Committee reviewed new Policies and addressed Risk Management responsibilities</li> </ul>	→	<ul style="list-style-type: none"> <li>Ensure stipulations enshrined in the 2007-2008 FMIP are addressed</li> </ul>
<ul style="list-style-type: none"> <li>Surplus achieved</li> </ul>	→	<ul style="list-style-type: none"> <li>Achieve a Financial surplus for Financial Year 2007-2008</li> </ul>
<ul style="list-style-type: none"> <li>Board adopted Plan</li> </ul>	✓	<ul style="list-style-type: none"> <li>Review Divisional Business Plans to ensure strategic goals are achieved</li> </ul>
<ul style="list-style-type: none"> <li>EQuIP &amp; Aged Care Accreditation status maintained</li> </ul>	✓	<ul style="list-style-type: none"> <li>Prepare EQuIP self-assessment</li> <li>Participate in residential aged care 'spot' visits</li> </ul>
<ul style="list-style-type: none"> <li>Education seminar &amp; briefings occurred</li> </ul>	→	<ul style="list-style-type: none"> <li>Participate in DHS Governance education program</li> </ul>
<ul style="list-style-type: none"> <li>On Line mechanisms in place for review &amp; compliance with requirements</li> </ul>	✓	<ul style="list-style-type: none"> <li>Evaluate effectiveness of legislative compliance reporting to the Board</li> <li>Ensure Policies and Protocols are consolidated and development continues.</li> </ul>
<ul style="list-style-type: none"> <li>Section of fleet upgraded to gas only vehicles</li> </ul>	→	<ul style="list-style-type: none"> <li>Economic replacement of remaining vehicles</li> </ul>
<ul style="list-style-type: none"> <li>Funding received from DHS to renovate</li> </ul>	→	<ul style="list-style-type: none"> <li>Complete redevelopment works at Nhill Dental Clinic</li> </ul>
	→	
<ul style="list-style-type: none"> <li>Community Advisory Committees reactivated</li> </ul>	→	<ul style="list-style-type: none"> <li>Appoint Marketing and Public Relations Consultant to address Community &amp; other stakeholder communication</li> </ul>
<ul style="list-style-type: none"> <li>Community Information Forums conducted</li> </ul>	✓	<ul style="list-style-type: none"> <li>Conduct Employee Information Surveys</li> <li>Reintroduce 'in house' Patient Satisfaction Surveys</li> </ul>

# CHIEF EXECUTIVE OFFICER

## Reviews an eventful year

It is important I take this opportunity to reiterate the Mission of West Wimmera Health Service which is “to deliver health, welfare and disability services which are compassionate, responsive, accessible and accountable to individual and community needs... “given the ‘real world’ experiences we are presently confronting”.

This ethos underpins the meaningful support provided to the six communities we care for in our huge catchment area of 17,000 square kilometres of North West Victoria.

A defining measure of the value of West Wimmera Health Service to our constituencies is the \$19 million dollars contributed into our area through salaries, employee benefits and general purchases, a crucial contribution to the viability of all these rural communities.

However it must be appreciated that the financial stability of our Service is not immune to the predicaments facing individuals and that the drive of West Wimmera Health Service has been to maintain financial viability which has been attained through a team approach.

We have succeeded!

### Result – Financial Gains

We achieved an operating surplus of \$148,000 and entity surplus of \$539,000.

This result significantly exceeded the budgeted forecast. Of particular note were the substantial gains achieved in our aged care division.

The delay in occupying The ‘New’ Nhill Hospital reduced access to revenue which negatively impacted on Inpatient Fee Revenue which failed to meet budget. This is a revenue imperative we will need to pursue vigorously during 2007/08.

In this regard I must stress the revenue derived from patients holding private insurance cover is very important and look to those utilising our services to access the rewards offered by their cover for our mutual benefit.

Cash reserves of \$568,000 were accumulated which, while substantial, must be augmented to enable the remaining stages of the Nhill Hospital building program to be completed.

In all a very satisfactory outcome.

### A Milestone – The Opening of the ‘New’ Nhill Hospital

#### A Great Inspiration and Achievement

The official opening of the initial stages of development of the ‘New’ Nhill Hospital on 22nd September 2006 was a proud moment.

This long awaited milestone was the result of a decade of planning and exhaustive processes which have without doubt created a hospital of excellence.

In addition to a significant number of private rooms with ensuites, the new hospital has a Geriatric Evaluation Management (GEM) Unit providing rehabilitation assessment, a palliative care suite, an isolation unit to reduce the spread of infections, the “Helen Macpherson Smith Day Procedure Unit”, “Tattersall’s” Medical Imaging Unit and an Operating Suite of special quality.

The ‘New’ Nhill Hospital is a magnificent achievement and I am sure will always be treasured by the West Wimmera Community.

### Mr Geoffrey Handbury AO – A Great Benefactor

I sincerely thank Mr Geoffrey Handbury whose donation of \$500,000 to the fundraising appeal this year is an incredible gesture of philanthropy.

The contribution of the Handbury Family has been nothing short of miraculous. How fortunate have we been? I express untold thanks to Geoff and his family for their ongoing support, concern and compassion for West Wimmera.

### Welcoming Medical Practitioners

The potential to recruit qualified and experienced Medical Practitioners has been an issue constantly on our agenda.

The situation was alleviated this year through a collaborative approach with Tristar Medical Group which resulted in the establishment of Medical Services at Kaniva in January 2007 and at Nhill in March 2007. The Rainbow and Jeparit Medical Services were established with Tristar in 2005

Through this team approach Dr Asmin Khan was welcomed into the Kaniva community and three new Medical Practitioners joined the practice at Nhill, Dr Summeet Dhillon, Dr Shoaib Munawar and Dr Katrina Morgan with Dr. Malcolm Anderson and Dr. Rizwan Lotia from the former Nhill Medical Clinic.

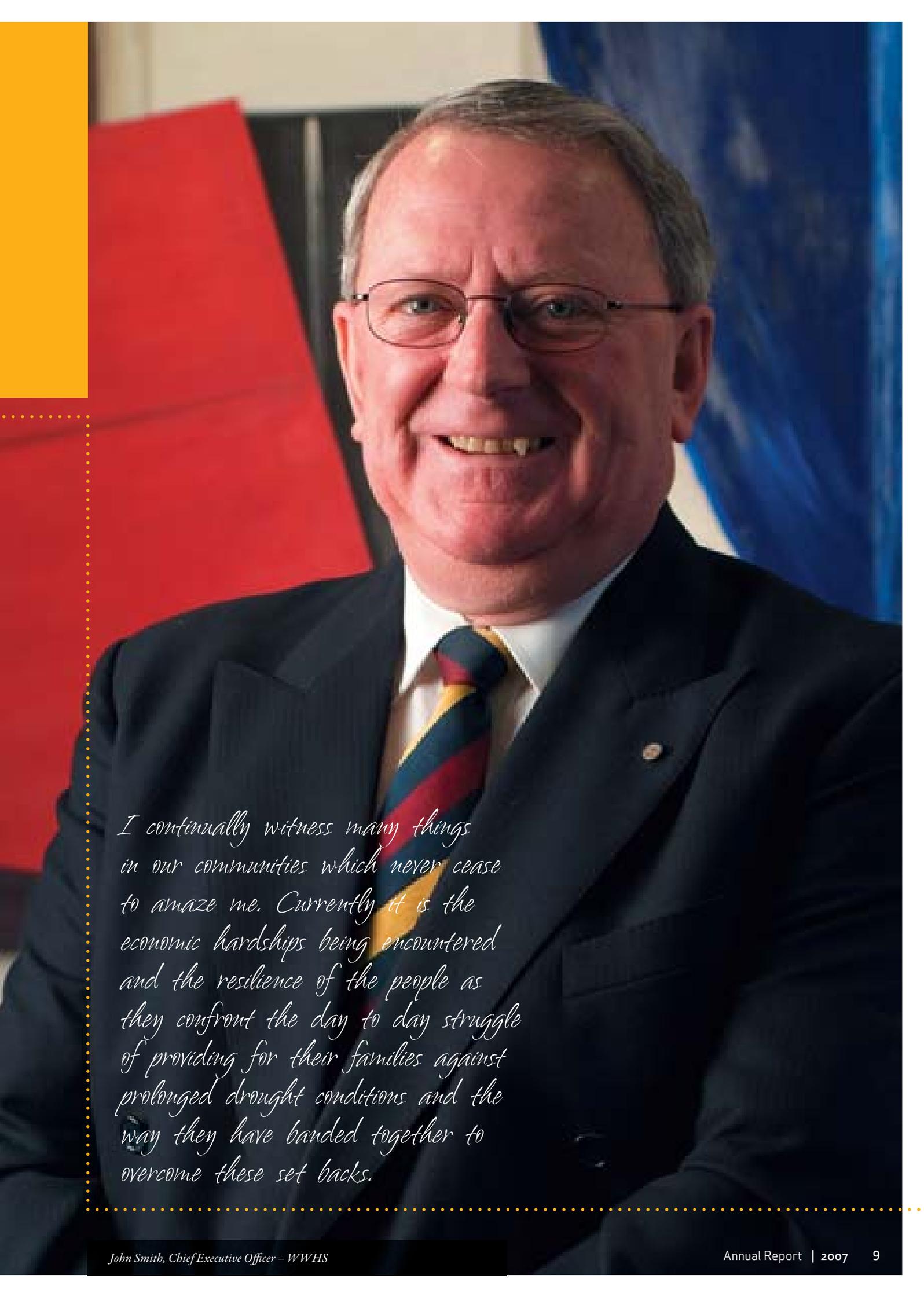
I look forward to strengthening the productive working relationship with Tristar and Medical Practitioners as we expand our service opportunities particularly in relation to maternity care.

I acknowledge the leadership shown by Dr Khaled El-Shiekh, Mrs Kylie El-Shiekh and Dr Malcolm Anderson in bringing these arrangements to fruition.

### Farewell

Unfortunately we farewelled two Medical Practitioners, Dr Maged Boules, based in Nhill and Dr. Vladan Jankovic who had provided the Kaniva community with a General Practitioner service for over seven years.

I express my best wishes to wish Maged and Vladan for their future professional endeavours.



*I continually witness many things in our communities which never cease to amaze me. Currently it is the economic hardships being encountered and the resilience of the people as they confront the day to day struggle of providing for their families against prolonged drought conditions and the way they have banded together to overcome these set backs.*

## CHIEF EXECUTIVE OFFICER

### Reviews an eventful year

#### Rural Medical Infrastructure Fund

Access to a suitable Clinic set up to accommodate Practitioners is a defining factor in attracting and retaining Medical Practitioners in rural communities.

To fulfil the desperate need for clinical accommodation for the Practitioners in Nhill, Rainbow and Natimuk applications are being prepared for submission to the Commonwealth Rural Medical Infrastructure Fund for funding to meet the cost of construction of medical clinics in these locations.

The submissions are being developed in partnership with the West Vic Division of General Practice, the sponsoring organisation. This collaborative approach will strengthen the applications and I look forward to the success of these submissions which will provide incentives for Medical Practitioners to come and practice in 'our' rural towns.

#### End of an Era – Nhill Medical Clinic

I acknowledge the Service provided by all practitioners associated with the Nhill Medical Clinic over many years and express sincere thanks to the principals for their commitment and dedication in providing medical care to our communities and the patients of the Nhill Hospital in particular.

I thank you sincerely

#### Cooinda Disability Service – A cause for concern

One of the smaller divisions of our operations, Cooinda Disability Service arguably has the biggest heart. The continued provision of a diverse array of education, training and employment opportunities for clients is our unwavering commitment.

The introduction of case-based funding for Commonwealth supported clients at the 1st July 2007 has strained the financial viability of their business units, Olivers Diner, Snappy Seconds and the Recycling Program.

Reviews of these programs are being undertaken with the outcome desired to provide Business Services to Nhill and district that enables our client based objectives to be fulfilled.

The coming year will be a vital period for Cooinda and I encourage greater local support for these business units as they reorganise to face the future.

#### Our Strategic Direction

The Board in formalising its Strategic Plan 2006-2009 has set the Charter for the future direction of the organisation. This public document outlines our key strategic objectives as we work towards achieving our vision, missions and goals.

Business plans have been developed for each division to ensure the key objectives are achieved.

The Strategic Plan 2006-2009 is a public document and readily available at all our campuses.



*Dr Sumeet Dhillon reassures Christine Schweinzer that she will be home soon.*



*CEO John Smith checking the plans for the upgrade to the Nhill Dental Clinic*

*In June 2007 we received \$250,000 from the Department of Human Services to upgrade Nhill Dental Clinic. This development will provide our communities with state-of-the-art dental health care amenities.*

### **Nhill Dental Clinic**

In June 2007 we received \$250,000 from the Department of Human Services to upgrade the Nhill Dental Clinic to comply with Worksafe and Occupational Health & Safety legislation.

Architectural, equipment and furnishing specifications have been prepared in conjunction with Dental Health Services Victoria. It is anticipated the works will be completed by December 2007.

This development will provide our communities with state of the art Dental health care amenities.

### **Accreditation – Continuing Compliance**

#### **Australian Council on Healthcare Standards**

The Australian Council on Healthcare Standards granted our Service two year accreditation status in November 2006

This was an excellent result and is testament to staff commitment who continually strive to improve processes and systems.

We will again present for an Organisation Wide Survey in November 2008.

### **Aged Care Standards and Accreditation Agency**

Our nine aged care residential facilities were accredited by the Aged Care Standards and Accreditation Agency in the 2006-07 year for a further three year period.

This was also an outstanding and significant achievement.

### **Nhill Hospital Redevelopment**

While The ‘New’ Nhill Hospital seems to ‘have it all’, it is important to remember that the project is only half completed.

#### **What remains to be done?**

A total refurbishment of the Kitchen is required; ‘Mira’ is to be refurbished to provide a Community Health setting to accommodate Allied Health Staff and the Resource Centre. The building of an Administration Suite to accommodate the Finance Department, a new Pharmacy and the Health Information Department, the majority of which are currently housed in “temporary” accommodation – a most unsatisfactory situation!

It is important to recognise this mammoth program will only be completed if we achieve the Capital Appeal target of \$2 million and further support is forthcoming from the Victorian Government!

In the true tradition of West Wimmera Health Service we will pursue every avenue until we succeed!

Be assured nothing is beyond us.

### **New Services – Patient Care Paramount**

- The introduction of a Haemodialysis Service at the Nhill Hospital under the guidance of North West Dialysis Service, Royal Melbourne Hospital, now enables quality dialysis care for sufferers of renal failure in their ‘home’ locality. An achievement of which we are proud
- Ross Both & Associates, Optometrist, commenced fortnightly visits to Nhill in 2007, utilising the new consulting rooms of the Nhill Hospital.
- Moving into the 21st century a system to produce digital X-ray images which are instantly transmitted for reporting by a Radiologist has commenced.
- Dr Ian Jones Obstetrician and Gynaecologist commenced practice and consulting at the Nhill Hospital in June this year. This is a new service not previously available.

The financial contribution of Rural Workforce Agency Victoria Medical Specialist Outreach Assistance Program in supporting Dr Jones and other Visiting Medical Practitioners is appreciatively acknowledged.



*The impressive facade of the 'New' Nhill Hospital*

### Government Support

Support from State and Commonwealth Governments continues to guarantee the provision of services provided.

The Commonwealth Department of Health & Ageing provides financial and strategic assistance for our nine residential facilities which accommodate 123 residents.

The Commonwealth Department of Families, Community Services and Indigenous Affairs and the State Department of Human Services have worked with the Service to support Cooina Disability Service.

The Department of Human Services continues to be our major funder, and alliances with the Department continue to strengthen as we rely on the substantial funding and advice they provide.

### Human Resources

We have over 500 employees and consistent with our desire to be an 'employer of choice' we have carefully considered the management required to address employee needs.

The Management Action Research Project undertaken with La Trobe University has highlighted the need for a Human Resource Manager, an appointment we are now pursuing.

Given employee entitlements constitute 75% of our total expenditure the importance of devoting adequate resources for our workforce to enable them to maintain the credibility that this organisation enjoys is recognised.

Our employees have been instrumental in delivering the successful results achieved and I thank them sincerely.

### Reporting to the highest standard

Significant work has been undertaken to ensure comprehensive and informative reporting systems from our committees occurs.

A full review of the Rules of Procedure and Committee Charters has been undertaken to guarantee functional and effective reporting mechanisms are utilised.

The introduction of a Finance Committee reporting to the Board has strengthened financial reporting and has complemented the excellent financial competence of the Executive Team.

### Reporting Achievements

Our Annual Report was awarded a Silver Award by Australasian Reporting Awards Inc. and the Quality of Care Report was awarded a High Commendation at the Department of Human Services Reporting Awards ceremony.

The awards acknowledge the standard of excellence attained with the production of these very informative and important public relations documents.

### Representation

I continue to represent the Service on the Australian Council of Healthcare Standards Board of Directors and National Council, the Australian Healthcare and Hospitals Association Council and the Victorian Hospitals Industrial Association Board of Directors.

I have also had the opportunity to participate in the Victorian Hospitals Industrial Association Nurses Enterprise Bargaining Agreement 2007 Reference Group which is associated with the Department of Human Services in an endeavour to reach agreement with the Australian Nurses Federation to finalise employment conditions of nurses for the next three years.

These appointments provide me with a privileged insight into policy development at the highest level.



### Minister for Health Delegate

Mr Ken Taylor was appointed Delegate to the Board by the Minister for Health. Ken has brought experience 'to the table' and I personally thank him for his support of West Wimmera Health Service and his commitment to moving our Service forward.

### Thank you...

I express my gratitude to the Board members for their commitment throughout the year.

Their vision for the Service is admirable and their support on a personal level is greatly appreciated

I must personally acknowledge and congratulate John Magrath for his outstanding contribution to West Wimmera Health Service during his term as President and his sincere and genuine support of myself at all times.

A great leader.

To my Executive Directors, who support me tremendously, and to my staff thank you for continuing to serve West Wimmera with your skill and knowledge to the benefit of all we are privileged to care for.

I thank our Visiting Specialist and General Medical Practitioners for their commitment to West Wimmera Health Service and for the special skills they bring. We are indeed fortunate to have such committed Practitioners readily available to attend to our medical and surgical needs.

I acknowledge Dr Ian Graham, Consultant Executive Director of Medical Services for his unquestionable loyalty to achieving high quality medical administration standards. The establishment of the Medical Practitioners Staff Association is indeed an achievement we acknowledge and value.

### Moving Forward

I look forward to 2007-08 with optimism, as we continue to unite our six communities in a vision for healthcare that is proactive and appropriate for the realities of our rural environment.

I have no doubt we will continue to confront issues and challenges with determination and purpose, and in particular, maintaining our Accreditation status in 2008. The importance of galvanising the Capital Fundraising Appeal is imperative to ensure there are capital resources available to complete the Nhill Hospital Redevelopment and meet future essential equipment needs.

The importance of the Community Needs Analysis and Service Profile Planning Study which is not to be underestimated as we determine the services best suited and required to meet the future needs of the West Wimmera population.

One never knows what the future may hold but there is one certainty, there will be a future which will offer an opportunity to be positive and stand tall in establishing what we believe is right for West Wimmera Health Service as the political future of health service administration and the care rural hospitals will provide enters into an era of unprecedented major change!

We must grasp this opportunity!

A handwritten signature in blue ink, appearing to read 'John N. Smith', written over a large, faint circular outline.

**John N. Smith PSM**  
Chief Executive Officer

# THE YEAR IN OVERVIEW

We will aggressively pursue opportunities and align ourselves with other providers to build a portfolio of strong services and powerful programs to underpin sustainable health outcomes for our communities.

## Health Service Agreement

Each financial year the Service enters into a Health Service Agreement (HSA) with the Department of Human Services which confirms the initial amount of funding the Service can expect and what level and type of activity is expected in return.

The HSA is an integral part of the Small Rural Health Service (SRHS) funding model under which the Service first became funded in the 2005-2006 financial year. In 2006-2007 the Service received \$13,731,593 from the Department, which represented an increase of 2.3% from the previous year and accounted for some 56% of the Service's total operating revenue.

Receiving a predetermined amount of revenue under the flexible SRHS funding model greatly assists in preparing the annual budget and ensuring it is able to fully fund the various health service programs and activities delivered. It has also been a major factor in the Service recording operating surpluses since its introduction in 2005-2006.

## A Financial Focus on Aged Care

Executive Staff have participated in the Regional Implementation Team of the Department of Human Services Public Sector Residential Aged Care Service Business Performance Improvement Project.

This project is focused on reviewing business practices in Aged Care to ensure efficiencies provide quality outcomes.

The combined approach of sharing ideas, knowledge and financial data, has enabled a benchmarking tool to be developed to further improve the management of Residential Aged Care facilities and services.

## Industrial Relations and Human Resource Management

Industrial Relations and Human Resource Management have been testing aspects of the internal operations of our health service this year.

Legislative changes have increased the time spent on internal audits of our payroll system to ensure that we meet our legal obligations to staff. Minor adjustments resulting from these changes have been made on an ongoing basis and as a result, our audits demonstrate that West Wimmera is compliant in regard to all Award and Agreement obligations.

No time was lost during the year due to industrial disputes!

Union activity in the Health sector has been high as the unions have been positioning themselves for current Enterprise Bargaining negotiations.

We are continuing to monitor our Human Resource Management and improve practices and policies in conjunction with Latrobe University to ensure that we have contemporary Human Resource Management systems in place as the services provided by our organisation grow and change.

With this in mind the Health Service recently advertised in conjunction with Rural Northwest Health for a specialist Human Resource Manager and we are actively pursuing an appointee.

We have a pro-active approach to Bullying and Harassment with presentations conducted at all sites to ensure our obligations to provide a safe and supportive healthcare environment for staff and patients are met.

In the coming year we will ensure that our management of staff is efficient and reflects the funding provided to meet our service obligations.



## Dedicated Employees

### - We Salute You

Loyal, dependable staff are the backbone of this Service and in particular those who serve for an extended period provide continuity, stability and an understanding of the values which drive us in our quest to provide pre-eminent healthcare.

### Staff Service Awards 2007

#### 10 Years of Service

Menna Bamford, Ian Barry, Helene Cook, Lynette Dunford, Katrina Fraser, Sonia Jones, Laurel McMaster, Denise Ralph, Teresa Ross, Helen Ryan, Joyce Siphthorpe, Anne Wills, Julie Woolcock

#### 15 Years of Service

Valda Austin, Jennifer Greig, Wendy Robson, Nicole Schneider, Yvonne Stephan

#### 20 Years of Service

Susanne Beattie, Sheryl Ellis, Margaret Frew, Kathleen Hutson, Mary King, Pamela Price, Dean Smith, Elaine Stewart, Elaine Webster

#### 25 Years of Service

Mary Dufty, Denise Jenz, Lynne Lynch, Denise Schulz

#### 35 Years of Service

Marie Arnold, Julie Watson

## Incidents

### - An Opportunity to Learn

We recognise that one of the best methods of improving quality of care is to use the lessons learned from mistakes made to reduce the potential for such events re-occurring.

An incident is an action or event which is not usually expected to occur and which may lead to an adverse outcome for a patient, visitor or staff member. It is a signal to us that changes may need to be made to reduce the potential of personal harm or risk.

An electronic Incident Reporting System, introduced last financial year, to capitalise on our learning opportunities when an incident occurs. The system is a vital component of





our risk, incident management and OH&S reporting strategy. All staff must report incidents, accidents and near misses.

A User Manual has been produced and distributed to staff accompanied by a series of education forums to reduce errors in the classification of reported incidents.

To limit the risk of staff injury and to decrease exposure to expensive WorkCover claims

in 2007/08 we will continue to target the accuracy of incident reporting and intensify education programs to address the high risk area of manual handling

### Tristar Medical Group

Tristar Medical Group merged with the Nhill Medical Clinic to form a new Medical Practice. The merger of these two Medical Practices was supported and brokered by WWHS to guarantee continuing access to General Practitioner Services for Nhill

and the wider West Wimmera community. This arrangement is highly regarded.

### Respecting Patient Choices

The Respecting Patient Choices Program assists us to understand your wishes about your future treatment. This information is extremely helpful to the people who care for patients and residents, including family and friends. There are consultants at each site who have been trained to administer this program.

### Risk Management and Internal Auditing

#### Risk Management

It is axiomatic that good corporate governance requires good risk management.

Over the past five years the Service has greatly increased its aptitude for identifying, assessing and managing the many risks it encounters

through the studied implementation of the requirements of Australian Standard 4360 Risk Management (the Standard).

The Service maintains a Risk Register, listing all known risks and the appropriate risk assessment and treatment processes, including evaluation of the consequence(s) and likelihood of each risk occurring. Risk treatments and action plans are in place for each significant risk, including responsibility and completion dates.

All items in the Risk Register are reviewed by all Committees and reported to the Board.

Importantly, the Service has exceeded its requirements under the Standard and uses its Risk Register as a living management document containing up to date and readily accessible detail of all items requiring management attention.

In assessing its risks, WWHS takes account of the positive impact of its existing internal

control systems and determines the extent to which a 'residual risk' exists.

Plans are in place to manage residual risks, that is, those risks that will always be with us but which can be tolerated as the chance of them occurring is acceptably low or, in the event they do occur, their repercussions will not materially compromise the Service.

Risks are not necessarily negative they simply reflect the level to which an expected outcome may occur. Our intent is to ensure that the impact of all possible risk is minimised. There are some outcomes that, by their very nature, we simply cannot predict or gauge the effect they may have. However continued methodical application of the risk management process assures that the Service is well placed to mitigate and deal with risk based events when they occur.

During 2006/07 our insurers Victorian Managed Insurance Authority (VMIA) undertook a Risk Framework Quality Review to analyse key risks and risk systems throughout the health sector to enable West Wimmera to be benchmarked with other health services with regard to Risk.

This benchmarking exercise will be advanced.

### Internal Auditing

In keeping with corporate practice and in accordance with the requirements of the Standing Directions of the Minister for Finance, West Wimmera Health Service has established an internal audit function to provide ongoing assurance and confidence in the effectiveness of the Service's risk and financial management systems.

The internal audit process provides the Audit Committee and ultimately the Board with advice as to whether risks are being satisfactorily managed and where internal control systems may be enhanced.

A series of planned internal audits are conducted annually with issues identified recorded in the Risk Register to ensure action is taken.

A new three year internal audit plan will commence on 1 July 2007.

