WWHS

WEST WIMMERA HEALTH SERVICE
ANNUAL REPORT 2007-2008

2007-08

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

Cover

West Wimmera Health Service is an ongoing work in progress. Working cooperatively with our communities and the Victorian Department of Human Services, supported generously and consistently by benefactors, sponsors and volunteers and made possible by dedicated and expert staff and medical specialists, WWHS has been able to build impressive facilities and offer a wide range of medical procedures locally.

We are committed to maintaining dynamic levels of continual improvement – just as we are insistent on delivering our services with compassion, dignity – and a smile.

IMAGE: *Jessica Lovell, Div 2 RN*

Legal Disclaimer

This Report is prepared to comply with the directions of Government, the Minister for Finance and the guidelines of the Australasian Reporting Awards. It is prepared to inform clearly and accurately the goals, achievements and the challenges we have faced during the reporting period 01 July 2007 to 30 June 2008. Our aim is to tell our consumers what services we provide, their location and how to access our care. It is also intended to clearly and openly inform government, our partners and communities about our performance in areas critical to the Service.

The Report will be distributed to the Victorian Parliament, the Department of Human Services and to our communities at the Annual General Meeting of the Service, to be held on Friday 28 November 2008, at 8pm at the Lowan Sports Centre, Nhill. Copies will be readily available at each site and also on the Service website ***www.wwhs.net.au*** and the internal intranet.

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Acknowledgements

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This Annual Report is available at each site of the Service and on our website www.wwhs.net.au

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2007–2008

HIGHLIGHTS OF A POSITIVE YEAR

IMAGE BELOW:
John Smith congratulating John Magrath on receiving the Order of Australia.

Performance in Brief for the Year Ended 30 June 2008

Acute Services			
	2007/08	2006/07	Variance
Patients Treated	1,902	1,749	8.9%
Occupancy	73.65%	82.90%	-9.25%
Cost Per Acute Inpatient	$4,400	$4,651	-5.4%
Residential Aged Care Services			
Nursing Home (High Care) Percentage Occupancy	99.09%	98.70%	0.39%
Hostel (Low Care) Percentage Occupancy	89.15%	83.20%	5.95%
Cost Per Aged Care Day	$241	$239	1%
Allied & Community Health Services			
Occasions of Service	66004	71171	-7.3%
Employees			
*Total Employees	536	533	0.5%
Finance			
**Total Operating Surplus	$450K	$148K	204%
***Total Net Surplus	$1.47M	$539K	173%
Fundraising			
Funds Raised	1,206,337	866,578	39.2%
Total Cost of Fundraising	15,000	47,00	-68%

Notes: * Total number of employees of a full financial year.
**Increase due to favourable Aged Care occupancy and subsidy levels
***Increase due to higher Capital Donations and Capital Grants

EVENTS IN OUR YEAR

- Geoffrey Handbury AO $500,000 donation for Nhill Redevelopment
- Mr W & Mrs G Bourchier $300,000 donation for Goroke Community Health Centre
- Nhill Dental Clinic redeveloped
- Drug Awareness Forum conducted by experienced Victoria Police Drug Taskforce Detectives
- Three year recertification of Cooinda Disability Services
- Specialist ECG Reporting commenced
- Implementation of new patient clinical management system for Residential Aged Care
- New Nhill Day Centre bus purchased
- Wimmera Powercor Business Environment Award 2008
- Australasian Reporting Awards Annual Report Gold Award 2006-07 Report
- Quality of Care Report 2006-07 Highly Commended
- Enhanced Mental Health treatment through public Psychiatrist visits
- Aged Care Accreditation maintained for all Hostels and Nursing Homes
- Community Needs Analysis & Service Profile Project commenced
- Special Government Grants totalled $806,000
- Marketing & Public Relations Consultant appointed

CHALLENGES FOR NEXT YEAR

- Recruit and retain skilled staff
- Completion of remaining building stages of the Nhill Hospital
- Establishing a Joint Venture Agreement to manage Information and Communication Technology for Grampians Region Health Services
- Recruit to Board of Governance
- To begin CT & Ultrasound services

THE PRESIDENT'S REPORT

ON EVENTS THAT HAVE SHAPED THE PAST YEAR

On behalf of the Board of Governance I am honoured to report excellent outcomes of another gratifying year of achievements and impressive improvements. Details of these achievements are covered throughout this Annual Report.

Board Performance Review

Improving and monitoring performance is essential and Board Members participated in an evaluation review of their performance. The outcome was enlightening and highlighted their effectiveness as a governance unit.

Recommendations made will enhance their Governance and Leadership role.

Dr. John Magrath AM

Congratulations to Board Member Dr. John Magrath who, on Australia Day 2008, was honoured with the award of the Order of Australia for service to the communities of Central and Western Victoria through mentoring and leadership roles in business, regional development, tourism, health and academic organisations.

Regrettably John ceased to be a Member of the Board on the 30th of June 2008 after serving for nineteen years. His contribution to the 'birth' and development of West Wimmera Health Service must be acknowledged.

As President for six years, John was a driving force during times of expansion. The Service as it is today is testament to his dedication, wise leadership and decisive personality. His leadership during some difficult times was exceptional.

On behalf of the Service I record our profound appreciation to John for his outstanding and commendable contribution.

Ministerial Delegate to the Board of Governance

Ken Taylor, Delegate of the Minister for Health, attended Board and Committee meetings contributing expertise and guidance on matters of governance.

I thank Ken on behalf of all associated with the Service for his wise counsel and commitment to the Service.

Support Acknowledged and Valued

The Board acknowledges the Department of Human Services and Commonwealth Departments who supported our Service in many ways.

I thank them for their ongoing advice and financial contributions.

Leadership

I take this opportunity to thank my fellow Board Members for their commitment and dedication.

The successful year we have witnessed is indicative of their talent and time devoted to the Governance of the Service.

Strong and competent leadership will be imperative as we proceed with the 'Community Needs Analysis and Service Planning Profile Project' which will be the 'Blue Print' for service provision over the next decade.

This challenge will test us as we strive to satisfy the needs of our communities!

Corporate Governance

With the never ending evolution of change it is imperative we kept abreast of our legal and statutory obligations.

The Board has reviewed and adopted amended Rules of Procedure and By-Laws, Committee Charters and Committee Structures with comprehensive governance procedures and policies introduced.

Chief Executive Officer, Executive Team and Staff

Mr John Smith, Chief Executive Officer has lead the Service professionally and wisely. I thank John for his unfaltering dedication in providing the highest standard of leadership.

The members also acknowledge the Executive Team and applaud their contribution.

My sincere thanks are also extended to the entire West Wimmera Health Service Staff without whom our organisation would not exist. Their commitment and contribution to the success of the Service is highly regarded and appreciated.

To Our Patients & Clients

The reason for our existence is to serve you well and to continue to do so. I thank you for your continued support of our endeavours.

Medical Practitioners

The Visiting General and Specialist Practitioners are exceptional, without their presence we could not offer the range and quality of health care now readily available.

I extend particular thanks to Tristar Medical Group for securing the high level of General Practitioner care we receive.

Dr Malcolm Anderson - Farewell

It is with disappointment I bid farewell to an esteemed and long serving and highly regarded General Practitioner Dr. Malcolm Anderson. Malcolm was a member of the Board of Governance for 17 years until he did not seek renomination in 2005.

Malcolm we wish you and your family well and thank you for the outstanding contribution you have made to the Nhill community over 25 years.

Towards the Future

Consulting with our communities is an integral aspect of understanding and assessing their current and emerging healthcare needs. It informs our planning for the next decade's provision of health and welfare services for the people of West Wimmera.

The Strategic Plan will conclude its initial time frame in 2009. The implementation of the plan has helped to measure the positive impact on health and wellbeing that our services have provided for our communities.

The quality of the care we offer and the continuous improvement of that care, is the cornerstone of our approach and will remain so as we set out to progressively develop the services we provide as we move positively into the future.

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for West Wimmera Health Service for the year ending 30 June 2008.

Mr R. A. Ismay
President

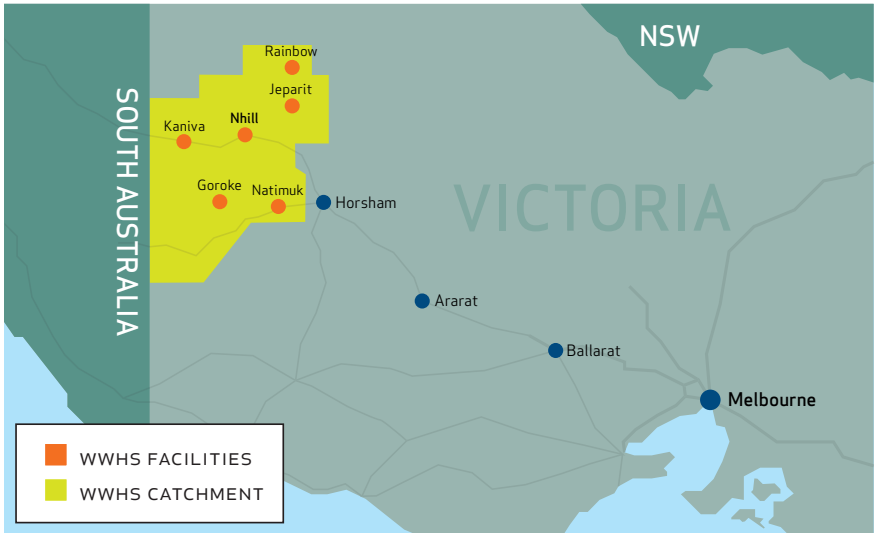
Nhill
21 September 2008

WWHS

WHO WE ARE, WHERE WE ARE, WHAT WE DO

We are a Victorian Public Health Service incorporated under the Health Services Act 1988 (The Act).

The group is bound by a Service Agreement with the Department of Human Services to deliver Acute Care, Aged Care, Allied, Disability and Community Health Services for the six rural communities of Nhill, Goroke, Jeparit, Kaniva, Rainbow and Natimuk.



Building a New Service

Our history traces back to the incorporation of the Nhill, Jeparit and Kaniva Hospitals to form West Wimmera Health Service on 21st August 1995. In quick succession Rainbow Bush Nursing Hospital 2006, Goroke Community Health Centre and Natimuk Bush Nursing Hospital 1998 and Cooinda Disability Service in 1999 joined the fledgling Service - the foundation on which a progressive rural health care network was built.

Between 1996 and 2006 'Iona' Digby Harris Home, Nhill was opened, new hospitals were built at Kaniva, Jeparit, Rainbow and Natimuk, Cooinda was totally redeveloped and the Acute Care section of the Nhill Hospital was rebuilt.

We haven't finished yet. We must complete the Nhill Hospital, Mira Primary Care Centre and re-develop Dental Clinics at Rainbow, Kaniva and Goroke.

Delivering Improved Services

We have maintained Accreditation status for all programs since the first ACHS Survey as West Wimmera Health Service which was conducted in November 2000 and Aged Care Accreditation, since the first survey by the Commonwealth Aged Care Standards and Accreditation Agency in October 2000, as well as certification for Disability and HACC Services. Concrete evidence of the quality of our care.

Planning for a Bright Future

Our people value their health services, in their homes or in our Hospitals, Hostels and Nursing Homes. We will keep it that way.

Our energy now will be directed to planning the future configuration of services and programs as we position the future place of West Wimmera Health Service in providing health, welfare and disability services in the Grampians region.

Service Summary

Our services and programs are available to all of our communities with the exception of Specialist Medical and Surgical services, Haemodialysis and Maternity Care which are provided at Nhill Hospital by GP referral.

Fully accredited Acute, Aged Care, Allied and Community services are available at:

Nhill

Nhill Hospital: 35 Acute beds, 2 Haemodialysis Chairs, Aged Care – Iona Digby Harris Nursing Home 26 residents, Dental Clinic, Cooinda Disability Service, Community Health, Community Nursing, Allied Health, Community Aged Care Services and GP Clinic.

Goroke

Goroke Community Health Centre: Community Health, Community Nursing, Allied Health, Community Aged Care and GP Clinic.

Jeparit

Jeparit Hospital: 4 Acute beds, Tullyvea Nursing Home 10 residents and Hostel 5 residents, Allied Health, Community Nursing, Community Health and Community Aged Care Services, and GP Clinic.

Kaniva

Kaniva Hospital: 6 Acute beds, Archie Gray Nursing Home 11 residents, Arthur Vivian Close Hostel 10 residents, Community Health, Community Nursing, Allied Health, and Community Aged Care Services and GP Clinic.

Rainbow

Rainbow Hospital: 7 Acute beds, Weeah Lodge Nursing Home 10 residents, Bowhaven Hostel 10 residents, Community Health, Community Nursing, Allied Health, and Community Aged Care Services.

Natimuk

Natimuk Residential Aged Care Centre: Nursing Home 20 residents, Trescowthick Hostel 10 residents, Lockwood Special Care Hostel 11 residents, Community Health, Community Nursing, Allied Health, and Community Aged Care Services.

OUR SERVICES

DESIGNED FOR A RURAL SITUATION

IMAGE BELOW:
Avis Grant seeks assistance from PCW Kerry Exell while playing cards with fellow residents Eileen Cooper and Florrie Pearce at Trescowthick Hostel Natimuk. Life in aged care involves many different activities

Aged Care
Residential Hostels & Nursing Homes
Community & Home Based Aged Care

Acute Clinical Services
Admission and Discharge Clinic
Cosmetic Surgery
Dental Diagnostic
Dialysis
Domiciliary Midwifery
ENT Surgery
Gastroenterology
General and Specialist Medical Care
General and Specialist Surgery
Laparoscopic Surgery
Maternity Shared Care Clinic
Nursing Traineeships
Obstetrics and Gynaecology
Ophthalmic Surgery
Oral Surgery
Orthopaedic Surgery
Palliative Care
Pathology
Pharmacy
Post Acute Care
Primary Care Casualty
Psychiatry
Regional Discharge Planning Strategy

Allied and Community Support Services
Aged Care Assessment Services
Ante/Post Natal Classes
Asthma Education and Counselling
Cancer Council of Victoria
– Cancer Awareness
Cardiac Rehabilitation Program
Community Health Nursing
Continence Education
Counselling
Diabetes Education
Dietetics
District Nursing
Drought Centre - Support
Drug & Alcohol
Exercise Groups
Exercise Physiology
Farm Safety Education
Fitness Assessments
Guys & Girls
Gym/Weights Program
Hairdressing
Health Education and Promotion
Hearing Screening
Home and Community Care
Hospital in the Home
Hospital to Home
Kindergarten Screenings
– Podiatry, Speech Pathology
Living with Cancer Program
Lowan Rural Health Network
Maternal and Child Health Nurse
– Practitioner Report
Maternal and Child Health
– Nursing Service
Massage Therapy
Meals on Wheels
Myotherapy
National Diabetes Services
Nutrition Education
Occupational Therapy
Optometry
Orthodontic Service
Pap Smear Tests
Physiotherapy
Planned Activity Groups
– (Day Centres)
Podiatry
Puberty Biz Sexuality Sessions to Grade 6 Children and Parents
Radiology
"Secret Men's Business"
– group for older men
Social Work
– Welfare and Counselling Service
Speech Pathology
Women's Advancement Group
– Goroke
Work Experience
"Youth in Action" Group
– Goroke Secondary College

Disability Services
Advocacy
Agencies Network Help
Assistant Training
Australians Working Together
Community Access
Deportment and Sales
Employment Program
Food Preparation and Sales
Future for Young Adults
Living Skills
Supported Employment
Therapy Programs
Vocational Training

Regional Services To:
Avonlea Hostel
Edenhope Hospital
Goroke P-12 College
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 College
Rainbow College
Rainbow Primary School
Rural Northwest Health
St Patrick's Primary School, Nhill

Service Support
Education
Engineering and Maintenance
Health Information Management
Hotel Services
Library and Resource Services
Traineeships
Volunteers
Work Experience
Work Placements

Community Programs

Hospital To Home (H2H)
H2H is available for patients whose short term need cannot be met through regular community services. It supports patients in the transition from hospital to home and assists them with recuperation.

Hospital in the Home (HITH)
HITH is hospital care in the comfort of the persons own home. Patients are regarded as hospital inpatients and remain under the care of their treating doctor. A wide range of conditions and treatments are provided including intravenous antibiotic therapy and anticoagulant therapy.

National Respite for Carers Program
Provides 'time out' for carers of people with dementia. It offers carers the opportunity to maintain their own interests, while fulfilling the demanding role of carer.

Community Aged Care Packages
These packages offer comprehensive assistance to the elderly to support them in their homes, thus delaying entry into a hostel or nursing home.

Post Acute Care (PAC)
Provides community-based services such as community nursing and personal care.

Home and Community Care Program (HACC)
This program provides care in home and community settings to frail older adults, younger people with disabilities and their carers to promote independence thus avoiding premature or inappropriate admission to residential care.

MOVING FORWARD

PLANNING OUR STRATEGIC DIRECTION

Our Goals	Strategies to Achieve Goals	Achievements	Status	Future Plans
Delivering Needs-Based Healthcare	• Undertake a Community Needs Analysis & Service Profile Project	• Project advertised for tender	Ongoing	• Project to commence July 2008
	• Consider options for expanding medical services	• Gynaecology & Glaucoma Surgery commenced • New ECG reporting • Myotherapy introduced	Ongoing	• Expand Dialysis Service • Dental Therapist • Recruit GP Anaesthetist • CT & Ultrasound Service
	• Investigate options to enhance the viability of Cooinda	• Substantial FaHCSIA funding received for Cooinda • Rejuvenation of Oliver's Café	Ongoing	• Review State Client Program • Complete FaHCSIA projects
	• Improve communication and consultation with communities and employees	• Marketing and Media Relations Consultant engaged • Newsletter circulation grows	Ongoing	• Expand consumer participation in service planning
Strengthening Leadership & Management	• Refine Risk Management Strategy	• Risk Management Framework adopted	Ongoing	• Review internal Audit Risk Reporting processes
	• Categorise clinical and corporate risk	• Fine tuning of Risk Register leading to more constructive reporting	Ongoing	• Consolidate Clinical Risk Categorisation • Review Risk Management reporting processes
	• Establish Succession Plan for key positions	• Succession Plan approved by Board of Governance	Completed	• Annual Review of Succession Plan
	• Review and evaluate Board of Governance performance	• Board self-assessment and evaluation completed • Board education conducted	Ongoing	• Implement evaluation recommendations • Annual Board education
Optimum Human Resources Management	• Improve the employee performance appraisal process	• New Performance Appraisal tool adopted	Completed	• Organisational Structure Review • Analyse position descriptions • Introduce new performance appraisal document
	• Apply specialised expertise for Industrial Relations (IR) & Human Resources (HR) Management	• IR and HR expertise utilised for mediation and advocacy	Ongoing	• Strengthen IR support and HR Management
	• Introduce education program for senior & middle managers	• Draft Education Plan awaiting approval	Ongoing	• Encourage uptake of management education
Safe Practice & Environment	• Comply with OH&S Act	• OH&S refresher training occurred	Ongoing	• Continue accredited OH&S Training
	• Monitor OH&S training uptake and compliance	• Excellent results achieved	Ongoing	• Continue focus on mandatory education components • Maintain compliance with OH&S legislation
	• Minimise water & energy consumption • Plan optimal waste disposal & recycling	• Received Powercor Environment Award	Ongoing	• Investigate options for further reduction in energy use

Continuous improvement is our driving force as we plan healthcare options for our communities. Commitment to all aspects of accreditation assessment is the defining imperative which guides the Service to overcome the diverse challenges it faces as it strides towards its ultimate goal of QUALITY.

Our Goals	Strategies to Achieve Goals	Achievements	Status	Future Plans
Provide Effective Information Management	• Establish ICT strategies to maximise advances in technology • Apply leading technologies to underpin management systems	• Implementation of electronic clinical record for aged care	Ongoing	• Investigate Patient Management software • Develop capacity for data analysis
	• Improve efficiency of data collection	• iCare Residential Aged Care Reporting Software introduced	Ongoing	• Extend staff training in use of iCare
Deliver Sound Financial Management	• Develop a robust financial management strategy	• Capital expenditure budget set on priority basis • Balanced operating budget achieved	Ongoing	• Evaluate Financial management strategies • Maintain a financial management recovery strategy
	• Maximise Aged Care service revenue	• Occupancy, resident mix and classifications monitored to optimise revenue	Ongoing	• Strengthen marketing of our modern residential facilities & maintain accreditation status
	• Move to Aged Care Funding Instrument (ACFI)	• Successful transition to ACFI	Ongoing	• Assess the 12 month effect of ACFI funding model
Ensure Appropriate Asset Management	• Redevelop Nhill Hospital Dental Clinic	• Funding secured & Dental Clinic upgraded	Completed	• Begin School Dental Services
	• Assess currency of Asset Register	• Asset Register up to date	Ongoing	• Review Asset Register annually
	• Assess the need for low care places for Iona	• Need for four low care places established	Ongoing	• Extend provisional allocation of Low Care beds for Nhill Hospital
	• Investigate future investment in low care facilities	• Initiate preliminary discussions with interested groups	Ongoing	• Commence feasibility review of relocation of Kaniva Hostel
Promote Positive And Productive Relationships with Stakeholders	• Engage communities in planning for health services	• Advisory Committees in each community revitalised	Ongoing	• Increase communication between Service and consumers
	• Maintain constructive relationships with stakeholders	• Improved direct communication	Ongoing	• Expand direct communication and relationships

CHANGE OR PROGRESS?

CHIEF EXECUTIVE OFFICER LOOKS AT THE WWHS YEAR

Change is directly linked with progress. The rapidity with which technology has changed our every activity on a personal level, and even more so in industry, will continue.