### Information Technology – The way of the Future

Information Technology pervades every aspect of West Wimmera Health Service and the future holds great challenges for the Service in the way it manages these systems.

Information Technology (IT) is used across the Service every second of every day from telephone links between medical staff to the digital capture and storage of X-rays for expert diagnosis.

Patient related statistical and financial data collected and used by clinicians and administrators is a valued resource. The Service continues to properly manage and protect its IT systems and databases by:

- Backing up on a nightly basis
- Regularly reviewing IT use and the appropriateness of staff security access levels
- Convening regular meetings of the IT Committee and reviewing outcomes against the IT Strategic Plan

In 2004 the Service joined the Grampians Regional Health Alliance Network (GRHANet). We now use GRHANet to access financial reporting software located on a centralised server in Ballarat. Critical program updates occur routinely and administrative costs are reduced because our share of any maintenance expenditure is much lower than the cost of maintaining our own database.

Centralisation of IT systems and data will continue to occur at a State and Regional level resulting in reduced costs, greater security and better functionality.

Efficient, pro active management of our IT systems will be fundamental to the effective operation of every facet of the Service. Our Patient Management and Financial Management programs are 10 years old with relatively few upgrades. The IT operating environment has been stable and cost effective but there is a growing imperative to consider new systems to respond to emerging needs.

Careful project management will be needed to ensure day-to-day IT needs are met while ensuring the Service continues to effectively upgrade its IT capability cost effectively and without compromising security and privacy.

### Vale Dr Ted Rowland

The late Dr Ted Rowland passed away suddenly on 23 February 2007. Dr Rowland supported West Wimmera Health Service over a number of years by providing a locum medical service for Rainbow, Jeparit and Kaniva communities when we were unable to attract Medical Practitioners to those locations.

Ted was an esteemed Medical Practitioner with great compassion for the patients and residents he treated. He was a perfect gentleman possessing wit and humour with an exceptional and traditional 'bedside manner'.

Dr John Edward Rowland will be sadly missed and we express this Service's deep and sincere condolences to his family and all associated with Ted, an outstanding General Practitioner.

### Special Grants

The Department of Human Services is acknowledged for the special 'one off' financial assistance received this year enabling continued improvement to specific areas of our service delivery and the environment in which we work.

Capital and Equipment Grants 2006-2007	
N-hill Hospital Dental Clinic Refurbishment	\$250,000
Electronic wheelchairs for high level aged care	\$17,500
Aged Care Annual Provisions	\$40,284
Annual Provisions Minor Works	\$9,054
Natimuk Septic Plant Reconstruction	\$20,000
Environmental Sustainability Grant	\$119,800

### Lowan Rural Health

The Lowan Rural Health Project is a Commonwealth Government funded program which aims to bring increased Allied Health Services to small rural communities.

The program is a joint venture between West Wimmera Health Service, Edenhope and District Memorial Hospital, Harrow Bush Nursing Home and the Hindmarsh and West Wimmera Shire Councils.

In seeking funding for this rural health initiative, Community Consultations identified services were required in the fields of Counselling, Physiotherapy and Community Health Nursing. Funding was granted for three positions, Social Worker, Exercise Physiologist and Community Health Nurses who are based in Edenhope and Nhill.

Programs provided across the area of the project include:

- Cardiovascular Health and Lifestyle - Exercise Physiologist and Community Health Nurse provide clients with post cardiac education
- Active Script – Following consultation with a General Practitioner a client may be prescribed activity rather than medication
- Touch Football – A competition organised by the Exercise Physiologist
- Student Health Programs – Years 5 and 6. Staff of Lowan Rural Health attend schools weekly targeting mental health, physical activity and promoting healthy eating
- Kaniva Aerobics Session
- Blokes Night Out conducted annually in most of our small communities. Medical Practitioners and Community Health Nurses provide education presentations and health screens
- Women on Farms Muster, Rainbow – A Forum for women to discuss their concerns and to receive advice on help available

The Lowan Health Project is a very beneficial program for the Health Services and Shires reaching communities who previously did not have access to these services.

## Population Health – A Small Rural Health Service Recipe for Change

The Australian Institute of Primary Care was commissioned and funded by the Department of Human Services to conduct Population Health Workshops for Small Rural Health Services.

In April 2007 members of the La Trobe University School of Public Health addressed the Board focusing on Population Health phenomena and the emerging health needs of specific populations. It was emphasised that Small Rural Health Services are experiencing a range of pressures for change including:-

- Evidence that better intervention in the Primary Healthcare Sector will improve outcomes and avoid or prolong the need for admission to bed based care.
- Increased consumer expectation that services will be provided for them in the home environment.
- Given the likelihood of an increased incidence of chronic conditions early detection and better management of the condition will avoid acute admissions.
- In response to these pressures changes in service delivery for small Rural Health Services will focus on:
  - Prevention and early intervention, particularly for ambulatory care sensitive conditions such as;
    - Type 2 Diabetes,
    - Chronic Obstructive Pulmonary Disease,
    - Cardiac diseases
  - Care co-ordination for people with complex, chronic and ongoing conditions.
  - Population planning for the health and support needs for local and catchment populations.

Population health will be a major consideration as the Board begins to address the Community Needs Analysis and Service Profile Planning process. Detailed consideration will be given to understanding the health needs of our communities and the services required to address those needs, particularly in the context of the flexible funding opportunities now available to Small Rural Health Services such as West Wimmera.

*Reference: Australian Institute of Primary Care, Department of Human Services (Population Health Workshop Material)*

Allied & Community Services – 2 Year Comparison		
Department	2006/07	2005/06
Diabetes Educator	752	642
Dietitian	1269	1588
Massage Therapy	1081	1296
Occupational Therapy	2280	2778
Physiotherapy (including Physiotherapy Assistant)	3249	4094
Podiatry	2917	2108
Social Work	1998	2235
Speech Pathology	1270	1640
Exercise Physiologist	1256	1435
Health Promotion	1237	n/a
Community Nursing	540	n/a
<b>Total - Allied Health</b>	<b>17849</b>	<b>17816</b>
District Nursing	13800	14052
Day Centre	4930	5112
Visiting Surgeons	1254	1157
Meals on Wheels	15759	15332
Meals to Day Centre	5918	6031
Meals to Senior Citizens	478	470
Dental	1750	2299
Primary Care Casualty	9549	13189
Radiology	1745	2639
Transport	6084	5760
<b>Total</b>	<b>79116</b>	<b>83857</b>

**Health Promotion** has been included as a separate item. In the past this area of care provision has been included within specific departments. Health promotion refers to activities aimed at promoting wellness within our communities and targets specific priorities which this year have included physical activity, obesity, hypertension, diabetes and mental health.

**Community Nursing** is also a new category and refers to a range of nursing services provided in the community that are not district nursing. Includes continence management and asthma education.

**Dietitian** occasions of service are less than the previous year as there was a period of time where one position was vacant and then a period of time where no Dietitians were employed. 2 Dietitians are due to commence early in 2007/08.

**The Physiotherapist** position has been vacant since March 2007 leading to a decrease in patients treated.

**Podiatry** has an EFT of 1.6 with the increase in patients treated due to the full year effect of a full time Podiatrist.

**Speech Pathology, Exercise Physiology and Occupational Therapy** all showed a decrease on the previous year. These departments all spend a considerable time involved in health promotion activities, which is counted separately.

**Primary Care Casualty** numbers have shown a sharp decrease over the past two years due to changes in clinical practice with pathology specimens now being collected from the GP's clinic. Staffing levels have been adjusted accordingly.

**Radiology** occasions of service have decreased due to ultrasound services ceasing when the practitioner left therefore being forced to change our radiology service provider. The EFT in the department also decreased by 1.0 during the year.

**Dental** numbers decreased as we were without a Dentist for a period of 3 months during the year.

Total Bed Days – Acute and Residential Aged Care	
Type of Care	Bed Days
Nursing Home	29,527
Hostel	12,446
Acute	8,209
Nursing Home Type	2,751
GEM	1,457
<b>Total</b>	<b>54,390</b>

Commentary  
Residential aged care comprising nursing home and hostel residents comprise the majority of care provided within our Service.

As a Percentage:

- Nursing Home – 54%
- Hostel – 23%
- Acute – 15%
- Nursing Home Type – 5%
- GEM – 3%

Residential Aged Care – 2 Year Comparison		
	YTD 2006/07	2005/06
Nursing Home Bed Days	29,527	29,581
Hostel Bed Days	12,446	12,925
Nursing Home Discharges	36	54
Hostel Discharges	41	24
Percentage Occupancy Nursing Home	98.7%	98.80%
Percentage Occupancy Hostel	83.2%	86.40%

Percentage occupancy in **Nursing Homes and Hostels** was slightly less than in the previous year. The relatively low **Percentage Occupancy** in the **Hostels** is due to Kaniva Hostel, where the unique physical design means that residents with complex needs can no longer be admitted. The Board is considering how this problem can be solved in the long term.

Admissions by Postcode 2006/07	
As a Percentage:	
Nhill – 47.6%	Dimboola – 4.2%
Jeparit – 11.0%	Horsham – 2.6%
Rainbow – 10.8%	Goroke – 2.1%
Kaniva – 10.1%	Ararat – 2.1%
Other – 8.8%	South Australia – 0.7%

There were 1780 admissions to acute hospitals within West Wimmera Health Service. Of these admissions 82.1% were from within our immediate local catchment, which means we are providing services appropriate to the needs of our communities. 2.1% of admissions were from the Ararat area, these were patients having dental treatment under the public system, which was unable to be provided in a timely manner through their local health service.

Income by Program		
Program	2006/07 \$000's	2005/06 \$000's
Acute Care	9,978	9,750
Residential Aged Care	8,549	8,105
Primary Health	2,887	2,928
Business Units	330	462
Capital Type Income	1,573	3,900
Donations & Bequests	866	524
Other	2,132	2,725
<b>Total</b>	<b>26,315</b>	<b>28,394</b>

As a Percentage:

- Acute Care – 39%
- RAC - Aged Care – 32%
- Primary Health – 11%
- Other – 8%
- Capital Type Income – 6%
- Donations & Bequests – 3%
- Business Units – 1%

Acute Services - 2 Year Comparison		
	2006/07	2005/06
Patients Treated	1,749	1,799
Occupied Bed Days (Total)	12,417	13,720
Acute Bed Days	8,209	9,542
Nursing Home Type Bed Days	2,751	2,483
GEM Bed Days	1,457	1,628
Percentage Occupancy (Acute)	82.9%	91.7%
Acute Average Length of Stay (Days)	5.58	5.76
Births	0	22
Operations	494	638
DVA NHT Bed Days	249	213
DVA GEM Bed Days	358	341
Non DVA WIES	1,363.21	1,475.53
DVA WIES	177.42	209.41
TAC WIES	1	6
Renal WIES	6.40	

A similar number of **Patients Treated** as in the previous year, the slight decrease due to the closure of theatre over the Christmas & New Year period.

The number of **Bed Days** was less than the previous year with patients staying in hospital for less time than in past years.

The introduction of dialysis services has been measured separately as **Renal WIES**.

There was a slight increase in the number of **Nursing Home Type Bed Days**, with people waiting longer for access to a residential aged care bed.

There was a slight decrease in the number of **GEM Bed Days**, offset by an increase in **Department of Veteran's Affairs GEM days**.

Expenditure by Category		
Category	2006/07 \$000's	2005/06 \$000's
Employee Entitlements	17,797	17,164
Fee for Service	803	919
Corporate	1,994	2,045
Other	1,532	2,482
Fuel, Light and Power	723	493
Supplies	1,795	1,722
Depreciation	1,133	1,075
<b>Total</b>	<b>25,777</b>	<b>25,900</b>

As a Percentage:

- Employee Entitlements – 69%
- Corporate – 8%
- Supplies – 7%
- Other – 6%
- Depreciation – 4%
- Fuel, Light & Power – 3%
- Fee for Service – 3%

Patients Transferred From and Within West Wimmera Health Service 2006/07	
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Transfer Destination	
Wimmera Health Care Group	– 82
St. John of God Ballarat	– 9
Ballarat Health Services - Queen Elizabeth Centre	– 1
West Wimmera Health Service – Kaniva	– 7
Ballarat Health Services	– 6
Western District Health Service – Hamilton	– 5
West Wimmera Health Service – Jeparit	– 4
West Wimmera Health Service – Nhill	– 2
Austin	– 1
Melbourne Private Hospital	– 1
Ballarat Health Services - Queen Elizabeth Centre	– 1
Royal Children's Hospital	– 1
Royal Melbourne Hospital	– 1
South Australia Public	– 1
South Australia Private	– 1
Western General	– 1
<b>Total Patients</b>	<b>– 123</b>

A total of 123 patients were transferred out from WWHS acute hospitals for further care elsewhere.

Of these two thirds were transferred to Wimmera Healthcare Group which is the nearest regional hospital with Intensive and Coronary Care beds.

A further 6 patients were transferred to Ballarat Health Services, this is in accordance with Department of Human Services initiative for a regional and sub-regional approach be used for care delivery within the Grampians Region.

# CORPORATE GOVERNANCE

The Rules of Procedure set out the operational framework and a process for ethical, responsible, and accountable clinical and corporate governance.

West Wimmera Health Service is a Public Hospital incorporated under the Health Services Act 1988 (The Act). The Board of Governance of West Wimmera Health Service consists of nine members and is accountable to the Victorian Minister for Health for the responsible governance, strategic direction, compliance with government directives, legislation, management of risk and the sound financial status of the Service.

## The Board

The Board acknowledges its role in maintaining ethical and accountable governance is paramount to achieving the Vision of West Wimmera Health Service to ensure its sustainability.

The Board developed and approved a new Strategic Plan 2006 – 2009, established effective systems to ensure services meet the needs of our six communities, monitored financial performance to achieve an entity surplus and put in place an effective risk management strategy.

The Board has a range of skills which meet the Department's guidelines for Board membership and its competence to govern. Members are not remunerated but may claim reasonable reimbursement for expenses incurred while undertaking Board duties.

Advertisements seeking applicants for Board positions are placed widely by the Service and DHS. Board members are appointed by the Governor in Council on the recommendation of the Minister for Health usually for a term of three years. Members may renominate on expiration of their term.

## Change to Terms of Appointment

Until 2006 the terms of one third of members expired on 31 October each year. Members whose term expired on 31 October 2006 and new members were appointed to 30 June 2009 bringing appointments into line with the financial year reporting period. All subsequent appointments and reappointments will have a 30 June expiration date.

## Ethics – Education a Responsibility

The Board is bound by the application of ethical conduct in all areas of its responsibility and authority.

At the beginning of each Board and Committee meeting members declare issues on the agenda where they may have a pecuniary or conflict of interest.

There were not any instances this year where a declaration was necessary.

The Board sought external advice on matters vital to the future of the Service.

Board member education occurred through presentations at Board Meetings, circulation of industry issues papers and an Education Workshop.

Members will participate in the Victorian Government Health Boards Governance Program designed "to enhance the capability of Board members to create highly effective boards for better corporate and clinical governance".

Dr Heather Wellington facilitated Board Member Self Evaluation to enable Board members to assess their performance and effectiveness. The Board awaits the outcome.

## Committees of the Board

**The Committee Structure was established to guarantee timely, accurate and informative reporting to the Board to assist them in making key decisions and monitoring all facets of the Service. There are seven committees with Board representation each with specific Charters**

### Audit

The Audit Committee's role is to review financial reporting processes, external and internal audit performance, risk management, information systems, and monitoring compliance with laws and regulations and its own code of conduct and code of financial practice.

### Community Advisory

Our Value, 'Responsive partnerships with our consumers', is fundamental to the purpose of Community Advisory Committees which advocate a consumer perspective.

### Executive

The Executive Committee deals with urgent issues between Board Meetings, review the Chief Executive Officer's performance, and witness the affixing of the Seal of the Service.

### Finance

A Finance Committee was formed in December 2006 in accordance with the requirements of the Financial Management Act 1994, the Standing Directions of the Minister for Finance, and principles of good governance and sound financial management.

### Improving Performance

Is responsible for establishing the policy and quality framework advising the Board on quality and safety and processes and resources to monitor, manage and improve the safety of care.

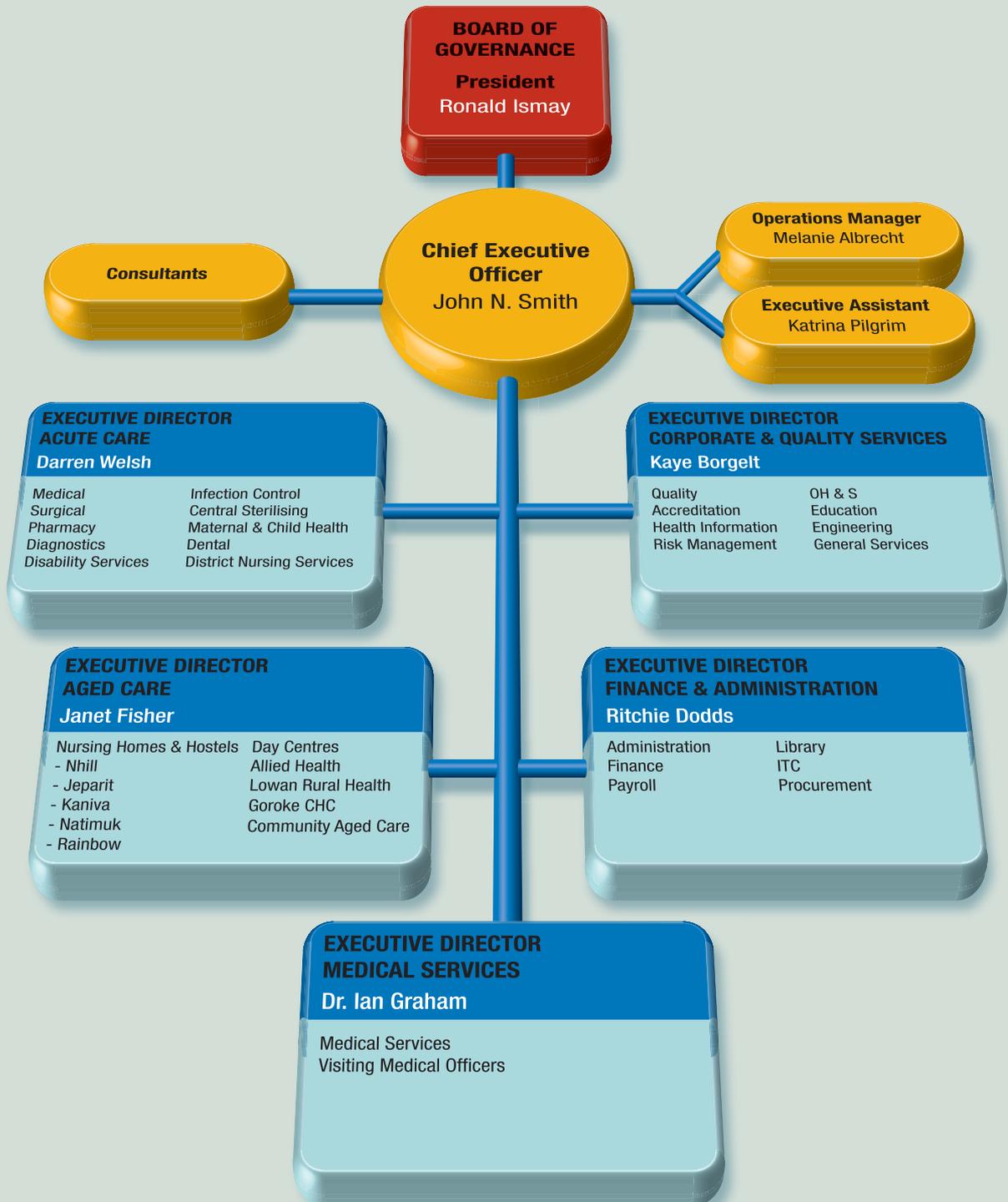
### Medical Appointment & Review

This Committee is responsible for advising the Board on appointment or re-appointment, suspension or removal of visiting privileges granted to Medical Practitioners by the Service.

### Project Control Groups

PCG's are established to oversee budgets, timelines and the quality of capital works projects.

# ORGANISATIONAL STRUCTURE



# BOARD OF GOVERNANCE

## Ronald A. Ismay

President

*Business Proprietor*

**Term of Appointment**

01.11.06 – 30.06.09

Ron is an astute businessman with financial management experience. He is committed to retaining health services in rural areas.

### WWHS Committees

Chair, Executive Committee

Audit Committee

Finance Committee

Improving Performance Committee

Medical Appointments Advisory & Review Committee

Rainbow Advisory Committee

Ex Officio member of all other Committees

### Board Meeting Attendance

100%

## Mr Lester C. Maybery

Vice President

*Farmer*

**Term of Appointment**

01.11.06 – 30.06.09

Lester has an excellent understanding of health issues and he is concerned for the provision of fair and equitable health and disability services for our communities.

### WWHS Committees

Executive Committee

Chair, Improving Performance Committee

Chair, Natimuk Advisory Committee

Life Member, Natimuk Bush Nursing Hospital

### Board Meeting Attendance

100%

## Leonie G. Clarke

*Librarian, Rainbow Secondary College*

**Term of Appointment**

01.11.05 – 31.10.08

Leonie has a great deal of community experience and a particular interest in the sustainability of existing health services in rural communities

### WWHS Committees

Executive Committee

Medical Appointments Advisory & Review Committee

Chair, Rainbow Advisory Committee

### Board Meeting Attendance

77%

## Mr John A. Hicks

MBA, B. Eng.

*CEO, Hindmarsh Shire Council*

**Term of Appointment**

01.11.06 – 30.06.09

John's previous experience as Manager Capital, Rural and Regional Health and Aged Care, Department of Human Services and General Manager, Corporate and Governance Services, City of Ballarat gives him a broad knowledge of community issues. His interests are Strategic planning, management and leadership and promoting professional teams in rural health services.

### WWHS Committees

Finance Committee

Improving Performance Committee

Nhill Advisory Committee

### Board Meeting Attendance

100%

## Dr John R. Magrath Hon DBus (Ballarat)

*Retired*

**Term of Appointment**

01.11.04 – 31.10.07

John has extensive experience as a Company Director in the private sector, University and Health sectors. His particular forte is in financial management, strategic planning and promoting leadership. John is also Deputy Chair, Little Desert Flora and Fauna Foundation Inc.

### WWHS Committees

Chair, Finance Committee

Executive Committee

Audit Committee

Chair, Nhill Advisory Committee

### Board Meeting Attendance

100%

## Mr Ronald S. Rosewall BA Soc Sci

*Retired*

**Term of Appointment**

01.11.06 – 31.10.08

Ron's expertise is with Disability services and is a Board Member, Council of Intellectual Disability Agencies, and a National Disability Service Committee Member. He is also a volunteer Driver for Rural Ambulance Victoria. Ron's particular interests are to promote accessibility and accountability by best practices and services in health, aged care and disability.

### WWHS Committees

Improving Performance Committee

Medical Appointments Advisory & Review Committee

Chair, Jeparit Advisory Committee

Chair, Cooyinda Advisory Committee

### Board Meeting Attendance

85%

## Mr Rodney L. Stanford

*Family Support Worker*

**Term of Appointment**

01.11.05 – 31.10.08

As past Chair and Board Member Wimmera Uniting Care Rodney has gained experience in issues surrounding access, provision and accessibility to quality health welfare and community services in rural areas.

### WWHS Committees

Audit Committee

Finance Committee

Chair, Kaniva Advisory Committee

### Board Meeting Attendance

77%

## Mrs Janice M. Sudholz

*Home Duties/Farmer*

**Term of Appointment**

01.11.06 – 30.06.09

Janice served as a Director of Wimmera Mallee Water and has vast experience in corporate and health sector governance. She has a sound knowledge of rural communities and sees working with governments as a means to operating an excellent health service.

### WWHS Committees

Executive Committee

Natimuk Advisory Committee

### Board Meeting Attendance

92%



*Seated L-R: R. Rosewall, J. Sudholz.  
Standing: L. Maybery, L. Clarke, J. Hicks,  
R. Ismay, R. Stanford, D.White, J. Magrath*

**Mr Maurice A Stewart LLB**

*Lawyer*

Term of Appointment 01.11.05 – 31.10.08

**Board Meeting Attendance**  
15%

**Mr Desmond J. White**

Dip Agr. Sci, Post Grad Dip Ag, Adv Cert Works Man,  
Dip Eng Tech, Adv Dip Eng Tech

*Asset Manager, West Wimmera Shire Council*

**Term of Appointment**  
01.11.04 – 31.10.07

Des has a wealth of experience in local government, financial planning and risk management. He has a particular interest in aged care planning and strategic planning for health services.

**WWHS Committees**

- Chair, Audit Committee
- Finance Committee
- Improving Performance Committee
- Chair, Goroke Advisory Committee

**Board Meeting Attendance**  
85%

**Responsible Officers  
for Our Service  
(as at 30th June 2007)**

**Commonwealth**

- The Hon Tony Abbott MP**  
Minister for Health And Ageing
- The Hon Mal Brough MP**  
Minister for Families, Community Services and Indigenous Affairs
- The Hon John Forrest MP**  
Member for Mallee

**State**

- The Hon Bronwyn Pike MP**  
Minister for Health
- The Hon Gavin Jennings MLC**  
Minister for Community Services and Aboriginal Affairs
- The Hon Lisa Neville MLA**  
Minister for Mental Health, Children and Aged Care
- The Hon Tim Holding MLA**  
Minister for Finance, Tourism and Information Technology
- Mr Hugh Delahunty**  
Member for Lowan, National Spokesperson for Health, Mental Health and Aged Care

- The Hon Peter Kavanagh MLC**  
Member for Western Victoria Region
- The Hon David Koch MLC**  
Member for Western Victoria Region
- The Hon Jaala Pulford MLC**  
Member for Western Victoria Region
- The Hon Gayle Tierney MLC**  
Member for Western Victoria Region
- The Hon John Vogels MLC**  
Member for Western Victoria Region

**Department of Human Services**

- Ms Fran Thorn**  
Secretary
- Dr Chris Brook**  
Executive Director Rural and Regional Health and Aged Care
- Mr Geoff Lavender**  
Director Rural and Regional Health Services
- Mr Vic Gordon**  
Regional Director, Grampians Region (to March 2007)
- Ms Catherine Darbyshire**  
Acting Regional Director, Grampians Region

# THE EXECUTIVE TEAM



## John Smith PSM

MHA, Grad Dip HSM, FAICD, AFACHSE, CMAHRI, CHE, AFAIM, FHFHM

*Chief Executive Officer*

Prior to his appointment in 1995 John was the Chief Executive Officer of The Nhill Hospital. He holds office in National and State peak bodies in the health industry and is currently a Board and National Council Member of the Australian Council on Healthcare Standards, a Council Member of the Australian Healthcare and Hospitals Association, and a Board Member of the Victorian Hospital's Industrial Association

John has a broad knowledge of the health industry and his experience at State and National level promote a comprehensive understanding of the issues facing healthcare planning and management. His depth of experience in managing complex situations and sensitive issues provide John with the right balance to lead a young health service through a period of growth and strategic positioning.

Managing policy directions and key performance targets set by the Board to meet demands for the range of healthcare services essential for an ageing rural population, improving financial and environmental management, and efficiently managing human and physical resources are the basis for this key position.

John excels in encouraging leadership potential within the organisation which he does with a view of ensuring leadership capability is always available to him.

High individual performance cannot achieve what a stellar performance are able to achieve. Our team has a history of long term commitment and valuable contribution to achieving the vision of West Wimmera Health Service.



## Darren Welsh

RN, BN, Grad Dip Bus (Administrative Management) AFCHSE.

*Executive Director, Acute Care*

Darren was appointed to the position in 2004 from Western District Health Service where he was Deputy Director of Nursing. Prior experience in management was attained at two other Regional Health services. Darren is currently studying a Master of Business (Administrative Management).

Management of Acute In-patient and Maternal and Child Health Services located at Nhill, Jeparit, Rainbow, the Operating Suite and Central Sterilising Service located at Nhill Hospital. From March 2007 Darren took on the responsibility for managing Dental Services, Disability Services and Community Nursing.

A core component of the position is the recruitment of professional clinical staff, and is aligned with the effective management of human and physical resources and budget within key target levels.



## Janet Fisher

RN, RCNA, Grad Dip Bus Management

*Executive Director, Aged Care*

Jan is a Registered Nurse Division 1 and completed an Advanced Diploma of Business Management in 2005. Prior to her appointment in 2004 Jan was the Director of Nursing at Rainbow Hospital. Her responsibilities involve the management of all Residential Aged Care Units and Community Aged Care initiatives and their performance against standards set by the Commonwealth Aged Care Standards and Accreditation Agency and the Commonwealth Department of Ageing.

Jan also has responsibility for Allied and Community Health, professionals and programs, Goroke Community Health Centre and Adult Day Centres.



## Ritchie Dodds

BCom CA FFin MBA AFCHSE

*Executive Director, Finance & Administration*

Ritchie is responsible for management of the Finance, Administration and Information Technology functions of the Service. Prior to his appointment to this position in April 2006, Ritchie gained considerable experience across all areas of the Service during his time as Operations Manager. Ritchie has a Bachelor of Commerce (Melbourne) and a Master of Business Administration (Melbourne). He is also a Chartered Accountant, a fellow of the Finance Services Institute of Australia and an Associate Member of the Australian College of Health Service Executives.



## Kaye Borgelt

Assoc Dip Med Rec Admin, Grad Certificate Mgt Org Change, Accred Clinical Coder

*Executive Director,  
Corporate & Quality Services*

Kaye was appointed to this Portfolio in September 2004. Prior to this she was Director of Health Information Services for West Wimmera Health Service, with previous experience as a Health Information Manager in rural South Australian and Victorian Hospitals. Kaye also officiates as a guest lecturer at La Trobe University.

Her position involves administration and co-ordination of non-clinical departments within the Service, including Engineering and Maintenance, Catering & General Services, Education and Health Information Services and is also responsible for coordination of Quality, Accreditation and OH&S.



## Dr Ian Graham

MB,BS (Melb), M. Health Planning (NSW), FRACMA

*Consultant Executive Director, Medical Services*

Dr Graham is the part-time Director of Medical Services for West Wimmera Health Service. He visits Nhill Hospital and other sites as required, every 6 to 8 weeks. During these visits, Dr Graham conducts the Medical Staff Association meetings and chairs meetings of the Clinical Quality and Safety Committee. Dr Graham is always available for telephone consultations with medical, nursing, allied health and senior management staff if issues arise regarding patient safety, clinical practice, credentialling, scope of clinical

practice or other patient care matters. Dr Graham is also the part-time Medical Director of the Postgraduate Medical Council of Victoria (PMCV) and works as a consultant in health management, leadership and education. He is currently undertaking a major project for the Royal Australasian College of Surgeons on surgical competence and performance.



## Melanie Albrecht

LLB BIS Grad. Cert. HSM

*Operations Manager*

Melanie was appointed Operations Manager in April 2006, after completing a Bachelor of Laws and a Bachelor of International Studies at Flinders University, South Australia.

During the 2006-2007 year Melanie has successfully completed a Graduate Certificate of Health Service Management and is currently completing the final modules for a Post Graduate Diploma of Health Service Management.

The position of Operations Manager focuses on assisting the Chief Executive Officer with operational issues of the organisation, special projects, the major one being an Aged Care Financial Review this financial year, and continued responsibility for Contract Management, Complaints and Risk Management.

Her role often involves organisational communication, liaising with External Stakeholders, and organisational reporting.



## Katrina Pilgrim

Certificate IV Business Management

*Executive Assistant*

Prior to her appointment in 2004 Kate had gained extensive expertise in secretarial and administrative positions including combining the roles of Personal Assistant to the Chief Executive Officer and Manager of Administration at West Wimmera Health Service and brings to the Service 21 years experience in administrative knowledge.

Her responsibilities include promoting communication within the Service, and with the community through the Office of the Chief Executive Officer. She is Secretary to the Board of Governance.

Kate has participated in an Occupational Health & Safety Workshops, ACHS EQUIP Workshops, the Corporate Governance Seminar, and successfully completed her Certificate 2 in First Aid to broaden her knowledge of the varied aspects of her position.

# THE COMMUNITY

Volunteers are the very core of the connection between our Communities and their Health Service. Their gift of time, innovation and loyalty are irreplaceable assets for West Wimmera Health Service. They are also an important 'voice' for the Service in getting our message across to the community and add another dimension to our communication links with stakeholders.

## Volunteers

We place enormous value on the support we receive from our large band of volunteers. They are a source of inspiration dedicating precious time assisting staff in every aspect of our Service. Offering their talents to diversify programs at Adult Day Centres, delivering lunch orders to customers of Cooyinda, visiting patients and residents, providing activities, outings and Church Services for Nursing Home and Hostel residents are but a few of the ways they add to the lifestyle and well being for our patients, residents and clients.

Their value they provide to staff in relieving workload pressures is also very valuable and appreciated.

## Fundraising – Ever necessary

Fundraising for the Service is directed by the Fundraising Appeals Act 1994 and best practice initiatives of the Fundraising Institute of Australia.

## Auxiliaries, Friends & Relatives Groups are great volunteers!

The Rainbow Bush Nursing Hospital Auxiliary, established in 1944, for the "comfort and benefit of Patients and Staff" is typical of the Auxiliaries, Friends and Relatives Groups at all our hospitals. Ladies banding together to raise money to make a positive difference for patients and residents.

Friends, relatives and interested community members joined the Friends of "IONA" Digby Harris Home, Nhill, for the 10th Birthday Party for the Home in May.

## Capital Campaign – Target Two Million Dollars

The Capital Appeal Campaign cabinet is chaired by John Hobday with representation from the community, Chief Executive Officer, Board and staff with the Co-ordinator, Kate Kennedy playing a major role. The generosity of individuals, Philanthropic Trusts and the Corporate sector have been the major source of donations to this time.

## ACE Radio – Supporting West Wimmera Health Service

ACE Radio Broadcasters continues to maintain a close association with West Wimmera Health Service. The company has always recognised the vital role the Service plays in its community and beyond.

ACE Radio owner Geoff Handbury has personally involved himself in the growth of the Service and is a keen advocate of its development.

Through special outside broadcasts on its 1089 3WM radio frequency and MIXX FM 101.3, and through special liftout features in its regional newspaper The Weekly Advertiser, ACE Radio has been able to support West Wimmera Health Service.

These mediums have been utilised to promote the many services and new facilities which make up West Wimmera Health Service and importantly to help raise awareness for much needed funds and donations to ensure the continuation of these important services.

Through 3WM, MIXX FM and The Weekly Advertiser, ACE Radio Broadcasters will continue to support West Wimmera Health Service in its future promotion and fund raising efforts.

## Sustainable Communities

### The Nhill Drought Resource Centre

The Centre began as a way for people to make a little money during the drought by selling their quality preloved clothing on consignment. It is now much more than that and is a hub of information promoting a positive relationship between the community and our Health Service.

The Store, with 15 volunteers at the helm guided by our Social Work Department is a success story. The volunteers received training in First Aid, Privacy and Confidentiality, Duty of Care and Customer Service but it is their individual skills that was a huge factor in establishing the Store.

A highlight for the volunteers was its official opening by Mr John Smith, Chief Executive Officer on International Women's Day 2007. The store, open three days a week, distributes a pallet of food and other resources free to the

community weekly, and earns income from the sale of donated clothing and a percentage of the sales of goods sold on consignment.

We thank our partners associated with this venture West Wimmera Health Service; Mulhullen's of Nhill, the Hindmarsh Shire Council, Bill Hamilton's IGA stores and most importantly the volunteers who ensure it is run by the community for the community.

## Open Day

A warm spring day, a Sausage Sizzle and an element of curiosity drew an enormous crowd to inspect the 'New' Nhill Hospital before patients were moved into the new Hospital.

The unusual design had attracted a lot of attention during construction and the people came from all over the Wimmera to 'have a look' were amazed at the variety of services that would be available, including a Haemodialysis, Day Procedure, the Imaging Centre and the Kiosk. The Handbury Foyer was another point of interest with people gathering to view the historic display there.

The impromptu day turned out to be an excellent and a great communication exercise.

There are still many major undertakings to tackle to keep our Service at the standard we now enjoy. We implore our communities to really get behind the Appeal and make West Wimmera Health Service their No 1 priority for giving.

## Generosity, Munificence, Benevolence, Philanthropy...

The munificence of our benefactors has in true West Wimmera custom again brought about a revitalisation of continuing faith and hope in charity. We gratefully acknowledge those who have risen to answer our plea for financial support.

### Donations Received by Type 2006-07

Donation Type	\$'000s
Auxiliaries	7,200
Bequests	82,938
Donations & Fundraising	586,440
Trusts & Foundations	190,000
Total cost of Fundraising	47,000
TOTAL	819,578



*DON Megan Webster with Veteran Jimmy Jackson at the flagpole the Jeparit RSL donated to Jeparit Hospital*

Donations & Bequests 2006-07	
Donor	(\$)
Geoff Handbury	500,000
Helen Macpherson Smith Trust	100,000
Estate of the Late M M Collins	79,186
Anonymous	50,367
Collier Custodian Co.	35,000
Mr J R Millington	10,000
Nhill Ladies Auxiliary	7,000
Mr A P & Mrs A J Koop	5,000
William Angliss	5,000
Mrs E M Gordon	5,000
Mr W J Binns	5,000
Mr T & Mrs K Borgelt	4,800
Mr D M Reichelt	4,000
Mr S R Champness	3,752
Mr D O'Neal	3,000
Victorian Emergency Relief Fund	2,751
Mr M Magrath	2,500
Mr N H & Mrs M Gould Pty Ltd	2,000
Mr B & Mrs S Smith	2,000
Mr S W & Mrs G P Donnell	2,000
Mr G & Mrs A Hateley	2,000
Mr L D Creek	2,000
Chocolate Sales	1,883

Drought Relief Concert	1,758
Mr D Welsh	1,300
Mrs J Fisher	1,100
West Wimmera Darts Association	1,000
Mrs N Zanker	1,000
Mr D R & Mrs P Deckert	1,000
MR J M Wheeler	1,000
Mr K & Mrs N Binns	1,000
Kaniva Masonic Lodge	1,000
Mrs H T Deckert	1,000
Miss M E Orford	1,000
Mrs E E Marra	1,000
Mr M W & Mrs H M Schilling	1,000
Mrs A Hall	800
Mrs D Bird	530
Mrs M Oldfield	500
Mr G & Mrs C Crittenden	500
Mr C C & Mrs J J Palmer	500
Mr G R & Mrs J E Eastick	500
Mr J W & Mrs J A Feder	500
Mr I Launer	500
Mr N & Mrs J Klemm	500
Mr R & Mrs J Werner	500
Mr R Dodds	500
Mr P & Mrs D Ralph	500

Mr E & Mrs J Reichelt	500
Mr A & Mrs B Smith	500
Dr D I Harris	500
Patrons of Farmers Arms Hotel Nhill	500
Mr R C & Mrs B C Wilhelm	500
Returned and Services League Australia	474
Book Sales	435
Westprint Heritage Maps	343
Mr C H C Honeyman	300
Mr K W Schultz	300
Mr H & Mrs U Bartlett	250
Mr S G & Mrs R A Walter	250
Mrs A Morris	200
Frock & Frolic	200
Mr E & Mrs M Pitt	200
Mr W D Magrath	200
Ahrens Engineering Employees	200
M J Scroop	200
Mrs T Jolly	200
Mr C C Duffy	200
Mr C & Mrs W Ward	200
St Peters Lutheran Womens Guild	200
Donations under \$200	4,999
<b>TOTAL</b>	<b>866,579</b>

# ACUTE & AMBULATORY CARE SERVICES

Robust research into new approaches has underpinned the introduction of innovative services and programs designed to deliver equitable health services and promote timely access to responsible care for the benefit of this rural population

## Goals:

- Vigorous staff recruitment
- Continue equipment replacement plan
- Develop new services for the communities of West Wimmera Health Service

## Strategies:

- Establish new links with new recruitment organisations
- Apply for equipment grants as they become available
- Bolster collaborative antenatal and post natal care

## Achievements:

- Relationships established with three new recruitment organisations
- Equipment for the new Operating Theatre installed
- Commencement of Dialysis Services and Visiting Gynaecology service

## Future:

- Recruitment of a Physiotherapist, Dietitians and Registered Nurses
- Redevelop the Nhill Dental Clinic
- Increase Graduate Nurse positions

## Bed Based Services

West Wimmera Health Service provides 52 Acute Bed accommodation in four localities; Jeparit [4], Rainbow [7], Kaniva [6], Nhill [35]. Conditions requiring admission to these facilities range from Acute and Chronic medical conditions such as diabetes and heart disease through to Surgical procedures offered by Specialist Surgeons including Orthopaedic, Ophthalmology, Ear, Nose and Throat, Oral and General Surgery.

Modern amenities are a feature of the accommodation and care we offer.

## Dialysis

In response to a demonstrated community need, a Haemodialysis Unit was established at the Nhill Hospital in March 2007. Patients who were required to travel to regional centres are now able to access their treatment locally.

Staff attended the Royal Melbourne Hospital for intensive training in all aspects of Dialysis service delivery. The clinical equipment and consumables for this service are supplied by the Royal Melbourne Hospital for which we are extremely grateful.

The competent Engineering staff installed a new, dedicated water supply and advanced filtration equipment required for this service which is proving to be a very successful initiative.

## Extension of Surgical Services

Dr Ian Jones, Obstetrician and Gynaecologist, visits the Service each month for consultations and to undertake Surgical Procedures.

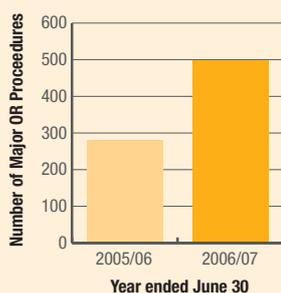
Increased access to specialist medical services, elimination of long distance travel and the resultant separation from family are positive outcomes deriving from the introduction of this new service.

## Operating Suite

The new Operating Suite opened prior to the move of the 'New' Nhill Hospital proper which was achieved without disruption to surgical services or patients.

The Suite was outfitted with Datex Ohmeda monitoring equipment, new patient trolleys, a new operating table and safety devices and systems which bring this important patient care facility right up to date.

Operating Theatre Activity 2005-2007



## Pharmacy Services Maintained

With the retirement of long standing Pharmacists, Loris Carland and Jeff Batrouney, the need to replace this excellent and experienced team was a priority. Our appreciation is extended to Loris and Jeff for their contribution to the excellent pharmacy service we have enjoyed.

Fortunately we were able to recruit a pharmacist thereby maintaining medication advice to our patients, clinical nursing and medical staff.

Across the Service the Pharmacist provides expert advice to Nurses and Medical Practitioners on medication therapy, addressing potential medication complications and ensuring all medications are safely managed.

The Pharmacy based at Nhill Hospital is like many other departments located in temporary accommodation and location and we look forward to the next stage of redevelopment to move into more contemporary accommodation.

## Ambulatory Care and Emergency Services

The new Ambulatory Care Department incorporates, An Urgent Care/Emergency Outpatient section with adjoining consulting rooms and Medical Imaging Department.

Education for staff in the delivery of Emergency Services has been enhanced with staff participating in an Advanced Emergency Training and also in Remote Area Nursing course provided by Mobile Intensive Care Ambulance (MICA) Paramedics - a very important training program

A key outcome of this course was the opportunity for nurses to develop advanced clinical skills such as the emergency treatment of trauma and advanced cardiac and respiratory management - important skills in a remote location.



*Community Ambulance Officer Anne Asplin and Ambulance Paramedic, Lou Sartori rush a distressed patient into Primary Care Casualty for assessment.*

### Maternity and Family Services

Maternity Services have concentrated on Antenatal (before birth) and Post Natal Care (following birth) during the past twelve months. Midwives and Allied Health professionals have conducted education for parents about the birthing process, physical fitness and nutrition. After the birth, midwives conducted home visits providing support and advice to assist with the early days of parenting.

We are continuing to plan for the introduction of maternity services offering 'low risk' delivery care as medical and nursing staff become available.

A vibrant Maternal and Child Health Service for families with young children provides ongoing advice to families throughout the Hindmarsh Shire, particularly those who may be encountering difficulties. The Maternal and Child Health Nurse works closely with other professionals such as midwives, welfare workers and counsellors.

The Maternal and Child Health Nurse has developed stronger relationships with Kindergartens and Child Care groups to foster greater knowledge of the complex services available.

### Community Nursing Program

Our District Nursing Service operates in all communities. Nurses visit patients in their homes providing treatment such as dressing wounds, medication and diabetic management.

A Home Visit Safety Policy has been implemented to ensure the safety of all staff making home visits.

In another first for visiting nurses and allied health professionals, computer software developed by Ballarat District Nursing and Health Care has been introduced which enables staff to more accurately plan the physical and human resources required to adequately care for their patients. This is a valuable addition.

### Tattersall's Medical Imaging Centre

New Radiology X-ray and Computerised Radiography Processing System have been installed. The film now produced is of high quality and quite superior to that previously available. The X-ray images are instantaneously transferred to Radiologists (X-ray medical specialists) through the Computerised Radiography system for diagnosis and reporting back to the referring practitioner.

The new equipment has dispensed with chemical processing and the OH&S issues surrounding the use of Gluteraldehyde, a potentially toxic chemical have been eradicated.

### General Practitioner Recruitment

In a time when the recruitment of Medical Practitioners to rural locations is almost impossible, Tristar Medical Group has employed a full compliment of practitioners including two female General Practitioners.

The medical service we now have available in all our communities is excellent.

### Health Care – Building a Dynamic Workforce

This year staff movement has been challenging however we have been successful in recruiting trained staff from within Australia as well as from overseas trained staff.

We will continue a vigorous recruitment campaign to consolidate numbers and establish the best mix of skills for the services we deliver. We will pursue a skills based education program and strictly monitor completion of mandatory education and competency based initiatives .

## Consultant Out-patient Psychiatric Services

We have been fortunate to gain the services of a consultant Psychiatrist who visits on a fortnightly basis. This Service has been sorely needed in the rural setting where access to Mental Health care has been sparse.

Consultations with the Psychiatrist take place at the Nhill Hospital.

## Community Satisfaction – Regular Monitoring

Every six months our acute care services undergo a patient satisfaction assessment of what we provide by the very people who have experienced our care - the patients we treat.

Our patients complete the Victorian Patient Satisfaction Monitor, a survey conducted by a consultant acting on behalf of the Department of Human Services.

Six main areas of satisfaction are measured. Our results are compared with like sized hospitals and the state of Victoria benchmark. West Wimmera Health Service has continued to improve in all areas surveyed exceeding the results of comparative hospitals and also the State average in the areas of Overall Care, Access and Admission, General Patient Information, Treatment and Related Information, Complaints Management, Physical Environment, Discharge and Follow-up and Consumer Participation.

We are proud of our Service and these results indicate that so are the people we serve.

## Infection Control

### Immunisation

It was pleasing to have an increase in the uptake of the Influenza Vaccination amongst the staff of the Service.

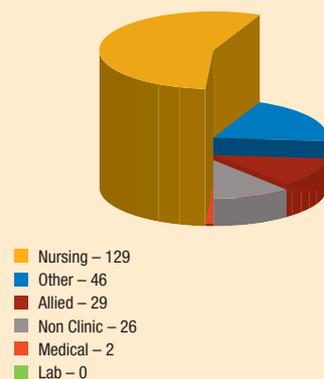
There has been a gradual increase of acceptance of this vaccination which has corresponded with increased public awareness and increased expectations by the Department of Human Services.

The results achieved to date are:

Staff Influenza Vaccination Program				
	No of Staff Immunised	Total Staff	% Staff Immunised	State % Immunised (VICNISS)
2007	232	405	57.28	42.0*
2006	212	480	44.16	41.0
2005	148	391	36.95	37.8

\*preliminary data

Influenza Vaccine Given 2007



## Monitoring Infections – State-wide

Reporting hospital-acquired infections to the Hospital Acquired Infection Surveillance Coordinating Centre (VICNISS) is undertaken monthly.

Strict observance of infection control practices make it very rare for a patient to acquire an infection while under our care.

Reporting to a central organisation is important so that we can compare ourselves with similar organisations and also for the State Government to monitor trends across all hospitals.

## Occupational Exposures

Incidents involving needle stick injuries or staff members exposed to patient bodily fluids are also reported to VICNISS. 8 incidents were reported with no incidents assessed as high risk.

There were no incidences of patients developing an infection as a result of exposures they may have experienced.

## Clean Hospitals are Safer Hospitals

General Services Staff audit the standard of cleanliness in our buildings and patient care areas regularly.

Time is taken to address outcomes as we strive for perfection. Maintenance and specific cleaning requirements are undertaken to ensure a high level of cleanliness is maintained throughout the service.

Annual auditing by external auditors is required and it is mandatory to report the results to the Department of Human Services.

The staff who clean our facilities have a sense of ownership and this is reflected in the consistent audits results achieved being greater than the expected 90% compliance.



Image Caption Text

## Isolating Infections

The “New” Nhill Hospital has an isolation room designed to reduce the spread of respiratory diseases.

This room has an independently controlled air conditioning system that minimises the risk of infections. The room was also used for patients during the recent Gastroenteritis outbreak.

The isolation facility is vital for the control of infectious admissions experienced from time to time.

## Hand Hygiene



Last year, along with many other health facilities our Hand Hygiene regime moved from soap and water to the use of an alcohol based hand rub.

Auditing of the use of this product occurred which revealed it was widely accepted across the state of Victoria and there is a requirement to report the amount of product used and the number of ‘golden staph’ infections reported.

No infections of this type occurred and we were proud to report ‘zero’.

Using the product is now mandatory and frequent auditing will be undertaken in the future to ensure a higher compliance rate across the State is achieved.



*Mr David Bird in the Operating Suite at the Nhill Hospital assuring his patient the procedure went well.*



*Dental Nurse Andrea Deckert preparing Kayleen Kingwell for her annual check at the Nhill Dental Clinic.*

### Infection Control Auditing

All Infection Control Practitioners within the Grampians Region of Victoria audit areas of their Health Service which are considered as high-risk and requiring constant Infection Control monitoring. We are then able to compare our results and benchmark across the region.

West Wimmera Health Service consistently achieved results close to or above the regional or state average.

### Education

Extensive Staff Education is undertaken throughout the year. Subjects included Waste Management, Hand Hygiene, Gastroenteritis and Respiratory Etiquette with non Clinical Staff showing excellent initiative in attending education sessions.

Acute and Ambulatory Care Services have moved into new facilities, established new services and employed new staff over the past year.

Our community has never been better served than it is now with access to Health Care that is second to none. The future beckons with investigating care requirements such as restorative care following physical calamity and rehabilitation.

The Service will undergo a Clinical Service Planning exercise that will shape health care provision for our communities for the future of all.

### Our Dental Service

Dental Services throughout the year were in a state of change, Private Practitioners Dr Ho and Dr Nhakla ceased their service however Dr Damien Goh has commenced and offers Private and Public dental care.

These practitioners worked tirelessly to improve the oral health of our community and to reduce waiting times.

Our ageing dental clinic has posed problematic working conditions for Practitioners and staff.

We now eagerly await the redevelopment of the dental surgeries addressing infection control and best practice concepts being planned with Dental Health Services Victoria and the Department of Human Services.

Attention to clinics at Rainbow, Kaniva and Groke Community Health Centre is proceeding as a result of funding received through the Commonwealth Governments Rural Private Access Funding Program.