The ever increasing responsibility as an employer to manage Risk, Occupational Health and Safety, Privacy, and the push to meet rising standards in quality and safety will also continue.

The health industry will be challenged at every turn to meet the demands the 21st century brings, in particular those brought about by technological change in opening up progressive opportunities for advances in medical, surgical and community care.

West Wimmera Health Service must plan for and deal productively with the opportunities change brings so our communities benefit from new developments underpinned by technology which will influence many aspects of the care we deliver.

To this end we have added new services to our portfolio, rejuvenated the Nhill Hospital Dental Clinic with equipment of the future, replaced ageing computers, invested in high-tech surgical equipment, passed external assessments, continued our tremendous fundraising activities, and won a number of awards – all gratifying achievements.

Our improved financial position provides more flexibility which will enable us to chart our own future.

Continuous improvement impacts all areas of our business from increasing financial efficiencies through to reviewing clinical performance.

This Annual Report will inform you of our considerable success in expanding the provision of quality health care and how we have dealt with the ever changing demands that confronted us.

Financial Performance

2007-2008 was the second year of our current Health Service Agreement with the Department of Human Services and the third year of funding under the Small Rural Health Services model.

We received $14.8 million from the Department of Human Services, an increase from the previous year of 7.3%.

Total operating funding was $25.5 million and incorporated State, Commonwealth and all other sources of income.

For the third consecutive year, we recorded a convincing financial result, with a net operating surplus of $450,000 and a net entity result including capital items of $1.47 million.

Our financial achievement is creditable, but it is important to continue to closely monitor our performance against budget to guarantee another operating surplus is delivered in the 2008-09 financial year.

Maintaining our sturdy financial position rests on our ability to continue to seek and use wisely donations, bequests and charitable contributions, carry out the Capital Fundraising Campaign with renewed energy and astutely manage funds emanating from our patients' private health insurance schemes.

Achieving Our Strategic Objectives

Work has continued on the strategic goals encompassed in the Strategic Plan 2006-07 to 2008-09.

Progress towards our goals include:

- Consultant employed to undertake the 'Needs Assessment Project'
- Increase in Orthopaedic and Gynaecological Surgery
- Acquisition of advanced Ophthalmology Equipment
- Funding received to upgrade equipment for Cooinda Business units
- Risk Management Framework adopted
- Nhill Dental Clinic refurbished and re-equipped.
- Marketing and Media Relations Consultant engaged

Risk Management

The Audit Committee adopted a Risk Management Framework governing how 'risk' is managed.

The attestation required of the Chief Executive Officer (p16) certifies that there are effective risk management processes in place.

Our Risk Register has been refined and a rigorous audit process is undertaken to ensure our exposure to risk is reduced. These practices are reviewed by our internal auditor and the Victorian Managed Insurance Authority with their recommendations being progressively addressed.

Community Participation and Engagement

Community participation is integral to a meaningful health service.

The Board continued to receive valuable advice from the Community Advisory Committees which are a vital link between the Service and our communities.

Volunteers

The important contribution made by the large number of volunteers who are committed to assisting this Service in any way they can is acknowledged.

IMAGE BELOW:
John N. Smith PSM, Chief Executive Officer

Community Needs Analysis – Planning for the Future

In conjunction with the Department of Human Services we are undertaking a Community Needs Analysis & Service Profile Project.

The Project will address the changing nature of care and the increasing complexity of community needs to ensure this Service continues to meet those needs.

It may affect the range of services offered in the future and is a 'milestone' for this Service.

Redevelopment Projects

Nhill Hospital Dental Clinic

$250,000 received from the Department of Human Services brought the Nhill Dental Clinic to current standards, eliminated Occupational Health & Safety risks and provided equipment of the latest design and technology.

Dental Logistics, Dental Health Services Victoria and our Engineering Department were instrumental in the planning and redevelopment. I commend all for their professional advice, guidance and quality of craftsmanship.

Nhill Hospital Redevelopment & 'Mira' Primary Care Centre Refurbishment

$200,000 was received from the Department towards the cost of the redevelopment of the Nhill Hospital Kitchen and 'Mira'.

A further contribution is being sought to facilitate the completion of these projects in the next financial year.

CHIEF EXECUTIVE OFFICER LOOKS AT THE WWHS YEAR

IMAGE BELOW:
Anaesthetist Dr Malcolm Anderson and Theatre Suite Nurse Janine Dahlenburg preparing for the next surgical case.

Accreditation – The Symbol of Quality & Safety

Aged Care Services

Our nine Hostels and Nursing Homes continue to pass all audits of the Commonwealth Aged Care Standards & Accreditation Agency – positive proof of high standards of care.

Disability Services

In July 2007 BSi Management Systems surveyed 'Cooinda' Business Service Units, granting a three-year recertification.

An excellent outcome!

Australian Council on Healthcare Standards (ACHS)

All services provided are subject to assessment by ACHS.

In November 2008 we will again undergo an 'Organisation Wide Survey' to retain accreditation status which is awarded 'based on achievement of quality standards as assessed by independent external peers'.

The badge of quality and safety we must retain.

Service – Growth

The need to review the range of services we offer is never ending.

Radiology Service – Revised

Western Medical Imaging was contracted to provide radiology services, introducing advanced technological processing of images through the newly installed computerised teleradiology system.

We look forward to working with them and expanding the range of these services.

Physician – A New Service

In January 2008 Dr John van den Broek, a Specialist Physician, head of the Coronary Care program at St. John of God Hospital Ballarat, was commissioned to interpret and report on all electrocardiograms (ECGs).

Bringing this specialist service to West Wimmera is another example of our continuous improvement initiatives.

Psychiatric Care

In December 2007 Ballarat Health Services Psychiatric Unit established a satellite clinic and introduced a visiting Psychiatrist and Community Psychiatric Nurse service for Nhill, Jeparit & Rainbow.

Given the increase in the need for Mental Health Care this is an important and essential service which we are privileged to offer.

Ophthalmology Speciality – A First

Dr Mark Chehade introduced Selective Laser Trabeculoplasty for the treatment of Glaucoma using the latest technology to lower the pressure in the eye and reduce the need for medication and importantly is available to patients in their own community.

The benefit of technology!

'Cooinda' – A Good News Story

The financial viability of 'Cooinda' Disability Service has been of concern since the introduction of the Commonwealth Case Based Funding model, and considerable effort has been devoted to ensuring a sustainable future for Cooinda's Business Units.

IMAGE BELOW:
Apprentice Chef at Oliver's Café Megan Mackenzie serving the coffee & cake special of the day.

Capital Fundraising Campaign

The Capital Fundraising Campaign was launched to secure funding for the redevelopment of the Nhill Hospital and for equipment upgrades at all campuses.

The Campaign will continue to ensure the completion of the Nhill Hospital stages three and four and finance equipment replacement needs.

Generous contributions from Benefactors, Philanthropic Trusts, Auxiliaries and Community Members have contributed substantially to the $1.69 million raised to date.

Geoffrey Handbury AO continued his unbelievable philanthropy donating $500,000 towards the redevelopment of the Nhill Hospital.

The Board, Staff and I are greatly comforted by the support and encouragement.

Goroke Community Health Centre – Benefactors

The generous donation of $300,000 by Gwen & Harry Bourchier is specifically to benefit health services at Goroke and the Goroke community in the forthcoming years.

Their wish is that the community be involved in how the money is spent, and the Community Advisory Committee will become closely involved with this task.

The generosity of Mr and Mrs Bourchier, who lived in the Goroke district for 50 years, is an outstanding example of giving back to the community.

The Good News – Duck Breeder Egg Collection

In collaboration with 'Luv-A-Duck', the Duck Breeder Egg Collection program has continued to be an extremely successful partnership which has underpinned employment and education opportunities for Cooinda clients and has assisted to stabilise our financial concerns.

I thank the Principal and Management of Luv-a-Duck for their support and belief in this program.

Oliver's

Oliver's Café has been relaunched with new branding, revamped menu and a bright new décor, providing a competitive upmarket dining option in Nhill.

Funding for Better Services

We welcomed State and Commonwealth funding for Cooinda totalling $135,450 to purchase a Bus, Shade Sails, a Catering Van and Kiosk Equipment to enhance the hospitality arm of Cooinda Business Services.

The 'kiosk' at the new Nhill Hospital will soon open which will be another achievement in expanding our hospitality services.

CHIEF EXECUTIVE OFFICER LOOKS AT THE WWHS YEAR

IMAGE BELOW:
Kaniva GP Dr Irfan Hakeem consulting with Jason Norman-Anderson.

Community Health – The Future

Increasing incidence of chronic disease has placed extra demand for services highlighting the importance of Primary and Community Care, and Health Promotion.

These will be important matters for consideration as part of the 'Community Needs Analysis and Service Profile Project'.

Eastern Area Community Health assisted in a review of the services and management at Goroke Community Health Centre which resulted in streamlining care delivery from the Centre.

The outcomes are proving beneficial with increased community communication, and improved performance in meeting community needs.

Much has been gained from the community meeting at which Goroke residents were assured of the ongoing future of the Goroke Community Health Centre.

Medical Services

Tristar Medical Group

Tristar Medical Group has ensured the services of Medical Practitioners are guaranteed for us.

The commitment to our Service by the Principals of the Group and also the practitioners who so diligently care for patients across West Wimmera communities is sincerely appreciated.

Specialist Medical Practitioners

Our Service is unique in maintaining high quality Specialist Practitioner Medical Services.

Our communities constantly praise the Specialist Medical, Surgical and Diagnostic procedures and the practitioners' skills we provide are highly acclaimed.

Thank you to all who provide this quality and greatly valued care.

Minister for Health – Ministerial Delegate

I too acknowledge the value, wise counsel and support of Ken Taylor, Delegate of the Minister for Health. His unassuming expertise has contributed greatly to improving the governance of this Service and I thank him for that.

Marketing and Public Relations Consultant

As we increase in size, strength and diversity of the services we offer growing evidence confirms the need to improve our communication between consumers and the Service.

Consequently Tom Noble of NoblePR, an experienced journalist and public relations consultant, was contracted to provide specialist advice.

An appointment already proving valuable in promoting the services in the wider community.

Dr Malcolm Anderson – Thank You and Farewell

Signalling the end of an era Dr Malcolm Anderson announced his impending departure and his intention to cease General Practice in Nhill.

Malcolm was credentialed as a Visiting General Practitioner to the Nhill Hospital on the 14th November 1983 and has since provided Anaesthetic and General Practice services.

He is a committed, caring, skilled and compassionate GP. We are delighted he will continue as a Visiting Anaesthetist for the immediate future.

His contribution to the communities of West Wimmera, and the Nhill Hospital in particular, will always be etched in our history.

To Malcolm, his wife Cheryl and family I thank you sincerely and wish you well.

Recognition of Our Achievements

Environment Award - 2008

It was gratifying to receive the Environment Award for 2008 at the Powercor Wimmera Business Awards. An encouraging public recognition of our conscientious environmental initiatives.

Annual Report 2007 Gold Award

Our 2007 Annual Report which is vital in marketing and promoting the Service received a Gold Award from Australasian Reporting Awards Inc. for excellence in Annual Reporting for organisations across Australia and New Zealand.

To receive a Gold Award, and in matching the standards of reporting of multinational corporations is highly commendable and displays a high level of disclosure and open reporting.

The Quality of Care Report

The 2006 Quality of Care Report was one of four finalists in the Rural Health Services category and was highly commended by the judges appointed by the Department.

Excellent Newsletters and Media Releases continue to present valuable opportunities to promote West Wimmera Health Service across a wide area.

Staffing – A Challenge

The recruitment and retention of talented and committed staff remains difficult.

In the coming year we intend to tackle this challenge with renewed vigour to ensure our community has access to the best people in all disciplines.

I take this opportunity to thank members of my Executive, a team which takes every opportunity to promote the ideals of West Wimmera in a professional and committed manner.

I commend and thank all staff for their efforts and look forward to our continued association as we strive for excellence together.

The abundance of compliments received from consumers praising the skill of our staff reinforces belief in their expertise.

Board of Governance – Our Leaders

I express my thanks to Ron Ismay and members of the Board of Governance for their strong leadership.

These people give of their time freely and deserve recognition for their important contribution to the governance of this renowned organisation.

Chief Executive Officer – Beyond the Boundary

I continue to represent the Service at State and National level.

As a Member of the Australian Council on Healthcare Standards Board of Directors, its National Council and International Board of Directors, the Australian Healthcare and Hospitals Association and also its National Council and the Victorian Hospitals Industrial Association Board of Directors, I am privileged to be involved in health policy development.

The knowledge and information derived from these appointments contribute significantly to my personal development and to that of the Service.

Concentrating on the Future

The success of West Wimmera Health Service will continue as we pursue promising and rewarding opportunities such as :

- Developing a plan to achieve the most appropriate outcome for the Bourchier Donation of $300,000
- Undertaking the remainder of redevelopment works at the Nhill Hospital
- Setting the direction and service profile we will adopt for the next decade

As I look forward I believe it is important to embrace the opportunities change brings with strong commitment.

In reflecting on the 2007-2008 story of WWHS, I noted that I concluded my report last year with the following sentiment:

'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!'

I believe this to be more a reality today than it was then!

John N. Smith PSM
Chief Executive Officer

OUR YEAR

A REVIEW OF 2007-2008

We are committed to the ideal of bringing beneficial change to the Service.

This effort is a continual process and will be directed towards every facet of our organisation including facilities, care delivery, availability and the long term professional development of our staff.

Our mission to establish ' a health service without peer' is a rallying call as well as a fervent commitment to excellence and each year it becomes a yardstick to measure our progress and improvement. This year is no exception.

The 'New' Nhill Hospital – One Year On

On 22nd September 2007 the 'New' Nhill Hospital celebrated its first Birthday with an Open Day sponsored by ACE Radio who broadcast live from the Hospital. The many visitors enjoyed the festivities and toured the hospital to view the achievements of the past year.

Small Rural Health Service Funding Agreement

The Small Rural Health Service (SRHS) Funding Agreement with the Department of Human Services provides for more than 50% of our recurrent revenue and therefore is of vital importance to our financial sustainability.

This financial year marked the second year of the first three year agreement which provides for much greater flexibility relating to what health programs and services we may deliver.

Previously, pre-determined targets of care delivery such as patient separations were agreed to be achieved each year. Any shortfall of these targets required funding to be returned to the Department.

Under the SRHS agreement only a small portion of funding is now subject to re-call greatly increasing the level of certainty the Service can place on the funding it will receive each year.

We have recorded an operating surplus in each of the two years of this funding arrangement.

Improving Performance

The restructured Improving Performance Committee established a Quality Charter to introduce more effective 'monitoring, management and improvement of health services'. The Charter includes specific dimensions of quality identified in the Victorian Quality Council Quality Improvement Framework.

The effect of this Charter on the quality of our services will be monitored and evaluated.

Satellite Mental Health Clinics & Secondary Case Conferencing

Access to Primary Mental Health Services was greatly improved with the commencement of monthly satellite services at Rainbow and Nhill in December 2007. Patients are consulted by a psychiatrist or mental health nurse in their own communities negating the need to travel excessive distances to access regional services.

This service will be expanded by accessing Secondary Case Conferencing with the Primary Mental Health Team.

Secondary Case Conferencing follows the initial patient assessments and care, providing the opportunity to determine gaps in services and set in place care necessary to improve patient wellbeing.

Improved access to the Primary Mental Health Team will be made using our video-conferencing units.

While modern technology will not replace face-to-face contact, the sessions provide an opportunity for discussion, reflection and significant interaction.

Corporate Image – Uniforms

Every Department, Every Employee

Our corporate image was elevated with the introduction of the new West Wimmera Health Service Uniform. The staff wear their uniform with pride and many positive comments have been received from patients and community members endorsing this initiative.

VALE

Daniel Francis Conway

04.12.1976 – 14.07.2008

The President, Members of the Board of Governance, Chief Executive Officer and Staff of West Wimmera Health Service are deeply saddened by the sudden and untimely death of Daniel.

Dan was a respected and valuable member of staff who will be sadly missed.

We extend our heartfelt sympathies to Julie, Owen, Brock and members of Daniel's extended family.

May he rest in peace.

IMAGE BELOW:
Janice Clugston, Director of Nursing, Nhill Hospital, proudly wearing the new West Wimmera Health Service uniform.

WWHS Capital & Equipment Grants 2007-2008

Project / Item	$ Amt	Source
Nhill Hospital Kitchen Refurbishment	200,000	DHS
Kaniva Kitchen Oven	25,000	DHS
Phacomulsifier	56,800	DHS
Vital Signs Monitors (6)	19,986	DHS
Kaniva Hospital Fire Panel Replacement	30,000	DHS
Nhill Hospital Boiler Replacement	187,600	DHS
Disability Services Business Programs Upgrade	88,405	Commonwealth
Adult Training Support Service Minor Works Funding - Cooinda Shade Sail	7,950	DHS
Cooinda Bus Replacement	39,575	DHS
Annual Provisions Minor Works	20,000	DHS
Aged Care - Minor Works	31,000	DHS
Aged Care Beds	65,000	DHS
Occupational Violence Prevention	20,000	DHS
Hospital & Community Care - Minor Capital	14,985	DHS
Total	**806,301**	

Grants received from The Department of Human Services and Commonwealth funding sources are a lifeline to our many achievements. This funding has enabled us to continue to undertake major and minor Capital Works Projects. We gratefully acknowledge the contribution made and express our sincere gratitude to these organisations.

Staff Service Awards 2008

The long term dedication and loyalty of staff members provides continuity to our Service. These committed people are the thread which links new employees with the traditions and values of this flourishing Service. Thank you and Congratulations

10 Years of Service

Jillian Albrecht
Pauline McCracken
Yvonne Jones
Lorna Sleep
Wendy Sleep
Joanne McCartney
Helen Mulraney-Roll
Trudi Moar
Dianne McDonald
Maree McClure

15 Years of Service

Rosalie Wallis
Malcolm Coutts
Michelle Barber
Shirley Schorback
Helen McClure
Sandra Muller
Helen Forster
Megan Webster
Vicki Etherton
Cheryl Williams
Sharelle Newcombe

20 Years of Service

Natalie Robinson
Jacqueline Nash
Yvonne Ferguson
Lesley Robinson
Heather Batson
Patricia Deleeuw
Megan Smith
Deborah Kakoschke
Ann Merrett

25 Years of Service

Carole Nitschke
Joylene Rich
Sue Taylor
Tracey Jarred

30 Years of Service

Nita Alexander
Ian Alexander

35 Years of Service

Fay Martion
Charles Cook

OUR YEAR – A REVIEW OF 2007-2008

Risk Management

We have taken a proactive approach to the management of risk in the organisation. We have developed an organisation-wide Risk Management Framework designed to protect and enhance our resources and support achieving the Service objectives.

The Framework is based on the Australian/New Zealand Standard for Risk Management, AS/NZS 4360 and the belief that risk management is the responsibility of all employees and is integrated into all Service activities and systems.

The Framework, approved by the Board complies with all regulatory requirements resting with the Board and the Health Service and it assists the effective management of our clinical, financial, environmental and social obligations.

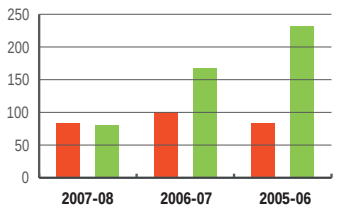
The Framework has three elements:

- Governance Framework,
- Risk Management Practice, and
- Risk Management Skills Development

The Board receives monthly reports from the Improving Performance Committee detailing adherence to the framework and the status of risks entered on the Risk Register. The reports and ensuing deliberations enable the Service to fulfil its responsibility to protect patients, residents, clients, human resources, financial resources and equipment from danger, damage, loss or misuse.

There were no Extreme or Very High Risks remaining on the Risk Register at 30 June. The two High Risks registered are being dealt with in accordance with the Framework and the Risk Management Policy.

Risks Identified & Completed



The three year comparison above signifies the vast improvements achieved in identifying risks and mitigating them. Risks completed include items carried over from the previous year.

Risk Management – The Future For A Safe Environment

Our progress with the development and adoption of the Risk Management Framework will be measured through ongoing accreditation surveys, and our continuing relationship with our insurers the Victorian Managed Insurance Authority who receive regular reports of the status of our risk register.

Attestation on Compliance with Australian / New Zealand Risk Management Standard

The Risk Management Program in place complies with the Australian/New Zealand Standard for Risk Management, AS/NZS 4360 which has served as a powerful determinant in entrenching a continuing risk management culture into our organisation as Validated by the following attestation.

I, John Norman Smith, Chief Executive Officer certify that West Wimmera Health Service has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard 4360 and an internal control system is in place that enables executives to understand, manage and satisfactorily control risk exposures. The Audit Committee verifies this assurance and that the risk profile of West Wimmera Health Service has been critically reviewed within the last 12 months.

John N. Smith PSM
Accountable Officer,
West Wimmera Health Service

23 September 2008

Tristar & West Wimmera Health Service – A Mutual Benefit

Tristar Medical Group commenced working in collaboration with West Wimmera Health Service in 2006 when they began managing the Community Medical Centres in Rainbow and Jeparit. Since that time, they provided medical services to the towns of Kaniva, Nhill and Goroke.

Historically, the provision of medical services in the towns associated with West Wimmera Health Service were not aligned. Medical practices and General Practitioners chose to work independently which placed a great burden on the GP's in the smaller towns such as Kaniva, Rainbow and Jeparit.

When doctors from these towns took leave it required finding a locum or if they wanted a weekend away or to attend education towns were left without a Doctor.

By pooling resources they have been able to achieve unity of the doctors in the three communities so they are able to network and cover the practices and 'on-call' in the neighbouring towns as required.

This strategy, together with the modern medical facilities provided by West Wimmera Health Service has assisted in the recruitment and retention of General Practitioners in the area and eases the burden of on-call in small rural locations.

The success is due to the close working relationship which exists.

Working together with an open table discussion policy we are able to address common operational issues related to community needs. Tristar works with our Health Service to develop systems and agreement on how we can best serve our communities.

The West Wimmera Health Service model is an excellent example of how a Health Service and a General practice can work closely together to benefit the community.

IMAGE BELOW :
Dr Katrina Morgan visiting Mrs Eileen King to monitor her recovery.

OUR YEAR – A REVIEW OF 2007-2008

Industrial Relations, Human Resources – The Issues

This year we had considerable difficulty balancing our legal obligations associated with Nurse-Patient Ratios against the actual acute bed occupancy rates. The issues were resolved with the support and cooperation of staff and proactive management.

The usual issues experienced with the new Nurses Enterprise Bargaining Agreement demonstrated the need for Small Rural Health Services to be treated differently and independently from the central bargaining process. One benefit derived from the process was the substantial salary increase Nurse Unit Managers received which will hopefully enable the Service to more easily attract senior and experienced nurses to these positions.

Enterprise Bargaining for Allied Health Professionals is ongoing with a claim to be arbitrated in the Australian Industrial Relations Commission in the near future.

During the coming year the Enterprise Agreement covering other staff will expire and negotiations will commence in the first half of 2009 to address their claims. We expect this negotiation will be very robust.

As indicated in previous reports our proactive continuous improvement policies are designed to enhance our opportunities in relation to consultative change management with the Chief Executive Officer and Executive Directors involved at all stages of the change process.

We have involved unions in discussions about significant changes thus avoiding industrial disruption and leading to better services for patients and residents in our acute and aged care programs.

Our improved relationship with the Health Services Union is evidenced by the invitation extended to our Consultant Executive Director Industrial Relations to join a tour to China to visit hospitals, hostels and nursing homes, an excellent venture which enabled employer/ employee management to draw parallels with Industrial Relations Systems that exist in this unique country.

IMAGE BELOW:
Sharelle Newcombe, Admission and Discharge Coordinator. Results from the DHS independent Patient Satisfaction Monitor indicates a high level of satisfaction with this process.

To improve communication at all levels we continue to engage in discussions with Directors, Managers and Staff to provide a harmonious and safe working environment.

Presentations on bullying and harassment in the Workplace and education on Performance Development and Improvement were conducted across the Service.

As we enter a new era of Industrial Relations it is vital that we continue to build on the trust and cooperation of our highly skilled managers and staff to provide the best possible employment opportunities.

Compliments and Suggestions for Improvement

Consumer feedback is an excellent opportunity to review strengths and weaknesses in our healthcare and support services.

Living up to expectation

It is important to know when we are satisfying consumer expectations and we regularly receive compliments highlighting our exceptional services and the compassion and consideration of our care.

Dear John

Having recently been admitted to the Nhill Hospital for a total knee replacement, I wish to commend you on the excellence of the Nhill Hospital. I found all attending doctors and staff friendly, caring and respectful. I was made to feel welcome and at ease on admission; this continued throughout my stay... The dedication and care they bring to their work is outstanding. I cannot speak too highly of them.

Improvement Warranted

A concern was raised about our telephone system and problems afer a call is transferred to Voicemail. Our research revealed that the problem is common problem across of the Grampians Health Network communication system and is under investigation.

Constructive suggestions and indications for improvement Compliments, suggestions for improvement or a criticism about a particular occurrence can be lodged using the simple form located at all reception desks in the Service, by written correspondence or by telephoning the Chief Executive Officer.

Compliments received are communicated to all staff and concerns raised are investigated and resolved in line with Service Policy which complies with the Framework developed by the Health Service Commissioner.

Questionnaires – A Vital Source of Positive Information

An independent Patient Satisfaction Survey and our own Patient Surveys are conducted for acute patients and all Community. All Community Health program

participants have the opportunity to respond to questionnaires to ascertain the value of those programs.

Opinions expressed by our community are a valued source of information and can reveal trends which may be emerging

OUR STAFF

PROFESSIONAL DEVELOPMENT

IMAGE BELOW:
Maggie Jarvis, Acting Director of Nursing, Kaniva Hospital, and Div 2 Nurse Shenae Dixon discussing the new Aged Care Funding Instrument.

We value every staff member, we recognise the diversity of their tasks, we encourage everyone to show direction and leadership and to continually develop their skills and knowledge.

We promote teamwork and collaborative effort to build an ethos of excellence, to encourage high performance and inspire all employees to strive for perfection.

We provide ongoing education to ensure all staff are competent to fulfil their employment obligations.

Education is delivered by a variety of methods including face-to-face training, self-directed learning and e-Learning.

Employees are required to regularly demonstrate competency in areas specific to their position.

Mandatory Education

Regular updates in specific subjects is pivotal for providing quality care in a safe environment. Compliance rates are monitored monthly and the results are presented to the Improving Performance Committee.

Compliance has remained high for the last two years, given that slight deviations have occurred between 2006-07 and 2007-08, however this achievement is still exceptionally high.

Resuscitation elements have experienced a decline due to a shortage of accredited trainers. To overcome this challenge members of our own staff are working to become accredited trainers.

Manual handling, no-lift training and chemical handling are below expected rates. Employees will be targeted to update their education in these important occupational health and safety disciplines.

Mandatory Education Compliance Rates

Education Element	2007/08	2006/07	2005/06	2004/05
Bullying and Sexual Harassment	98%	98%	70%	24%
Chemical Handling	95%	100%	86%	50%
Fire & Emergency Training	98%	99%	98%	92%
Food Handling	95%	97%	92%	68%
Incident Reporting	95%	97%	78%	29%
Infection Control	97%	94.5%	81%	36%
Manual Handling	93%	97%	93%	81%
No Lift	95%	94%	70%	66%
Privacy and Confidentiality	99%	94%	90%	77%
Resuscitation: Basic CPR	94%	98%	89%	70%
Resuscitation: Basic Life Support	90%	99%	92%	88%

Orientation

New employees are required to attend a Service-wide orientation program usually conducted prior to their commencement.

On the first day of employment staff also attend a site specific orientation addressing information about their department, OH&S and emergency procedures, work practices, policies and procedures pertinent to their specific role.

In 2007-08, 96 per cent of new employees attended the central Service-wide orientation program. The remaining staff had been employed for less than two months at 30th June and were registered to attend the next session.

Where to from Here?

e-Learning

Next year we will participate in a new method of education for nurses. Development of e-learning packages designed to meet mandatory education needs of nurses in the Grampians Region is underway. This will give nurses the opportunity to undertake education and to test their knowledge via any computer terminal with an internet connection. A certificate of achievement is awarded on the successful completion of each module.

A further illustration of the influence technology will have on our future professional development.

STATISTICS OVERVIEW

A YEAR OF STEADY GROWTH

Acute & Sub-Acute – 2 Year Comparison

	2007/08	2006/07
Patients Treated	1,902	1,749
Occupied Bed Days (Total)	11,052	12,417
Acute Bed Days	8,366	8,209
Nursing Home Type Bed Days	1,669	2,751
GEM Bed Days	1,017	1,457
Percentage Occupancy (Acute)	73.7%	83%
Acute Average Length of Stay (Days)	4.58	5.58
Births	0	0
Procedures – Surgical	638	494
DVA NHT Bed Days	447	249
DVA GEM Bed Days	143	358
Non DVA WIES	1,383.82	1,363
DVA WIES	144.70	177.00
TAC WIES	4.21	1.00
Renal WIES	14.69	6.40
Public WIES	1,026.49	1,054.00
Private WIES	344.88	275.00

152 (8.7%) more patients were treated this year.
The increase is due in part to the introduction of the dialysis service.

The total number of occupied bed days was less than the previous year due to a decrease in the number of Nursing Home Type (NHT) bed days.

NHT patients in the past have waited in the acute hospital for a Residential Aged Care bed but are now placed in a Nursing Home or Hostel in a more timely manner.

There was a significant increase of almost 30% in the number of surgical procedures compared with the previous year.

An increase in elective surgery has also increased patients treated.

The total Weighted Inlier Equivalent Separations (WIES) measure the number of patients treated and the complexity of their illness or disease and was 3% less than the previous year.

Renal WIES specifically measures the number of dialysis patients treated. The substantial increase is because this is the first full year of the program.

Residential Aged Care – 2 Year Comparison

	YTD 2007/08	Budget 2007/08	Variance	2006/07
Nursing Home Bed Days	29,739	29,613	126	29,631
Hostel Bed Days	13,378	13,001	377	13,027
Nursing Home Discharges	36	-	-	36
Hostel Discharges	24	-	-	38
Percentage Occupancy Nursing Home	99.1%	98.2%	0.9%	99%
Percentage Occupancy Hostel	89.2%	87.0%	2.2%	87.1%

Percentage occupancy in Nursing Homes and Hostels was better than the previous year and above budget.

Total Bed Days – Acute & Residential Aged Care

Type of Care	Bed Days
Nursing Home	29,739
Hostel	13,378
Acute	8,366
Nursing Home Type	1,669
GEM	1,017
Total	**54,169**

Nursing Homes and Hostels comprise the majority of care for our Service.

Allied & Community Health – 2 Year Comparison

Occasions of Service	2007/08	2006/07
Diabetes Education	779	752
Dietetics	2778	1269
Massage Therapy	963	1081
Exercise Physiology	1222	1256
Occupational Therapy	3649	2280
Podiatry	4162	2917
Physiotherapy	2647	3249
Speech Pathology	1029	1270
Social Work	1840	1998
Dental	1316	1750
Primary Care Casualty (Emergency)	1381	2719
Primary Care Casualty (Other)	2371	6830
Visiting Surgeons	1587	1254
Radiology	1841	1745
Total – Allied & Primary Health	**27,565**	**30,370**
Transport	5094	6084
Meals on Wheels	14,738	15,759
Meals to Day Centre	4921	5918
Meals to Senior Citizens	270	478
Total – External Services	**25,023**	**28,239**
HACC Funded Occasions of Service		
District Nursing	7428	7357
Day Centre	5414	4930
Physiotherapy Assistant	574	275
Total – HACC Services	**13,416**	**12,562**
Total – All Services	**66,004**	**71,171**
HACC Funded Activity Hours		
District Nursing	5485	4691
Day Centre	29,764	27,942
Physiotherapy Assistant	380	156

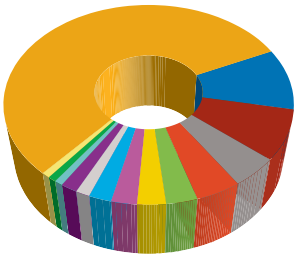
Dietetics, Occupational Therapy and Podiatry all experienced an increase in throughput when compared to the previous year. Staffing levels in all these departments have been increased to meet the demand for primary and preventative health care.

Dental presentations fell due to the closure of the Dental Clinic for two months during major renovations.

Primary Care Casualty occasions of service have declined substantially over the last two years due to a change in clinical practice with non-urgent treatments, including pathology collection and dressings, now undertaken in the Gp Clinic or through the District Nursing Service. Staffing levels have been adjusted to reflect this change in service provision.

District Nursing, Day Centre and Physiotherapy Assistant figures have been calculated using the number of hours of contact rather than occasions of service. This is in line with the measurement used by the Home and Community Care (HACC) program which provides funding for these services. All of these services showed an increase compared to the previous year.

Patients Transferred From and Within WWHS 2007/2008



Transfer Destination	
Wimmera Health Care Group	75
Ballarat Health Services	13
Kaniva Hospital	11
St. John of God Ballarat	6
Western District Health Service	6
Jeparit Hospital	4
Nhill Hospital	4
Rainbow Hospital	3
Royal Adelaide Hospital	3
Royal Melbourne Hospital	2
Austin & Repatriation Hospital	2
St. Vincents Hospital	1
Wakefield Private Hospital Adelaide	1
Ballarat Day Procedure Unit	1
Total	132

132 patients were transferred from WWHS acute hospitals to other hospitals. In accordance with DHS guidelines the majority of our patients are transferred initially to sub-regional Wimmera Health Care Group or if the condition warrants to our nearest regional hospital, Ballarat Health Services.

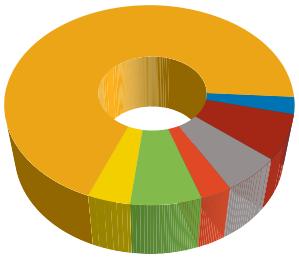
56% of patients were transferred to Wimmera Health Care Group, which has both Intensive and Coronary Care beds.

The next major referral centre is Ballarat Health Services with 13 transfers. Nine patients, 6 to Western District Health Service, and 3 to Royal Adelaide Hospital, were transferred for ongoing care by the Surgeon who had conducted a procedure at WWHS.

Expenditure by Category

	2007/08	2006/07
Category	$000's	$000's
Employee Entitlements	18,412	17,797
Fee for Service	868	803
Corporate	1,915	1,994
Other	1,711	1,532
Fuel, Light and Power	727	723
Supplies	1,882	1,795
Depreciation	1,172	1,133
Total	**26,687**	**25,777**

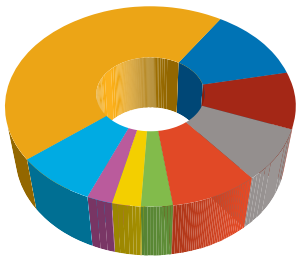
As a percentage



Employee Entitlements	70%
Fee for Service	3%
Corporate	7%
Other	6%
Fuel, Light and Power	3%
Supplies	7%
Depreciation	4%

Acute Admissions by Postcode 2007/08

As a percentage



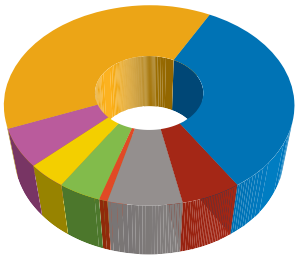
Nhill	45.2%
Kaniva	12.4%
Rainbow	9.2%
Dimboola	8.5%
Jeparit	8.5%
Horsham	3.1%
South Australia	2.7%
Goroke	2.6%
Others	7.9%

There were a total of 1902 admissions to hospitals within our Service. 77.8% of these patients were from our local communities showing strong community support for the heatlh services provided. 51 (2.7%) of our patients were from South Australia due to our close proximity to the Victorian/ South Australian border.

Income by Program

	2007/08	2006/07
Program	$000's	$000's
Acute Care	10,791	9,978
Residential Aged Care	9,345	8,549
Ambulatory Care	1,805	1,754
Primary Health	2,022	1,987
Business Units	270	330
Capital Type Income	1,030	1,573
Donations & Bequests	1,206	866
Other	1,691	1,279
Total	**28,160**	**26,316**

As a percentage



Acute Care	39%
Residential Aged Care	33%
Ambulatory Care	6%
Primary Health	7%
Business Units	1%
Capital Type Income	4%
Donations & Bequests	4%
Other	6%

Summary of Significant Changes to Financial Position During the Year

The following table lists those balance sheet items which have changed signficantly over the 2007-2008 financial year:

	2008	2007
	$'000	$'000
Cash and Cash Equivalents	5,132	1,741
Other Financial Assets	2,209	1,542
Receivables (Non-Current)	50	520
Other Liabilities	2,993	2,147

Cash and Cash Equivalents increased by $3.391m as a result of the Service making a $450k operating surplus together with capital income receipts being significantly higher than the previous year.

Other Financial Assets relates to accommodation bond monies held in trust on behalf of residential aged care residents and the increase of $667k was due to a greater number of bond paying type residents being admitted during the year.

Receivables (Non-Current) fell by $470k over the year as the Service received the bulk of the monies owed to it by the Department of Human Services for accrued long service leave funding.

The increase in Other Liabilities of $846k is due to the Service recording the extra accommodation bonds received from newly admitted aged care residents as liabilities held on the residents' behalf.

WORKING TOGETHER

WITH A SUPPORTIVE COMMUNITY

The time and financial support offered by Individuals, Businesses, Service Clubs, Sponsors, Philanthropic Trusts, Volunteers and Auxiliaries is pivotal to the ever expanding role of this Service.

A heartfelt thank you!

The Capital Campaign

Fundraising is central to the ongoing development of West Wimmera Health Service, and the involvement of our six communities and the work of our volunteers in this is crucial. In recent years, millions of dollars have been raised for buildings and equipment which continued in 2007-08, with a total of $767,435 raised this year for the 'Capital Campaign', to complete the final stage of building the Nhill Hospital.

A highlight of the year was a comedy night. The Nhill Piggery Lane Players created costumes and sets, and wrote skits for impromptu performances by guest comedian Adam Palmer and actor Steve Braybrook. The Weekenders Band provided the final entertainment for all to dance the night away, raising $2,300 for the Fundraising Campaign.

In December, the Festive Theme Day raised a further $1,071.65 with schools and local traders supporting the event. Prizes were awarded to students who made a special effort with their costumes.

IMAGE OPPOSITE:
Volunteer Paul Schulze, auspiced by the Shire of Hindmarsh, delivers precious water to the gardens of the Jeparit Hospital during the current drought and level 4 water restrictions.

IMAGE BELOW:
Water Saving Garden volunteers Joan Uebergang and Rose Mackley at the Natimuk Hostel gardens.

The Variety Bash

West Wimmera Health Service hosted the Variety Club Bash entrants in Nhill on 23 and 24 August 2007. It was the first stop for the 95 cars and 350 people, who arrived at dusk.

Groups from all six communities in the Service prepared food, sold raffle tickets, and made the visitors welcome, while musical entertainment was provided for the evening. The following morning, members of the Nhill Police added to our fundraising by halting the 'Bash' vehicles as they headed off 'suggesting' travellers pay a fee to leave the town which amounted to a sizeable donation for the Appeal.

Cycling for Life Saving Equipment

On 4-6th April 2008 a team of cyclists completed the Murray to Moyne Cycling Relay Team event, raising $5369 for much-needed medical equipment. The effort was helped by many sponsors, who provided the team uniforms and supported fundraising events.

The team completed 520 kilometres in 17.5 hours, finishing at Port Fairy together.

Sales of confectionery and other items continues to contribute to our cause.

Auxiliaries and Volunteers

The support of all auxiliaries and Resident & Relative Support Groups is greatly valued, with many events co-ordinated by these dedicated volunteers.

They contribute regularly to the purchase of new equipment and much needed items.

Kaniva Ladies Auxiliary donated items such as sheepskins, sound and vision equipment, and a massage chair.

We are grateful to volunteers who provide music activities and entertainment for residents, along with Kaniva CWA, Church of Christ and Uniting Churches.

Natimuk Family and Friends Committee is a small group who meet monthly. They have completed the garden outside Trescowthick Hostel and donated funds towards a new gazebo.

WORKING TOGETHER – WITH A SUPPORTIVE COMMUNITY

IMAGE BELOW:
Walking School Bus participants Zachary and Brooklyn Fraser enjoy fun, friendship and exercise supervised by volunteers from Goroke Community Health Centre.

Rainbow Hospital was delighted to receive a Palliative Care and Shower Chair from a grateful resident whose husband had been cared for at Rainbow and the Ladies Auxiliary purchased bedside cupboards for the acute section at the Hospital.

Volunteers kindly drive residents to appointments and the local Churches and Red Cross devote time to visit and entertain our residents.

Goroke volunteers provide the Walking School Bus Service which is largely supported by staff members participating in a voluntary capacity.

The 'Cooinda' and Nhill Hospital Auxiliaries and the Friends of Iona regularly contribute to the purchase of items for the benefit of the Service and organise celebratory occasions for residents.

IMAGE BELOW:
Oliver's Café popular Fax-a-Lunch relies on long time volunteer Norm Mansfield packing the eco-friendly vehicle with lunches to deliver.

Volunteers – The Lifeblood of any Community

Volunteering delivers a wealth of benefits to not-for-profit organisations like West Wimmera Health Service. The volunteers also benefit by having great fun, forming friendships and becoming involved with their community, meeting new people or broaden their social set, while having the opportunity to support a cause about which they feel strongly.

Most agree feeling needed and valued is satisfying in itself but to make a difference within one's own community is the best reward of all.

West Wimmera Health Service, Cooinda has always had a band of great volunteers. Our Ladies Auxiliary has supported Cooinda since its inception in 1975.

Two of our volunteers work five days a week to deliver meals in the Nhill community. Norman Mansfield and Richard (Dick) Jones deliver lunches for Oliver's Café, a supported employee work place. Norm and Dick are familiar faces around the town both having spent a long time in the Nhill community. When asked why they volunteered they said "It's good to have a reason to get up in the morning and to help people with disabilities have a great place to work".

Oliver's would have great difficulty keeping up with orders and serving meals in the restaurant if it wasn't for people like Norm and Dick.

We said goodbye and thank you to Fred Webb recently. After seventeen years serving Cooinda Fred has decided he needs to reduce his volunteering commitment. Fred, a man with an enormous community spirit, joined the Cooinda Committee of Management in 1991 and since the merger with West Wimmera Health Service, has served on the Community Advisory Committee. We will miss his hearty laugh and can do attitude to organizing the impossible. Thank you Fred for your unstinting commitment to Cooinda and West Wimmera Health Service, enjoy your well deserved retirement.

Volunteers are always welcome at West Wimmera Health Service.