*Pull Quote*

# CONSULTANT EXECUTIVE DIRECTOR – MEDICAL SERVICES

## Medical & Clinical Visiting Consultants

### EXECUTIVE DIRECTOR MEDICAL SERVICES

**Dr. Ian Graham** MB BS MHP FRACMA

### GENERAL SURGEONS

**Mr. S. R. Clifforth** MB BS FRACS

**Mr. D. Bird** MB BS FRACS

**Mr. P. H. Tung** MB BS FRACS

### ORTHOPAEDIC SURGEON

**Dr. R. Clarnette** MB BS FRACS

### CONSULTANT OPHTHALMIC PHYSICIAN AND SURGEON

**Dr. M. A. Chehade** MB BS FRACO

### EAR, NOSE AND THROAT PRACTITIONERS

**Miss. A Cass** MB BS FRACS

**Mr. L. Ryan** MB BS FRACS FRCS DLO

### CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

**Dr. I. Jones** MB BS FRANZCOG

### VISITING ORAL AND MAXILLOFACIAL SURGEON

**Dr. A. Ayasamy** BDS MDS FDS RCPS FICD

### SPECIALIST ANAESTHETIST

**Dr. R. Ray** MB BS FANZCA FAARACS

### CONSULTING PSYCHIATRIST

**Dr. R. Proctor** MB BS BSc DPM

### GENERAL PRACTITIONERS

**Dr. K. El-Sheikh**

MB BS FRACGP FACCRM DPS DPM

CASA Pilot Medical Officer

**Dr. M. J. Anderson** MB BS FRACGP DA FACRRM

**Dr. R. Lotia** MB BS BSc

**Dr. S. Dhillon** MB BS STCA Obs (PGI)

**Dr. S. Munawar** MB BS FCPS(surgery)

**Dr. K. Morgan** MB BS DRANZCOG DCH (SA) FRACGP

**Dr. A. Khan** MB BS

**Dr. M. N. Qadir** MB BS

### CONSULTING PHARMACIST

**Mrs. A Teed** PhC MPS FSHP MACPP

### SESSIONAL PHARMACIST

**Mrs. L Carland** PhC MPS

### STAFF PHARMACIST

**Mr. J Batrouney** PhC MPS

**Ms. M Tormey** B Pharm

### CONSULTING RADIOLOGY SERVICES

**Bendigo Radiology Group**

### CONSULTING DENTAL PRACTITIONERS

**Dr Paul Nakhla** BDSc

**Dr Duy Ho** BDSc

**Dr Damien W Goh** BDent BBSoc



*Dr Ian Graham, Executive Director of Medical Services.*

## The Changing Face of Medical Care

Further changes to the WWHS Medical Practitioners Association occurred this year. Dr Vladan Jankovic moved from Kaniva and Dr Maged Boules left the Nhill Medical Clinic. We wish them well with their new career directions.

Tristar Medical Group established a new Medical Practice in Nhill with Drs Malcolm Anderson and Rizwan Lotia being joined by Drs Sumeet Dhillon and Shoaib Munawar. Tristar also established Practices in Jeparit and Rainbow with Dr Nouman Qadir and Kaniva with Dr Asim Khan.

## Credentialing and Granting of Clinical Privileges

When Visiting Medical Practitioners are appointed or reappointed to practice at West Wimmera Health Service, they undergo a

process of credentialing and the granting of clinical privileges.

Credentialing involves a review of their qualifications, experience and registration status to establish if they are appropriately qualified to practice in the Victoria.

Clinical privileges define the scope of their practice, as well as taking into account a Medical Practitioner's skills in a particular area of clinical practice.

All practitioners have been credentialed and granted Visiting Rights.

## National Inpatient Medical Chart

The new National Inpatient Medication Chart, an initiative of the Australian Council for Safety and Quality in Health Care has been implemented. The chart was developed to promote safe and appropriate prescription of drugs and to reduce the incidence of medication errors in hospitals. The implementation process involved a review of prescribing patterns across the Service and a detailed study of drug related incidents.

## Services Review

Other issues receiving attention by the Association have included the review of investigation reports from blood and pathology tests, reading and reporting of electrocardiogram (ECG) traces; x-ray services; development and improvement of Emergency Department services; and new equipment requirements.

VMO's are reviewing clinical policies and procedures to ensure that they are current and relevant to practice at West Wimmera Health Service and an asthma management pathway has been developed by staff in conjunction with Wimmera Health Care Group.

## West Victoria Division of General Practice

The Medical Practitioners Association continues to be involved in the West Victoria Division of General Practice Clinical Risk Management Program. Cases from hospitals throughout the region are selected for detailed review by a panel of experienced Medical Practitioners. The recommendations from these reviews are considered by the Association in relation to their relevance to West Wimmera Health Service.

## Professional Development

At each Association meeting, Medical Practitioners are required to report on their ongoing professional development activities and to confirm that they are doing sufficient work in special areas of practice to maintain their skills. The General Practitioners at West Wimmera Health Service have attended updates and workshops on General Practice, Emergency Medicine, Anaesthetics and Obstetrics during the past year.

## Our Gratitude

West Wimmera Health Service thanks its General Practitioners and Visiting Specialist Medical Practitioners for their support and the high quality clinical services they continue to provide.

A handwritten signature in black ink, appearing to read 'Ian Graham', written in a cursive style.

**Dr Ian Graham**  
Executive Director of Medical Services

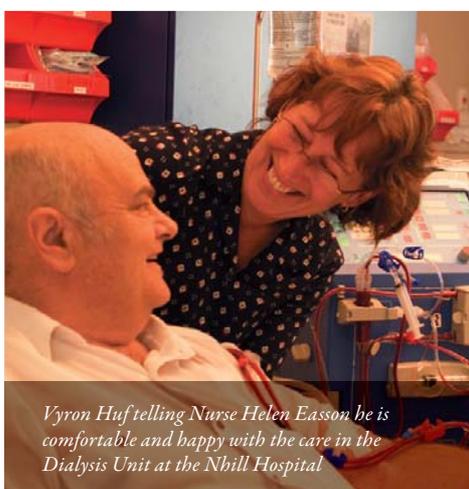
# CARING FOR OLDER PEOPLE

## – Our Core Business

Our aim is to provide our residents with an environment in which they are assisted and encouraged to live their lives with purpose and dignity.

Staff are attuned to this philosophy and tested annually for competency to ensure the physical, social and emotional needs of residents are their prime consideration.

Nurses are well supported by our highly professional allied health team who travel to each site weekly and are available via telephone or videoconference for immediate consultation.



*Vyron Huftelling Nurse Helen Easson he is comfortable and happy with the care in the Dialysis Unit at the Nhill Hospital*

### Goal

- To deliver compassionate client focused aged care which meet all accreditation standards.

### Strategies

- Encourage ongoing education to keep abreast of changing philosophies and practices
- Constantly monitor individual care

### Achievements

- Accreditation status maintained for all residential units and community aged care programs.
- Staff have participated in a number of further education initiatives

### Future

- Replacement of items of equipment and furniture which no longer meet the standards

### What we have and where we are!

Our communities are fortunate to have excellent Residential Aged Care accommodation

#### High Care (Nursing Homes)

- Rainbow 10 places
- Jeparit 10 places
- Kaniva 11 places
- Natimuk 20 places
- Iona Nhill 26 places, comprising 10 Frail Aged, 10 Dementia Specific and 6 Psychogeriatric

#### Low Care (Hostels)

- Rainbow 10 places
- Jeparit 5 places
- Kaniva 10 places
- Natimuk 20 places made up of 10 dementia specific and 10 frail aged

The standard of accommodation, the care and the programs we offer our Residents is based on the belief that we must consider their special needs to ensure they are comfortable, settled and contented in their “home environment”.

Admission to a Residential Aged Care Unit requires an assessment conducted by our Aged Care Assessment Team (ACAT) which includes a Division 1 Registered Nurse and a Specialist Geriatrician Medical Practitioner who is independent of West Wimmera Health Service

The assessment by the ACAT is a government directive and determines eligibility to a Commonwealth funded aged care facility and the amount of Commonwealth subsidy to be provided to cover part of the cost of residential accommodation. This assessment also applies to Respite Care and Community Aged Care Packages.

Fees and charges for high and low care are based on income and asset assessments and the level of care required in accordance with the Commonwealth Aged Care Act 1997.

#### Community Aged Care Packages

Community Aged Care Packages are a vital initiative which empower people to remain in their own home within the communities they love for as long as possible.

Services available through these packages include, Domestic assistance, cleaning, cooking, transport, social outings, personal care and respite care.

*Our communities are fortunate to have excellent Residential accommodation and comprehensive community aged care service*

We have 15 Community Aged Care Packages which are keenly sought. Staff who manage the Packages are responsible for establishing the services required by the client and monitoring those services to make sure they continue to meet the client's needs. The Packages are available to all our communities. The demand for this type of care has increased enormously since its inception as our population ages and the desire to remain at home increases. An application for more Packages, which we desperately need, has been submitted and we anxiously await the outcome.



*Harrie Orriss visiting good friend Roma Chaplin in the sitting room at Weeah Lodge Rainbow*

### National Respite for Carers Program (NRCP)

NRCP is designed to assist carers of clients with dementia or a disability to provide relief from their care responsibility. This may be occasionally, a regular day or a longer period in which the carer can enjoy a well earned rest and an opportunity to pursue their own interests.

### Charter of Residents Rights and Responsibilities

Rights and responsibilities do not diminish on entering a Residential Aged Care facility. New residents receive a folder containing documentation detailing their rights and responsibilities and this information is also displayed in each facility.

Residents and their families are encouraged to discuss care and other issues with staff so that there is a clear understanding of what the resident wants. They are also encouraged to make suggestions for improvement, the correct avenue for registering a complaint or indeed a compliment.

Regular resident satisfaction surveys address food, quality of care provided, respect, enjoyed activities and recreation opportunities. Information derived from these surveys is a very important component in planning and improving our services.

### Respecting Patient Choices

Given the importance we place on respect and independence for our Residents a number of staff participated in the 'Respecting Patient Choices' program which helps us to understand a resident's wishes about future care and treatment. Family, friends and staff are reassured by having this information, particularly when residents become seriously ill and are unable to make decisions for themselves.

### Accreditation

Complying with the Accreditation Standards of the Aged Care Standards and Accreditation Agency is mandatory. The Agency's Auditors visit by appointment and at times unannounced to inspect Resident related records, policies and procedures, to interview staff, residents and families to assess the level and quality of care provided.

The Agency must satisfy itself we are providing the 'appropriate' level of care, that resident quality of life is our major objective and that we are striving continuously to improve.

### Day Centre/Planned Activity Groups

Adult Day Centres offer social interaction for clients and day respite relief for carers. Activities also enhance daily living skills and provide physical, intellectual, emotional and social stimulation. They are partly funded through the Home and Community Care Program and supplemented by client fees and the use of volunteers.

Our residents are extremely important to us and our holistic approach creates a pleasurable environment to live in. Each residence is open, fresh and new.

Selection of staff is based on their passion for caring for the elderly and their competency, which is tested annually, to ensure a high level of understanding of aged care exists and its management is always maintained.

Our compassion, care and respect leads to Resident satisfaction, contentment, confidence and well being.

This will always be our goal.

# COMMUNITY & DISABILITY SERVICES

A team with diverse skills and exceptional talents develop and deliver community programs which promote improved health, well being and lifestyle choices

## Goal

- To be responsive to identified community need, maximise access to our programs and maintain sustainable services

## Strategies

- Strengthen recruitment campaign
- Research community needs

## Achievements

- Two new Dietitians appointed
- Surveys and questionnaires distributed and used as foundation for Health Promotion Plan

## Future

- Strengthen recruitment strategy for Physiotherapists

## Allied Health Care – A Team Effort

A multidisciplinary team of Allied Health Professionals provide an exceptional range of services. They also support other clinicians to reach their goal of improving the health and well being of our Service.

Our high calibre team are constantly on the move visiting each site on a weekly basis delivering Community programs, Outpatient, Inpatient, Residential, Welfare, Health Promotion and Disability services - No mean feat in light of the distance between each site.

## Physiotherapy

Physiotherapists assess and treat people with musculoskeletal, neurological and cardiothoracic conditions to facilitate normal movement and function. Residential Aged Care assessment and treatment occurs on referral from Medical Practitioners and staff within the units. Residents are also assessed annually for mobility and dexterity and when individual treatment is required.

Acute patients are referred by their GP or Specialist for treatment in particular following Orthopaedic Surgery.

There is also an extensive Outpatient service provided where a referral is not necessary.

The Physiotherapy Department works in conjunction with other staff to conduct health promotion and community health programs such as The Cardiac Rehabilitation Program providing education for people after a heart

event or as a preventative measure and the Falls Prevention Program which implements strategies to minimise the risk of falling.

Until recently we had maintained the services of an experienced Physiotherapist who was assisted by the Physiotherapy Assistant and an Exercise Physiologist. We are now pursuing a vigorous recruitment campaign to find a replacement. In the mean time the Physiotherapy Assistant and Exercise Physiologist are maintaining the service.

## Occupational Therapy

Occupational Therapy is a health and rehabilitation profession assisting individuals to achieve independence in their daily lives.

They undertake assessment and rehabilitation of Inpatients, Residential Aged Care Residents and Outpatients, conducting home visits and arranging for appropriate aides for daily living to assist clients cope with rehabilitation, recovery after surgery and disability requirements.

Community Programs conducted by Occupational Therapy staff were evaluated and The Girls Group, Getting Gorgeous and Heart Health programs have already been rescheduled for next year.

Occupational Therapy staff also supervise student placements for Universities, raising the profile of the profession and West Wimmera Health Service.

## Dietetics

The Dietitians advise Inpatient, Outpatient and Residential Aged Care clients on all aspects of dietary and nutritional needs. They liaise directly with catering staff to ensure communication of the importance of diet requirements and compliance with them are observed.

Nutrition Care Plans are formulated and monitored to ensure Dietary and Lifestyle changes are attained.

## Speech Pathology

The Services aims are to provide effective and efficient intervention for those with communication and swallowing disorders by offering hearing assessments, speech, language and hearing sessions at kindergartens for pre schoolers, local industries, aged care assessments for clients with swallowing difficulty and food consistency education to clinical and general service staff.

Third and fourth year Speech Pathology students are supervised during clinical placements.

The Speech Pathologist is involved with Speech Pathology Australia to determine the national standards for modified consistency diets and is a rural and remote representative on the National Council of Speech Pathology and lectures at Charles Sturt University on the realities of rural and remote practice.

## Podiatry

Our podiatry team is always busy providing care to inpatient, outpatient, residential aged care residents and other residential organisations across our catchment area. Assessment and construction of orthotic aides, education on footwear to residents and staff to prevent and minimise falls risk.

The plans of the department for 2007-2008 include Health Promotion presentations to mother and toddler groups, Foot health articles will be published in local papers and increased orthotic manufacture will occur.

## Social Work

In this primary producing catchment the Social Work team provides essential services, connecting and assisting clients to access service organisations and other support which they may otherwise be without.

West Wimmera Health Service is an Agent for Centrelink and the Centrelink Workstation. The Centrelink workstation located in Mira is used by clients daily for general benefit enquiries, and access by farming families seeking Exceptional Circumstance crisis payments and health care cards.

Emergency food relief is provided through the Commonwealth Emergency Relief programs and Vic Relief which is a vital aspect of the Department in more recent times.

Undoubtedly the highlight of the year was the opening of the Nhill Drought Resource Centre to coincide with International Women's Day March 8, 2006.

Individual and family counselling and advice including referral to housing, financial counselling services, drug and alcohol withdrawal services, and mental health services remain at the very heart of the care provision.



*Community Image Caption Text*

### Massage Therapy

Massage Therapy provides Inpatients, Outpatients and Residential Aged Care clients with relaxation and remedial types of Massage Therapy. The staff work in consultation with the Physiotherapist, Exercise Physiologist and Clinical staff to assist clients with pain relief and from physical damage. Relaxation massage is most beneficial with residents in residential care.

### Diabetes

The Diabetes Educator consults with Inpatients, Outpatients and Residential Aged Care clients assisting and educating clients with glucose monitoring and insulin devices.

West Wimmera Health Service is a sub agent for the National Diabetes Service Scheme [NDSS]. Diabetic supplies are accessed from each of our facilities.

### Health Promotion

Our Health Promotion Plan is driven by a highly trained and very committed nurse involved in Health Promotion planning, implementation, evaluation and reporting, including the organisation of Health Promotion and Physical Activity Sub Group activities.

Successful programs conducted this year include:

#### Well for Life Project

A special grant of \$16,500 was obtained to enable training and education to staff. The program has more than 80 participants and addresses increased physical activity and nutritional status.

### Drought Forums

Initiated by the Jeparit & District Community Health Group, which were replicated with financial support from Hindmarsh Shire Council in Rainbow and Nhill

A very timely initiative.

### Sustainable Farm Families

Training was undertaken in August last year to conduct a program in Nhill in February, 2008. This was made possible with funding of \$20,000 and the support of the Hindmarsh Landcare Network.

One of the most enjoyable outcomes experienced was the strong partnerships formed with other healthcare organisations - Wimmera Primary Care Partnership, Wimmera Regional Sports Assembly, Hindmarsh Shire Council, YMCA, Nhill Neighbourhood House, Rainbow & Jeparit Learning Groups, Maternal & Child Health Nurse with much gained from these partnerships.

Next year the Well for Life Project, Sustainable Farm Families programs and will be conducted in Nhill & Natimuk, and the Moovers & Shakers program will be introduced at Nhill, Kaniva, Rainbow & Jeparit communities with \$1,500 received for each locality.

### District Nursing

The District Nursing Service assists clients to remain in their homes in all communities. They have undertaken a review of District Nursing policies and procedures to highlight those to be incorporated into existing policies – a work in progress.

A review of the extent of this service will also be carried out.

Department of Veterans Affairs client data has been verified pending the introduction of Ballarat District Nursing Health Primary Care Statistical Network. This system will allow more accurate information to be available for planning our services.

### Continence Nursing:

A skilled Continence Nurse consults with Inpatients, Outpatients and Residential Aged Care clients and undertakes an assessment of issues recommending treatment in consultation with the referring Medical Practitioner. Trials of various types of discreet continence aides have been introduced to improve comfort and confidence.

### Asthma Nurse

Our Asthma Nurse assesses and educates clients about the idiosyncrasies of their condition and works very closely with Medical Practitioners and devoting time to explain the attributes of various types of medication and how to utilise aides available to treat this condition. Staff education constantly occurs for new techniques.

The Allied Health Team is an integral part of West Wimmera Health Service and their professional expertise ensures that clients are given the best advice and support to remain independent, fit and healthy.



*Instructor Ashley Grant in the boutique vegetable garden with client Kim Kendrick*

Cooinda, the only Disability Service to operate under the auspice of a Victorian Public Health Service is funded by the Victorian Department of Human Services and the Commonwealth Department of Families, Community Services and Indigenous Affairs.

### Goal

- To develop life skills and to improve opportunities for supported employment
- To ensure financial viability

### Strategy

- To provide innovative programs to enhance skills and the ability to integrate into employment and the community

### Achievement

- Cooinda continues to set high standards in achieving accreditation for its management systems and services.

### Future

- To continue to consult with consumers, carers and funding bodies to achieve realistic outcomes for people with disabilities.
- To achieve financial stability

### Commonwealth Business Services

#### Snappy Seconds – moving forward

Snappy seconds, a retail outlet for 'up market' second-hand goods is planning to train supported employees to sell goods via 'e-bay' opening up a wider market and creating another opportunity for supported employees.

#### Oliver's Café

##### – The place to meet and eat

Supported Employees prepare meals and serve customers and the Café has diversified into selling Gourmet coffee beans and chocolates with success.

This business venture is seeking greater customer support to ensure its future.

### Our Goal Achieved

#### Supported Employees Progress to Commercial Employment.

The partnership with Luv-a-Duck has realised the ultimate goal for two Supported Employees who have commenced employment at the Luv-a-Duck Hatchery. This is a new employment model with a high degree of satisfaction for both parties.

One hospitality workers is also in employment assisting with programs giving respite to families of stroke victims.

### State Funded Day Programs

The emphasis of the State funded day programs is to develop life skills, independence and to encourage acceptance and participation in community life.

New staff bring new skills to these Programs.

The State program has a new instructor, Ashley Grant, who has implemented three new programs that are a great hit with clients – the Gym program, the Boutique Market Garden and Creative Story Telling.

Cooinda provides great opportunities for its clients it is up to this Service and the community to make sure it continues to be viable.

### A New Business Partnership

West Wimmera Health Service and Luv-a-Duck, an international company breeding and raising ducks for the Australian and Export culinary and hospitality markets, have embarked on an extremely innovative venture to provide diversity of employment for our supported employees.

We entered into a contract with Luv-a-Duck to operate a 'Duck Shed' where supported employees maintain several thousand ducks which lay over 2,000 eggs a day.

A venture we will pursue vigorously.

### Geoff's Story

Before becoming a Supported Employee at Cooinda I lived in Horsham. People were nasty and I didn't like myself – I was living like a hermit.

I put myself into rehab for two months, it failed, no support to keep me on track. I started drinking, gambling and smoking heavily which put me behind in rent, bills and food. It came to a head when I was bashed up in the street.

Cooinda helped me start again. That was six months ago. Now I've got a good job, support, nice friends and I go out, I am out of debt, have cut down on smoking and drinking and I don't gamble, I am doing a Certificate III Apprenticeship in Agriculture (Poultry Production) and my big goal is to live independently.

I am happy for the first time in a long time, I go to Advocacy, I am taught to budget and to look after my hygiene and health, they talk to me about life in general and give me confidence.



*Geoff Fletcher proudly displaying the first collection of the day at the Coinda Duck Shed.*

# SUPPORT SERVICES

## CORPORATE & QUALITY

The Corporate & Quality Division strives to support the delivery of quality patient care.

The Division embraces Engineering and Maintenance, Catering and General, Education, Health Information, Quality and Occupational Health and Safety, Environment, Water Conservation, Energy and Waste Disposal Management.

### Goals

- To provide efficient and effective support services that enhance the provision of quality and safe care.

### Strategies

- To provide educational opportunities to ensure all staff are skilled and competent.
- To continue daily maintenance programs in parallel with Engineering staff who assist with redevelopment programs.

### Achievements

- Installation and commissioning of digital radiology system and equipment for Dialysis Unit
- 311 Training and Education sessions provided with a total of 3740 attendees

### Future

- Complete Stages 3 & 4 of the Nhill Hospital redevelopment
- Incorporate Primary Care Casualty records into a Central medical record at all sites.
- Standardise Food Services across West Wimmera.

### Engineering

#### 'New' Nhill Hospital

The completion and opening of the 'New' Nhill Hospital was a great achievement in particular for the Engineering staff who were directly responsible for projects including external landscaping, installation and commissioning of the new digital radiology system and the development of the Dialysis Unit.

### Landscaping for an Environmentally Sustainable Future

Landscaping for The 'New' Nhill Hospital used drought tolerant plants and water saving techniques with a water saving of 50% on based on previous use.

### Dialysis Unit

Our Engineering staff under the guidance of Melbourne Health installed the medical equipment and dedicated water system required for the new Dialysis Unit at a substantial cost saving.

### Climate Control

Maintaining adequate climate control within The 'New' Nhill Hospital has been a major and costly experience. Problems with the insulation at the time of construction has led to greater than expected energy consumption, an issue which will be rectified.

### Education – Life Long Learning

Our Service is committed to providing staff with educational opportunities to enhance their professional development. This year we have delivered 311 training and education sessions, with a total of 3740 attendees.

### Continuing Nurse Education

The Department of Human Services have funded Continuing Nurse Education throughout the Grampians region dedicated to guaranteeing that nursing practice is current and skills are maintained.

The Program has provided education in: No-Lift and Back Injury Prevention, Advanced Cardiac Life Support, Central Venous Access Devices, Conflict Management, Managing Difficult Behaviours, Blood Transfusion, Surgical Nursing, Intravenous Cannulation.

### Orientation

All new staff attend an orientation program including emergency procedures, occupational health and safety, privacy and confidentiality, infection control and, risk management with 77 new staff attending this year. Permanent staff are also attend a refresher session.

### Health Information Services

The health record serves as the repository for the medical information of an individual, and collectively as a database for healthcare planning and management decisions, legal and administrative purposes, research, identifying trends for the treatment of disease and for evaluating the standards and quality of patient care.

### Integration of the Health Record

A health record is most useful when all information relating to a consumer is contained within the one record.

In January 2007, a trial, which was an outstanding success, was conducted at Kaniva Hospital addressing the integration of the Primary Care Casualty records into the Patient's central medical record giving staff in an emergency situation access to the patient's complete medical history enabling a fully informed clinical decision to be made.

In 2007/08 we will move towards replicating the process at all of our sites.

### Moving the Nhill Hospital Health Information Department

The Nhill Medical Record Department moved from one temporary location to a larger, albeit still temporary area providing greater filing capacity and eliminating OH&S safety risks identified previously.

A new and permanent Health Information Department is scheduled as part of the next stage of the Nhill Hospital Redevelopment another good reason for moving this project forward.



*Cook Shirley Schorback prepares for breakfast at Jeparit Hospital*

## A Clean Environment

Maintaining a clean and hygienic environment is an important component to a patient's recovery process. The control of infection is very much dependent on the cleaning regime. The additional area now enjoyed in the 'New' Nhill Hospital has necessitated a review of housekeeping management. To ensure standards were maintained additional staff hours were necessary.

Independent cleaning audits in March 2007 attained a result of 94%, which is exceptional compared to the 85% benchmark set by DHS.

We are proud of these achievements.

## Catering and General Services

### Fresh Food – Still the Best Alternative

We fortunate to have new kitchens at each site with 500 meals prepared and served each day to patients, residents, staff, Day Centre and Meals on Wheels clients who are able to enjoy 'freshly cooked' meals, using the freshest and most nutritious ingredients.

An external patient satisfaction survey conducted in 2006/07 revealed that 91% of patients were satisfied with the quality of food, with 94% endorsing the temperature of the food served. These results were above or equal to satisfaction levels in like sized hospitals and superior to results when compared to all Victorian Hospitals.

The kitchens participate annually in an accredited external independent audit process. The Auditor who conducted the most recent audit was very complimentary about the quality and safety of food preparation and there were no recommendations for improvement.



Image Caption

## The Environment

### Looking After Our Environment – Now and For the Future

Our quest to conserve water and invest in minimisation of energy consumption through excellent management of environmental issues continues.

### Finding Ways to Conserve Water

The West Wimmera and Southern Mallee have been gripped by drought for the past eleven years. The townships of Jeparit, Rainbow and Natimuk have been on Stage 4 water restrictions for more than a year, limiting water for household use only.

The need for effective rainwater collection was identified last year when a 'tank farm' was set up at Nhill Hospital to collect water. We have redirected a catchment area of 1000 square metres from the 'New' Nhill Hospital into the collection tanks adding an additional 25,600 litres of water for every 25mm of rain received.

Rainwater is a vital commodity used for the sterilizers in the Central Sterile Supply Department, the Steaming Ovens, Kitchens and Boiling Hot Water Units and human consumption.

### Water Conservation

Landscaping of the 'New' Nhill Hospital was completed using a range of water saving initiatives combined with the drought resistant plants achieving a 50% water saving.

### Installation of Digital X-Ray

The installation of the Digital Radiology System achieved considerable water savings. In one year of operation we will save 546,000 litres of water.

### Energy Consumption

The Service commenced replacing Pan Sanitizers with Macerators in 2002. The benefit of this system is that multiple products can be disposed of without the frequent flushing of sanitizers, reducing electricity and water consumption.