Donations & Bequests 2007-08

Donor	$
Mr Geoffrey Handbury AO	500,000
Mr W & Mrs G Bourchier	300,000
Helen Macpherson Smith Trust	100,000
Estate of George Mitchell	84,510
Collier Custodian Co.	60,000
Estate of C S Henman	44,000
Anonymous	12,700
Budget Rent-a-Car	10,000
Battery Sales	9,527
William Angliss	5,000
Mr P Cramer	5,000
Mr E Borgelt	5,000
BDO / Deloittes	3,850
Murray to Moyne Drive In	3,812
Rural Energy	3,100
Miss H Jewell	3,000
Chocolate Sales	2,682
Mr T & Mrs K Borgelt	2,400
Drought Relief Centre	2,213
Mrs N Zanker	2,000
Cooinda Ladies Auxiliary	1,796
Murray to Moyne Other	1,557
Estate of Sarah Stott	1,370
Mr D Welsh	1,300
Country Womens' Association	1,200
Donation Tins	1,101
Raffles	1,028
Mr K & Mrs N Binns	1,000
Mr M & Mrs H Schilling	1,000
Mrs E Ansell	1,000
Book Sales	690
Goroke Community	665
Wimmera Racing Club	648
Winiam Hall	602
Nhill A & P Society	600
Frock & Frolic	554
Mrs D Hobday	500
Mr A Klemm	500
Ms F Taylor	500
Mr P & Mrs D Ralph	500
Mr J Hogan	500
Elgas	500
Victoria Police	500
Nhill College	351
The Sitting Duck Cafe	350
Robins Ag Service	350
Nhill Apex Club	284
Campbell Silos	270
Mr N & Mrs C Barwise	250
WWHS Bottled Water Sales	207
Confectionery Sales	206
David Koch MLC	200
Lions Club of Rainbow	200
Undisclosed Donations	
Driscoll, McIllree & Dickinson	–
Mr B & Mrs S Dorrington	–
Mr G & Mrs K Kerber	–
Donations under $200	7,865
Total	**1,206,337**
Cost of Fundraising	15,000
Grand Total	**1,191, 337**

CORPORATE GOVERNANCE

ETHICAL AND RESPONSIBLE LEADERSHIP

The Board of Governance is bound by its commitment to govern with honesty and integrity, fairly and impartially, to act in good faith, to manage financial resources in a responsible manner, to establish a robust Risk Management Program and to exhibit strong leadership for the organisation.

The Service was incorporated on 21 August 1995 under The Health Services Act 1988 (The Act). Members of the Board are appointed by the Governor in Council upon the recommendation of the Minister. Board members are generally appointed for three years with the option to apply for reappointment and they do not receive remuneration.

At each meeting members of the Board must declare items on the Agenda where a Pecuniary or Conflict of Interest may exist.

There was one occasion when a potential Conflict of Interest was declared by a Board Member and dealt with in accordance with Section 4.6 of the Service By Laws and there were no instances requiring a declaration of Pecuniary Interest at Board or Committee Meetings this year.

The composition of the Board reflects the depth of experience, expertise and knowledge in the fields of Corporate Management, Finance, Human Resources, Capital Management, Information Technology, Risk Management and Clinical Governance, required by the government, in order to properly disburse its obligations.

It is guided by sound principles which underpin its responsibility to monitor the management of the Service and ensure that the health services provided continue to meet the needs of the communities it serves.

The Board has, in line with its duties under The Act, established Financial, Business and Strategic Plans to direct the long term sustainability of the Service, to monitor its performance against these Plans and to maintain accountability to the community and Government.

Education – A Personal & Service Imperative

The Board, through its Policies has set a framework for supporting ongoing education for all employees ensuring continuing improvement in skills and expertise for all. Mindful of its own obligations for education Members participated in DHS Board Member education forums and requested special presentations on issues requiring greater knowledge.

The Facilitator's Report on the Board self appraisal conducted in the latter part of last year was debated and pertinent elements taken into account in planning education and performance options.

Risk Management

In recognition that risk management begins with the Board and must be an ethos applied consistently throughout the Service, a Risk Management Framework is in place to direct accountable Service wide management of clinical, financial, environmental and social responsibilities.

Setting the New Strategic Directions

The Board will proceed with setting the strategic direction of the Service to come into force when the current Strategic Plan reaches its conclusion on 30 June 2009. The importance of a thorough review of all aspects of the Service, the changing demographic of our communities and the impact of new technologies on our organisation will be taken into account when setting our short and long term strategic direction into the future.

Ministerial Delegate Farewells The Service

It has been a pleasure to have been associated with West Wimmera Health Service over the past two years.

My appointment followed a period in which WWHS cash reserves were stretched, largely as a result of the building program, and relationships with key stakeholders were at a low ebb.

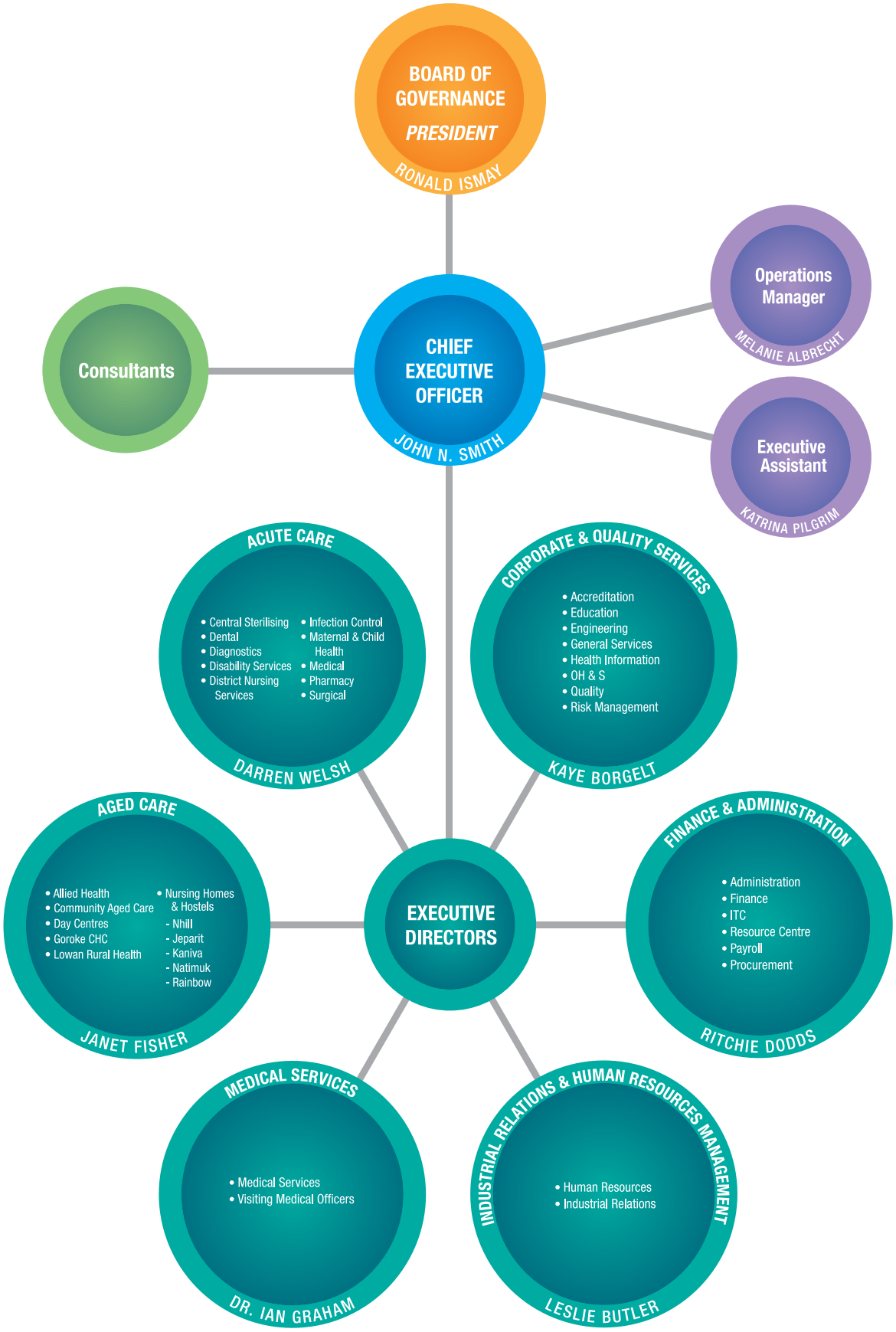
I have found the Board members and executive staff to be enthusiastic and constructive, with a strong interest in improving governance structures and processes, and in operational, financial and risk management for the service. I have appreciated that there has always been a willingness to debate issues around the Board table, and to explore options at length. We have not always agreed on the actions which need to be taken.

As my period of involvement now draws to a close, it is satisfying to consider some of the Health Service achievements over the last two years. These include the much improved financial position, the levels of scrutiny applied by the Board to the Service's operational and financial results, the more comprehensive credentialing of medical officers, and the increased transparency and strategic focus exhibited in the publication of the Strategic Plan.

There is also a degree of regret that I will not be part of some of the big challenges which face the Service. First among these is the completion of the Community Needs Analysis and the restructuring of the Service profile to ensure the best match of services can be provided safely and efficiently.

I will continue to follow the fortunes of WWHS, albeit from a greater distance!

ORGANISATIONAL STRUCTURE



BOARD OF GOVERNANCE

MAINTAINING ASTUTE CORPORATE GOVERNANCE

Ronald A. Ismay

President

Term of Appointment:
01.03.07 – 30.06.09

First Appointed: 1997

Ron, a business proprietor, has broad business management skills and is unwavering in his commitment to retaining sustainable health services for our rural communities.

WWHS Committees: Executive, Audit, Finance, Improving Performance, Medical Appointments Advisory & Review, Rainbow Advisory

Board Meeting Attendance: 100%

Lester C. Maybery

Vice President

Term of Appointment:
01.03.07 – 30.06.09
First Appointed: 1999

A Primary Producer, Lester is a member of the West Wimmera Ground Water Advisory Committee and has extensive experience in rural communities.

WWHS Committees: Executive, Improving Performance *(Chair)*, Natimuk Advisory *(Chair)*

Board Meeting Attendance: 100%

Leonie G. Clarke

Term of Appointment:
01.11.05 – 31.10.2008
First Appointed: 1997

Leonie, a School Services Officer – Librarian, maintains a keen interest in attracting and retaining people to work in rural communities, particularly health professionals.

WWHS Committees: Executive, Medical Appointments Advisory & Review, Rainbow Advisory *(Chair)*

Board Meeting Attendance: 83%

John A. Hicks MBA BE

Term of Appointment:
01.03.07 – 30.06.09
First Appointed: 2006

John, CEO – Hindmarsh Shire Council, has broad experience and knowledge of community issues. He has a specific interest in the management and efficient operation of health services and serves on many Boards and Rural Councils.

WWHS Committees: Finance, Improving Performance, Nhill Advisory

Board Meeting Attendance: 58%

Dr John R. Magrath AM

Hon DBus (Ballarat)

Term of Appointment:
01.11.07-30.06.08
First Appointed: 1999

John's vast experience as a company director and in management, strategic planning and the promotion of leadership, has provided essential benefits and expertise to our Board of Governance.

WWHS Committees: Finance *(Chair)*, Executive, Audit, Nhill Advisory

Board Meeting Attendance: 100%

Ronald S. Rosewall BA SocSci

Term of Appointment:
01.11.05 – 31.10.08
First Appointed: 1999

In his retirement Ron has taken a particular interest in and developed significant expertise in disability services and is a committee member of the National Disability Service and Council of Intellectual Disability Services.

WWHS Committees: Jeparit Advisory *(Chair)*, Cooinda Advisory *(Chair)*, Improving Performance, Medical Appointments Advisory & Review

Board Meeting Attendance: 91%

Rodney L. Stanford

Term of Appointment:
01.11.05 – 31.10.08

First Appointed: 2005

Rodney, a Family Support Worker, has experience in the governance of community care and supports clear and open communication in the provision of quality healthcare for rural areas.

WWHS Committees: Kaniva Advisory *(Chair)*, Audit, Finance

Board Meeting Attendance: 75%

Janice M. Sudholz

Term of Appointment:
01.03.07 – 30.06.09

First Appointed: 1999

Janice, a Primary producer, has vast experience in corporate and health sector governance, is concerned with aged care and its funding issues and the challenge of recruitment of staff for these services.

WWHS Committees: Executive, Finance *(Appointed 01.04.08)*, Natimuk Advisory

Board Meeting Attendance: 83%

Desmond J. White

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

Term of Appointment:
01.11.07 – 30.06.08

First Appointed: 2001

With his experience in local government, Des has brought a wealth of knowledge in financial and risk management to the Board. His particular interest is aged care and community health services for small rural communities.

WWHS Committees: Goroke Advisory *(Chair)*, Audit *(Chair)*, Finance *(retired 27.11.07)*, Improving Performance

Board Meeting Attendance: 75%

RESPONSIBLE OFFICERS FOR OUR SERVICE
(as at 30th June 2008)

Commonwealth

The Hon Nicola Roxon MP
Minister for Health and Ageing

The Hon Justine Elliot MP
Minister for Ageing

The Hon Jenny Macklin MP
Minister for Families, Housing, Community Services and Indigenous Affairs

The Hon Bill Shorten MP
Parliamentary Secretary for Disability and Children's Services

The Hon John Forrest MP
Member for Mallee

State

The Hon Daniel Andrews MP
Minister for Health

The Hon Lisa Neville MLA
Minister for Mental Health, Community Services and Senior Victorians

The Hon Tim Holding MLA
Minister for Finance, Workcover and Transport Accident Commission, Tourism and Major Events, and Water

Mr Hugh Delahunty MP
Member for Lowan, Shadow Minister for Sport & Recreation, Youth Affairs and Veterans' Affairs

The Hon Gavin Jennings MLC
Minister for Environment and Climate Change and Innovation

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, Department of Human Services

Dr Chris Brook
Executive Director, Rural and Regional Health and Aged Care Services

Ms Maree Guyatt
Director, Rural and Regional Health Services

Ms Brenda Boland
Regional Director, Grampians Region

THE EXECUTIVE TEAM

ACHIEVING STRATEGIC GOALS

We believe our excellent performance is built on the foundation of strong leadership, intuitive planning, strategic thinking and the management acuity emanating from the Chief Executive Officer and the Executive Team.

John Smith PSM

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

Chief Executive Officer

John is responsible for advising the Board on all matters pertinent to the effective governance of the Service, for proactive management of the organisation, to accomplish the targets set by the Strategic Plan and to seek opportunities for new services and programs to meet the increasing demands of a changing population.

Appointed to the position in 1995 after many years as CEO of the Nhill Hospital, John has gained enormous experience in health management and the health industry through his valuable participation on the Boards of State and National peak bodies.

The catalyst in the evolution of this Service as it has evolved as a major provider of rural health, welfare and disability services has been John's capacity to understand and manage complex issues, his outstanding leadership and his tenacity in pursuing what he believes is right for this Service.

Ritchie Dodds

B Com CA FFin MBA AFCHSE

Executive Director, Finance and Administration

Appointed to the role in April 2006 Ritchie is responsible for the Finance, Information Technology, Payroll, Supply and Administration aspects of the Service. He has a broad knowledge of the Service gained during prior positions as Operations Manager and Finance Accountant.

Ritchie deputises for the CEO.

Janet Fisher

RN, RCNA, Grad Dip Bus Management

Executive Director, Aged and Community Care

Jan is a Registered Nurse Division 1 and prior to her appointment in 2004 she was Director of Nursing at Rainbow Hospital. Her portfolio includes the efficient management of all Residential and Community Aged Care, Allied and Community Health, Adult Day Centres and Goroke Community Health Centre. Jan is also responsible for the performance against Commonwealth Standards for all Nursing Homes and Hostels.

Kaye Borgelt

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

Executive Director, Corporate & Quality Services

Kaye is responsible for the management of non-clinical and support services, including Engineering, Catering and General Services, Education and Health Information Services. She is also responsible for co-ordination of Quality, Accreditation, Occupational Health and Safety and Security. Prior to her appointment to the position in 2004 Kaye was Director of Health Information at WWHS.

Darren Welsh

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

Executive Director, Acute Care

Darren was appointed to the position of Executive Director Acute Care in 2004 with his management experience gained throughout regional Victoria. Darren is responsible for the management of Medical, Surgical, and Primary Care Casualty services located at Nhill, Jeparit, Rainbow and Kaniva and provides executive leadership to the Operating Theatre and Central Sterilising Service operations, Pharmacy, Maternal and Child Health, Dental and Disability Services.

Leslie Butler

B.Lab Stud, Assoc Dip Lab Stu, RN Div 2

Consultant Executive Director, Industrial Relations

Responsible for the overall management of Industrial Relations and Human Resources, Leslie participates in the development of IR and HR strategies and practices to ensure their inclusion in strategic planning across the Service. He represents the Service to authoritative bodies and provides advice to the Chief Executive Officer and the Executive team. Leslie also investigates Workcover instances, and mediates outcomes where necessary.

Dr Ian Graham

MB,BS, M. Health Planning, FRACMA

Consultant Executive Director, Medical Services

Dr Graham convenes Medical Association meetings and Chairs meetings of the Clinical Quality and Safety Committee. He is available for consultations regarding issues of patient safety, clinical practice, credentialing and scope of clinical practice. He is also the Medical Director of the Postgraduate Medical Council of Victoria and is a consultant in health management, leadership and education.

This is a vital appointment.

Melanie Albrecht

LLB, BIS, Grad. Cert. HSM, AFCHSE

Operations Manager

Appointed in 2006 Melanie is responsible for Contract Management, Aged Care Administration, Complaints Management and Risk Management, assists the CEO with operational issues of the organisation and special projects as assigned.

During 2007-08 Melanie continued with her MHA and has completed the academic components of the College of Law Practical Legal Training.

Katrina Pilgrim

Cert IV Bus Management

Executive Assistant to CEO

Appointed in September 2004 Kate has over 20 years secretarial experience. Her responsibilities include Minute Secretary to the Board of Governance, Committees and Sub-Committees of the Board.

Kate has participated in OH& S and ACHS EQuIP Seminars and completed Certificate 2 in First Aid to broaden her knowledge of the varied aspects of her position.

Kate was awarded the Certificate of Business Management in 2007.

ACUTE & AMBULATORY CARE

OUR SPECIALIST SERVICES

GOALS

- Replace clinical equipment in a planned manner
- Establish new services
- Increase Graduate Nurse places

STRATEGIES

- Enrich educational opportunities for staff
- Develop a Service Plan for West Wimmera Health Service
- Obtain specialist equipment

ACHIEVEMENTS

- New Glaucoma surgery introduced
- Improved access to Mental Health services
- Six graduate nurses employed

FUTURE

- Expert patient assessment and treatment via Clinical Videoconferencing
- Preceptorship training for Nursing staff
- Recruit a Physiotherapist

West Wimmera Health Service has a wide range of bed-based and ambulatory care services available in six communities. Our hospitals bring sophisticated modern medical treatment of the highest quality into the midst of our communities.

Acute, bed-based accommodation is located at Rainbow 7 beds, Jeparit 4 beds, Nhill 35 beds and Kaniva 6 beds.

Patients are admitted for elective surgery, medical conditions such as heart problems, kidney failure, diabetes, palliative care, and in emergencies following accident or trauma.

Elective procedures include Ear Nose and Throat, Orthopaedics, Oral, General Surgery, Ophthalmology and Gynaecology conducted by visiting specialist surgeons. Access to specialist surgery is crucial to the wellbeing of our community - people do not have to travel huge distances and they retain the support of their families and friends in times of need. Consultation sessions are conducted by the specialist medical practitioners.

Major Elective Surgical Procedures 2007/2008

Name/Type of Procedure	No. Performed
Cataract Repair	103
Colonoscopy	84
Surgical & Non Surgical Extraction of Teeth	63
Arthroscopy of Knee (including removal of menisectomy and loose bodies)	38
Gastroscopy	33
Total Knee Replacement	22
Total Hip Replacement	19
Excision of Skin Lesion and subcutaneous tissue	19
Dilatation and Curettage of Uterus & Excision of Lesion of Uterus	18
Hysterectomy	15
Other Procedures	224
Total	**638**

The Service provides a range of elective surgery at the Nhill Hospital, which allows people to be treated locally in a safe quality environment. Repair of cataracts was the most common procedure performed, with general surgery, orthopaedics and gynaecology procedures also provided.

Surgical Procedures Increase

638 surgical procedures were conducted, an increase of 30% on the previous year with some patients undergoing multiple procedures during the one surgical session.

Medical Imaging Reporting

In December 2007 we forged a new alliance with Western Medical Imaging to report on X-rays undertaken at Nhill, Kaniva and Rainbow.

The quality of our X-ray service has improved as a result of this initiative. Images are sent to a Specialist Radiologist who reads the film, makes a diagnosis and reports findings to the referring Doctor. Urgent X-rays are now reviewed in less than one hour and Reports are quickly faxed to the referring doctor and to the Medical Imaging Department.

A new OPG (Orthopantomogram) machine has been installed for Dental imaging and dental X-rays which are now performed at the Nhill Hospital allowing Dental Surgeons to fully evaluate the dental health of patients.

This unit is also used for other radiographic referrals.

IMAGE BELOW:
Dr. Richard Clarnette Orthopaedic Surgeon at the end of another busy day in the Operating Suite at the Nhill Hospital.

Electrocardiogram Reporting (ECG)

We have been fortunate to obtain the services of Specialist Physician, Dr John van den Broek who reads and interprets Electrocardiograms (measurement of the electrical activity of the heart), and provides specialist advice to General Practitioners so that appropriate clinical care can be instigated.

Targeted Equipment Grant Funding

A special grant from the Department enabled us to purchase essential equipment for Acute Care:

- A Phaecoemulsifier, valued at $56,800 which assists the Opthalmologist to more efficiently remove the lens of the eye during cataract surgery
- Vital signs monitors which measure blood pressure, heart rate and oxygen saturation accurately and efficiently

Graduate Registered Nurses Division 1 Recruited

Six new graduates have been recruited to the Graduate Nurse Program which provides mentorship and structure in the first 12 months of clinical practice as they gain experience in all facets of medical, surgical, aged, community, emergency and critical care nursing which benefits their future career and also supports the high quality of care we deliver.

Ambulatory Care – New Services

Glaucoma – A First for Nhill

Ophthalmologist Dr. Mark Chehade began Selective Laser Trabeculoplasty for the treatment of Glaucoma (a debilitating eye condition that can lead to blindness) in June 2008 at the Nhill Hospital.

The Laser therapy is painless and has no side effects. In essence the Laser targets the pigment in certain cells of the eye and in response the body's natural healing rebuilds the cells and lowers the pressure in the eye reducing the need for long term medication.

ACUTE & AMBULATORY CARE – OUR SPECIALIST SERVICES

e-Health

In May we took delivery of portable wireless clinical videoconferencing equipment.

The equipment, part of a project called Clever Health, will greatly improve the delivery of emergency, mental health and maternity healthcare in the region.

The equipment is used for diagnosis when planning care with specialist staff at regional and metropolitan hospitals. It is possible to view the patient's condition irrespective of the distances concerned.

Infection Control

Our infection control program undertakes a myriad of projects to improve the health status of patients, the general community and the safety of staff.

Hand Hygiene

Stringent cleaning regimes instigated are regularly audited to guarantee the highest possible standards are maintained.

Staff received extensive education in the relatively new Hand Hygiene method designed to reduce the risk of infection. Assessment of staff compliance shows they exceeded the minimum compliance level set by DHS.

Influenza Protection

We also provide an Influenza vaccination program for employees, so that they have the best opportunity for protection.

Dental Fluid Disposal

Two new dental chairs, with in-built suction for disposal of human waste make the Dental Clinic compliant with all infection control requirements and minimise the risk of exposure to infection.

Antibiotic Prophylaxis in Surgery

Infection Control covers both the prevention and control of infections especially those acquired by patients while they are in the care of the Health Service.

Operative procedures undertaken within the theatre suite are known to have associated risks. In some procedures these risks include potential infection of the site of surgery. An infection in a wound may cause long term disability and we endeavour to prevent any Surgical Site Infections.

Antibiotic Therapy in Orthopaedic Surgery

One high risk type of surgery is major orthopaedic procedures such as total hip and knee replacements.

We report to VICNISS monthly to illustrate the type and timing of the prophylactic antibiotics we use before surgery. We aim to provide 2grams of the antibiotic Keflin* (Cephalothin) more than 30 minutes before and less than 2 hours before the surgeon commences surgery.

We used to give the pre-operative dose of antibiotic in the ward area before the patient was transferred to theatre but at the beginning of 2008 we decided to give this dose of antibiotic in the theatre suite.

This is reflected in our increased compliance with the required timing of the antibiotic.

Welcome Initiatives

Maternity Services: Antenatal Clinics and Parenting Education

Women in our communities have access to Midwifery services in their local community via a shared care, antenatal (before birth) clinic in Nhill. In the coming months the Service will strive to obtain funding for the expansion of the clinics to the Rainbow, Jeparit and Kaniva communities.

The program targets high quality antenatal education and parenting skills provided by midwives, dietitians and occupational therapists.

Our Maternal and Child Health Nurse is involved with parents before the birth so that a strong relationship is forged.

Following the birth parents are supported in their home by visiting midwives and an experienced Maternal and Child Health Nurse who follows up the development of newborns and other children.

The re-introduction of a low risk maternity birthing service is still being pursued.

Haemodialysis – 1 Year On

People in our communities with kidney failure are able to attend the Nhill Hospital for Haemodialysis.

Training for Nurses through Royal Melbourne Hospital's North West Dialysis Service guarantees that the skills are available to provide this valuable program and negotiations are continuing with Melbourne Health to increase this service.

We were delighted to provide 'holiday' dialysis to patients visiting from outside the area enabling patients to holiday with family and friends.

Palliative Care

The Palliative Care Suite offers a private caring environment to support patients and their families through the difficult

IMAGE BELOW:
Mum to be Karen Shurdington consults Midwife Denise Rowe during a visit to the Shared Care Clinic, an initiative between GPs and Midwives to improve the continuing care of midwifery patients.

ACUTE & AMBULATORY CARE – OUR SPECIALIST SERVICES

'end of life' period. Compassionate care is provided in collaboration with Wimmera Hospice Care and our health professionals.

Geriatric Evaluation and Management (GEM)

There are six GEM places for care of chronic or complex conditions associated with ageing, cognitive dysfunction, chronic illness or disability requiring inpatient admission for assessment and care which requires a multidisciplinary approach for ongoing rehabilitation involving a variety of professionals such as doctors, nurses and allied health professionals.

The aim is to improve independence and quality of life for people with a disabling medical condition, and to minimise the long-term care and community support needs of these patients.

Admitted Patients Activity

Separations	Acute	Sub-Acute	Total
Same Day	784	0	784
Multi Day	1045	73	1118
Total Separations	1829	73	1902
Emergency	750	0	750
Elective	1069	73	1142
Other inc Maternity	10	0	10
Total Separations	1829	73	1902
Total WIES	1529.31	–	–
Total Bed Days	**8208**	**3432**	**11640**

Acute - Includes all admissions to acute inpatient hospital beds, except for Nursing Home Type and Geriatic Evaluation Management patients. *Sub-Acute* - Includes two types of patients GEM and Nursing Home Type (NHT).

Geriatric Evaluation Management (GEM) admissions are patients with chronic or complex conditions associated with ageing, chronic illness or disability. These conditions require the patient to remain in hospital longer than would be expected.

Nursing Home Type (NHT) patients are those who are in hospitals for a period exceeding 35 days and who the doctor has decided is no longer in need of acute care. Quite often these patients are waiting for a residential aged care place to become available.

Pharmacy

It is unique for a small rural health service to employ a Pharmacist. Therefore the appointment of a new Pharmacist in August 2007 was especially pleasing given the difficulty in recruiting health professionals to rural areas.

The Pharmacist conducts medication reviews of patients within our hospitals, provides medication education for staff and medication advice to patients.

Dental

There have been significant changes to the Nhill Hospital Dental Clinic improving patient comfort and safer working conditions for staff, which are now comparable to any clinic in Victoria. The Clinic closed for redevelopment in November 2007 for a complete makeover just short of its 21st birthday.

New chairs, equipment, chair side computers, cabinetry and storage have been installed giving it a clean modern feel.

Dental Statistics by Procedure 2007-2008

Item	Public	Private
Examinations	470	360
Xray	390	297
OPG	11	9
Scale & Clean	74	110
Fillings	621	330
Extractions	371	104
Root Canal Treatment	10	4
Crown	11	7
Dentures	51	0

A skilled Dental Surgeon provides high quality general dental services three days a week to public and private patients working in a private capacity by arrangement with the Service.

Oral Surgeon Dr Anamaly Ayasamy visits on a monthly basis for private and public patients. Many patients travel considerable distances for this specialist service.

Average Waiting Time

The waiting time for general dental care is unfortunately on the increase as we currently have only one dentist. On a positive note there is virtually no waiting list for prosthetic (denture) care, due to generous funding from Dental Health Services Victoria.

Moving Forward

Nurse Preceptor Program

We were successful in obtaining a grant from the Department of Human Services for Nurse Preceptors who have an important role to instruct, demonstrate and coach nurses in appropriate behaviour, attitudes and the standards expected of nurses by their profession.

The training is valuable for students, graduates, new staff, nurses re-entering the workforce and nurses from overseas.

School Dental Services

A dental therapist will commence four days per month from October 2008 to provide dental care for school children and adolescents in consultation with the dental surgeon.

The School Dental Program, located at the Nhill Dental Clinic, will treat students from Nhill, Goroke, Yaapeet, Rainbow, Jeparit and Kaniva, providing a service closer to home than families are currently travelling.

MEDICAL SERVICES

2007-2008 REPORT

IMAGE BELOW:
Anaesthetist Dr Malcolm Anderson waits to begin the next surgical case.

Medical Association – Change and Expansion

The most notable change in membership of the Association was the departure of Dr Malcolm Anderson, a Visiting Medical Officer for the Nhill Hospital and then West Wimmera Health Service for 25 years.

Dr Anderson will continue to provide an anaesthetic service for visiting specialists, however he has ceased General Practice.

He provided outstanding medical services to the community of Nhill and surrounding districts and will be sadly missed.

Drs Khaled El-Sheikh, Rizwan Lotia, Sumeet Dhillon, Shoaib Munawar and Katrina Morgan now provide clinical services in Nhill, Dr Nouman Qadir in Jeparit and Rainbow, and Dr Asim Khan, who recently resigned, has been responsible for the practice in Kaniva.

We have continued to develop the credentialing (review of qualifications) and definition of scope of clinical practice for doctors with visiting rights to the Service to ensure our doctors are appropriately qualified and only undertake clinical work within their scope of training and experience.

The Association meets regularly and provides a valuable forum for peer discussions centred on clinical issues, quality improvement, peer review and professional development activities.

The National Inpatient Medication Chart, an initiative of the Australian Council for Safety and Quality in Health Care, has been in use at West Wimmera Health Service for nine months.

The chart was developed to promote safe and appropriate prescribing of drugs and to reduce the incidence of medication errors in hospitals. The design and use of the chart will be reviewed after twelve months.

Other issues to receive the attention of the Association included the use of thrombolytic (clot dissolving) agents in the management of acute myocardial infarction (heart attack); the organisation and stocking of the Emergency Department at Nhill; communication with other hospitals; radiology services; and the reading and reporting of electrocardiogram (ECG) traces.

We are actively involved in the West Vic Division of General Practice Clinical Risk Management Program. Cases at West Wimmera Health Service and other hospitals throughout the region are selected for detailed review by a panel of experienced doctors and recommendations from these reviews are considered by the Medical Staff Association. If relevant to practice at West Wimmera Health Service, recommendations and plans are referred to the Clinical Quality and Safety Committee for review and action.

At each Medical Association meeting, the Doctors are required to report on their professional development activities and confirm they are doing sufficient specialist work to maintain their skills. This year the General Practitioners attended updates and workshops on General Practice, Emergency Medicine, Anaesthetics and Obstetrics.

On behalf of the local community, West Wimmera Health Service thanks the General Practitioners and Visiting Specialists for their ongoing support and the diverse high quality clinical services they provide.

West Wimmera Health Service is in the fortunate situation of retaining the services of a Consultant Medical Director. It is unusual for a rural health service to obtain this high level of expertise for the administration of Medical Services and the Board takes great comfort from the Director's advice on matters of Clinical Governance – a crucial element of their Governance responsibility.

MEDICAL & CLINICAL VISITING CONSULTANTS

Consultant 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 & Surgeon
Dr. M. A. Chehade MB BS FRACO

Ear, Nose And Throat
Miss A. Cass MB BS FRACS
Mr. L. Ryan MB BS FRACS FRCS DLO

Consultant Obstetrician & Gynaecologist
Dr. I. Jones MB BS FRANZCOG

Visiting Oral & Maxillofacial Surgeon
Dr. A. Ayasamy BDS MDS FDS RCPS FICD

Specialist Anaesthetist
Dr. R. Ray MB BS FANZCA FAARACS

General Practitioner Anaesthetist
Dr. M. J. Anderson
MB BS FRACGP DA FACRRM

Consulting Psychiatrist
Dr. R. Proctor MB BS BSc DPM

Dental Surgeon
Dr. D. Goh BDent BBSc

General Practitioners
Dr. K. El-Sheikh
MB BS FRACGP FACCRM DPS
Dr. R. Lotia MB BS BSc
Dr. S. Dhillon MB BS FCPS Obs (PGI)
Dr. S. Munawar MB BS FCPS(surgery)
Dr. K. Morgan MB BS
Dr. M. N. Qadir MB BS
Dr. A. Khan MB BS

Consulting Pharmacist
Mrs. A. Teed PHC MPS FSHP MACPP

Staff Pharmacist
Mr. M. Yau BPharm MPS

Consulting Radiology Service
Western Medical Imaging

Visiting Optometrist
Ross Both & Associates

AGED CARE

COMPASSION , CARE, DIGNITY

GOALS

- To deliver compassionate client-focused aged care
- To assist and encourage residents to live meaningful lives

STRATEGIES

- To provide ongoing staff education
- To successfully participate in accreditation audits
- To implement electronic care records

ACHIEVEMENTS

- 100 per cent compliance at unannounced accreditation audits
- Electronic care records introduced
- All sites have dedicated activity coordinators

FUTURE DIRECTIONS

- Complete the introduction of electronic records
- Prepare for accreditation audits in 2009
- Enhance volunteer programs for aged care residents

Aged Care is not just about caring for our aged clients. It is about making the time they spend with us as meaningful and comfortable as possible.

Consultation is central to planning individual care, and includes regular meetings with residents, their families and friends, examining the compliment and complaint register, and ascertaining where improvement is needed.

Respecting Patient Choices

Qualified Respecting Patient Choice consultants at each site discuss with residents the sorts of things that matter to them now and what they would like respected when they can no longer make those choices themselves.

A Plan of their choices is developed in consultation with their doctor and family and can include types of medical intervention, and music or activities. They can be confident the Plan will be actioned as required.

Improved Communication

Resident information booklets, and printing of a large text version for the sight-impaired has been updated.

Monthly newsletters are widely distributed to residents and their families.

Staff Trained to Meet Their Responsibilities

A huge range of staff initiatives for professional development to improve our services by raising skill levels and clinical knowledge have been supported.

A concerted effort was directed towards mental health, first aid, behaviour management and dementia care education this year.

Electronic Care Planning Introduced

An electronic care planning and documentation system (***iCare***) was introduced in June at a cost of $51, 640.

iCare is a computerised clinical and care information management system which includes a Resident database, Assessments, Progress Notes, Forms and Charts, Incident and Accident reports, Care Plans, ACFI calculations and Schedule Tasks and Activities.

The major benefits of the installation of ***iCare*** are the reduction of paper documentation and duplication of information .

iCare is designed to make information available instantly for quick identification of changes to resident care needs, leading to improved resident outcomes.

Allied and Professional Support

A well trained allied health team consult regularly at each site and are readily contactable for urgent consultation.

Allied Health Services include:

- Dietetics
- Exercise Physiology
- Podiatry
- Speech Pathology
- Massage Therapy
- Myotherapy
- Occupational Therapy
- Physiotherapy Allied Health Assistant
- Social and welfare

IMAGE BELOW:
Megan Webster, Director of Nursing, Jeparit Hospital, with Nora Rethus testing the new Criticare Monitor.

AGED CARE – COMPASSION , CARE, DIGNITY

IMAGE BELOW:
Archie Gray resident Ruby Williams and Div 2 Nurse Lyn Maddern experience the new multi-sensory room made possible by the Kaniva Community. Ruby is enjoying the massage chair kindly donated by the Kaniva Ladies Auxiliary.

Access to such a diverse range of health professionals means our residents receive the best care and advice possible.

Diabetic and continence nurses also visit residents to ensure their conditions are closely monitored and managed.

Aged Care Admission

A new method for admitting residents to our Residential Aged Care facilities has been established, 'The Admission List' is a collection of relevant information and data about potential residents.

The information is available to Directors of Nursing and Operations Manager who are able to determine the most suitable person to take up accommodation opportunities.

An important part of admission to residential accommodation is the need to review the resident's Assets and Income to determine the fee status, which the Commonwealth Department of Health and Ageing relies on when determining funding for the Service.

The aim of this initiative is to have the information prior to admission enabling undivided attention be paid to the resident at the time of admission.

Accreditation – 100% Compliance!

Over the past year we have achieved positive outcomes at all of our aged care units who were subjected to unannounced accreditation support audits, with 100% compliance attained.

Accreditation assessors from the Commonwealth's Aged Care Standards and Accreditation Agency have examined residents records, policies and procedures, interviewed staff, residents and families to gauge the level and quality of care our residents experience.

Sensory Care

A Sensory Room has been created at Kaniva Nursing Home providing therapy for older people with Dementia and Alzheimer's disease.

The technology creates pleasurable sensory experiences that stimulate the primary senses, without the need for intellectual activity, in an atmosphere of trust and relaxation.

Visiting Medical Officers

A major benefit derived for 'Iona' residents during the year was the arrangement entered into with Tristar Medical Group to have the Group provide visiting General Practitioners, which has assured residents the choice of practitioner they would like to manage their care.

IMAGE BELOW:
Katrina Fraser Unit Manager, Goroke, and Sylvia Chenoweth contemplate future community aged care options.

The medical practice location adjacent to the Nhill hospital has meant a more rapid response to resident medical issues.

Meetings with Tristar principals have improved communication and access to medicos for residents at all sites.

Department of Human Services-Grants

$65,000 was received to purchase high low beds and pressure relieving devices. Floor line beds, air movement mattresses and wound care mattresses were purchased with this funding.

Mental Health funding was also received to obtain beds for 'Iona' Digby Harris Home. The floorline electric beds and electric recliners purchased have greatly improved residents' safety and independence by minimising the risk of falls, and reducing pressure spots.

Aged Care Information Forums

Aged Care Open Days were held at each site to provide information for carers and prospective residents to simplify preparations for those considering entry into a Hostel or Nursing Home including the need for financial planning and appointment of Medical and Financial Enduring Powers of Attorney.

High Care – Nursing Home Accommodation

The Service has Nursing Home accommodation at the following locations:

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

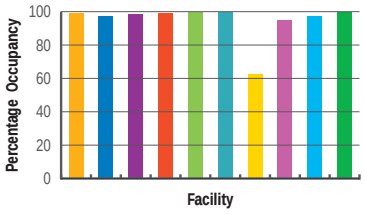
Low Care – Hostel Accommodation

This accommodation is situated in the following towns:

- Rainbow 10 beds
- Jeparit 5 beds
- Kaniva 10 beds
- Natimuk 21 beds (made up of 11 Dementia Specific and 10 Frail Aged)

All these facilities are well maintained in newly established environments. Residents and staff alike comment on the ambiance of the facilities which is their home and place of employment.

Residential Aged Care Percentage Occupancy by Site



- Iona Digby Harris Home
- Archie Gray Nursing Home Unit
- Jeparit & District Nursing Home
- Rainbow Nursing Home
- Natimuk Nursing Home
- Jeparit Hostel
- Kaniva Hostel
- Rainbow Hostel
- Lockwood Hostel
- Trescowthick House Hostel

Occupancy Targets - Nursing Homes 98.2%
Hostels 87%

All nine Residential Aged Care facilities recorded occupancy levels above or within 1% of their target. Five facilities recorded an occupancy level above 99% for the year.

The lower occupancy level in the Hostels is due to Kaniva Hostel, which because of its unique physical design can only admit low care residents who meet strict criteria regarding their care needs. The Board is considering its options in regard to how to address this issue, which is unique to this location.

Our Motto

'Never stop trying to do this better'

Our staff are passionate about providing care designed to address the needs of individual residents in a friendly and caring way… we never stop trying to do this better.

ALLIED & COMMUNITY HEALTH

ACROSS AN EXTENSIVE RURAL AREA

GOALS

- To maintain an extensive Allied Health team
- To be responsive to community need

STRATEGIES

- To attend university Open Days to promote employment at our Service
- To be an active participant in Wimmera Primary Care Partnership

ACHIEVEMENTS

- Additional Podiatrist & Myotherapist employed
- Health Promotion Plan approved by DHS

FUTURE

- Appoint a Physiotherapist
- Offer rehabilitation and sports injury therapy
- Recruit Manager for Allied Health, Health Promotion and Community Nursing programs

Our Allied Health team, a critical component of our health care team, works with doctors and nurses to provide the best care for our communities.

The team visit every West Wimmera Health Service site regularly to ensure each community has access to their valuable services.

Podiatry

Three podiatrists provide foot care to all aged care residents, acute patients and conduct outpatient clinics.

Graduate, Erin Moorhead, recipient of a Service Bursary, joined us this year. Her knowledge and enthusiasm is a welcome addition to our team and we have enjoyed mentoring her as she gained practical experience in the delivery of Podiatry services. Erin's presence enabled us to reduce waiting lists and ensure a top level of Podiatry care.

Dietetics

Our Dietitians provide nutritional assessment, dietary advice and education for dealing with chronic health conditions such as heart and renal disease, food allergies and weight problems.

Promoting the benefits of a nutritionally balanced diet and raising awareness of lifestyles which are advantageous in the prevention and management of dietary related health conditions are the essence of our Dietitians philosophy.

Quality Improvements

To generate continuous quality improvement the Dietitians undertook a number of Health Promotion and Professional Development activities this year including participation in the service wide Menu Review. They initiated a qualitative assessment of proposed menu items, as well as a quantitative analysis against the Department's Nutrition Standards and prevailing National Standards.

Improving Dietetic Care in Neighbouring Communities

The Dietitians provide a visiting service to Acute and Aged Care clients in Warracknabeal, Hopetoun and Dimboola. Pride is taken in assisting our neighbouring communities.

Massage And Myotherapy

Massage Therapy promotes relaxation and improves the function of the lungs and digestive organs for Acute inpatients, Residential Aged Care and community clients.

Myotherapy was recently introduced as an adjunct to remedial massage and is keenly sought providing treatment for muscle injuries and pain.

Physiotherapy

While the battle to recruit a Physiotherapist continues we are fortunate to have a Physiotherapy Allied Health Assistant with over 30 years experience. His expertise in rehabilitation is keenly sought, in particular, by orthopaedic surgery patients who have received total hip and knee replacements.