Comparing Macerator energy consumption with a Pan Sanitizer there is an 85% saving in electricity, 75% reduction in the use of cold water, 100% reduction in the use of hot water, and consumables are constructed from recycled newspapers.

### Introduction of LPG Powered Cars

The vast area covered by this Service requires a large fleet of vehicles operated at a considerable cost.

In March the decision was taken to upgrade a portion of the fleet to LPG only powered vehicles. A grant was received from DHS to assist in replacing HACC vehicles with LPG fuel capacity.

In the first full three months of operation with 12.5% of the fleet upgraded to LPG, savings of \$9,883 were made on the cost of fuel, this equates to a 16.5% saving.

As capital funds become available we will move to expanding the number of vehicles using LPG.

## Effective Waste Management

Cooinda held the Hindmarsh Shire recycling contract for some years. In December 2006 the Shire privatised kerbside recycling in Nhill which significantly downsized Cooinda's recycling program. The program is now a combined Commonwealth / State project employing clients from both programs and producing 24 tonnes of cardboard per month which is much less than previously handled.

## Waste Recycling

We have continued to minimise land fill rubbish with a 10% increase in waste recycled this year.

## Next Year

It is our objective to reduce our energy consumption further, particularly in managing and regulating air temperature in our facilities which is a major cost item.

Our water saving plans include replacing dishwashers with low water use units which minimise the need to pre-rinse and conserve water during the cycle.

We have also applied for financial assistance to install Convection Boilers to reduce LPG gas consumption.

## Accreditation – An External Measure of Quality

Participation in a range of external accreditation processes ensures that the care we provide is safe and effective.

External surveyors measure the standard of care and administration provided against set criteria including clinical care, management processes, patient, client and staff safety, risk management and information management.

## Australian Council of Healthcare Standards

An Organisational Wide Survey is conducted every four years at which time either four or two years accreditation status can be conferred. A Periodic Review is conducted two years out from the Organisational Wide Survey which specifically reviews action taken on recommendations from the previous surveys and compliance with mandatory standards.

We presented for a Periodic Review In November 2006 and maintained our Accreditation status until November 2008.

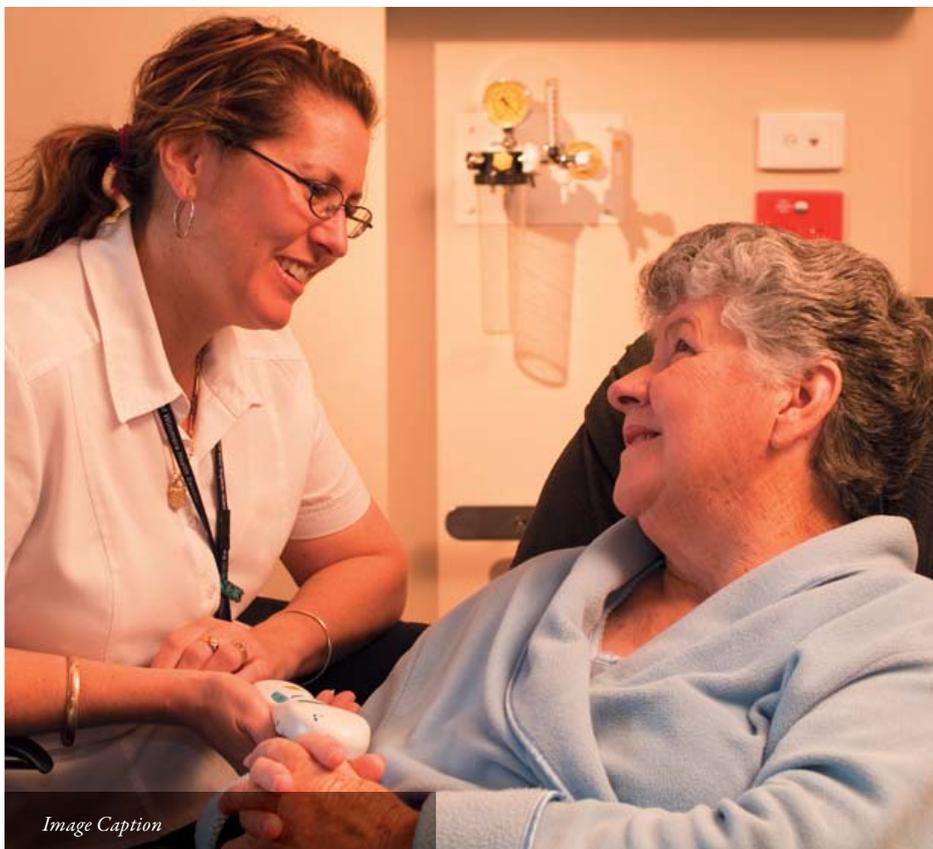


Image Caption

## Aged Care Accreditation

Residential aged care facilities are also subjected to external accreditation audits. It is a legislated requirement under the Aged Care Act 1997 that an aged care facility must achieve full accreditation and if this is not so the organisation may not receive Commonwealth funding.

In July and August 2006 eight of our nine aged care facilities presented for audit, with Archie Gray Nursing Home Unit in Kaniva already accredited earlier in 2006.

All facilities maintained three year Accreditation status passing the required four standards and forty four outcomes. This was an excellent outcome and serves to re-assure our residents and families that they can be confident the care delivered is safe and of a nationally acceptable standard.

## Community Aged Care & National Respite for Carers Program

These two programs are Commonwealth Government funded aged care services provided to enable elderly clients, who might otherwise require admission to a Hostel or Nursing Home, to remain in their own homes.

Care designed specifically for each individual is provided by staff or volunteers, delivering assistance with showering, activities of daily living, cleaning and medication management.

An external survey was undertaken in September 2006 by the Commonwealth Department of Health and Ageing with full accreditation status being awarded to both programs.

## What is in Store for 2008?

Accreditation for all programs is an ongoing process which requires our Service to continually evaluate service delivery standards to ensure quality care is always our objective.

In the next reporting period an external accreditation survey for 'Cooinda' will occur, with unannounced visits to our nine nursing homes and hostels to continue and an EQUiP self-assessment will be completed for the Australian Council on Healthcare Standards.

Participating in accreditation processes across the range of programs provided by our Service gives us the opportunity to continually work towards improving quality of care and is an assurance to our patients, residents and clients that the care they receive is nationally endorsed.

## The Future for Corporate & Quality

Departments within the Corporate & Quality Division are integral to the successful functioning of our organisation. We look forward to the completion of the redevelopment of the 'New' Nhill Hospital as the centre of the Service up to date equipment and permanent accommodation will assist us in our goal of providing support to our clinical colleagues as we all pursue the ideals of the Service.

## FINANCE & ADMINISTRATION

We operate in an administratively complex environment where competing demands for coherent financial and non-financial information must be met on a continuous basis.

Financial information is used by a variety of stakeholders including the Board of Governance, Management, DHS the Commonwealth, patients, residents, clients, employees and government authorities.

### GOALS

- To provide timely and accurate financial information for informed decision-making and review.

### STRATEGIES

- Consolidate utilisation of PowerBudget Financial Reporting software.
- Implement DHS Common Chart of Accounts
- Maximise internal and external benchmarking of key financial indicators.

### ACHIEVEMENTS

- An operating surplus of \$148k
- Full adoption of DHS Common Chart of Accounts
- Smooth transition to full compliance with newly released Australian International Financial Reporting Standards

### FUTURE

- Aim to generate sufficient funds to adequately replace equipment when required.
- Ensure that the Service profile is underpinned by a sound and sustainable financial strategy.

### The Common Chart of Accounts

The Service moved to full adoption of the Department of Human Services Common Chart of Accounts on 1 July 2006 by adjusting the configuration of the IBA Financial Management Information System - a relatively seamless and trouble free changeover process! This will simplify compliance with the Department's reporting requirements and better equip the Service for internal and external financial benchmarking with the ultimate aim of a more efficient health service.

### Budgeting

The acquisition during the year of the PowerBudget finance reporting software marked a significant improvement in the accuracy of the budgeting process allowing labour budgets to be prepared on the basis of equivalent full time working hours including all associated salary on-costs such as superannuation, annual and long service leave resulting in a more scientifically grounded budget.

### Procurement

The Purchasing and Supply Department, the 'veins and arteries' of the Service ensure that the right supplies arrive at the right place at the right time. It utilises competitively priced contracts through Health Purchasing Victoria for many of the supplies and consumables required.

Our Purchasing and Supply staff continue to operate from temporary office and storage accommodation expending a great deal of energy guaranteeing that there is little impact on the Purchasing and Supply process. The next stage of Nhill redevelopment will be the saviour.

### Policies and Procedures

Finance and administration policies and procedures continue to be updated and new and revised policies adopted. We participated in the Grampians Region Health Alliance Finance Policies Project with 24 new and revised policies made available.

### Minister's Delegate to the Board

The terms of Ken Taylor's appointment included that of suggesting improvements to the Service's financial management and reporting function. His recommendations triggered additions and refinements to the reporting and use of financial information.

### Employment – Merit and Equity

The Service must comply with a multitude of rules and regulations when employing new staff in order to ensure that the employment process is conducted in a fair, equitable and transparent manner.

Compliance with the obligations and requirements of the following legislation and codes is compulsory:

- The Victorian Public Authorities (Equal Employment Opportunity) Act 1990
- The Victorian Equal Opportunity Act 1995
- The Victorian Public Sector Management and Employment Act 1998
- The Commonwealth Disability Discrimination Act 1992
- The Commonwealth Racial Discrimination Act 1975
- The Victorian Public Administration Act 2004
- The Code of Conduct for the Victorian Public Sector

In complying the Service ensures open competition in recruitment, selection, transfer and promotion, bases its employment decisions on merit, treats employees fairly and reasonably, provides employees with a reasonable avenue of redress against unfair or unreasonable treatment, does not discriminate, directly or indirectly, on the basis of various individual proclivities personal characteristics, beliefs or social activities.

The Service maintains and at all times adheres to a coherent and comprehensive suite of policies and procedures to support our ability to achieve these aims. This has been achieved by the implementation of the Board Assurance on Compliance e- System ("BACeS") complemented by the interactive policy and procedure manual available on all Service computer terminals.



Image Caption

## Industrial Relations

In total, the Service was subject to the terms and conditions of 103 different award classifications over the reporting period, exemplifying the diverse workforce we must maintain to provide the variety and scope of healthcare services we offer.

Mr Les Butler, Industrial Relations Advisor, continued to facilitate workable outcomes to industrial relations issues which arose resulting in a stable industrial relations environment.

## WorkCover

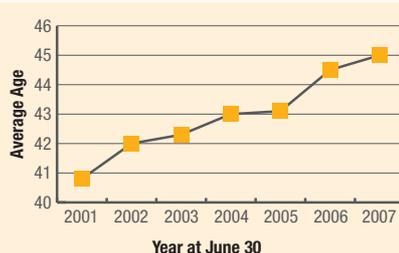
There were no serious injuries, diseases or workplace deaths at the Service.

The open and constructive relationship with insurance agent, Cambridge Integrated Services continued to maximise the ability of injured workers to return to work as soon as possible in a safe and meaningful capacity.

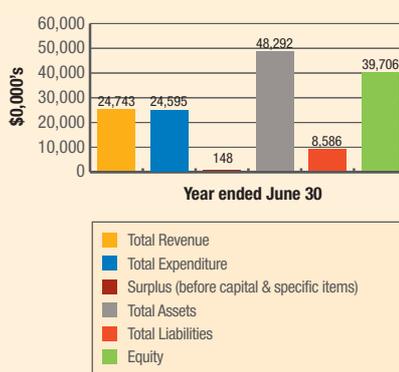
Formally appointed staff representatives ensured that all material workplace safety issues were identified and associated risks satisfactorily mitigated.

The following chart confirms the importance of ensuring risks to staff safety are minimised in an environment in which our staff profile continues to age.

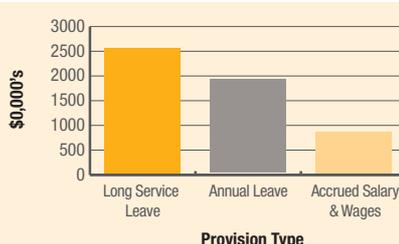
### WWHS Workforce Average Age



### WWHS Financial Analysis 2007



### WWHS Workforce Average Age



### WWHS Workforce Composition

Employees	2007	2006
Full-time	124	118
Part-time	286	290
Casual	123	127
Total	533	535

Full Time Equivalent by Category	2007	2006
Nursing	159	162
Administration	32	33
Medical and Allied Health Professionals	23	22
General Services	54	53
Engineering and Maintenance	21	20
Disability Services	11	8
Total	300	298

Employees by Gender	2007	2006
Female (Full Time Equivalent)	255	255
Female (Number of Employees)	460	463
Male (Full Time Equivalent)	45	43
Male (Number of Employees)	73	72

The management of financial affairs and accountability is absolutely crucial in determining what an organisation can achieve, it is the engine room of the Service. Through astute forward and aggressive thinking we have achieved a Financial base which we will build on to further strengthen our ability to climb the ladder of success, where West Wimmera Health Service belongs.

# SUPPORT SERVICES

## Compliance with Legislation and Departmental Directives

It is the responsibility of the Board of Governance to ensure that our organisation meets all legislative requirements, both State and Commonwealth.

Each month the Chief Executive Officer presents to the Board of Governance details relating to compliance to specific topics, with a total of 50 topics covered throughout the year using the recently introduced BACeS system.

For areas that are not fully compliant when initially reported upon, monthly updates are given until such time as full compliance is achieved.

## Occupational Health & Safety Act 2004

This Act, which was introduced into health services from 1st July 2005 places responsibility on employers and employees to ensure a safe environment for staff, patients and visitors.

We ensured compliance with the Act by:

1. Holding regular Safety & Security Committee meetings with at least 50% employee representation.
2. Health & Safety representatives appointed for each designated work group.
3. Introducing regular safety audits throughout the organisation.
4. Receiving eleven Worksafe Victoria Improvement Notices under Section 111 of the Act. Nine of the notices have been signed off as complete. The two remaining notices, which relate to a Lifter in the CSSD department and redevelopment of the Nhill Dental Clinic, are being acted upon.
5. Participating in two Worksafe Victoria projects; Patient Handling in Hospitals; and Hospital Support Services – Engineering project. Outcomes of these projects have been:
  - The review and completion of risk assessments conducted on specific patient movement tasks;
  - Reviewing current lifting equipment;
  - Compliance with Victorian Workcover Authority Plant Code of Practice; and
  - Improvements in safety procedures in the Engineering Department.

## Freedom of Information

The Freedom of Information Act 1982 provides applicants with the capacity to request information. Certain exemptions apply, which relate to the safety and confidentiality of patients and third parties.

In 2006/07 there were eight applications made under Freedom of Information. Six applications were granted in full, one application was withdrawn and in one instance no documents were able to be located. All applications were processed in the required timeframe.

There were 13 other requests for information that were outside the Freedom of Information guidelines with which West Wimmera Health Service assisted.

The Chief Executive Officer is the designated Freedom of Information Officer.

## Health Records Act 2001 and Information Privacy Act 2000

These Acts preserve the privacy and confidentiality of information held by our organisation.

All patients, residents and clients receive a brochure explaining how their health information will be used and who will have access to such information.

All staff are required to undertake privacy and confidentiality training on a regular basis and there are documented policies and protocols relating to privacy and confidentiality within our organisation.

The Chief Executive Officer is the designated Privacy Officer and deals with enquiries and complaints relating to the Health Records and Information Privacy Acts.

In 2006/07 there were no written complaints with respect to breach of privacy or confidentiality.

## Whistleblower Protection Act 2001

Improper conduct by the Service, its employees or the Board of Governance will not be tolerated.

West Wimmera Health Service policies are consistent and compliant with the Whistleblower Protection Act 2001.

The Service encourages a culture that provides an environment where people are protected from retaliation should a complaint be made, and that any investigation is transparent and fair with an appropriate outcome.

The Quality Coordinator is the designated Whistleblower Officer.

In 2006/07 no disclosures or notifications of disclosure relevant to the Whistleblower Act were received.

## Consultancies

Consultancies to West Wimmera Health Service in excess of \$100,000	
Qty	Nil
Total	Nil
Consultancies to West Wimmera Health Service less than \$100,000	
Qty	15
Total Cost to WWHS	\$227,243

## Statement on Compliance with the Building & Maintenance Provisions of the Building Act 1993

In accordance with the Building Regulations 2006, made under the Building Act 1993, all buildings within the Service are classified according to their functions. Each site has a comprehensive planned preventative maintenance program, which is continually reviewed and updated. An Essential Safety Measures report is completed annually prior to the anniversary date of the occupancy permit.

## Fees and Charges

West Wimmera Health Service is a Public Hospital and charges for most services are set by the State and Commonwealth Governments. Current fees and any changes to them are readily available from the Service.

Policies and procedures are in place for the effective collection of fees owing to the Service.

## Declarations of Pecuniary Interest

During the Reporting Period there were not any instances which required a declaration of Pecuniary Interest.

## Competitive Neutrality

As a publicly owned entity West Wimmera Health Service must comply with the requirements of the policy document "Competitive Neutrality Policy Victoria". However, as the bulk of the Service's operations during the year were of a non-profit nature, no disclosure was required.

## Publications

Publications produced include Annual Reports, Quality of Care Reports, Strategic Plan 2006-2009, Promotion Brochure and a multiplicity of Patient Information Brochures are available from each campus.

Additional information and some publications are available on the website which is currently undergoing redesign.



WWHS Publications

## Complaints

West Wimmera Health Service is steered by the seven guiding principles in the complaint management system.

### Seven Guiding Principles

1. **Quality Improvement** – striving for improving performance
2. **Open Disclosure** – acknowledgement, recognition and expression of regret
3. **Commitment** – management commitment to complaints system
4. **Accessibility** – easy to access process
5. **Responsiveness** – customer-focused approach in a timely manner
6. **Transparency and Accountability** – process is clearly defined in policy
7. **Privacy and Confidentiality** – complete respect for privacy and confidentiality

The adoption on a new complaints policy in the 2006/07 year ensured that the complaints system is based on the seven guiding principles.

Introduction of education for staff regarding the complaints system has commenced this year.

All complaints are must be directed to the Chief Executive Officer, who refers the matter for independent investigation to the Complaints Officer.

Complaints are reported in a de-identified manner to the Board of Governance sub-committee Improving Performance.

It is imperative that if any stakeholder has an issue of concern regarding any facet of our delivery of care or business service they must ensure that West Wimmera is contacted through the complaints process.

On the 1st July 2007 the Aged Care Complaints Investigation Scheme will commence, legislated through amendments to the Aged Care Act 1997, which will impose strict reporting requirements to the Department of Health & Ageing and the Police for suspected or alleged assault to residential aged care residents.

Preparation has commenced for compliance with this Scheme and will continue in the 2007-08 financial year.

## Compliments

West Wimmera Health Service is proud of the excellence and quality of care provided to patients, residents and clients throughout our acute, residential, primary and disability services.

Providing a 'Compliment' is an opportunity to congratulate individuals, facilities or the organisation as a whole on the provision of service.

We value the acknowledgement of the good work undertaken at West Wimmera and encourage all our consumers to complete a compliments slip available at our facilities the next time you feel so inclined to support and compliment your local health service.

# WEST WIMMERA STAFF 2006-2007

## Chief Executive Officer

John Smith

## Executive Director Acute Care & Disability Services

Darren Welsh

## Executive Director Aged Care & Allied and Community Health

Janet Fisher

## Executive Director Community & Disability Services

Alexandra Hall  
(LOA from 05-03-07)

## Executive Director Corporate & Quality Services

Kaye Borgelt

## Executive Director Finance & Administration

Ritchie Dodds

## Executive Director Medical Services

Ian Graham

## Industrial Relations Advisor

Les Butler

## Operations Manager

Melanie Albrecht

## Executive Assistant

Katrina Pilgrim

## WWHS Staff

Ruth Adamson

Elaine Aitken

Jillian Albrecht

Rhys Albrecht

Raelene Alexander

Clifford Alexander

Ian Alexander

Karen Alexander

Nita Alexander

Judy Allen

Gary Allison

Wendy Altmann

Helen Amos

Rosemary Anson

Mary Antony

Glenda Aristides

Debbie Armstrong

Patricia Arnold

Shirley Ashfield

Kevin Asplin

Hannah Asplin

Valda Austin

Marlene Austin

Shirley Avery

Seona Bailey

Shirley Baker

Zoe Ballentine

Merrilyn Bamford

Helena Bandel

May Barber

Michelle Barber

Ian Barry

Karen Barton

Rebecca Bastin

Roger Batchelor

Jeffrey Batrouney

Narrelle Batson

Heather Batson

Sean Bayzand

Kellie Beattie

Susanne Beattie

Eyal Bernard

Julie Bloomfield

Mathew Bone

Cindy Bone

Michelle Borain

Lisa Braybrook

Anthony Breavington

Pauline Breen

Ronald Brooks

Gillian Burgess

Pamela Burgess

Helen Burns

Glenda Bush

Joyce Byrne

Fiona Cameron

Helen Cannell

Mark Carracher

Taryn Carter

Toni Casey

Margaret Chaplin

Deborah Chaston

Patricia Chequer

Peter Chilton

Erol Chilton

Anne Christian

Pamela Clark

Robyn Clark

Janine Clark

Janice Clugston

Pamela Coates

Julie Colbert

Pauline Colbert

Cameron Colley

Kellie Conboy

Alison Connell

Daniel Conway

Kerryn Cook

Helene Cook

Jennifer Cook

Charles Cook

Sharyn Cook

Dianna Corsi

Annie Coustley

Judith Coutts

Rebekah Coutts

Malcolm Coutts

Fiona Coutts

Kerry Coyne

Victoria Craig

Deborah Craig

Marianne Cramer

Shirley Crick

Anthony Croke

Carolyn Croke

Melissa Crosier

Maria Cuciniello

Deborah Cunningham

Janine Dahlenburg

Leah Davies

Robert Davies

Christine Dawson

Sandra Decker

Andrea Deckert

Christine Deckert

Kelvin Deckert

Kristen Deckert

Susanne Dedio

Patricia Deleeuw

Kellie Dickerson

Michelle Dickinson

Aimee Disher

Shenae Dixon

Heather Drendel

Christine Dufty

Jennifer Dufty

Mary Dufty

Sherrie Dumesny

Julie Dunford

Lynette Dunford

Timothy Dunmill

Kerryn Dyer

Michelle Eldridge

Graciella Elliott

Sheryl Ellis

Stacey Ellis

Geraldine Ellis

Kaye Emmett

Jacqueline Engelbrecht

Wendy Essex

Vicki Etherton

Kerry Exell

Christina Farinha

Carmel Feder

Yvonne Ferguson

Penelope Finch

Anne-Marie Fischer

Caroline Fischer

Erin Fisher

Judith Fisher

Loretta Fisher

Geoffrey Fletcher

Jane Ford

Helen Forster

Genevieve Francis

Katrina Fraser

Kristy French

Margaret Frew

Nicole Friebe

Tyrone Friebe

Loretta Fuller

Mary Gabbe

Hayley Gale

Sharon Garwood

Carol Gebert

Darren Gebert

Carlie Gil

George Giles

Kent Goldsworthy

Keith Goode

Marie Goode

Tennille Gould

Teresa Gould

Mary Graetz

Leonie Graham

Brittany Graham

Jarryd Graham

Ashley Grant

Beverley Grant

Lawrence Grayling

Kerry Coyne

Allan Greenaway

Helen Greig

Jennifer Greig

Naomi Grigg

Beverly Hage

Jillian Hahn

Alice Haley

Yvonne Hall

Darrell Hall

Anne Hamilton

Angela Hanson

Joanne Hanson

Cynthia Harberger

Joanne Harries

Judith Harrington

Belinda Hartigan

Taitigaoaiga Havea

Sally Hawker

Lesley Hawker

Sandra Hawkins

Christina Hayden

Christopher Hedt

Leanne Hedt

Bree Heenan

Marie Heinrich

Trisha-Anne Heinrich

Michael Henderson

Jillian Hendy

Craig Henley

Merrin Hennessy

Debra Hill

Sandra Hinch

Casey Hiscock

Leasley Hiscock

Janelle Hodgson

Terri-Ann Hogart

Jodie Holmes

Shirley Honeyman

Beverley Howarth

Elaine Humphrey

Karen Hunter

Kathleen Hutson

Janice Hutton-croser

Kenneth Hynes

Brenda Jackson

Brenda Jackson

Diane Jackson

Jessica Jackson

Phillip Jackson

Tracey Jarred

Margaret Jarvis

Swarnamalie Indushyama

Jayakody

Denise Jensz

Nakita Jewell

Janis John

Cheryl Johnson

Deborah Johnson

Bianca Jones

Brian Jones

Norman Jones

Sonia Jones

Valmai Jones

Yvonne Jones

Tesmy Jose

Deborah Kakoschke

Darren Kakoschke

Judith Keller

Marilyn Keller

Rowena Keller

Veronica Keller

Kim Kendrick

Karen Kennedy

Kathryn Kennedy

Catherine Kent

Beverley Keogh

Caitlin Kerr

Mary King

Sherin King

Kayleen Kingwill

Ailsa Kinnersly

Dianne Green

Linda Knight

Fiona Krelle

Margaret Krelle

Anna Krommenhoek

Sally Kruger

Gladys Kyle

Elizabeth Lacey

Richard Lane

Lynne Launer

Kristine Laverty

Julie Leddin

Barbara Leffler

Ingvar Lidman

Katrina Lloyd

Sally Lockwood

Jessica Lovel

Cheryl Lowe

Darren Lyall

Patricia Lyall

Kerri Lynch

Lynne Lynch

Karen Macey

Patricia Mackenzie

Bree Maddern

Dianne Maddern

Lyn Maddern

Warren Mahoney

Marion Major

Jennifer Mann

Michelle Mann

Sharon Marais

# Glossary of Terms

<b>ACHS</b> Australian Council on Healthcare Standards	<b>CT</b> Computer Tomography – a computerized Xray that gives very detailed images of internal organs	<b>Inpatient</b> A person who is admitted to an acute bed	<b>QOC</b> Quality of Care Report
<b>Ambulatory Care</b> Services delivered on an Outpatient basis	<b>DHS</b> The Victorian Department of Human Services	<b>LOA</b> Leave of Absence	<b>Sentinel Event</b> An event which results in or which has the potential for causing death or serious harm to a patient
<b>Australian Standards</b> National Standards developed by the Standards Association of Australia/New Zealand	<b>DON</b> Director of Nursing	<b>M&amp;CH</b> Maternal & Child Health	<b>Separation/Discharge</b> The process whereby care is completed and the patient leaves the organisation
<b>BACeS</b> A reporting system informing the Board of legislative compliance status	<b>DVA</b> Department of Veterans' Affairs	<b>Medical Record</b> Compilation of patient medical treatment and history	<b>Standard</b> Level of performance to be achieved Statutory or legislative requirement A requirement laid down by an Act of Parliament
<b>Best Practice</b> Measuring results against the best performance of other groups	<b>ECG</b> Electrocardiograph	<b>Mission Statement</b> West Wimmera Health Service is committed to the delivery of health, welfare and disability services which are compassionate, responsive, accessible and accountable to individual and community needs, which result in quality outcomes for the people of the West and South Wimmera, and Southern Mallee	<b>The Board</b> The Board of Governance
<b>CACPs</b> Community Aged Care Packages provide services in the home	<b>EquiP</b> Evaluation Quality Improvement Program	<b>Multi-disciplinary</b> A group comprised of more than one discipline, a mix of health professionals	<b>The Department</b> The Department of Human Services, Victoria
<b>C&amp;D</b> Community & Disability	<b>FOI</b> Freedom of Information	<b>Occupied Bed Days</b> The total number of patients in hospital in a given time	<b>The Service</b> West Wimmera Health Service
<b>C&amp;Q</b> Corporate & Quality	<b>FTE</b> Full Time Equivalent – used in relation to the number of staff employed	<b>OH&amp;S</b> Occupational Health & Safety	<b>Values</b> The principles and beliefs that guide West Wimmera Health Service
<b>Carers</b> Carers of patients/clients who are not part of the Service care team	<b>GEM Bed</b> Geriatric Evaluation and Management Beds allocated to older patients requiring professional management of an illness or complex medical condition	<b>Outcome</b> The result of a service provided	<b>VMO</b> Visiting Medical Officer
<b>Case Management</b> Management of client care on an individual basis	<b>GRHANet</b> Grampians Regional Health Alliance Network	<b>Outpatient</b> A person who is not admitted to a bed	<b>WIES</b> Weighted Inlier Equivalent Separations The method used to fund Acute Care. Each patient is assigned a resource weight which is dependent on the primary reason for admission to hospital. The resource weight determines the amount of funding received for providing care
<b>CDH &amp; Ageing</b> Commonwealth Department of Health & Ageing	<b>HACC</b> Home and Community Care Funding for services and programs which are provided in the home or the community	<b>Patient/Client/Consumer</b> A person for whom this Service accepts the responsibility of care	<b>WWHS</b> West Wimmera Health Service
<b>CEO</b> Chief Executive Officer	<b>HSU</b> Health Services Union	<b>PCP</b> Primary Care Partnership	
<b>Continuum of Care/Continuity of Care</b> The cycle of care incorporating access, entry, assessment, planning, implementation, evaluation, discharge and community care	<b>ICT</b> Information & Communication Technology		