Occupational Therapy

Our Therapists improve skills for daily living in the context of the client's ability to participate in everyday tasks and activities. They assist clients whose ability to perform everyday activities has been diminished by physical or emotional illness, injury, surgery or disability, to help them live as independently as possible.

We provide fee for service consultation to Avonlea Hostel Nhill, Edenhope & District Memorial Hospital, Outpatient appointments and also co-ordinate Adult Day Centres.

IMAGE BELOW:
Janine Clark, Lowan Rural Health Network Community Health Nurse discussing the benefits of a healthy lifestyle with Kaye Witmitz and Robyn Hendy.

ALLIED & COMMUNITY HEALTH – ACROSS AN EXTENSIVE RURAL AREA

Planned Activity Groups (PAG)

Formerly known as Adult Day Centres, these groups are in action in each town of this Service and provide supportive programs for social interaction and activities for the frail aged, people with a disability or the socially isolated.

Social Work

2007 has been a year of energy and innovation.

Important happenings:

- The ***Nhill Drought Resource Centre*** continued to assist rural families cope with climatic and environmental change. More than 50 people visit the Centre each day to access practical resources such as food, recycled clothing, furniture, toys, educative material and referral information.
- ***International Women's Day*** Celebrations in March included a Safety Awareness Workshop, Free BBQ and Health Checks at the Drought Centre – especially for women to discuss issues of community and personal safety and create greater community awareness of these issues.

We remain a ***Centrelink Agency*** with Agents trained to assist with general enquiries, lodgement of Centrelink forms and a direct link to a Customer Service Centre if more assistance is required.

Our partnership with ***FaHCSIA Commonwealth Emergency Relief Program*** and ***VicRelief Foodbank Inc.*** provides flexible aid to families in need.

Partnerships with significant external providers supplemented our clients with drug and alcohol problems, mental health or financial issues.

Exciting Outlook for the Welfare of Our Community

Climate change, rising transport costs and housing affordability creating greater disadvantage in our rural communities will continue to challenge us. To overcome these issues we will use videoconference for interviews with Centrelink reducing the need and cost of travel to regional centres and pursue professional partnerships with other welfare-related agencies for better service delivery.

Diabetes Education

The credentialed diabetes educator consults with residents in aged care units, acute inpatients and out patients.

Improved Lifestyle for Diabetics

An Insulin Pump Clinic was established for clients with Type 1 Diabetes to improve the management of their Diabetes. Previously, patients wishing to be fitted with an insulin pump needed to travel Melbourne or Adelaide.

'I have only been on the pump for a month and already I am seeing the benefits of it. It is a new, improved and easier lifestyle for a diabetic and I would not consider going back to four injections a day... My lifestyle and the things I used to do pre diabetes is back. There are no more injections and guess work involved, the pump does a lot of the thinking for you'. (Grateful Insulin Pump Recipient)

District Nursing

The Nurses travel many kilometres each day from all sites, often to people in remote locations needing their special skills to be able to remain at home on their farm or in their small township.

Lowan Rural Health Network Project (LRHN)

The Network, a joint venture between West Wimmera Health Service and Edenhope and District Memorial Hospital, supported by the Hindmarsh and West Wimmera Shires is funded by the Commonwealth to increase allied health services available to small rural communities.

An Exercise Physiologist, a Social Worker and two Community Health Nurses were employed by the Project and their team based programs included Cardiovascular and Student Health.

WWHS Non-Admitted Patients 2007-08

	Acute
Emergency Department Presentations	1381
Outpatient Services - occasions of service	2371
Other Services - occasions of service	23813
Total Occasions of Service	27565

Changes ahead for 'Lowan'

In response to demonstrated community need a slight change in the staffing profile concentrate on community nursing to strengthen the chronic disease management and prevention programs.

Speech Pathology

Speech Pathology provides the most effective and efficient intervention available to those with communication and swallowing disorders. It promotes optimum health care through assessment, education and implementing care plans for inpatients, outpatients and aged care residents, staff hearing tests and promotion through community programs.

Areas of service

The Speech Department provides a service to all WWHS sites and in the future may provide fee for service to Rural Northwest Health and the Department of Education and Early Childhood Training.

We also have an active role in staff education, food safety and quality assurance programs.

We look to recommence training for early childcare educators to promote optimal language stimulation in the early childcare setting in 2009.

Allied & Community Health Services – The Path Ahead

Aged Care Accreditation assessors regularly comment on the comprehensive range of Allied and Community Health programs provided for our residents. This will continue to strengthen.

'Every resident is assessed by every discipline on admission and then as required if intervention is needed... this is an outstanding level of professional support'. (Aged Care Standards and Accreditation Agency assessor)

Our belief that our Allied Health team should be accessible to everyone including delivery of services to neighbouring facilities on a fee for service basis has been a positive factor for them and has also enabled us to retain a skilled team of allied health professionals - a sustainable and attractive model we will continue to develop.

IMAGE BELOW:
Diabetes Educator Lesley Robinson listening to the accolades from new Insulin Pump recipient Kate Crouch.

COOINDA

DISABILITY & BUSINESS SERVICES

GOAL

- To provide innovative programs to assist clients achieve goals in activities of their choice and to develop personal life skills

STRATEGY

- To empower and provide choice to people with disabilities, while promoting a positive image within the community
- To ensure realistic outcomes and provide services and programs to promote personal development and integration for people with disabilities

ACHIEVEMENT

- Inclusion in community activities
- Working in partnership with private enterprise

FUTURE

- To work with Grampians Regional CEO Network to develop a workbook to aid Service Providers in complying with DHS Industry Standards
- To work in collaboration with private enterprise to develop programs that are viable and offer meaningful employment for Supported Employees

Cooinda supports people with an intellectual disability to gain meaningful employment, improve their lifestyle and enhance their status in the community.

Our point of difference is in the level of support and choice we offer.

A wide choice of programs in life skills, advocacy, therapy, sensory, literacy, numeracy, agency network help, animal therapy, and community access are funded by the Department of Human Services.

A new format for allocating programs giving clients a choice of programs in which they wish to participate each term is proving popular with clients and staff.

We hosted an Edible Gardens Day at Cooinda facilitated by an instructor from Melbourne. St. Patrick's and Netherby Primary Schools attended and the clients and students worked well completing a range of gardening activities together. It was not all work, the lunch break and a game of 'kick the football' provided the ideal environment for social interaction between clients and students. Congratulations to all on a successful day.

Our Supported Employment Programs at Oliver's Café, Snappy Seconds recyled clothing and collectables, Cardboard Recycling and Open Employment at Luv-a-Duck are funded by Department of Family, Housing, Community Services and Indigenous Affairs to develop opportunities for employment in the community.

What is not so well known is the intrinsic whole-of-life support for clients which occurs:

- Development of Individual Employment Plans, Supported Plans, setting goals for the future and evaluating past goals centred on individual preferences
- Assistance to access government services
- Advocating on behalf of clients for everyday activities, for example sourcing the best deal for a mobile phone plan
- Support in planning holidays to offer respite to carers and family
- Planning recreational and sporting programs
- Sharing transport and arranging transport to important events

Oliver's Café – Unique

We have improved Oliver's Café by:

- Reviewing the quality of customer service
- Monitoring staffing needs
- Reviewing work practices
- Reviewing rostering
- Establishing a Financial Management Plan
- Revamping the interior and exterior of the Café

A qualified chef was appointed, a new menu introduced, employee training occurred and new uniforms purchased.

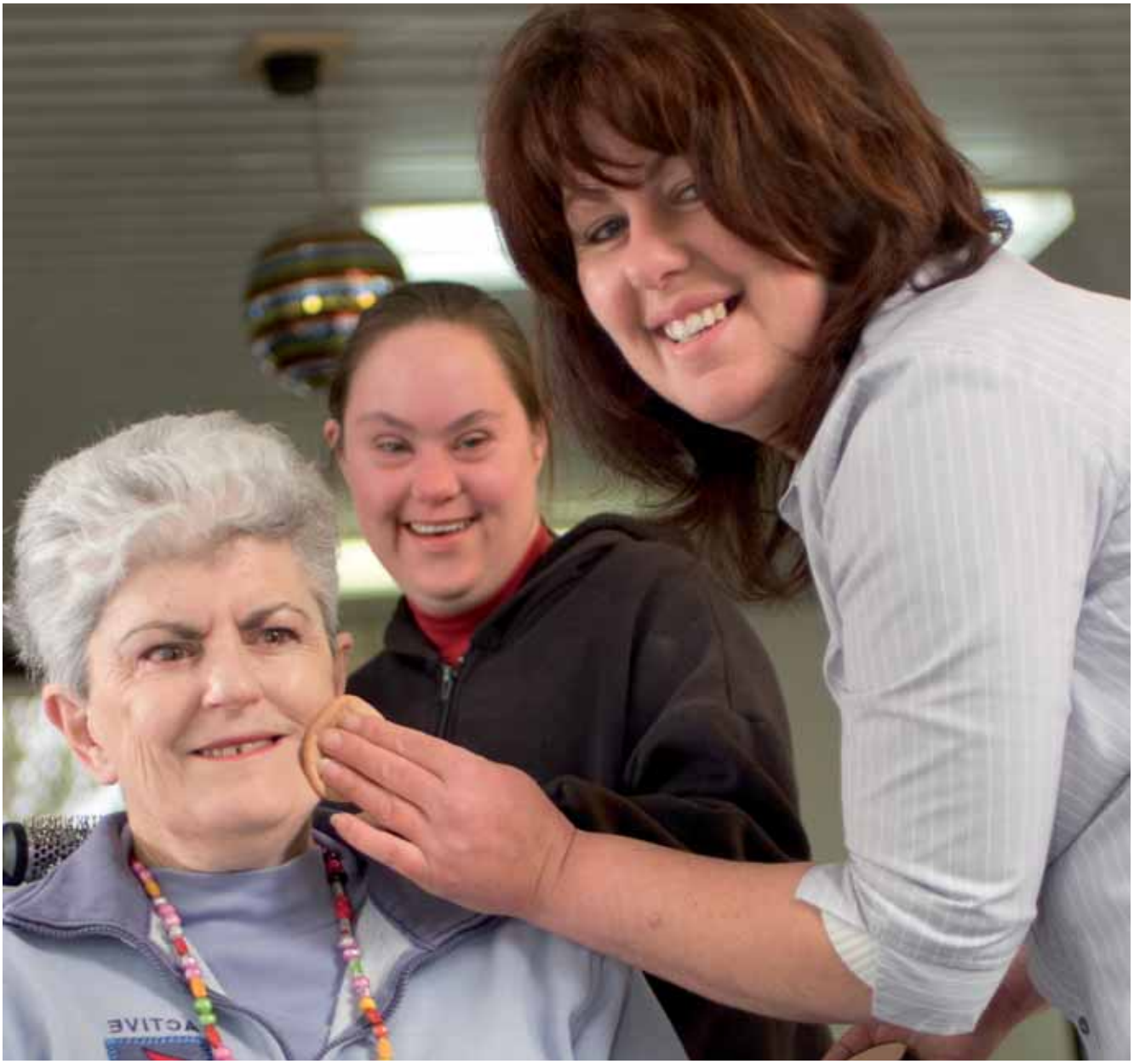
The result - a new-look Oliver's with a vastly increased customer base.

Our future

Seventeen people now attend the State Programs, an increase of four, the highest number for nine years, and with thirteen Commonwealth Supported Employees a bright outlook for a secure future for Cooinda and our clients is assured.

IMAGE TOP:
Life Skills Coach Christa Farinha encouraging self esteem with Pam Burgess and Amy Brown.

IMAGE BOTTOM:
Supervisor Sue Szejnoga guiding Geoff through Certificate III in Poultry Production with the University of Ballarat.



Geoff's Story

In the 2007 Annual Report we brought you Geoff's story. We are delighted to bring you this progress report.

Geoff is still on track, he has successfully passed (with two other supported employees) end of unit exams for Poultry production Certificate III, with the University of Ballarat. He has obtained his Learners Driving Permit and his goal is to have his Probationary Licence within 12 months. Geoff is also making arrangements to move into an independent living situation and has joined the local Fire Brigade.

Well done Geoff.

CORPORATE & QUALITY SERVICES

DELIVERING HIGH STANDARDS EFFICIENTLY

OUR GOAL

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

STRATEGIES

- Provide a comprehensive preventative maintenance and repairs program
- Provide professional development opportunities for staff
- Provide tasty, nutritious meals to enhance the experience of being a patient of this Service
- Provide a clean hygienic environment to minimise exposure to infection

ACHIEVEMENTS

- Major redevelopment of Nhill Dental Clinic
- Redevelopment of Mira to become the Primary Care Centre commenced
- Menus reviewed throughout the Service
- 452 staff education sessions with a total of 2644 attendees
- Occupational health and safety training ensuring qualified Health & Safety representatives at all sites

FUTURE

- Complete Stages 3 & 4 of the Nhill Hospital redevelopment
- Introduce standardised menus throughout the Service
- Complete integration of primary care casualty records into central Medical Record at all sites
- Review secondary storage, including medical records, at all sites

The Corporate & Quality Division supports the delivery of quality patient care with services including catering, cleaning, maintaining buildings and equipment, building new infrastructure, and providing health information services, staff education, energy and waste conservation and management, occupational health and safety, and security.

Engineering & Maintenance – A Neat and Safe Environment

We are in the fortunate position that the skilled team in the Engineering department is able to undertake most repairs and maintenance and a large amount of redevelopment work without the need to outsource these skills.

Nhill Dental Clinic Redevelopment

The Nhill Dental Clinic was redeveloped to bring it in line with 'best practice' infection control and Occupational Health & Safety. Engineering staff, in conjunction with an external contractor, completed the work which included a separate sterilisation unit.

Allied and Community Health Redevelopment – Mira Building

The redevelopment of 'Mira' has progressed with all allied health staff now co-located. Occupational Therapy, Dietetics, Diabetes Education, Speech Pathology and Social Work accommodation areas have been renovated, with multi-disciplinary consulting rooms providing patients and clinicians with a comfortable and private environment.

In 2008-09 the reception and corridor areas will be refreshed, and renovations to Podiatry and Physiotherapy areas will occur.

Preventative Maintenance

The preventative maintenance program has been extended to include Cooinda and Goroke Community Health Centre in this service wide initiative.

The program involves regular checks on infrastructure in accordance with Building Code of Australia and Fire Safety Guidelines ensuring that when equipment and services are required they work efficiently and effectively.

General Services – Maintaining a Clean Environment

Regular internal and independent cleaning audits are undertaken to ensure that the cleanliness of all sites remains at a suitable standard.

Independent cleaning audits of acute sites in March 2008 showed a cleanliness level of 95%, a slight improvement on the 94% the previous year.

Acute Site Cleanliness – External Audit

	NHILL	JEPARIT	KANIVA	RAINBOW	WWHS
WWHS Achievement	%	%	%	%	%
Very High Risk	98.7%	-	-	-	98.7%
High Risk	99%	89.6%	92%	96.2%	94.4%
Moderate Risk	93.3%	98%	94.6%	92.6%	94.1%
Low Risk	94%	-	-	-	94%
Hospital Score 2007/08	97.4%	91.7%	92.9%	95%	95%
Hospital Score 2006/07	91.2%	89.5%	94.8%	95.5%	94%
DHS Benchmark	85%	85%	85%	85%	85%

IMAGE BELOW:
Chef Julie Leddin and Dietitian Melissa Mason discussing food and nutrition in the Nhill Hospital Kitchen.

Scores in the independent audit are weighted according to the risk attributed to the area and are divided into four categories: very high risk, high risk, moderate risk and low risk. Deficiencies in cleaning in the operating theatre are given a higher rating because of the risk to patients than deficiencies in an office area.

Nhill is the only site to have an Operating Suite, which is considered a very high risk area. This area received an exceptionally high score of 98.7%.

This year Jeparit, Kaniva and Rainbow hospitals have all experienced a decrease in cleaning hours. Results of the external audit showed that efficiencies have been achieved with no loss to the quality of cleanliness.

Fresh, Nutritious and Tasty Meals

This Service is one of few health services in our region providing freshly cooked meals. From modern up-to-date kitchens we provide nutritious freshly prepared meals giving us the capacity to cater for individual and special needs.

An independent survey of acute patients in March found that 96% of patients were satisfied with the quality of food, with 99% expressing satisfaction with the quantity of food served. This compared favourably with other like-sized hospitals, where 89% were satisfied with the quality of food and 94% were satisfied with the quantity of food.

Our kitchens are independently reviewed annually to ensure they are safe and hygienic. The audit in November 2007 praised the standard and quality of food preparation and there were no recommendations for improvements at any of the sites.

A major undertaking was the review of menus throughout the Service in conjunction with our Speech Pathologists and Dietitians. The entire menu has been reviewed and we will begin a trial of the new menu in August 2008.

Health Information Services

The Medical Record holds medical and administrative information for all patients and residents treated at West Wimmera Health Service. Some information, particularly administrative and diagnostic data including pathology and x-ray results, are held electronically while other sections, including information relating to treatment while in hospital or treatment in an outpatient capacity, are kept in a paper file format.

The primary purpose of the Medical Record is to provide safe and ongoing care of patients. Having a comprehensive history of previous medical treatment allows professionals to safely plan future or emergency care.

The privacy and confidentiality of information in the medical record adheres to the strict legislative requirements of the Health Records and Health Services Acts.

In order for patients and residents to confidently share their information they must trust that WWHS is an organisation which at all times preserves their privacy and strives hard to ensure that privacy is maintained at all levels.

In 2007-08, four documented incidents relating to breaches of confidentiality were investigated and action taken.

99% of staff have up-to-date training in privacy and confidentiality.

A Positive Future by Embracing Change

The Corporate and Quality Team will move towards the next decade using emerging technologies to improve the effectiveness of statistical data collection and validation, to improve storage and retrieval of patient records, to manage assets and to develop our capacity to analyse data to provide pertinent information to assist in the judicious management of the Service.

CORPORATE & QUALITY SERVICES - ACCREDITATION & ASSESSMENTS

IMAGE BELOW:
Craig Henley and Receptionist Joylene Rohde in the midst of renovations to Mira Community Health Centre.

What is Accreditation?

For this Service participation in accreditation programs provides practical evidence that the quality and safety of our services are unquestionable. It is also the factor which underpins our constant endeavour to improve our performance.

Measuring Our Performance

The Australian Council on Healthcare Standards Evaluation and Quality Improvement Program (EQuIP) is one of the two principal accreditation processes by which we measure our delivery of quality care.

Accreditation through EQuIP is designed to ensure the delivery of safe, high quality health care based on standards and processes developed by health care professionals for health care services. It is a public recognition that a health care organisation has met national health care standards.

Services continually measure their performance either via desk top audits or on site surveys by qualified assessors.

Our most recent On-Site Survey was a Periodic Review, conducted in November 2006. Six recommendations were received from this review.

An EQuIP self-assessment was submitted to ACHS in February 2008 which was a desk top audit measuring our performance against set criteria including our policies and protocols, Human Resources, and Fire, Emergency and Security processes.

Our progress on implementing the six recommendations from the Periodic Review was also examined. Results from the self-assessment will assist preparation for the Organisation Wide Survey in November 2008.

Aged Care Accreditation

All Residential Aged Care facilities must participate in external accreditation through the Commonwealth Aged Care Standards and Accreditation Agency.

In 2007-08 our nine Residential Aged Care facilities received an unannounced support visit from the Agency to check that standards are maintained at all times.

Surveyors assessed nutrition, food handling, infection control, cleaning standards and continuous improvement.

All facilities were 100% compliant.

An excellent outcome.

Home and Community Care Accreditation (HACC)

We are now a designated HACC assessment agency which means we will continue to be a key provider of home based services including district nursing. The more coordinated approach to assessment will deliver the most appropriate care in an acceptable timeframe.

This designation confirms our capacity to meet the criteria necessary to deliver living at home assessments for clients.

An Action Plan will now be developed to address gaps or issues identified in relating to our present processes and we will work with the Department to implement this new program.

Disability Certification

In July 2007, an external survey measured compliance with Disability Services Standards. Twelve standards were measured including decision-making and choice, employment conditions, training and support, and complaints and disputes, with 100% compliance achieved. Five standards received a 'commendable' rating and the Service was recommended for re-certification.

The Future for Accreditation

We will continue to participate in external accreditation with the following surveys planned:

- Organisational wide EQuIP survey, November 2008.
- Residential aged care support visits, a minimum of three visits to each site within the next 12 months.
- Post-certification review of Cooinda Disability Services, July 2008.

External accreditation and assessments are important processes to guarantee that the care we provide is safe and effective. It is also an opportunity to measure ourselves against the increasingly high standards of external assessment as we continue to place great importance on the advances we have made in maintaining these standards.

CORPORATE & QUALITY SERVICES - CARING FOR THE ENVIRONMENT

IMAGE BELOW:
Bev Phillips proudly wearing the new West Wimmera Health Service uniform guiding the General services trolley acquired as part of the capital equipment 5 year replacement plan.

A Sustainable Future

'Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.' (Brundtland Report Our Common Future)

Conscious of our effect on our environment we have introduced many initiatives to 're-use, reduce and recycle'.

Environment Award

Receiving the environment award at the Powercor Wimmera Business Awards recognised our positive efforts towards the sustainability of the environment and concern for the land in which we live.

Water Conservation

We have intensified water conservation with Stage Two of drought-proofing our gardens at Kaniva and Jeparit, following an initial trial at Nhill.

Self-Sustaining Water Use

2007/2008 was the first year for three years that Nhill Hospital did not have to buy water, resulting in considerable cost saving.

This is the direct result of initiatives introduced in 2006-07 with the installation of a 'tank farm' to harvest rain water and the installation of digital x-ray, with water savings in x-ray alone in excess of 500,000 litres per year.