## Index

<b>A</b>	<b>Dialysis</b> ( <i>see Haemodialysis</i> )	<b>Human Resources</b>	<b>Pharmacy</b>
<b>Accreditation</b>	<b>Dental</b>	<b>I</b>	<b>Physiotherapy</b>
<b>Acute Care</b>	<b>Disability</b>	<b>Infection Control</b>	<b>Podiatry</b>
<b>Aged Care</b>	<b>Donations</b>	<b>Information Technology</b>	<b>Population</b>
<b>Aged Care Accreditation</b>	<b>District Nursing</b>	<b>Iona Digby Harris Home</b>	<b>Primary Care Casualty</b>
<b>Aged Care Standards and Accreditation Agency</b>	<b>Diabetes</b>	<b>J</b>	<b>Publications</b>
<b>Allied Health</b>	<b>Dietetics</b>	<b>Jeparit Hospital</b>	<b>Q</b>
<b>Australian Council on Healthcare Standards</b>	<b>E</b>	<b>K</b>	<b>Quality of Care</b>
<b>B</b>	<b>Education</b>	<b>Kaniva Hospital</b>	<b>R</b>
<b>Bequests</b>	<b>Engineering</b>	<b>L</b>	<b>Radiology</b>
<b>Board of Governance</b>	<b>Environment</b>	<b>Legislation</b>	<b>Rainbow Hospital</b>
<b>C</b>	<b>EQulP</b>	<b>Lowan Rural Health Network</b>	<b>Recruitment</b>
<b>Centrelink</b>	<b>F</b>	<b>Luv-a-Duck Pty Ltd</b>	<b>Recycle</b>
<b>Cleaning Standards</b>	<b>Financial Performance</b>	<b>M</b>	<b>Residential</b>
<b>Clinical Services</b>	<b>Financial Report</b>	<b>Massage</b>	<b>Risk Management</b>
<b>Collier Charitable Fund</b>	<b>Fund Raising</b>	<b>Maternal</b>	<b>S</b>
<b>Communication</b>	<b>G</b>	<b>Medical Practitioners</b>	<b>Safety</b>
<b>Community Health</b>	<b>General Services</b>	<b>Medical Records</b>	<b>Snappy Seconds</b>
<b>Community Support</b>	<b>Glossary</b>	<b>N</b>	<b>Speech Pathology</b>
<b>Complaints</b>	<b>Goods &amp; Services Tax (GST)</b>	<b>Natimuk Aged Care Centre</b>	<b>Staff</b>
<b>Compliance</b>	<b>Goroke Community Health Centre</b>	<b>Nhill Hospital</b>	<b>T</b>
<b>Compliments</b>	<b>Governance</b>	<b>O</b>	<b>Tattersall's</b>
<b>Conflict of Interest</b>	<b>GRHANet</b>	<b>Obstetrics</b>	<b>V</b>
<b>Continence</b>	<b>Gynaecology</b>	<b>OH&amp;S</b>	<b>Visiting Clinicians</b>
<b>Cooinda</b>	<b>H</b>	<b>Occupational Therapy</b>	<b>Volunteers</b>
<b>Corporate Governance</b>	<b>Handbury</b>	<b>Oliver's Café</b>	<b>W</b>
<b>Counselling</b>	<b>Health Information Services</b>	<b>Operating Suite</b>	<b>Workcover</b>
<b>D</b>	<b>Helen Macpherson Smith</b>	<b>P</b>	
	<b>History</b>	<b>Pecuniary Interest</b>	

# OVERVIEW OF FINANCIAL PERFORMANCE

Despite reaching the end of a decade of rebuilding and re-equipping facilities, the financial year has concluded in a relatively strong financial position - a result not an accident but the outcome of an unrelenting pursuit of efficiency. The generosity of our many donors and benefactors has been of prime importance in this regard.

## Net Operating Surplus

The net operating surplus (income minus expenses before capital items) was \$148,000 compared to \$47,000 last year. Given the variable financial environment in which the Service operates, increasing medical supply costs, more specific types of funding, higher fuel costs and ongoing difficulties in attracting suitably qualified staff to our geographically remote location, this is a commendable effort and well in excess of the original estimate of \$38,000.

## Cash and Investments

At 30 June we held \$560,000 in cash and investments not including the investments relating to aged care accommodation bonds and after deducting those amounts which have been earmarked for a specific outcome - below the budgeted figure of \$652,000 but not to an unsatisfactory degree.

To put this 'untied' level of cash and investments into context, the Service's gross fortnightly salary and wage bill has in recent times averaged a similar amount. Again, the Service is extremely grateful for the generosity of those who have donated money but our major fundraising appeal must continue to bear fruit throughout 2007-2008.

## Summary of Financial Results

### Where Our Operating Funding Comes From

In 2006-07 approximately 57% of the Service's total revenue was provided by DHS (\$14.199m) which equates to an increase of 2.5% from the previous year. The remainder of operating revenue which includes receipts from the Australian Government for residential aged care (\$4.519m) totalled \$10.543m representing a 6.9% increase.

### Where We Spend Our Funding

It is often said that an organisation's employees are its most important asset and in terms of expenditure levels this is certainly the case for West Wimmera Health Service. This year we spent \$18.72m on employee related costs which represents 76% of total operating expenditure and is a 3.3% increase on the previous year.

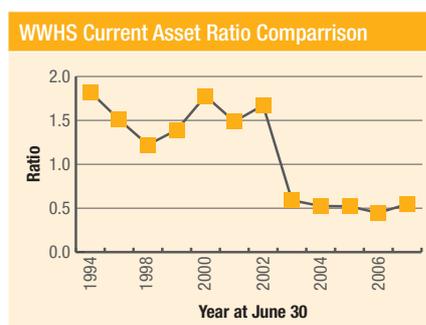
Summary of Financial Results					
	Profit & Loss for the Financial Years Ending 30 June				
	2007	2006	2005	2004	2003
	\$	\$	\$	\$	\$
Revenue	24,743	23,970	22,815	20,314	19,907
Employee Related Expenditure	(17,797)	(17,164)	(16,362)	(15,798)	(14,994)
Non-Salary Labour Costs	(927)	(956)	(796)	(905)	(1,116)
Supplies & Consumables	(1,795)	(1,722)	(1,457)	(806)	(829)
Other Expenses	(4,076)	(4,077)	(4,219)	(4,132)	(3,546)
Net Result before Capital & Specific Items	148	51	(19)	(1,327)	(578)
Net Capital Items & Specific Items	391	2,443	3,657	1,035	4,206
Net Result for the Year	539	2,494	3,638	(292)	3,628
Balance Sheets for the Financial Years Ending 30 June					
	2007	2006	2005	2004	2003
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Current Assets	4,329	3,530	4,254	3,016	3,077
Non-Current Assets	43,963	44,083	40,474	39,475	36,593
Current Liabilities	(7,927)	(7,910)	(8,165)	(5,751)	(5,186)
Non-Current Liabilities	(659)	(536)	(390)	(3,372)	(2,909)
Net Assets (Equity)	39,706	39,167	36,173	33,368	31,575

## Financial Ratios

### Current Ratio 0.55

At 30 June 2007 the Current Ratio (Current Assets divided by Current Liabilities) was .55. This means that for every dollar of current liabilities payable by the Service it holds 55 cents worth of current assets. This ratio is used to indicate the Service's ability to pay its debts as and when they fall due. A result of .55 is lower than would normally be deemed a satisfactory outcome however, in the context of the recent major capital expenditure and lower results achieved for each of the prior two financial years, this is not an unreasonable outcome.

The following chart shows the Service's current ratio since 30 June 1996 where the effects of large scale spending associated with the major redevelopments of the Kaniva (2000), Jeparit (2001), Natimuk and Rainbow facilities (2002-2004), and more latterly that of the Nhill Hospital, are clearly shown.



### Quick Asset Ratio 0.61

The Service's Quick Asset Ratio is similar to the Current Ratio however it only includes those current assets and current liabilities of a very short-term nature and therefore is used to gauge the Service's short-term solvency. This result means that the Service has 61 cents worth of liquid current assets for every one dollar of short-term current liabilities.

In any event and given the Service has the full financial backing of DHS there is virtually no chance of the Service being unable to pay its short term debts as and when they fall due.

### Debt to Equity Ratio (Gearing) 0.22

This ratio is used to indicate the level to which the Service relies on externally sourced funding and shows that the Service only requires a relatively small level of such funding.

## Conclusion

It would be an obvious understatement to say that the past five years have been very tumultuous for the Service from a financial perspective. Nevertheless, through vigilant revenue and cost management and with assistance from our communities and the Government we have managed to end the 2006-07 financial year in reasonably good financial shape.

We can look to the future with confidence. However, the absolute imperative to conclude the remaining stages of the Nhill Hospital redevelopment together with the expectation of ongoing revisions to the type and scope of healthcare services we provide, means we cannot relent in our efforts to maximise our financial strength and ultimately the satisfaction of the many patients, residents and clients we continue to serve.

# VAGO

Victorian Auditor-General's Office

## INDEPENDENT AUDIT REPORT

### West Wimmera Health Service

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

##### *The Financial Report*

The accompanying financial report for the year ended 30 June 2007 of West Wimmera Health Service which comprises the operating statement, balance sheet, statement of recognised income and expense, 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 Responsibility of the Members of the Board for the Financial Report*

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

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

##### *Auditor's Responsibility*

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

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

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

##### *Independence*

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

##### *Auditor's Opinion*

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

MELBOURNE  
11 September 2007



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

## Certification

### WEST WIMMERA HEALTH SERVICE

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

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

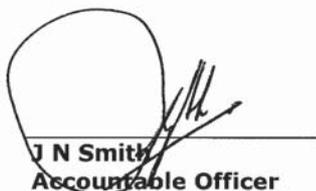
We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2007 and financial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

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



**R A Ismay**  
President  
Board of Governance

Nhill  
6 September 2007



**J N Smith**  
Accountable Officer

Nhill  
6 September 2007



**R R Dodds**  
Chief Finance &  
Accounting Officer

Nhill  
6 September 2007

#### Targets, Service Delivery, Resources

In accordance with Section 26 of the Health Services Act 1988 each year we negotiate a Health Service Agreement with the Department of Human Services. The Agreement clearly defines the service delivery goals set for West Wimmera Health Service and the funding provided by the Department of Human Services for those targets to be achieved.

In this reporting period we met or surpassed all set targets.

Operating Statement For the Year Ended 30 June 2007			
	Note	2007	2006
		\$'000	\$'000
Revenue from Operating Activities	2	24,450	23,720
Revenue from Non-operating Activities	2	293	250
Employee Benefits	2b	(17,797)	(17,164)
Non Salary Labour Costs	2b	(927)	(956)
Supplies & Consumables	2b	(1,795)	(1,722)
Other Expenses From Continuing Operations	2b	(4,076)	(4,077)
<b>Net Result Before Capital &amp; Specific Items</b>		<b>148</b>	<b>51</b>
Capital Purpose Income	2	1,573	3,348
Specific Income	2f	-	1,076
Depreciation and Amortisation	3	(1,133)	(1,075)
Specific Expenses	2g	(46)	(902)
Finance Costs	4	(3)	(4)
<b>NET RESULT FOR THE YEAR</b>		<b>539</b>	<b>2,494</b>

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

Balance Sheet As at 30 June 2007			
	Note	2007	2006
		\$'000	\$'000
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents	5	1,692	1,098
Receivables	6	679	860
Other Financial Assets	7	1,542	1,262
Inventories	8	262	290
Other Current Assets	9	154	20
<b>Total Current Assets</b>		<b>4,329</b>	<b>3,530</b>
<b>Non-Current Assets</b>			
Receivables	6	520	657
Property, Plant & Equipment	10	43,443	43,426
<b>Total Non-Current Assets</b>		<b>43,963</b>	<b>44,083</b>
<b>Total Assets</b>		<b>48,292</b>	<b>47,613</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	11	1,191	1,723
Provisions	12	4,589	4,220
Other Liabilities	13	2,147	1,967
<b>Total Current Liabilities</b>		<b>7,927</b>	<b>7,910</b>
<b>Non-Current Liabilities</b>			
Provisions	12	659	536
<b>Total Non-Current Liabilities</b>		<b>659</b>	<b>536</b>
<b>TOTAL LIABILITIES</b>		<b>8,586</b>	<b>8,446</b>
<b>NET ASSETS</b>		<b>39,706</b>	<b>39,167</b>
<b>EQUITY</b>			
Asset Revaluation Reserve	14a	370	370
Restricted Specific Purpose Reserve	14a	427	427
Contributed Capital	14b	25,704	25,704
Accumulated Surpluses/(Deficits)	14c	13,205	12,666
<b>TOTAL EQUITY</b>	14d	<b>39,706</b>	<b>39,167</b>
Commitments for Expenditure	17		
Contingent Liabilities and Contingent Assets	18		

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

<b>Cash Flow Statement for the Year Ended 30 June 2007</b>			
	Note	2007	2006
		\$'000	\$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		16,328	15,190
Patient and Resident Fees Received		8,193	7,510
Donations and Bequests Received		133	178
GST Received from/(paid to) ATO		42	114
Interest Received		201	141
Other Receipts		167	245
Employee Benefits Paid		(17,395)	(16,900)
Fee for Service Medical Officers		(803)	(918)
Payments for Supplies & Consumables		(6,058)	(5,386)
Finance Costs		(3)	(4)
Fundraising Costs		(47)	(138)
<b>Cash Generated from Operations</b>		<b>759</b>	<b>32</b>
Capital Grants from Government		578	4,029
Capital Grants from Non-Government		0	0
Capital Donations and Bequests Received		733	346
Non Government Capital Income		263	357
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	15	<b>2,333</b>	<b>4,764</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of Property, Plant & Equipment		(540)	(579)
Payments for Facility Redevelopments		(1,394)	(5,207)
Proceeds from Sale of Property, Plant & Equipment		293	184
Sale / (Purchase) of Investments		1	(34)
Payments for Jeparit Hospital Legal Settlement		-	(1,061)
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>		<b>(1,640)</b>	<b>(6,697)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Proceeds from Borrowings		283	188
Repayment of Borrowings		(283)	(236)
Contributed Capital from Government		0	500
<b>Net Cash Inflow/Outflow from Financing Activities</b>		<b>0</b>	<b>452</b>
<b>Net Increase/(Decrease) in Cash Held</b>		<b>693</b>	<b>(1,481)</b>
Cash and Cash Equivalents at Beginning of Period		999	2,480
<b>Cash and Cash Equivalents at End of Period</b>	5	<b>1,692</b>	<b>999</b>

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

<b>Statement of Recognised Income and Expense For the Year Ended 30 June 2007</b>			
	Note	2007	2006
		\$'000	\$'000
Total equity at beginning of financial year	14d	39,167	36,173
<b>Net result for the year</b>	14d	<b>539</b>	<b>2,494</b>
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		<b>539</b>	<b>2,494</b>
Transactions with the State in its capacity as owner	14d	-	500
<b>Closing Balance</b>		<b>39,706</b>	<b>39,167</b>

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

West Wimmera Health Service  
Notes to and Forming Part of the Financial Statements  
for the Year Ended 30 June 2007

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## Note 1: Statement of Significant Accounting Policies

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

The financial statements were authorised for issue by Ritchie Dodds, Executive Director Finance & Administration on 7 August 2007.

### Basis of preparation

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

In the application of A-IFRS management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

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

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

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

### (a) Reporting Entity

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

### (b) Rounding of Amounts

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

### (c) Cash and Cash Equivalents

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

### (d) 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.

### (e) Inventories

Inventories include goods and other property held either for sale or for distribution at no or nominal cost in the ordinary course of business operations. It excludes depreciable assets. Inventories held for distribution are measured at the lower of cost and current replacement cost. The "first in, first out" basis of measurement is used.

### (f) Other Financial Assets

Other Financial Assets are valued at cost and are classified between current and non-current assets based on the Health Service's Board of Governance's intention at balance date with respect to the timing of disposal of each asset. Interest revenue from investments is brought to account when it is earned.

### (g) Property, Plant and Equipment

Freehold and Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the land, public announcements or commitments made in relation to the intended use of the land. Theoretical opportunities that may be available in relation to the asset(s) are not taken into account until it is virtually certain that any restrictions will no longer apply. Buildings are measured at fair value less accumulated depreciation and impairment. Plant, Equipment and Vehicles are measured at cost less accumulated depreciation and impairment.

### (h) Revaluations of Property, Plant and Equipment

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

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the 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.

### (i) Depreciation

Assets with a cost in excess of \$1,000 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 the depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2007	2006
Buildings	30 to 67 years	30 to 67 years
Plant & Equipment	8 to 10 years	8 to 10 years
Medical Equipment	8 to 10 years	8 to 10 years
Computers & Communications	1 to 3 years	1 to 3 years
Furniture & Fittings	8 to 10 years	8 to 10 years
Motor Vehicles	2 to 3 years	2 to 3 years

### (j) Impairment of Assets

All tangible 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 where the reserve includes an amount applicable to that class of asset.

The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell. 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.

### (k) Payables

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are usually Nett 30 days.

### (l) Provisions

Provisions are recognised when West Wimmera 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.

### (m) Functional and Presentation Currency

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

### (n) Goods and Services Tax

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable.

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the taxation authority, are presented as operating cash flow.

### (o) Employee Benefits

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

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

Those liabilities that the health service does not expect to settle within 12 months are recognised in the provision for 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 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 Service does not expect to settle within 12 months; and
- nominal value - component that the Service expects to settle within 12 months.

**Non-Current Liability - conditional LSL** (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until 10 years of service has been completed by an employee. Conditional LSL is required to be measured 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 national Government guaranteed securities in Australia.

#### Superannuation

##### Defined contribution plans

Contributions to defined contribution superannuation plans are recorded as expenses when incurred.

##### Defined benefit plans

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

Employees of the Service are entitled to receive superannuation benefits and the Service contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits

based on years of service and final average salary.

West Wimmera Health Service made contributions to the following major superannuation plans during the year:

Defined benefit plans:	Health Super
Defined contribution plans:	Health Super HESTA Super Fund

#### 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.

#### (P) Finance Costs

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

Finance costs include:

- interest on bank overdrafts and short-term and long-term borrowings;
- amortisation of discounts or premiums relating to borrowings;
- amortisation of ancillary costs incurred in connection with the arrangement of borrowings; and
- finance charges in respect of finance leases recognised in accordance with AASB 117 Leases.

#### (q) Residential Aged Care Service

The Residential Aged Care Service segment operations are an integral part of the Health Service and share its resources. An apportionment of land and buildings has been made based on bed numbers. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

Residential Aged Care services are substantially funded from Commonwealth bed-day subsidies.

#### (r) 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.

#### (s) Leases

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

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

#### (t) Revenue Recognition

Revenue 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 revenue when the Health Service gains control of the underlying assets in accordance with AASB 1004 Contributions. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as income when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

#### Indirect Contributions

- Insurance is recognised as revenue following advice from the Department of Human Services.
- Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 16/2004.

#### Patient and Resident Fees

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

#### Private Practice Fees

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

#### Donations and Other Bequests

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

#### (u) 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 include 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 Service's own activities or local initiatives and/or the Commonwealth.

#### (v) Comparative Information

There have been no changes to previous year's figures other than those detailed below.

Revenues and Expenses by category in notes 2a and 2b(i) have been reclassified to accord with the government's requirements for reporting under the Australian Health Care Agreement with the Commonwealth government. This reclassification is to reflect the new category groups as detailed in note 1 (aa) as follows:

	2005-06	Reclassified to:		
	Acute	Admitted Patients	Outpatients	Ambulatory
	\$'000	\$'000	\$'000	\$'000
<b>REVENUE - HSA</b>				
DHS	8,696	8,569	-	127
Insurance (DHS)	315	315	-	-
LSL Funding (Indirect)	63	63	-	-
Patient & Resident Fees	885	830	55	-
Other	15	12	-	3
<b>Total Revenue - HSA</b>	<b>9,974</b>	<b>9,789</b>	<b>55</b>	<b>130</b>
<b>EXPENSES - HSA</b>				
Employee Benefits	5,251	5,063	112	76
Non Salary Labour Costs	471	471	-	-
Supplies & Consumables	879	897	-	-
Other Expenses	1,361	1,350	1	10
<b>Total Expenses - HSA</b>	<b>7,962</b>	<b>7,763</b>	<b>113</b>	<b>86</b>
Depreciation	290	285	3	2
Other	1	1	-	-
<b>Total Expenses</b>	<b>8,253</b>	<b>8,049</b>	<b>116</b>	<b>88</b>

	2005-06	Reclassified to:	
	RAC	RAC Mental Health	RAC incl Mental Health
	\$'000	\$'000	\$'000
<b>REVENUE - HSA</b>			
DHS	1,891	193	2,084
RAC Subsidy	3,956	232	4,188
LSL Funding (Indirect)	39	-	39
Patient & Resident Fees	1,334	68	1,402
Other	17	-	17
<b>Total Revenue - HSA</b>	<b>7,237</b>	<b>493</b>	<b>7,730</b>
<b>EXPENSES - HSA</b>			
Employee Benefits	7,462	140	7,602
Non Salary Labour Costs	2	-	2
Supplies & Consumables	418	16	434
Other Expenses	1,519	72	1,591
<b>Total Expenses - HSA</b>	<b>9,401</b>	<b>228</b>	<b>9,629</b>
Depreciation	565	10	575
Other	9	-	9
<b>Total Expenses</b>	<b>9,975</b>	<b>238</b>	<b>10,213</b>

#### (w) Asset Revaluation Reserve

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

#### (x) 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.

#### (y) Contributed Capital

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

#### (z) 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 West Wimmera Health Service. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of unusual nature and amounts 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 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. 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, comprised the following items, where material:
  - Voluntary departure packages
  - Write-down of inventories
  - Non-current asset revaluation increments/decrements
  - Diminution of investments
  - Restructuring of operations
  - Litigation settlements
  - Non-current assets lost or found
  - Foregiveness of loans
  - Reversals of provisions
- Voluntary changes in accounting policies (which are not required by an accounting standard or other authoritative pronouncement of the Australian Accounting Standards Board).
  - Impairment of non current assets, includes all impairment losses (and reversal of previous impairment losses), related to non current assets only which have been recognised in accordance with note 1 (j).
  - Depreciation and amortisation, as described in note 1 (i).

#### (aa) Category Groups

The Service has used the following category groups for reporting purposes for the current and previous financial years:

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

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

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

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

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

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

**Other Services excluded form 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, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls into this category group.

#### (ab) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2007 reporting period. As at 30 June 2007, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2007. West Wimmera 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 Service's Annual Statements
AASB 7 Financial Instruments: Disclosures	New standard replacing disclosure requirements of AASB 132	Beginning 1 Jan 2007	AASB 7 is a disclosure standard so will have no direct impact on the amounts included in the Service's financial statements. However, the amendments will result in changes to the financial instrument disclosures included in the Service's annual report
AASB 2005-10 Amendments to Australian Accounting Standards (AASB's 132, 101, 114, 117, 133, 139, 1, 4, 1023 & 1038).	Amendments arising from the release in Aug 05 of AASB 7 Financial Instruments: Disclosures	Beginning 1 Jan 2007	Amendments may result in changes to the financial statements
AASB 101 Presentation of Financial Statements (revised)	Removes Australian specific requirements from AASB 101, including the Australian illustrative formats of the income statement, balance sheet, and the statement of changes in equity which health services were previously 'encouraged' to adopt in preparing their financial statements.	Beginning 1 Jan 2007	Amendments may result in changes to the financial statements
AASB 2007-1 Amendments to Australian Accounting Standards arising from AASB Interpretation 22 (AASB 2)	Additional paragraphs added underneath transitional payments	1 March 2007	Amendments may result in changes to the financial statements

#### (ac) Going Concern

The Service receives a significant portion of its operating revenue from the Department of Human Services.