Jeparit Hospital experienced serious problems accessing suitable water especially in March 2008 when it was necessary to purchase 17,000L.

Recycling Service

Clients at Cooinda operate a cardboard, paper, plastics and glass recycling program.

The Hindmarsh Shire's decision to introduce kerbside recycling significantly reduced the volume of recyclables handled by Cooinda. While the Service will continue this activity in the short-term we are investigating other initiatives.

Collection of cardboard at Nhill continued but the cost of fuel made the service in surrounding towns economically unviable thus reducing the total amount collected.

Recycling Product

	2007/2008	2006/2007
Plastics, Bottles	19 bales	45 bales
Cardboard	58.18 tonnes	151.0 tonnes

We endeavour to separate all paper waste, which is shredded and baled by Cooinda clients. We are investigating more efficient methods of baling to increase the economic viability of this activity. Paper from outside sources is also shredded and baled at Cooinda.

The collection of 'shrink wrap' has been introduced this year which will be baled into 400kg lots to be sold for recycling. Given the very light nature of this material, collecting 400kg is a long term proposition indeed!

Saving Paper Saving Trees

Staff are encouraged to minimise the use of paper by printing only when absolutely necessary.

LPG Powered Cars

The five LPG powered cars in our fleet saved $30,000 in fuel costs, influencing the Board's decision to retain LPG for larger vehicles.

The greenhouse rating of these vehicles is 5.5/10, an improvement on the previous vehicles, which scored 4.5/10 .

Upgrading the Car Fleet

The remainder of our fleet was upgraded to four-cylinder vehicles, chosen for their fuel economy, greenhouse rating and safety features.

Initial measurements show an economy rating of 6.5 litres per 100 kilometres, with a greenhouse rating of 7 and 7.5/10, an improvement on the previous small vehicle score of 6.5/10 .

The Future – Our Priorities

An energy review of all sites to safely reduce energy consumption will take place and we will also investigate our responsibilities in regard to carbon emissions.

We will continue to take responsibility for the actual and potential impact this Service has on the environment by instigating actions which will make a positive difference.

LEGISLATIVE COMPLIANCE

IMPORTANT LAWS AND REGULATIONS

West Wimmera Health Service is directed by Government through legislation in all levels of its business. Regulations, Acts and Standards set by both the State and Commonwealth must be adhered to, and reviews are constantly undertaken within the Service to ensure full compliance of these regulations.

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

In accordance with the Building Regulations 2006, under the Building Act 1993, all buildings within the Service are classified according to their function and have a comprehensive planned preventative maintenance program. An Essential Safety Measures Report is completed annually including retail rental premises occupied by the Service.

Health Records Act 2001 and Information Privacy Act 2000

These Acts are designed to protect the privacy and confidentiality of the health and personal information of patients, residents and clients.

All employees undertake privacy and confidentiality training on a regular basis. There are documented policies and protocols relating to these matters.

Patients, residents and clients receive brochures explaining how their health information will be used and who will have access to it. Consent is required prior to their health and personal information being shared.

The CEO is the designated Privacy Officer and is responsible for enquiries or complaints relating to these Acts.

There were no written complaints relating to breach of privacy or confidentiality.

Freedom of Information Act 1982

Consumers have the right to request information relating to them, including copies of medical records. Some exemptions apply which relate to safety of individuals and confidentiality of patients and third parties.

In 2007/08 there were six applications made under Freedom of Information, all of which were granted in full.

A further nine requests for information, outside of Freedom of Information guidelines, were also processed.

The CEO is the designated Freedom of Information Officer.

Whistleblower Protection Act 2001

This legislation encourages disclosure of improper or corrupt conduct or detrimental action by public officers or public bodies.

We promote a culture to protect people from retaliation after a reported complaint and ensure that investigations are fair.

Service policies are consistent and compliant with the Whistleblower Protection Act 2001 and the Operations Manager is the designated Whistleblower Officer.

In 2007/08 there were no disclosures or notifications of disclosure under this Act.

Victorian Industry Participation Policy (VIPP)

This Policy was introduced in 2003 to increase opportunities for local business and supply chain partners to participate in government related business.

The Service did not tender any works above the designated $1m threshold therefore no reporting requirements apply.

Consultancies to WWHS in Excess of$100,000

Qty	Nil
Total	**$0**

Consultancies to WWHS Less Than $100,000

Qty	12
Total	**$149,312**

Competitive Neutrality

Competitive neutrality ensures that the significant business activities of publicly owned entities compete fairly in the market. As this Policy only applies to significant business of a for-profit nature, no disclosure by the Service is required.

Occupational Health and Safety Act 2004

The Act outlines employer and employee responsibility in the provision of a safe work environment.

We have ensured compliance with the Act by:

1. Monthly Safety & Security Committee meetings with staff and management representatives acting on reports from each group, ensuring all staff have an opportunity to participate in improving health and safety within the workplace.
2. Annual training for Health and Safety representatives ensures they remain current with changes to legislation and guidelines.
3. Risk and hazard assessments conducted for new risks and for new processes and equipment.
4. Working with Worksafe Victoria to complete outstanding Improvement Notices. We are now fully compliant with manual handling and infection control requirements.

Fees

Fees and charges for most services provided by West Wimmera Health Service are set by the State and Commonwealth Governments.

Policies and procedures are in place for the effective collection of fees owing. Fee Schedules and any changes to them, are readily available from the Service.

Publications

All publications produced including the Annual Reports, Quality of Care Reports, Strategic Plan 2006-2009, Newsletters, and a range of Patient Information Brochures are all readily available at each site.

Access for additional information and some publications is West Wimmera Health Service website www.wwhs.net.au and also by telephone on (03) 5391 4222.

IMAGE BELOW:
Engineering staff Darren Gebert, Matthew Bone and Kent Goldsworthy observing OH&S standards as they erect a sign for the 'new' Oliver's Café.

Committees – An Essential Ingredient for Well Informed Governance

Information which flows from the Committees to the Board enriches the information upon which the Board bases its governance of the Service.

Evidence that they achieved the purposes for which they were formed lies in the Agenda and Minutes of Meetings, Action Registers and Committee Reports to the Board. The outcome of the November 2008 independent ACHS EQuIP Accreditation survey will serve as verification of our internal operators.

Audit

The Audit Committee oversees the scope of work and performance of the internal auditor, the Auditor-General's agent, the risk management process, management information systems and compliance with laws and regulations including the Audit Act 1994.

Finance

The Finance Committee advises the Board on all elements of the financial management of the Service.

Executive

The Executive Committee deals with urgent or sensitive issues between scheduled meetings of the Board, is responsible for exercising Board powers between meetings and under its charter acts as the Remuneration Committee.

Improving Performance

The Improving Performance Committee effectively monitors and manages the quality framework, by advising the Board on all matters of safety and quality, ensuring appropriate organisational processes are in place for continuing improvement in all elements of the Service.

Medical Appointments & Review

The Medical Appointments and Review Committee advises the Board on the appointment or re-appointment, suspension or removal of the visiting privileges of medical practitioners to the Service.

Community Advisory

Community Advisory Committees advocate the consumer perspective assisting and enhancing community communication and advising on priority areas requiring consumer and community participation.

FINANCE & ADMINISTRATION

ACCOUNTABLE AND INNOVATIVE

GOALS

- To be an industry leader in financial reporting and control
- To maximise financial resources for recurrent use, capital and equipment renewal
- To achieve an operating surplus

STRATEGIES

- Provide timely, accurate financial information for informed decision making
- Broaden the use of the PowerBudget financial reporting software
- Regularly review the use of resources to ensure their most effective and efficient use

ACHIEVEMENTS

- An operating surplus of $450K
- Reduction of previously significant losses in Aged Care to an almost break-even result
- Annual budget for the 2008-2009 financial year completed by 30 June 2008.

FUTURE

- Ensure the remaining redevelopment of the Nhill Hospital is completed without undue stress on financial reserves
- Participate in the implementation phase of the new DHS mandated Financial Management Information System

Robust and dependable patient management, finance and human resource management systems provide accurate, timely information meeting Government requirements and for the ultimate benefit of patients, residents and clients.

Information and Communication Technology (ICT)

In keeping with the Strategic IT Plan new desktop computers were purchased to replace ageing machines and to facilitate the roll out of the new aged care clinical record management system.

Our mobile phone 'fleet' was transferred to the NextG Network replacing handsets used for the now closed CDMA network.

The IBA patient management and finance software was transferred to a new server located offsite and accessible through the Regional Wide Area Computer Network substantially reducing processing time. It is more secure and costs less to maintain.

We joined the Microsoft computer application and software licensing program. For a set annual fee we obtain full licensing for all products significantly reducing the administrative burden of maintaining licence compliance while still ensuring only licensed software is in use.

Access to "eLearning" is available for all employees to complete online training modules at their own pace to upgrade their skills and knowledge – a cost effective method of training.

An "Intern" Videoconferencing Unit is now in use for face to face diagnosis and training by remote specialists for our clinicians thus increasing the level of care provided throughout the Service and reducing the need for patients to travel to receive such care.

Wireless Network

To enhance the functionality of new technologies such as the Intern Videoconferencing unit, Wireless Network points were installed throughout the Nhill Complex. The cost of this innovation was largely met by the State Government's Clever Health Network Project.

Joint Venture

We participated in the move to set up a Joint Venture between Grampians Region Health Services to oversee and manage the Region's core ICT requirements including telephony, videoconferencing, help desk and desktop services. The Joint Venture is expected to commence in 2008-2009.

In 2008-09 a new software system will be introduced which is a Statewide initiative to standardise software in all public hospitals increasing accuracy and capacity for timely data analysis.

Considerable headway in improving our ICT systems has been achieved.

Procurement

We continued to access competitively priced contracts for a wide variety of consumables and medical supplies through Health Purchasing Victoria.

In November 2007 we began paying State Government rates for electricity, an annual saving of $150,000 plus – a major financial boost.

We also took advantage of State Government pricing on new desktop computers saving some $500 per machine.

Employment – Merit and Equity

There is no place for bullying, harassment, unlawful discrimination, unfair practices and generally substandard treatment of our employees.

Through the proper application of relevant rules, regulations and Service policies at all times we:

- Ensure open competition in recruitment, selection, transfer and promotion
- Base employment decisions on merit
- Treat employees fairly and reasonably

IMAGE BELOW:
Junior Payroll Clerk, Melanie Wagg and Payroll Officer Shirley Ashfield processing the fortnightly pay for over 500 employees.

- Provide employees with a reasonable avenue of redress against unfair or unreasonable treatment
- Avoid discrimination, directly or indirectly, on the basis of a variety of perceptions including age, impairment, industrial activity, marital status or political belief.

We comply with the obligations and requirements of the following legislation:

- 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

WorkCover

Proper human resource management and the delivery of high quality and safe healthcare can only be provided in a safe and secure environment.

There were again no serious staff related injuries, diseases or workplace deaths in the Service during the reporting year – a source of pride.

We continue to work constructively with Cambridge Integrated Services to assist a timely, safe and effective return to work for injured workers.

Appointed staff representatives met regularly to ensure that all workplace safety issues were identified and associated risks satisfactorily mitigated.

Finance, Administration and Payroll

The Finance, Administration & Payroll Departments experienced a trouble free year ensuring timely and reliable discharge of their duties.

Assistant Accountant Cassy Moar completed the majority of subjects required for her Certificate IV in Financial Services achieving Distinctions for each subject. An outstanding effort!

The computerised PayGlobal human resource information system has facilitated the efficient and effective management and payment of employees. However any computer system is only as reliable as its operators and the challenge presented by the departure during the year of Gordon Schultz, long time Personnel Manager, was well met by existing staff with Shirley Ashfield filling the vacant position, and Melanie Wagg progressing from Trainee to Junior Pay Clerk.

What does our future hold?

The imperative to maintain pace with technology has never been so crucial to the financial and administration sectors of this Service. A safe, professional workplace with the essential tools to maintain effective work practices is essential for the smooth operation of the total Service.

The remaining redevelopment of the Nhill Hospital includes accommodation for the Finance and Administration Department to which we look forward.

The implementation of the new Financial Management Information System will be a critical exercise as we move to a Joint Venture Agreement for a whole of Region Information Technology Alliance.

WWHS Workforce Composition

Employees		
	2008	2007
Full-time	121	124
Part-time	296	286
Casual	119	123
Grand Total	**536**	**533**
Equivalent Full Time by Category		
Nursing	160	159
Administration	30	32
Medical & Allied Health Professionals	23	23
General Services	53	54
Maintenance	19	21
Disability	14	12
Grand Total	**298**	**300**
Employees by Gender		
Female – EFT	251	255
Female – TOTAL	**462**	**460**
Male – EFT	47	45
Male – TOTAL	**74**	**73**

FINANCE

PERFORMANCE OVERVIEW

The Service has built on the strong financial performance reported in 2006-2007 with impressive results in terms of the size of the operating surplus achieved and that of the level of cash and investments held at year end.

The generosity of our many donors and benefactors has also contributed significantly to our financial achievements.

Net Operating Surplus

The net operating surplus (income minus expenses before capital items) was $450,000 compared to the surplus of $148,000 recorded in 2006-2007. This year's result significantly bettered the original budget surplus of $107,000.

Cash and Investments

At 30 June 2008 we held $3,300,000 in cash and investments, not including monies held in relation to aged care accommodation bonds and after deducting those amounts which have been earmarked for a specific outcome. This amount is well in excess of the budgeted outcome of $1,115,000.

Department of Human Services 'Close Watch' Financial Performance Monitoring Program

The Close Watch program is used by DHS to monitor health services considered to be at a higher than normal financial risk.

The Department recently confirmed that WWHS will no longer be subject to the stringent requirements associated with that Program.

Source of Operating Funds

In 2007-08 approximately 58% (2006-2007: 57%) of the Service's total operating revenue was provided by DHS ($14.769m) equating to an increase of 3.7% from the previous year.

The remainder of operating revenue including receipts from the Commonwealth for residential aged care ($5.242m) totalled $11.189m representing a 6.1% increase compared with the previous financial year.

Funding Expenditure

Employee related costs were $19.28m representing 72% of total operating expenditure, a 3.7% increase on last year.

$1.88m was expended on medical and other supplies equating to 7% of total expenditure.

Summary of Financial Results

Profit & Loss for Financial Year Ending 30 June

	2008	2007	2006	2005	2004
	$'000s	$'000s	$'000s	$'000s	$'000s
Revenue	25,961	24,743	23,970	22,815	20,314
Employee Related Expenditure	(18,119)	(17,797)	(17,164)	(16,362)	(15,798)
Non-Salary Labour Costs	(1,161)	(927)	(956)	(796)	(905)
Supplies & Consumables	(1,882)	(1,795)	(1,722)	(1,457)	(806)
Other Expenses	(4,349)	(4,076)	(4,077)	(4,219)	(4,132)
Net Result before Capital & Specific Items	450	148	51	(19)	(1,327)
Net Capital & Specific Items	1,023	391	2,443	3,657	1,035
Net Result for the Year	1,473	539	2,494	3,638	(292)

Balance Sheet for Financial Year Ending 30 June

	2008	2007	2006	2005	2004
	$'000s	$'000s	$'000s	$'000s	$'000s
Current Assets	8,255	4,329	3,530	4,254	3,016
Non-Current Assets	42,894	43,963	44,083	40,474	39,475
Current Liabilities	(9,317)	(7,927)	(7,910)	(8,165)	(5,751)
Non-Current Liabilities	(433)	(659)	(536)	(390)	(3,372)
Net Assets (Equity)	41,399	39,706	39,167	36,173	33,368

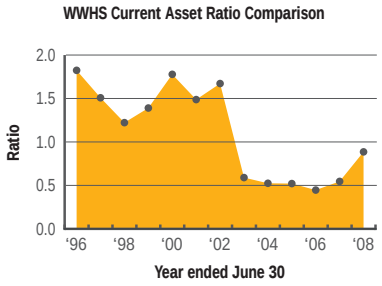
Financial Ratios

Current Ratio 0.89

At 30 June 2008 the Service's Current Ratio (Current Assets divided by Current Liabilities) was 0.89. This means that for every dollar of current liabilities payable by the Service it holds 89 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 .89 compares favourably to that for the previous year of .55 and is a direct consequence of our growing financial strength.

Current Asset Ratio Comparison



The Service's current ratio since 30 June 1996 shows the effects of large scale expenditure on major redevelopments at Natimuk, Rainbow and Nhill Hospital since 2002-03.

Quick Asset Ratio 0.92

The Quick Asset Ratio is similar to the Current Ratio but it only includes those current assets and current liabilities which are of a very short-term nature and is used to gauge our short-term solvency. This means that the Service has 92 cents worth of liquid current assets for every one dollar of short-term current liabilities.

Debt to Equity Ratio (Gearing) 0.24

The ratio is used to indicate the level to which we rely on externally sourced funding and shows that the Service only requires a small level of such funding.

Conclusion

There were no major factors which had a material impact on our performance and the firm financial stance adopted in recent times is paying off with the Service's balance sheet in its strongest position for several years. Provided the financial resilience and agility that has led to this outcome continues combined with the ongoing generous support of our communities. It is important to report we will remain well placed as a reliable provider of health services for our communities.

VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members of West Wimmera Health Service

The Financial Report

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

The Board Members' Responsibility for the Financial Report

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

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

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

VAGO

Victorian Auditor-General's Office

Independent Auditor's Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

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

Independence

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

Auditor's Opinion

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

MELBOURNE
22 September 2008

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 Website www.audit.vic.gov.au

West Wimmera Health Service

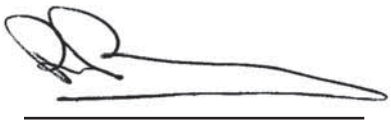
Board Member's, Accountable Officer's and Chief Finance & Accounting Officer's Declaration

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

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

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

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

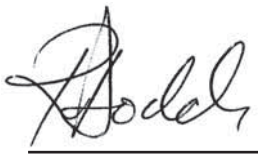


R A Ismay
President
Board of Governance

Nhill
21 September 2008

J N Smith
Accountable Officer

Nhill
21 September 2008



R R Dodds
Chief Finance &
Accounting Officer

Nhill
21 September 2008

Operating Statement for the Year Ended 30 June 2008

	Note	2008 $'000	2007 $'000
Revenue from Operating Activities	2	25,500	24,450
Revenue from Non-operating Activities	2	461	293
Employee Benefits	3	(18,119)	(17,797)
Non Salary Labour Costs	3	(1,161)	(927)
Supplies & Consumables	3	(1,882)	(1,795)
Other Expenses From Continuing Operations	3	(4,349)	(4,076)
Net Result Before Capital & Specific Items		450	148
Capital Purpose Income	2	2,199	1,573
Depreciation and Amortisation	4	(1,172)	(1,133)
Specific Expense	3c	-	(46)
Finance Costs	5	(4)	(3)
NET RESULT FOR THE PERIOD		**1,473**	**539**

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

Balance Sheet as at 30 June 2008

	Note	2008 $'000	2007 $'000
Current Assets			
Cash and Cash Equivalents	6	5,132	1,741
Receivables	7	655	679
Other Financial Assets	8	2,209	1,542
Inventories	9	252	262
Other Current Assets	10	7	154
Total Current Assets		8,255	4,378
Non-Current Assets			
Receivables	7	50	520
Property, Plant & Equipment	11	42,844	43,443
Total Non-Current Assets		42,894	43,963
TOTAL ASSETS		51,149	48,341
Current Liabilities			
Payables	12	1,436	1,191
Interest Bearing Liabilities	13	-	49
Provisions	14	4,888	4,589
Other Liabilities	15	2,993	2,147
Total Current Liabilities		9,317	7,976
Non-Current Liabilities			
Provisions	14	433	659
Total Non-Current Liabilities		433	659
TOTAL LIABILITIES		9,750	8,365
NET ASSETS		**41,399**	**39,706**
EQUITY			
Asset Revaluation Reserve	16a	370	370
Restricted Specific Purpose Reserve	16a	427	427
Contributed Capital	16b	25,924	25,704
Accumulated Surpluses/(Deficits)	16c	14,678	13,205
TOTAL EQUITY	16d	**41,399**	**39,706**
Commitments for Expenditure	19		
Contingent Liabilities	20		

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

Cash Flow Statement For the Year Ended 30 June 2008

	Note	2008 $'000	2007 $'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		17,309	16,328
Patient and Resident Fees Received		8,962	8,193
Donations and Bequests Received		37	133
GST Received from/(paid to) ATO		(255)	42
Interest Received		391	201
Other Receipts		512	167
Employee Benefits Paid		(18,288)	(17,395)
Fee for Service Medical Officers		(868)	(803)
Payments for Supplies & Consumables		(6,201)	(6,058)
Finance Costs		(4)	(3)
Fundraising Costs		-	(46)
Cash Generated from Operations		1,595	759
Capital Grants from Government		705	578
Capital Donations and Bequests Received		1,169	733
Non-Government Capital Income		325	263
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	17	3,794	2,333
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Property, Plant & Equipment		(420)	(540)
Payments for Facility Redevelopments		(154)	(1,394)
Sale of Investments		-	293
Purchase of Investments		-	1
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(574)	(1,640)
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from Borrowings		378	283
Repayment of Borrowings		(378)	(283)
Transactions with the State in its capacity as owner	16b	220	-
NET INCREASE/(DECREASE) IN CASH HELD		3,440	693
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		1,692	999
CASH AND CASH EQUIVALENTS AT END OF PERIOD	6	**5,132**	**1,692**

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

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

	Note	2008 $'000	2007 $'000
Total equity at beginning of financial year		39,706	39,167
Net result for the year		1,473	539
TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR		**1,473**	**539**
Transactions with the State in its capacity as owner	16b	220	-
Total Equity at the end of the financial year		**41,399**	**39,706**

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

Notes to the Financial Statements 30 June 2008

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Note 1: Statement of Significant Accounting Policies

(a) Statement of compliance

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

(b) Basis of preparation

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

In the application of AASs management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the 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 report for the year ended 30 June 2008, and the comparative information presented in these financial statements for the year ended 30 June 2007.