In a letter dated 13 July 2007 the Department undertook to provide the Service adequate cash flow support to enable it to meet its current and future obligations as and when they fall due for a period up to September 2008 should such support be required.

This support is conditional upon:

The Service continuing to provide monthly advice to the Department on its financial position, including the likelihood of any short term liquidity issues;

The Service's Board committing to achieving the agreed budget targets, and all requirements of the Health Service Agreement in 2007-08; and

The Service developing, discussing and agreeing with Department strategies to support the achievement of a break-even operating result.

<b>Note 2: Revenue</b>						
	HSA	HSA	Non HSA	Non HSA		
	2007	2006	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>REVENUE FROM OPERATING ACTIVITIES</b>						
Government Grants						
- Department of Human Services	13,638	13,535	-	-	13,638	13,535
- Dental Health Services Victoria	352	324	-	-	352	324
- Commonwealth Government	-	-	-	-	-	-
- Residential Aged Care Subsidy	4,519	4,188	-	-	4,519	4,188
- Other	1,717	1,460	510	-	1,717	1,460
Indirect Contributions by Department of Human Services	561	510	-	-	561	510
Patient and Resident Fees (refer note 2c)	3,033	2,964	330	462	3,363	3,426
Donations & Bequests	-	-	133	178	133	178
Other Revenue from Operating Activities	167	99	-	-	167	99
<b>Sub-Total Revenue from Operating Activities</b>	<b>23,987</b>	<b>23,080</b>	<b>463</b>	<b>640</b>	<b>24,450</b>	<b>23,720</b>
<b>REVENUE FROM NON-OPERATING ACTIVITIES</b>						
Interest	-	-	201	141	201	141
Property Income	-	-	92	109	92	109
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>0</b>	<b>0</b>	<b>293</b>	<b>250</b>	<b>293</b>	<b>250</b>
<b>REVENUE FROM CAPITAL PURPOSE INCOME</b>						
State Government Capital Grants						
- Targeted Capital Works and Equipment	-	-	188	2,614	188	2,614
- Equipment & Infrastructure Maintenance	390	336	-	-	390	336
Residential Accommodation Payments (refer note 2c)	-	-	255	216	255	216
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2d)	-	-	7	(164)	7	(164)
Donations and Bequests	-	-	733	346	733	346
<b>Sub-Total Revenue from Capital Purpose Income</b>	<b>390</b>	<b>336</b>	<b>1,183</b>	<b>3,012</b>	<b>1,573</b>	<b>3,348</b>
Specific Income (refer note 2f)	-	-	-	1,076	-	1,076
<b>Total Revenue (refer to note 2a)</b>	<b>24,377</b>	<b>23,417</b>	<b>1,939</b>	<b>4,978</b>	<b>26,316</b>	<b>28,394</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 (based on the consolidated view of Note 2)**

	Admitted Patients	Outpatients	Ambulatory	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2007	2007	2007	2007	2007	2007	2007	2007
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>REVENUE FROM SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>								
<b>Government Grants</b>								
- Department of Human Services	8,663	-	1,500	2,221	-	1,056	198	13,638
- Dental Health Services Victoria	-	-	-	-	-	352	-	352
- Commonwealth Government								
- Residential Aged Care Subsidy	-	-	-	4,519	-	-	-	4,519
- Other	-	-	-	-	-	610	1,107	1,717
<b>Indirect contributions by Department of Human Services</b>								
- Insurance	369	-	-	-	-	-	-	369
- Long Service Leave	63	-	-	38	6	30	56	193
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	578	578
Patient and Resident Fees (refer note 2c)	816	36	242	1,470	5	63	401	3,033
Interest	-	-	-	-	-	-	201	201
Donations & Bequests	-	-	-	-	-	-	867	867
Residential Accommodation Payments (refer note 2c)	-	-	-	-	-	-	255	255
Net Gain/(Loss) from Disposal of Non Current Assets (refer note 2d)	-	-	-	-	-	-	7	7
Specific Income (refer note 2f)	-	-	-	-	-	-	-	0
Other	1	-	12	13	-	-	139	165
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>9,912</b>	<b>36</b>	<b>1,754</b>	<b>8,261</b>	<b>11</b>	<b>2,111</b>	<b>3,809</b>	<b>25,894</b>
<b>REVENUE FROM SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES</b>								
<b>Internal and Restricted Specific Purpose Fund</b>								
- Private Practice and Other Patient Activities	-	-	-	-	-	-	79	79
- Dental Services	-	-	-	-	-	-	50	50
- Meals on Wheels	-	-	-	-	-	-	114	114
- Diagnostic Imaging	-	-	-	-	-	-	87	87
- Property Income	-	-	-	-	-	-	92	92
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>422</b>	<b>422</b>
<b>Total Revenue</b>	<b>9,912</b>	<b>36</b>	<b>1,754</b>	<b>8,261</b>	<b>11</b>	<b>2,111</b>	<b>4,231</b>	<b>26,316</b>
	Admitted Patients	Outpatients	Ambulatory	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2006	2006	2006	2006	2006	2006	2006	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>REVENUE FROM SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>								
<b>Government Grants</b>								
- Department of Human Services	8,569	-	1,236	2,084	-	1,458	188	13,535
- Dental Health Services Victoria	-	-	-	-	-	324	-	324
- Commonwealth Government								
- Residential Aged Care Subsidy	-	-	-	4,188	-	-	-	4,188
- Other	-	-	-	-	-	577	807	1,384
<b>Indirect contributions by Department of Human Services</b>								
- Insurance	315	-	-	-	-	-	-	315
- Long Service Leave	63	-	-	39	6	31	56	195
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	3,026	3,026
Patient and Resident Fees (refer note 2c)	830	55	216	1,402	5	145	311	2,964
Interest	-	-	-	-	-	-	141	141
Donations & Bequests	-	-	-	-	-	-	524	524
Specific Income (refer note 2g)	-	-	-	-	-	-	-	0
Residential Accommodation Payments (refer note 2c)	-	-	-	-	-	-	216	216
Net Gain/(Loss) from Disposal of Non Current Assets (refer note 2d)	-	-	-	-	-	-	-164	-164
Specific Income (refer note 2f)	-	-	-	-	-	-	1,076	1,076
Other	12	-	4	17	-	7	59	99
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>9,789</b>	<b>55</b>	<b>1,456</b>	<b>7,730</b>	<b>11</b>	<b>2,542</b>	<b>6,240</b>	<b>27,823</b>
<b>REVENUE FROM SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES</b>								
<b>Internal and Restricted Specific Purpose Fund</b>								
- Private Practice and Other Patient Activities	-	-	-	-	-	-	123	123
- Dental Services	-	-	-	-	-	-	94	94
- Meals on Wheels	-	-	-	-	-	-	107	107
- Diagnostic Imaging	-	-	-	-	-	-	138	138
- Property Income	-	-	-	-	-	-	109	109
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>571</b>	<b>571</b>
<b>Total Revenue</b>	<b>9,789</b>	<b>55</b>	<b>1,456</b>	<b>7,730</b>	<b>11</b>	<b>2,542</b>	<b>6,811</b>	<b>28,394</b>

<b>Note 2b: Expenses</b>						
	HSA	HSA	Non HSA	Non HSA	Total	Total
	2007	2006	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>EMPLOYEE BENEFITS</b>						
Salaries & Wages	15,247	14,922	549	374	15,796	15,296
WorkCover Premium	219	184	8	5	227	189
Departure Packages	20	38	35	-	55	38
Long Service Leave	379	418	17	11	396	429
Superannuation	1,281	1,196	42	16	1,323	1,212
<b>Total Employee Benefits</b>	<b>17,146</b>	<b>16,758</b>	<b>651</b>	<b>406</b>	<b>17,797</b>	<b>17,164</b>
<b>NON SALARY LABOUR COSTS</b>						
Fees for Visiting Medical Officers	460	438	343	481	803	919
Agency Costs - Nursing	124	37	-	-	124	37
<b>Total Non Salary Labour Costs</b>	<b>584</b>	<b>475</b>	<b>343</b>	<b>481</b>	<b>927</b>	<b>956</b>
<b>SUPPLIES AND CONSUMABLES</b>						
Drug Supplies	157	181	-	-	157	181
Medical, Surgical Supplies & Prosthesis	761	701	83	44	844	745
Pathology Supplies	17	19	-	-	17	19
Food Supplies	749	629	28	148	777	777
<b>Total Supplies &amp; Consumables</b>	<b>1,684</b>	<b>1,530</b>	<b>111</b>	<b>192</b>	<b>1,795</b>	<b>1,722</b>
<b>OTHER EXPENSES FROM CONTINUING OPERATIONS</b>						
Domestic Services & Supplies	373	360	6	3	379	363
Fuel, Light, Power and Water	687	493	36	27	723	520
Insurance costs funded by DHS	368	314	18	-	386	314
Motor Vehicle Expenses	70	275	2	2	72	277
Repairs & Maintenance	144	121	6	7	150	128
Maintenance Contracts	194	281	19	14	213	295
Patient Transport	165	128	-	-	165	128
Bad & Doubtful Debts	6	13	-	1	6	14
Lease Expense	62	-	-	-	62	0
Other Administrative Expenses	1,747	1,964	123	44	1,870	2,008
Audit Fees	50	30	-	-	50	30
<b>Total Other Expenses from Continuing Operations</b>	<b>3,866</b>	<b>3,979</b>	<b>210</b>	<b>98</b>	<b>4,076</b>	<b>4,077</b>
<b>DEPRECIATION AND AMORTISATION</b>						
Specific Expense	1,133	1,075	-	-	1,133	1,075
Finance Costs	46	902	-	-	46	902
Finance Costs	3	4	-	-	3	4
<b>Total</b>	<b>1,182</b>	<b>1,981</b>	<b>-</b>	<b>-</b>	<b>1,182</b>	<b>1,981</b>
<b>Total Expenses</b>	<b>24,462</b>	<b>24,723</b>	<b>1,315</b>	<b>1,177</b>	<b>25,777</b>	<b>25,900</b>

**Note 2b(i): Analysis of Expenses by Source (based on the consolidated view of note 2b)**

	Admitted Patients	Outpatients	Ambulatory	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2007	2007	2007	2007	2007	2007	2007	2007
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>								
Employee Benefits								
Salaries & Wages	4,813	85	958	6,738	275	1,809	569	15,247
WorkCover	70	1	14	94	4	28	8	219
Departure Packages	5	-	-	6	-	3	6	20
Long Service Leave	109	3	25	163	6	58	15	379
Superannuation	408	7	91	558	18	154	45	1,281
Non Salary Labour Costs								
Fees for Visiting Medical Officers	460	-	-	-	-	-	-	460
Agency Costs - Nursing	113	-	-	11	-	-	-	124
Supplies & Consumables								
Drug Supplies	144	2	1	10	-	-	-	157
Medical, Surgical Supplies and Prosthesis	550	19	16	142	4	30	-	761
Pathology Supplies	15	-	-	2	-	-	-	17
Food Supplies	205	-	4	326	13	126	75	749
Other Expenses								
Domestic Services & Supplies	148	2	3	190	2	20	8	373
Fuel, Light, Power and Water	179	1	12	325	9	115	46	687
Insurance costs funded by DHS	115	-	-	162	7	69	15	368
Motor Vehicle Expenses	13	-	-	19	1	27	10	70
Repairs & Maintenance	49	-	2	63	3	20	7	144
Maintenance Contracts	81	2	12	67	2	20	10	194
Patient Transport	165	-	-	-	-	-	-	165
Bad & Doubtful Debts	3	-	-	3	-	-	-	6
Lease Expense	13	-	6	6	-	25	12	62
Other Administrative Expenses	498	2	57	635	58	368	129	1,747
<b>Sub-Total of Expenses from Services Supported by Health Services Agreement</b>	<b>8,156</b>	<b>124</b>	<b>1,201</b>	<b>9,520</b>	<b>402</b>	<b>2,872</b>	<b>955</b>	<b>23,230</b>
<b>SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES</b>								
Employee Benefits								
Salaries & Wages	-	-	-	-	-	-	549	549
Workcover	-	-	-	-	-	-	8	8
Departure Packages	-	-	-	-	-	-	35	35
Long Service Leave	-	-	-	-	-	-	17	17
Superannuation	-	-	-	-	-	-	42	42
Non Salary Labour Costs								
Fees for Visiting Medical Officers	-	-	-	-	-	-	343	343
Supplies & Consumables								
Medical, Surgical Supplies and Prosthesis	-	-	-	-	-	-	83	83
Food Supplies	-	-	-	-	-	-	28	28
Other Expenses								
Domestic Services & Supplies	-	-	-	-	-	-	6	6
Fuel, Light, Power and Water	-	-	-	-	-	-	36	36
Insurance costs funded by DHS	-	-	-	-	-	-	18	18
Motor Vehicle Expenses	-	-	-	-	-	-	2	2
Repairs & Maintenance	-	-	-	-	-	-	6	6
Maintenance Contracts	-	-	-	-	-	-	19	19
Other Administrative Expenses	-	-	-	-	-	-	123	123
<b>Sub-Total of Expenses from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,315</b>	<b>1,315</b>
Depreciation and Amortisation (refer note 3)	341	3	3	474	21	202	89	1,133
Audit Fees								
Auditor-General's (refer note 21)	-	-	-	-	-	-	18	18
Other	5	-	-	6	-	3	18	32
Finance Costs (refer note 4)								
Specific Expenses (refer note 2g)	-	-	-	-	-	-	46	46
<b>Sub-Total of Other Expenses from Continuing Operations</b>	<b>346</b>	<b>3</b>	<b>3</b>	<b>480</b>	<b>21</b>	<b>205</b>	<b>174</b>	<b>1,232</b>
<b>Total Expenses from Continuing Operations</b>	<b>8,502</b>	<b>127</b>	<b>1,204</b>	<b>10,000</b>	<b>423</b>	<b>3,077</b>	<b>2,444</b>	<b>25,777</b>

<b>Note 2b(i): Analysis of Expenses by Source (cont.)</b>								
	Admitted Patients	Outpatients	Ambulatory	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2006	2006	2006	2006	2006	2006	2006	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>								
Employee Benefits								
Salaries & Wages	4,486	99	791	6,786	82	2,156	523	14,922
WorkCover	60	2	9	81	1	25	6	184
Departure Packages	9	-	-	12	-	16	1	38
Long Service Leave	124	3	23	182	3	67	16	418
Superannuation	385	8	65	541	6	159	33	1,196
Non Salary Labour Costs								
Fees for Visiting Medical Officers	436	-	-	-	-	2	-	438
Agency Costs - Nursing	35	-	-	2	-	-	-	37
Supplies & Consumables								
Drug Supplies	169	-	-	10	-	2	-	181
Medical, Surgical Supplies and Prosthesis	508	-	12	152	-	28	1	701
Pathology Supplies	18	-	-	1	-	-	-	19
Food Supplies	184	-	-	271	5	102	67	629
Other Expenses								
Domestic Services & Supplies	141	-	-	193	1	18	7	360
Fuel, Light, Power and Water	118	1	3	294	1	57	19	493
Insurance costs funded by DHS	107	-	-	138	3	57	9	314
Motor Vehicle Expenses	75	-	-	94	4	77	25	275
Repairs & Maintenance	40	-	-	36	1	30	14	121
Maintenance Contracts	107	-	6	114	2	37	15	281
Patient Transport	128	-	-	-	-	-	-	128
Bad & Doubtful Debts	12	-	-	-	-	1	-	13
Other Administrative Expenses	622	-	145	722	15	355	105	1,964
<b>Sub-Total of Expenses from Services Supported by Health Services Agreement</b>	<b>7,763</b>	<b>113</b>	<b>1,054</b>	<b>9,629</b>	<b>124</b>	<b>3,189</b>	<b>841</b>	<b>22,712</b>
<b>SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES</b>								
Employee Benefits								
Salaries & Wages	-	-	-	-	-	-	374	374
Workcover	-	-	-	-	-	-	5	5
Long Service Leave	-	-	-	-	-	-	11	11
Superannuation	-	-	-	-	-	-	16	16
Non Salary Labour Costs								
Fees for Visiting Medical Officers	-	-	-	-	-	-	481	481
Supplies & Consumables								
Medical, Surgical Supplies and Prosthesis	-	-	-	-	-	-	44	44
Food Supplies	-	-	-	-	-	-	148	148
Other Expenses								
Domestic Services & Supplies	-	-	-	-	-	-	3	3
Fuel, Light, Power and Water	-	-	-	-	-	-	27	27
Motor Vehicle Expenses	-	-	-	-	-	-	2	2
Repairs & Maintenance	-	-	-	-	-	-	7	7
Maintenance Contracts	-	-	-	-	-	-	14	14
Bad & Doubtful Debts	-	-	-	-	-	-	1	1
Other Administrative Expenses	-	-	-	-	-	-	44	44
<b>Sub-Total of Expenses from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,177</b>	<b>1,177</b>
Depreciation and Amortisation (refer note 3)	285	3	18	575	4	125	65	1,075
Audit Fees								
Auditor-General's (refer note 21)	-	-	-	-	-	-	19	19
Other	1	-	-	9	-	1	-	11
Finance Costs (refer note 4)	-	-	-	-	-	-	4	4
Specific Expenses (refer note 2g)	-	-	-	-	-	-	902	902
<b>Sub-Total of Other Expenses from Continuing Operations</b>	<b>286</b>	<b>3</b>	<b>18</b>	<b>584</b>	<b>4</b>	<b>126</b>	<b>990</b>	<b>2,011</b>
<b>Total Expenses from Continuing Operations</b>	<b>8,049</b>	<b>116</b>	<b>1,072</b>	<b>10,213</b>	<b>128</b>	<b>3,315</b>	<b>3,008</b>	<b>25,900</b>

<b>Note 2c: Patient and Resident Fees</b>		
	2007	2006
	\$'000	\$'000
<b>PATIENT AND RESIDENT FEES RAISED</b>		
<b>Recurrent:</b>		
<b>Acute</b>		
- Inpatients	823	830
- Outpatients	36	55
- Other	704	677
<b>Residential Aged Care</b>		
- Generic	1,403	1,334
- Mental Health	67	68
<b>Subtotal Acute &amp; RAC</b>	<b>3,033</b>	<b>2,964</b>
<b>BUSINESS UNITS</b>		
- Dental	50	94
- Radiography	87	138
- Medical Practice	79	123
- Meals on Wheels	114	107
<b>Subtotal Business Units</b>	<b>330</b>	<b>462</b>
<b>Total Recurrent</b>	<b>3,363</b>	<b>3,426</b>
<b>Capital Purpose:</b>		
Residential Accommodation Payments(*)	255	216
<b>Total Capital</b>	<b>255</b>	<b>216</b>

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

<b>Note 2d: Net Gain/(Loss) on Disposal of Non-Current Assets</b>		
	2007	2006
	\$'000	\$'000
<b>Proceeds from Disposals of Non-Current Assets</b>		
Transport	293	184
<b>Total Proceeds from Disposal of Non-Current Assets</b>	<b>293</b>	<b>184</b>
<b>Less: Written Down Value of Non-Current Assets Sold</b>		
Transport	(286)	(188)
Furniture and Fittings	-	(7)
Medical Equipment	-	(142)
Plant & Equipment	-	(11)
<b>Total Written Down Value of Non-Current Assets Sold</b>	<b>(286)</b>	<b>(348)</b>
<b>Net gains/(losses) on Disposal of Non-Current Assets</b>	<b>7</b>	<b>(164)</b>

<b>Note 2e: Analysis of Expenses by Internal and Restricted Specific Purpose Funds for Services Supported by Hospital and Community Initiatives</b>		
	2007	2006
	\$'000	\$'000
Dental	632	632
Radiography	251	239
Meals on Wheels	154	146
Medical Practice	278	160
<b>TOTAL</b>	<b>1,315</b>	<b>1,177</b>

<b>Note 2f: Specific Income</b>		
	2007	2006
	\$'000	\$'000
<b>SPECIFIC INCOME</b>		
Jeparit Hospital Settlement Funding - DHS	-	1,076
<b>TOTAL</b>	<b>0</b>	<b>1,076</b>

<b>Note 2g: Specific Expenses</b>		
	2007	2006
	\$'000	\$'000
<b>SPECIFIC EXPENSES</b>		
Litigation Settlements - Jeparit Hospital	-	550
Legal Fees Jeparit Hospital	-	214
Other	46	138
<b>TOTAL</b>	<b>46</b>	<b>902</b>

<b>Note 3: Depreciation and Amortisation</b>		
	2007	2006
	\$'000	\$'000
<b>DEPRECIATION</b>		
Buildings	507	453
Plant & Equipment	173	179
Medical Equipment	214	194
Computers and Communication	46	52
Furniture and Equipment	63	55
Motor Vehicles	130	142
<b>Total Depreciation</b>	<b>1,133</b>	<b>1,075</b>

<b>Note 4: Finance Costs</b>		
	2007	2006
	\$'000	\$'000
Interest on Overdraft	3	3
Interest on Motor Vehicles	-	1
<b>TOTAL</b>	<b>3</b>	<b>4</b>

<b>Note 5: Cash and Cash Equivalents</b>		
	2007	2006
	\$'000	\$'000
Cash on Hand	4	3
Bank Overdraft	(49)	(134)
Deposits at Call	1,737	1,229
<b>TOTAL</b>	<b>1,692</b>	<b>1,098</b>
<b>Represented by:</b>		
Cash for Health Service Operations (as per Cash Flow Statement)	1,692	999
Cash for Monies Held in Trust		
- Deposits at Call	-	99
<b>TOTAL</b>	<b>1,692</b>	<b>1,098</b>

<b>Note 6: Receivables</b>		
	2007	2006
	\$'000	\$'000
<b>CURRENT</b>		
Trade Debtors	256	250
Patient Fees	198	462
Accrued Revenue - Fringe Benefits Tax	140	80
Accrued Revenue - Disability Services	-	13
Accrued Revenue - DHS	100	30
Accrued Revenue - CACPs	-	15
Accrued Revenue - Other	-	25
<b>TOTAL</b>	<b>694</b>	<b>875</b>
<b>LESS Provision for Doubtful Debts</b>		
Patient Fees	(15)	(15)
<b>TOTAL CURRENT RECEIVABLES</b>	<b>679</b>	<b>860</b>
<b>NON CURRENT</b>		
DHS - Long Service Leave	520	657
<b>TOTAL NON-CURRENT RECEIVABLES</b>	<b>520</b>	<b>657</b>
<b>TOTAL RECEIVABLES</b>	<b>1,199</b>	<b>1,517</b>

<b>Note 7: Other Financial Assets</b>			
	Operating	Total	Total
	Fund	2007	2006
	\$'000	\$'000	\$'000
<b>CURRENT</b>			
Aust. Dollar Term Deposits (short term)	-	0	100
Aust. Dollar Term Deposits (long term)	1,542	1,542	1,162
<b>TOTAL</b>	<b>1,542</b>	<b>1,542</b>	<b>1,262</b>
Represented by:			
Monies Held in Trust			
- Patient Monies	4	4	113
- Licences To Occupy	430	430	240
- Accommodation Bonds (Refundable Entrance Fees)	1,108	1,108	909
<b>TOTAL</b>	<b>1,542</b>	<b>1,542</b>	<b>1,262</b>

<b>Note 8: Inventories</b>		
	2007	2006
	\$'000	\$'000
<b>CURRENT</b>		
Pharmaceuticals - at cost	53	51
Catering Supplies - at cost	32	33
Housekeeping Supplies - at cost	11	12
Medical and Surgical Lines - at cost	105	127
Engineering Stores - at cost	31	26
Administration Stores - at cost	30	41
<b>TOTAL INVENTORIES</b>	<b>262</b>	<b>290</b>

<b>Note 9: Other Assets</b>		
	2007	2006
	\$'000	\$'000
Current Assets		
Prepayments	154	20
<b>TOTAL</b>	<b>154</b>	<b>20</b>

<b>Note 10: Property, Plant &amp; Equipment</b>		
	2007	2006
	\$'000	\$'000
<b>LAND</b>		
- Land at Valuation	836	836
<b>Total Land</b>	<b>836</b>	<b>836</b>
<b>BUILDINGS</b>		
- Buildings Under Construction	-	10,638
- Buildings at Cost	16,169	5,003
Less Accumulated Depreciation and Impairment	261	131
	<b>15,908</b>	<b>4,872</b>
- Buildings at Valuation	25,176	25,176
Less Accumulated Depreciation and Impairment	784	406
	<b>24,392</b>	<b>24,770</b>
<b>Total Buildings</b>	<b>40,300</b>	<b>40,280</b>
<b>PLANT AND EQUIPMENT AT COST</b>		
- Plant and Equipment	3,194	3,177
Less Accumulated Depreciation and Impairment	2,573	2,401
<b>Total Plant and Equipment</b>	<b>621</b>	<b>776</b>
<b>MEDICAL EQUIPMENT AT COST</b>		
- Medical Equipment	2,856	2,496
Less Accumulated Depreciation and Impairment	1,925	1,711
<b>Total Medical Equipment</b>	<b>931</b>	<b>785</b>
<b>COMPUTERS AND COMMUNICATION AT COST</b>		
- Computers and Communication	1,631	1,605
Less Accumulated Depreciation and Impairment	1,578	1,533
<b>Total Computers and Communications</b>	<b>53</b>	<b>72</b>
<b>FURNITURE AND FITTINGS AT COST</b>		
- Furniture and Fittings	1,703	1,317
Less Accumulated Depreciation and Impairment	1,218	1,155
<b>Total Furniture and Fittings</b>	<b>485</b>	<b>162</b>
<b>MOTOR VEHICLES AT COST</b>		
- Motor Vehicles	737	1,047
Less Accumulated Depreciation and Impairment	520	532
<b>Total Motor Vehicles</b>	<b>217</b>	<b>515</b>
<b>TOTAL</b>	<b>43,443</b>	<b>43,426</b>

### Note 10: Property, Plant & Equipment

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

	Land	Buildings	Plant & Equipment	Medical Equipment	Computers & Commnctns	Furniture & Fittings	Motor Vehicles	Constrcn WIP	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Balance at 1 July 2005</b>	836	30,067	923	870	117	186	631	5,828	39,458
Additions	-	27	42	250	7	39	214	4,810	5,389
Disposals	-	-	(10)	(142)	-	(7)	(188)	-	(347)
Depreciation and Amortisation (note 3)	-	(453)	(179)	(194)	(52)	(55)	(142)	-	(1,075)
<b>Balance at 1 July 2006</b>	836	29,641	776	784	72	163	515	10,638	43,425
Additions	-	-	18	361	27	386	117	527	1,436
Disposals	-	-	-	-	-	-	(285)	-	(285)
Transfer on Completion of WIP	-	11,165	-	-	-	-	-	(11,165)	-
Depreciation and Amortisation (note 3)	-	(507)	(173)	(214)	(46)	(63)	(130)	-	(1,134)
<b>Balance at 30 June 2007</b>	836	40,299	621	931	53	486	217	0	43,443

Land and buildings carried at valuation. An independent valuation of the Health Service's land and buildings was performed by Valuett Property Valuers to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2005.

### Note 11: Payables

	2007	2006
	\$'000	\$'000
<b>CURRENT</b>		
Trade Creditors	734	868
Accrued Expenses	333	773
GST Payable	124	82
<b>TOTAL</b>	1,191	1,723

### Note 12: Provisions

	2007	2006
	\$'000	\$'000
<b>CURRENT</b>		
Employee Benefits (refer Note 12a)	4,589	4,220
<b>TOTAL</b>	4,589	4,220
<b>NON-CURRENT</b>		
Employee Benefits (Note 12a)	659	536
<b>TOTAL</b>	659	536

### Note 12a: Employee Benefits

	2007	2006
	\$'000	\$'000
<b>CURRENT (refer note 1 (o))</b>		
Long Service Leave		
- short-term benefits at nominal value	231	219
- long-term benefits at present value	1,634	1,577
Annual Leave		
- short-term benefits at nominal value	1,635	1,249
- long-term benefits at present value	261	519
Accrued Wages and Salaries	771	609
Accrued Days Off	57	47
<b>TOTAL</b>	4,589	4,220
<b>NON-CURRENT</b>		
Conditional Long Service Leave	659	536
<b>TOTAL</b>	659	536
<b>Movement in Long Service Leave:</b>		
Balance at start of year	2,332	2,144
Provision made during the year	396	431
Settlement made during the year	(204)	(243)
<b>Balance at end of year</b>	2,524	2,332

### Note 13: Other Liabilities

	2007	2006
	\$'000	\$'000
<b>CURRENT</b>		
Monies Held in Trust*		
- Patient Monies Held in Trust	4	7
- Accommodation Bonds (Refundable Entrance Fees)		
Short-term liability	263	106
Long-term liability	1,450	1,614
- Licences to Occupy	430	240
<b>Total Other Liabilities</b>	2,147	1,967
<b>* Total Monies Held in Trust</b>		
<b>Represented by the following assets:</b>		
Cash Assets (note 5)	1,542	1,362
Land and Buildings	605	605
<b>TOTAL</b>	2,147	1,967

<b>Note 14: Equity &amp; Reserves</b>		
	2007	2006
	\$'000	\$'000
<b>(a) Reserves</b>		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	370	370
* Balance at the end of the reporting period	370	370
* Represented by:		
- Land	370	370
<b>Restricted Specific Purpose Reserve</b>		
Balance at the beginning of the reporting period	427	427
Balance at the end of the reporting period	427	427
<b>Total Reserves</b>	<b>797</b>	<b>797</b>
<b>(b) Contributed Capital</b>		
Balance at the beginning of the reporting period	25,704	25,204
Capital contribution received from Victorian Government	0	500
<b>Balance at the end of the reporting period</b>	<b>25,704</b>	<b>25,704</b>
<b>(c) Accumulated Surpluses/(Deficits)</b>		
Balance at the beginning of the reporting period	12,666	10,172
Net Result for the Year	539	2,494
<b>Balance at the end of the reporting period</b>	<b>13,205</b>	<b>12,666</b>
<b>(d) Equity</b>		
Total Equity at the beginning of the reporting period	39,167	36,173
Total Recognised Income and Expense	539	2,494
Transactions with the State Government	0	500
<b>Total Equity at the reporting date</b>	<b>39,706</b>	<b>39,167</b>

<b>Note 15: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities</b>		
	2007	2006
	\$'000	\$'000
Net Result for the Year	539	2,494
Non Cash Capital Grant from DHS	-	(92)
Depreciation & Amortisation	1,133	1,075
Provision for Doubtful Debts	10	10
Change in Inventories	28	(45)
Net (Gain)/Loss from Sale of Plant and Equipment	(7)	164
Change in Operating Assets & Liabilities		
Increase/(Decrease) in Payables	113	841
Increase/(Decrease) in Employee Benefits	492	188
(Increase)/Decrease in Other Current Assets	(136)	(13)
(Increase)/Decrease in Receivables	161	142
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>2,333</b>	<b>4,764</b>

## Note 16: Financial Instruments

### (a) Risk management policies

Any trust type monies and surplus investment funds held by the Service are solely invested in short term local currency deposits with a minimum credit rating of AA minus or better. The Service aims to align trust monies held with associated liabilities on a monthly basis.

### (b) Significant accounting policies

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

### (c) Significant terms and conditions

Given the generally short-term nature of the Service's financial assets there are no terms and conditions which may have a material effect on such assets. It is not possible to accurately predict the exact timing and quantum of future accommodation bond payouts, however, given past results and based on the current level of investment monies held, the Service expects to be able to meet future bond payouts as and when they fall due.

### (d) Credit risk exposures

Credit risk represents the loss that would be recognised if counterparties fail to meet their obligations under the respective contracts at maturity. Where applicable the credit risk on financial assets of the entity have been recognised on the statement of financial position, as the carrying amount, net any provisions for doubtful debts.

### (e) Interest Rate Risk Exposure

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

Interest rate exposure as at 30/06/2007	Fixed interest rate maturing				
	Floating Interest Rate	1 year or less	Non Interest Bearing	2007	*Weighted Average Interest Rates
	\$'000	\$'000	\$'000	\$'000	(%)
<b>FINANCIAL ASSETS</b>					
Cash at Bank & On Hand			4	4	
Trade debtors			439	439	
Other receivables			760	760	
Deposits at Call	1,737	1,542		3,279	5.62%
<b>Total Financial Assets</b>	<b>1,737</b>	<b>1,542</b>	<b>1,203</b>	<b>4,482</b>	
<b>FINANCIAL LIABILITIES</b>					
Bank Overdraft	49			49	
Trade creditors and accruals			1,191	1,191	
Monies Held in Trust		2,147		2,147	
<b>Total Financial Liabilities</b>	<b>49</b>	<b>2,147</b>	<b>1,191</b>	<b>3,387</b>	<b>n/a</b>
<b>Net Financial Asset/Liabilities</b>	<b>1,688</b>	<b>(605)</b>	<b>12</b>	<b>1,095</b>	<b>n/a</b>

Interest rate exposure as at 30/06/2006	Fixed interest rate maturing				
	Floating Interest Rate	1 year or less	Non Interest Bearing	2006	* Weighted Average Interest Rates
	\$'000	\$'000	\$'000	\$'000	(%)
<b>FINANCIAL ASSETS</b>					
Cash at Bank & On Hand	0		3	3	
Trade debtors			697	697	
Other receivables			820	820	
Deposits	1,229	1,262		2,491	5.67%
<b>Total Financial Assets</b>	<b>1,229</b>	<b>1,262</b>	<b>1,520</b>	<b>4,011</b>	
<b>FINANCIAL LIABILITIES</b>					
Bank Overdraft	134			134	
Trade creditors and accruals			1,723	1,723	
Monies Held in Trust		1,967		1,967	
<b>Total Financial Liabilities</b>	<b>134</b>	<b>1,967</b>	<b>1,723</b>	<b>3,824</b>	<b>n/a</b>
<b>Net Financial Asset/Liabilities</b>	<b>1,095</b>	<b>(705)</b>	<b>(203)</b>	<b>187</b>	<b>n/a</b>

**Note 16: Financial Instruments (continued)****(f) Fair Value of Financial Assets and Liabilities**

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

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

	2007		2006	
	Book Value	Net Fair Value*	Book Value	Net Fair Value*
	\$'000	\$'000	\$'000	\$'000
<b>FINANCIAL ASSETS</b>				
Cash at Bank & On Hand	4	4	3	3
Trade debtors	439	439	697	697
Other receivables	760	760	820	820
Deposits	3,279	3,279	2,491	2,491
<b>Total Financial Assets</b>	<b>4,482</b>	<b>4,482</b>	<b>4,011</b>	<b>4,011</b>
<b>FINANCIAL LIABILITIES</b>				
Bank Overdraft	49	49	134	134
Trade creditors & accruals	1,191	1,191	1,723	1,723
Monies Held in Trust	2,147	2,147	1,967	1,967
<b>Total Financial Liabilities</b>	<b>3,387</b>	<b>3,387</b>	<b>3,824</b>	<b>3,824</b>

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

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

**Note 17: Commitments for Expenditure**

	2007	2006
	\$'000	\$'000
<b>CAPITAL COMMITMENTS</b>		
Land and Buildings	250	365
<b>Total Capital Commitments</b>	<b>250</b>	<b>365</b>
Not later than one year	250	365
<b>Total</b>	<b>250</b>	<b>365</b>
<b>OTHER COMMITMENTS (LEASES)</b>		
Commitments contracted for at the reporting date which have not been recognised as liabilities.		
Xerox Photocopier (Operating)	145	123
Motor Vehicles - Lowan Rural Health Program (Operating)	22	43
Motor Vehicles - Capital Finance	184	-
IP Telephone Rental (Operating)	81	48
	<b>432</b>	<b>214</b>
Not later than one year	195	77
Later than one year and not later than 5 years	237	137
<b>TOTAL</b>	<b>432</b>	<b>214</b>

**Note 18: Contingent Assets & Contingent Liabilities**

Details and estimates of maximum amounts of contingent liabilities or contingent assets are as follows:

	2007	2006
<b>CONTINGENT LIABILITIES</b>		
Caveat over Property - Kaniva Cottages (1)	200	200
Tru Energy (2)	-	51

1 - The West Wimmera Shire Council holds a caveat of \$200,000 over the title of the Kaniva Cottages. Should the Cottages be sold for any other purpose than to provide Aged Care accommodation at any future time or be wound up, the Council retains the right to recoup \$200,000 from the Service.

2 - As at 30 June 2006 the Service was in dispute with Tru Energy in relation to the quantum of electricity usage costs payable arising from the redevelopment of the Natimuk Hospital. The maximum considered ultimately to be payable including costs was estimated to be \$51,000. The dispute was settled in the 2006-2007 financial year.

**Note 19: Segment Reporting**

**OPERATING STATEMENT**

SEGMENT	Revenue (External)		Expenditure		Depreciation		Surplus/ (Deficit)	
	2007	2006	2007	2006	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Acute Care	9,978	9,750	(7,649)	(8,436)	(485)	(455)	1,844	859
RACS	8,162	7,612	(9,557)	(9,778)	(474)	(454)	(1,869)	(2,620)
Aged Care - Other	387	493	(422)	(871)	(27)	(26)	(62)	(404)
Business Units	87	138	(254)	(297)	(16)	(15)	(183)	(174)
Internally Managed Units	804	849	(934)	(1,115)	(32)	(31)	(162)	(297)
Primary Health	2,887	2,928	(3,575)	(2,486)	(79)	(76)	(767)	366
Other Programs	2,437	2,200	(2,207)	(940)	(19)	(18)	211	1,242
Capital/Specific Expense	1,573	4,424	(46)	(902)	-	-	1,527	3,522
<b>Net Surplus / (Deficit)</b>	<b>26,315</b>	<b>28,394</b>	<b>(24,644)</b>	<b>(24,825)</b>	<b>(1,132)</b>	<b>(1,075)</b>	<b>539</b>	<b>2,494</b>

**BALANCE SHEET**

SEGMENT	Assets		Liabilities		Equity	
	2007	2006	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Acute Care	18,557	18,350	(1,711)	(1,655)	16,846	16,695
RACS	18,526	18,320	(5,065)	(4,893)	13,461	13,427
Aged Care - Other	898	887	(173)	(167)	725	720
Business Units	283	280	(49)	(47)	234	233
Internally Managed Units	1,918	1,895	(96)	(333)	1,822	1,562
Primary Health	6,572	6,500	(1,157)	(1,118)	5,415	5,382
Other Programs	1,538	1,381	(335)	(233)	1,203	1,148
<b>Total</b>	<b>48,292</b>	<b>47,613</b>	<b>(8,586)</b>	<b>(8,446)</b>	<b>39,706</b>	<b>39,167</b>

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

Segment	Services
Acute Care	Acute Inpatient Care
RACS	Residential Aged Care
Aged Care - Other	Community Aged Care Packages, Dementia Respite
Business Units	Dental, Radiography, Medical and Meals on Wheels
Internally Managed Units	Disability Services
Primary Health	Allied and Community Health
Other Programs	Other

**Geographical Statement**

West Wimmera Health Service operates predominantly in the West Wimmera region.  
More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in this area.

### Note 20a: Responsible Persons Disclosures

In accordance with the Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994, the following disclosures are made regarding responsible persons for the reporting period:

RESPONSIBLE MINISTERS	Period
The Honourable Bronwyn Pike, MLA, Minister for Health	01/07/2006 - 30/06/2007

BOARD OF GOVERNANCE	Period
Mr J R Magrath	01/07/2006 - 30/06/2007
Mrs J A Feder	01/07/2006 - 31/10/2006
Ms L G Clarke	01/07/2006 - 30/06/2007
Mr L C Maybery	01/07/2006 - 30/06/2007
Mr R S Rosewall	01/07/2006 - 30/06/2007
Mr R Ismay	01/07/2006 - 30/06/2007
Mr J A Hicks	01/11/2006 - 30/06/2007
Mrs J M Sudholz	01/07/2006 - 30/06/2007
Mr D White	01/07/2006 - 30/06/2007
Mr M Stewart	01/07/2006 - 30/06/2007
Mr R Stanford	01/07/2006 - 30/06/2007
Fr D Sotiriadis	01/07/2006 - 31/08/2006

ACCOUNTABLE OFFICER	Period
Mr J N Smith - Chief Executive Officer	1 Jul 2006 - 30 Jun 2007

### REMUNERATION OF RESPONSIBLE PERSONS

Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:

Income Band	2007 No.	2006 No.
\$0-\$19,999	13	14
\$200,000 - \$209,999	1	-
\$210,000 - \$219,999	-	1
	<b>13</b>	<b>15</b>
	<b>\$209,098</b>	<b>\$210,336</b>

**Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:**

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet

OTHER TRANSACTIONS OF RESPONSIBLE PERSONS AND THEIR RELATED PARTIES	2007 \$'000	2006 \$'000
The result of the period includes aggregate amounts attributable to transactions with Responsible Persons and Responsible Persons Related Parties in respect of:		
Mrs. E.M. Sterwart has provided nursing services to the Health Service on normal award terms and conditions.	83	99
T. Ismay & Company of which Mr. R.A. Ismay is a Director has provided hardware services to the Health Service on normal commercial terms and conditions.	1	3
Mrs. L.M. Graham has provided secretarial services to the Health Service on normal award terms and conditions.	38	36
Nhill Medical Clinic of which Dr M J Anderson is a Partner has provided medical services to the Health Service on normal commercial terms and conditions. Dr M J Anderson retired from the Board of Governance on 31 October 2005.	-	259

### Note 20b: Executive Officer Disclosures

Executive Officers' Remuneration

No reportable amounts.

Note 21: Remuneration of Auditors	2007 \$'000	2006 \$'000
Audit fees paid or payable to the Auditor General for the audit of the Service's current financial report		
Paid as at 30 June	-	-
Payable as at 30 June	19	19
<b>Total Paid and Payable</b>	<b>19</b>	<b>19</b>

### Note 22: Events Occurring after the Balance Sheet Date

There were no significant events after the reporting date (30 June 2007).

## Compliance Disclosure Index

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

Legislation	Requirement	Page Reference
Ministerial Directions		
Report of Operations – FRD Guidance		
Charter and purpose		
FRD 22A	Manner of establishment and the relevant Ministers	Page No
FRD 22A	Objectives, functions, powers and duties	
FRD 22A	Nature and range of services provided	
Management and structure		
FRD 22A	Organisational structure	
Financial and other information		
FRD 22A	Operational and budgetary objectives and performance against objectives	
FRD 22A	Statement of merit and equity	
FRD 22A	Workforce Data Disclosures	
FRD 22A	Occupational health and safety	
FRD 22A	Summary of the financial results for the year	
FRD 22A	Significant changes in financial position during the year	
FRD 22A	Major changes or factors affecting performance	
FRD 22A	Subsequent events	
FRD 22A	Application and operation of Freedom of Information Act 1982	
FRD 22A	Compliance with building and maintenance provisions of Building Act 1993	
FRD 25	Victorian Industry Participation Policy disclosures	
FRD 22A	Statement on National Competition Policy	
FRD 22A	Application and operation of the Whistleblowers Protection Act 2001	
FRD 22A	Details of consultancies over \$100,000	Not applicable
FRD 22A	Details of consultancies under \$100,000	
FRD 22A	Statement of availability of other information	
FRD 10	Disclosure index	
FRD 11	Disclosure of ex gratia payments	Not applicable
FRD 21A	Responsible person and executive officer disclosures	

### Additional information (FRD 22A Appendix)

The following information, where it relates to the West Wimmera Health Service and is relevant to the financial year 2006-07 is available upon request by relevant Ministers, members of Parliament and the public:

- a. A statement of pecuniary interest has been completed.
- b. Details of shares held by senior officers as nominee or held beneficially.
- c. Details of publications produced by the department about the activities of the Board and where they can be obtained.
- d. Details of changes in prices, fees, charges, rates and levies charged by the Board.
- e. Details of any major external reviews carried out on the Board.
- f. Details of major research and development activities undertaken by the Board that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations.
- g. Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- h. Details of major promotional, public relations and marketing activities undertaken by the Board to develop community awareness of the Board and its services.
- i. Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- j. General statement on industrial relations within the Board and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- k. A list of major committees sponsored by the Board, the purposes of each committee and the extent to which the purposes have been achieved.

# THANK YOU...



WWHS

## OUR SPONSORS

We acknowledge the generous sponsorship which supports the production of this report.



### Tattersall's

"Tattersall's are proud to support the initiative of West Wimmera Health Service and their commitment to regional Victoria."



### Tattersall's George Adams Foundation

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The weekly advertiser



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Victoria 3400  
PO BOX 606, Horsham  
Victoria 3402

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### Wimmera Messengers

Voice of West Wimmera

Voice of Hindmarsh

85 Nelson St, Nhill  
Victoria 3418

Telephone (03) 5391 3456



### Luv-A-Duck

Australia's Favourite Duck

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[www.luvaduck.com](http://www.luvaduck.com)

## ACKNOWLEDGEMENTS

Design and Production – Motiv Design, Adelaide

Co-ordination – DMR Associates Pty Ltd, Nhill

Photography – Robert Geh, Adelaide

Lawyers – Russell Kennedy

Phillips Fox – Stewart & Lipshut

Auditors – Victorian Auditor General's Office

Architects – Brown Falconer, Health Science Planning Consultants

This Annual Report is available at each site of the Service and on our website [www.wwhs.net.au](http://www.wwhs.net.au)

# SERVICES OFFERED BY WWHS

## Aged Care

Residential Hostels & Nursing Homes  
Home Based Care

## Service Support

Engineering and Maintenance  
Library and Resource Services  
Health Information Management  
Traineeships  
Volunteers  
Work Experience  
Work Placements

## Clinical Services

Dental  
Diagnostic  
Domiciliary Midwifery  
ENT Surgery  
Gastroenterology  
General and Specialist Medical Care  
General and Specialist Surgery  
Hospital in the Home  
Laparoscopic Surgery  
Maternity Enhancement Program  
Nursing Traineeships  
Obstetrics and Gynaecology  
Ophthalmic Surgery  
Oral Surgery  
Orthopaedic Surgery  
Palliative Care  
Pathology  
Pharmacy  
Plastic Surgery  
Post Acute Care  
Primary Care Casualty  
Psychiatry  
Radiology  
Reconstructive Surgery  
Regional Discharge Planning Strategy  
Ultrasound

## Allied and Community Support Services:

Asthma Education and Counselling  
Adult Day Support Service  
Aged Care Assessments Team  
Ante/Post Natal Classes  
Cardiac Rehabilitation Program  
Cancer Council of Victoria  
– Cancer Awareness  
Community Health Nursing  
Continence Education  
Diabetes Education  
Dietetics  
District Nursing  
Exercise Groups  
Exercise Physiology  
Farm Safety Education  
Fitness Assessments  
Gym/Weights Program  
Hairdressing  
Health Education and Promotion  
Hearing Screening  
Hospital to the Home  
Kindergarten Screenings  
– Podiatry, Speech Pathology  
Living with Cancer Program  
Lowan Rural Health Network  
Maternal and Child Health Nurse  
Practitioner Project  
Maternal and Child Health  
Nursing Service  
Massage Therapy  
Meals on Wheels  
National Diabetes Services  
Nutrition Education  
Occupational Therapy  
Optometry  
Orthodontic Service  
Pap Smear Tests  
Physiotherapy  
Podiatry  
Puberty Biz Sexuality Sessions to Grade 6  
Children and Parents – Goroke  
"Secret Men's Business" – Goroke  
– group for older men  
Social Work - Welfare and  
Counselling Service  
Speech Pathology  
Strength Training  
Work Experience  
Women's Advancement Group  
– Goroke  
"Youth in Action" Group  
– Goroke Secondary College

## Disability Services

Advocacy  
Agencies Network Help  
Assistant Training  
Australians Working Together  
Community Access  
Department and Sales  
Employment Program  
Food Preparation and Sales  
Future for Young Adults  
Living Skills  
Supported Employment  
Therapy Programs  
Vocational Training

## Regional Services To:

Edenhope Hospital  
Goroke P-12  
Hopetoun Hospital  
Jeparit Primary School  
Kaniva P-12 College  
Kindergartens – Nhill, Jeparit, Kaniva,  
Rainbow, Goroke  
Lutheran Primary School, Nhill  
Natimuk Primary School  
Netherby Primary School  
Nhill P-12 College  
Rainbow College  
Rainbow Primary School  
Rural Northwest Health  
St Patrick's Primary School, Nhill

## Nursing Homes – Hostels

### Nhill

Iona Digby Harris Home  
Nursing Home for 26 frail aged, dementia and  
psychogeriatric residents.

### Kaniva

Archie Gray Nursing Home  
Nursing Home for 11 residents.  
Kaniva Cottages  
11 two bedroom units for low care Hostel  
residents.

### Jeparit

Nursing Home for 10 residents.  
Hostel has 5 residents.

### Rainbow

Bowhaven Hostel has 10 residents.  
Weeah Nursing Home has 10 frail aged beds.

### Natimuk

Natimuk Nursing Home  
A new home for 20 residents.  
Allan W Lockwood Special Care Hostel dedicat-  
ed care for 11 residents with dementia.  
Trescowthick House Hostel has 10 frail, aged  
residents.

## Community Programs

### Hospital In The Home (Hith)

This program provides acute services in the  
home for older members of the community. If  
appropriate an older person may be nursed  
at home during an acute bout of illness or  
admitted to hospital and then nursed at home.  
Eligible clients may have up to 28 days of  
support at home after discharge from hospital.  
District Nursing, home help, Meals on Wheels,  
and respite care all assist a person and their  
carer to settle at home safely after leaving  
hospital.

### Dementia Carer Respite Program

Provides 'time out' for carers of people with  
dementia. This program offers carers the op-  
portunity to maintain their own interests, go to  
church or a club, while fulfilling the demanding  
role of carer.

### Community Aged Care Packages

These packages offer comprehensive as-  
sistance to the elderly to support them in  
their homes, thus delaying entry into a hostel  
or nursing home for as long as possible. The  
carer is also able to manage for longer with the  
support provided.

# WWHS CATCHMENT AREA



**WWHS**

## Contact details

### Goroke CHC

Address Line 1  
Address Line 2

T (03) 53632200  
F (03) 53861268

### Jeparit

Address Line 1  
Address Line 2

T (03) 53965500  
F (03) 53972392

### Kaniva

Address Line 1  
Address Line 2

T (03) 53927000  
F (03) 53922203

### Natimuk

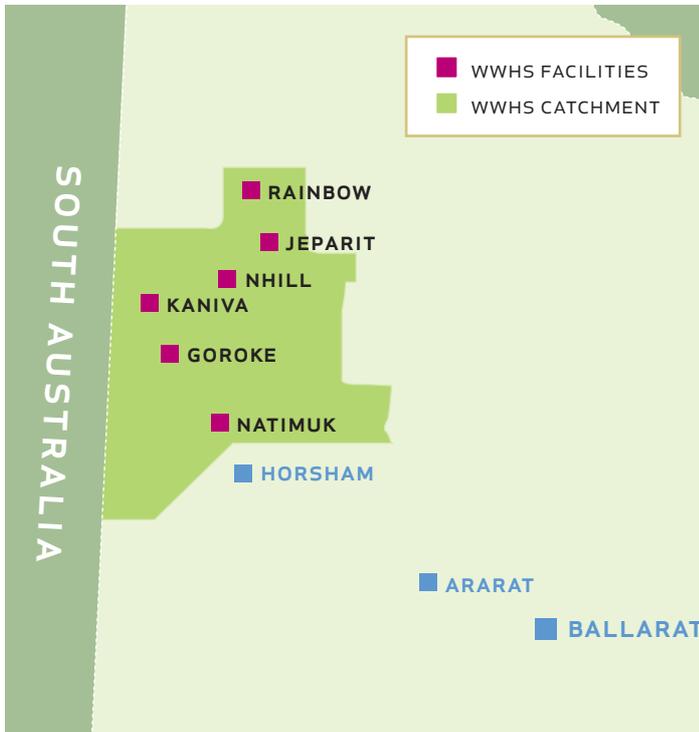
Address Line 1  
Address Line 2

T (03) 53634400  
F (03) 53871303

### Rainbow

Address Line 1  
Address Line 2

T (03) 53963300  
F (03) 53951411



West Wimmera Health Service covers an extensive geographical area of some 17,000 square kilometres in rural North-West Victoria. It incorporates Nhill, Kaniva, Jeparit, Rainbow, Natimuk Hospitals, Goroke Community Health Service and Cooina.

2006-2007