(c) Reporting Entity

The financial report includes all the controlled activities of West Wimmera Health Service. The entity is a not-for profit entity and therefore applies the additional Aus paragraphs applicable to "not-for-profit" entities under the AAS's.

(d) Rounding Of Amounts

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

(e) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value. For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

(f) Receivables

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

(g) Inventories

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

(h) Other Financial Assets

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

(i) Property, Plant and Equipment

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

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

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

(j) Revaluations of Non-current Physical Assets

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

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

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation 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.

(k) 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 depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2008	2007
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
Computer Equipment	1 to 3 Years	1 to 3 Years
Furniture & Fittings	8 to 10 Years	8 to 10 Years
Motor Vehicles	4 to 6 Years	2 to 3 Years

(l) Impairment of Assets

Intangible assets with indefinite useful lives are tested annually for impairment (i.e. as to whether their carrying value exceeds their recoverable amount, and so require write-downs) and whenever there is an indication that the asset may be impaired. All other assets are assessed annually for indications of impairment.

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

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

(m) Payables

These amounts consist predominantly of liabilities for goods and services received prior to the end of the financial year and which are unpaid at that time. The normal credit terms are usually Nett 30 days.

(n) Provisions

Provisions are recognised when the entity 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.

(o) Interest Bearing Liabilities

Interest bearing liabilities in the Balance Sheet are recognised at their nominal value.

(p) 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 entity.

(q) Goods and Services Tax

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

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

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

(r) Employee Benefits

Wages and Salaries, Annual 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 employees' services up to the reporting date, classified as current liabilities and measured at nominal values.

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

Long Service Leave

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

The components of this current LSL liability are measured at:

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

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

Superannuation

Defined contribution plans

Contributions to defined contribution superannuation plans are 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 entity to the superannuation plan in respect of the services of current entity 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.

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

Fund	Contributions Paid or Payable for the year	
	2008	2007
	$'000	$'000
Defined benefit plans:		
Health Super Fund - revised and new	58	50
Other	6	6
Defined contribution plans:		
Health Super	1,351	1,236
Other	51	31
Total	1,466	1,323

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

Termination Benefits

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

On-Costs

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

(s) Finance Costs

Finance costs relate to interest on the Service bank overdraft and are recognised as expenses in the period in which they are incurred.

(t) Residential Aged Care Service

The Residential Aged Care Service segment operations are an integral part of the 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.

(u) Intersegment Transactions

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

(v) Leases

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

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.

(w) Income Recognition

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

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

Government Grants

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

Indirect Contributions

– Insurance is recognised as revenue following advice from the Department of Human Services.

– Long Service Leave (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 13/2008.

Patient 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.

Interest Revenue

Interest revenue is recognised on a time proportionate basis.

(x) Services Supported By Health Services Agreement and Services Supported By Hospital And Community Initiatives

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

(y) Comparative Information

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

(z) Asset Revaluation Reserve

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

(aa) Specific Restricted Purpose Reserve

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

(ab) Contributed Capital

Consistent with 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.

(ac) 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 amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The Net result Before Capital & Specific Items is used by the management of West Wimmera Health Service, the Department of Human Services and the Victorian Government to measure the ongoing result of Health Services in operating hospital services.

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works and 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 relates to costs incurred as part of the Service's fundraising appeal.
- Depreciation and amortisation, as described in note 1 (k)
- 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 (l)

(ad) Category Groups

West Wimmera Health 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 form Home and Community Care (HACC) programs, allied Health, Aged Care Assessment and support services.

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

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

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

Other Services excluded from Australian Health Care Agreement (AHCA) (Other) comprises revenue/expenditure for services not separately classified above, including: Public health services including Laboratory testing, Blood Borne Viruses / Sexually Transmitted Infections clinical services, Kooris liaison officers, immunisation and screening services, Drugs services including drug withdrawal, counselling and the needle and syringe program, Dental

Health services including general and specialist dental care, school dental services and clinical education, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

(ae) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2008 reporting period. As at 30 June 2008, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008. 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 Entities Annual Statements
AASB 2007-2 Amendments to Australian Accounting Standards arising from AASB Interpretation 12.	Amendments arise from the release in February 2007 of Interpretation 12 Service Concession Arrangements.	Beginning 1 July 2008	The impact of any changes that may be required cannot be reliably estimated and is not disclosed in the financial report.
AASB 8 Operating Segments.	Supersedes AASB 114 Segment Reporting.	Beginning 1 January 2009	Not applicable
AASB 2007-3 Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 and AASB 1038]	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	Impact expected to be not significant.
AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]	Option to expense borrowing cost related to a qualifying asset had been removed. Entities are now required to capitalise borrowing costs relevant to qualifying assets.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101	Editorial amendments to Australian Accounting Standards to align with IFRS terminology	Beginning 1 January 2009	Impact expected to be not significant.
Interpretation 12 Service Concession Agreements	Amendments arising from the release of AASB 2007-6	Beginning 1 January 2009	Impact expected to be not significant.
AASB 1004 (Revised) Contributions	Relocation of requirements on contributions from AASs 27, 29 and 31, into AASB 1004.	Beginning 1 July 2008	Impact expected to be not significant.
AASB 1050 Administered Items	Relocation of the requirements for the disclosure of administered items from AAS 29 into a new topic-based Standard.	Beginning 1 July 2008	Impact expected to be not significant.
AASB 1051 Land Under Roads	Relocation of the requirements for the disclose into a new topic-based Standard.	Beginning 1 July 2008	Impact expected to be not significant.
AASB 1052 Disaggregated Disclosures	Relocation of the requirements relating to reporting of disaggregated information from AAS 27 and AAS 29, into a new topic-based Standard.	Beginning 1 July 2008	Impact expected to be not significant.
Interpretation 1038 (Revised) Contributions by Owners Made to Wholly-Owned Public Sector Entities	Relocation of the requirements on contributions from AASs 27, 29 and 31, into AASB 1004.	Beginning 1 July 2007	Impact expected to be not significant.
AASB 2007-9 Amendments to Australian Accounting Standards arising from the Review of AASs 27, 29 and 31 [AASB 3, AASB 5, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137]	Relocation of certain relevant requirements from AASs 27, 29 and 31, into existing topic-based Standards. In particular, this Standard addresses: (a) the notion of reporting entity as it applies to local governments, governments and government departments; (b) restructures of local governments; (c) infrastructure, cultural, community and heritage assets; (d) control in the public sector; and (e) obligations arising from local government and government existing public policies, budget policies, election promises or statements of intent. This Standard also makes consequential amendments, arising from the short-term review of the requirements in AASs 27, 29 and 31, to AASB 5, AASB 8, AASB 101 and AASB 114.	Beginning 1 July 2008	Impact expected to be not significant.

Note 2: Revenue

	HSA 2008 $'000	HSA 2007 $'000	Non HSA 2008 $'000	Non HSA 2007 $'000	Total 2008 $'000	Total 2007 $'000
Revenue from Operating Activities						
Government Grants						
– Department of Human Services	14,650	13,638	-	-	14,650	13,638
– Dental Health Services Victoria	183	352	-	-	183	352
– State Government - Other						
– Department of Education	12	-	-	-	12	-
– Commonwealth Government						
– Residential Aged Care Subsidy	5,242	4,519	-	-	5,242	4,519
– Other	1,151	1,717	-	-	1,151	1,717
Total Government Grants	21,238	20,226	-	-	21,238	20,226
Indirect Contributions by Department of Human Services						
– Insurance	302	369	-	-	302	369
– Long Service Leave	(233)	192	-	-	(233)	192
Total Indirect Contributions by Department of Human Services	69	561	-	-	69	561
Patient and Resident Fees						
– Patient and Resident Fees (refer note 2b)	2,068	1,563	-	-	2,068	1,563
– Residential Aged Care (refer note 2b)	1,625	1,470	-	-	1,625	1,470
Total Patient & Resident Fees	3,693	3,033	-	-	3,693	3,033
Business Units & Specific Purpose Funds						
– Private Practice & Other Activities	-	-	-	79	-	79
– Dental Services	-	-	34	50	34	50
– Meals on on Wheels	-	-	119	114	119	114
– Diagnostic Imaging	-	-	117	87	117	87
Total Business Units & Specific Purpose Funds	-	-	270	330	270	330
Donations & Bequests	-	-	37	133	37	133
Other Revenue from Operating Activities	193	167	-	-	193	167
Sub-Total Revenue from Operating Activities	25,193	23,987	307	463	25,500	24,450
Revenue from Non-Operating Activities						
Interest	-	-	391	201	391	201
Property Income	-	-	70	92	70	92
Sub-Total Revenue from Non-Operating Activities	-	-	461	293	461	293
Revenue from Capital Purpose Income						
State Government Capital Grants						
– Targeted Capital Works and Equipment	-	-	75	188	75	188
– Equipment & Infrastructure Maintenance	631	390	-	-	631	390
Residential Accommodation Payments (refer note 2b)	-	-	305	255	305	255
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	-	-	19	7	19	7
Donations & Bequests	-	-	1,169	733	1,169	733
Sub-Total Revenue from Capital Purpose Income	631	390	1,568	1,183	2,199	1,573
Total Revenue (refer to note 2a)	**25,824**	**24,377**	**2,336**	**1,939**	**28,160**	**26,316**

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
	2008	2008	2008	2008	2008	2008	2008	2008
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Revenue from Services Supported by Health Services Agreement								
Government Grants	9,318	2	1,523	7,687	-	1,920	788	21,238
Indirect contributions by Department of Human Services								
– Insurance	302	-	-	-	-	-	-	302
– Long Service Leave	(76)			(45)	(7)	(36)	(68)	(232)
Patient & Resident Fees (refer note 2b)	1,208	23	282	1,687	3	88	402	3,693
Donations & Bequests (non capital)	-	-	-	-	-	-	37	37
Other Revenue from Operating Activities	14	-	-	20	-	50	108	192
Interest	-	-	-	-	-	-	391	391
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	2,199	2,199
Sub-Total Revenue from Services Supported by Health Services Agreement	10,766	25	1,805	9,349	(4)	2,022	3,857	27,820
Revenue from Services Supported by Hospital and Community Initiatives								
Dental Services	-	-	-	-	-	-	34	34
Meals on on Wheels	-	-	-	-	-	-	119	119
Diagnostic Imaging	-	-	-	-	-	-	117	117
Property Income	-	-	-	-	-	-	70	70
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	340	340
Total Revenue	**10,766**	**25**	**1,805**	**9,349**	**(4)**	**2,022**	**4,197**	**28,160**

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
Revenue from Services Supported by Health Services Agreement								
Government Grants	8,663	-	1,500	6,740	-	2,018	1,305	20,226
Indirect contributions by Department of Human Services								
– Insurance	369	-	-	-	-	-	-	369
– Long Service Leave	63	-	-	38	6	30	56	193
Patient & Resident Fees (refer note 2b)	816	36	242	1,470	5	63	401	3,033
Donations & Bequests (non capital)	-	-	-	-	-	-	867	867
Other Revenue from Operating Activities	1	-	12	13	-		139	165
Interest	-	-	-	-	-	-	201	201
Capital Purpose Income (refer note 2)	-	-	-	-	-	-	840	840
Sub-Total Revenue from Services Supported by Health Services Agreement	9,912	36	1,754	8,261	11	2,111	3,809	25,894
Revenue from Services Supported by Hospital and Community Initiatives								
Private Practice	-	-	-	-	-	-	79	79
Dental Services	-	-	-	-	-	-	50	50
Meals on on Wheels	-	-	-	-	-	-	114	114
Diagnostic Imaging	-	-	-	-	-	-	87	87
Property Income	-	-	-	-	-	-	92	92
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	422	422
Total Revenue	**9,912**	**36**	**1,754**	**8,261**	**11**	**2,111**	**4,231**	**26,316**

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

Note 2b: Patient and Resident Fees		
	2008	2007
	$'000	$'000
Patient and Resident Fees Raised		
Recurrent:		
Acute		
– Inpatients	1,184	823
– Outpatients	16	36
– Other	868	704
Residential Aged Care		
– Generic	1,531	1,403
– Mental Health	79	67
– Residential Accommodation Payments	15	-
Total Recurrent	**3,693**	**3,033**
Capital Purpose:		
Residential Accommodation Payments	305	255
Total Capital	**305**	**255**

Note 2c: Net Gain/(Loss) on Disposal of Non-Current Assets		
	2008	2007
	$'000	$'000
Proceeds from Disposals of Non-Current Assets		
Plant and Equipment	6	-
Medical Equipment	20	-
Motor Vehicles	110	293
Total Proceeds from Disposal of Non-Current Assets	136	293
Less: Written Down Value of Non-Current Assets Sold		
Plant and Equipment	6	-
Motor Vehicles	111	286
Total Written Down Value of Non-Current Assets Sold	117	286
Net gains/(losses) on Disposal of Non-Current Assets	**19**	**7**

Note 3: Expenses

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2008	2007	2008	2007	2008	2007
	$'000	$'000	$'000	$'000	$'000	$'000
Employee Benefits						
Salaries & Wages	15,765	15,247	325	549	16,090	15,796
WorkCover Premium	291	219	6	8	297	227
Departure Packages	56	20	1	35	57	55
Long Service Leave	204	379	5	17	209	396
Superannuation	1,434	1,281	32	42	1,466	1,323
Total Employee Benefits	17,750	17,146	369	651	18,119	17,797
Non Salary Labour Costs						
Fees for Visiting Medical Officers	655	460	213	343	868	803
Agency Costs - Nursing	293	124	-	-	293	124
Total Non Salary Labour Costs	948	584	213	343	1,161	927
Supplies & Consumables						
Drug Supplies	146	157	-	-	146	157
Medical, Surgical Supplies and Prosthesis	862	761	53	83	915	844
Pathology Supplies	-	17	-	-	-	17
Food Supplies	661	749	160	28	821	777
Total Supplies & Consumables	1,669	1,684	213	111	1,882	1,795
Other Expenses from Continuing Operations						
Domestic Services & Supplies	503	373	8	6	511	379
Fuel, Light, Power and Water	705	687	21	36	726	723
Insurance costs funded by DHS	327	368	12	18	339	386
Motor Vehicle Expenses	227	70	6	2	233	72
Repairs & Maintenance	270	144	12	6	282	150
Maintenance Contracts	212	194	13	19	225	213
Patient Transport	141	165	2	-	143	165
Bad & Doubtful Debts	3	6	-	-	3	6
Lease Expenses	155	62	-	-	155	62
Other Administrative Expenses	1,643	1,747	68	123	1,711	1,870
Audit Fees						
– VAGO - Audit of Financial Statements	20	18	-	-	20	18
– Other	1	32	-	-	1	32
Total Other Expenses from Continuing Operations	**4,207**	**3,866**	**142**	**210**	**4,349**	**4,076**
Expenditure using Capital Purpose Income						
Depreciation & Amortisation	1,172	1,133	-	-	1,172	1,133
Specific Expense	-	46	-	-	-	46
Finance Costs	4	3	-	-	4	3
Total	1,176	1,182	-	-	1,176	1,182
Total Expenses	**25,750**	**24,462**	**937**	**1,315**	**26,687**	**25,777**

Note 3a: Analysis of Expenses by Source (based on the consolidated view)								
	Admitted Patients	Outpatients	Ambulatory	RAC incl. Mental Health	Aged Care	Primary Health	Other	Total
	2008	2008	2008	2008	2008	2008	2008	2008
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Services Supported by Health Services Agreement								
Employee Benefits	5,722	92	1,254	7,841	544	1,628	669	17,750
Non Salary Labour Costs	816	-	-	132	-	-	-	948
Supplies & Consumables	977	19	59	438	18	90	68	1,669
Other Expenses from Continuing Operations	1,466	20	252	1,565	143	510	251	4,207
Depreciation & Amortisation (refer note 4)	413	6	72	458	32	102	89	1,172
Finance Costs (refer note 5)	-	-	-	-	-	-	4	4
Sub-Total Expenses from Services Supported by Health Services Agreement	9,394	137	1,637	10,434	737	2,330	1,081	25,750
Services Supported by Hospital and Community Initiatives								
Employee Benefits	-	-	-	-	-	-	369	369
Non Salary Labour Costs	-	-	-	-	-	-	213	213
Supplies & Consumables	-	-	-	-	-	-	213	213
Other Expenses from Continuing Operations	-	-	-	-	-	-	142	142
Sub-Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	937	937
Total Expenses	**9,394**	**137**	**1,637**	**10,434**	**737**	**2,330**	**2,018**	**26,687**

The costs associated with indirect programs are allocated to direct program based on operating expenditure.

Note 3a: Analysis of Expenses by Source (based on the consolidated view)								
	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
Services Supported by Health Services Agreement								
Employee Benefits	5,405	96	1,088	7,559	303	2,052	643	17,146
Non Salary Labour Costs	573	-	-	11	-	-	-	584
Supplies & Consumables	914	21	21	480	17	156	75	1,684
Other Expenses from Continuing Operations	1,269	7	92	1,476	82	667	273	3,866
Depreciation & Amortisation (refer note 4)	341	3	3	474	21	202	89	1,133
Specific Expenses (refer note 3c)	-	-	-	-	-	-	46	46
Finance Costs (refer note 5)	-	-	-	-	-	-	3	3
Sub-Total Expenses from Services Supported by Health Services Agreement	8,502	127	1,204	10,000	423	3,077	1,129	24,462
Services Supported by Hospital and Community Initiatives								
Employee Benefits	-	-	-	-	-	-	651	651
Non Salary Labour Costs	-	-	-	-	-	-	343	343
Supplies & Consumables	-	-	-	-	-	-	111	111
Other Expenses from Continuing Operations	-	-	-	-	-	-	210	210
Sub-Total Expense from Services Supported by Hospital and Community Initiatives	-	-	-	-	-	-	1,315	1,315
Total Expenses	**8,502**	**127**	**1,204**	**10,000**	**423**	**3,077**	**2,444**	**25,777**

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

	2008 $'000	2007 $'000
Dental	484	632
Diagnostic Imaging	252	251
Meals on Wheels	201	154
Medical Practice	-	278
TOTAL	**937**	**1,315**

Note 3c: Specific Expenses

	2008 $'000	2007 $'000
Specific Expenses		
Fundraising Costs	-	46
TOTAL	**-**	**46**

Note 4: Depreciation

	2008 $'000	2007 $'000
Depreciation		
Buildings	619	507
Plant & Equipment	149	173
Medical Equipment	212	214
Computers & Communication	23	46
Furniture and Equipment	82	63
Motor Vehicles	87	130
Total Depreciation	**1,172**	**1,133**

Note 5: Finance Costs

	2008 $'000	2007 $'000
Interest on Overdraft	4	3
TOTAL	**4**	**3**

Note 6: Cash and Cash Equivalents

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

	2008 $'000	2007 $'000
Cash on Hand	4	4
Bank Overdrafts	-	(49)
Deposits at Call	5,128	1,737
TOTAL	**5,132**	**1,692**
Represented by:		
Cash for Health Service Operations	5,132	1,741
Interest Bearing Liabilities (Note 13)		(49)
TOTAL (as per Cash Flow Statement)	**5,132**	**1,692**

Note 7: Receivables

	2008 $'000	2007 $'000
CURRENT		
Trade Debtors	308	256
Patient Fees	299	198
Accrued Revenue - DHSV	15	-
GST Receivable	48	-
Accrued Revenue - Fringe Benefits Tax	-	140
Accrued Revenue - DHS	-	100
TOTAL	670	694
LESS Allowance for Doubtful Debts		
Patient Fees	15	15
TOTAL CURRENT RECEIVABLES	**655**	**679**
NON CURRENT		
DHS – Long Service Leave	50	520
TOTAL NON-CURRENT RECEIVABLES	50	520
TOTAL RECEIVABLES	**705**	**1,199**

(a) Movement in the Allowance for doubtful debts

	2008 $'000	2007 $'000
Balance at beginning of year	15	15
Amounts written off during the year	(3)	(5)
Increase/(decrease) in allowance recognised in profit or loss	3	5
Balance at end of year	15	15

(b) Ageing analysis of receivables
Please refer to note 18 for the ageing analysis of receivables

(c) Nature and extent of risk arising from receivables
Please refer to note 18 for the nature and extent of credit risk arising from receivables

Note 8: Other Financial Assets

	Operating Fund		Total	
	2008 $'000	2007 $'000	2008 $'000	2007 $'000
CURRENT				
Investments Held to Maturity				
Aust. Dollar Term Deposits (at call)	2,209	1,542	2,209	1,542
Total Current	2,209	1,542	2,209	1,542
Represented by:				
Monies Held in Trust				
Patient Monies	1	4	1	4
Licences to Occupy	327	430	327	430
Accommodation Bonds (Refundable Entrance Fees)	1,881	1,108	1,881	1,108
TOTAL	**2,209**	**1,542**	**2,209**	**1,542**

(a) Ageing analysis of other financial assets
Please refer to note 18 for the ageing analysis of other financial assets

(b) Nature and extent of risk arising from other financial assets
Please refer to note 18 for the nature and extent of credit risk arising from other financial assets

Note 9: Inventories

	2008 $'000	2007 $'000
Pharmaceuticals - at cost	57	53
Catering Supplies - at cost	26	32
Housekeeping Supplies - at cost	14	11
Medical and Surgical Lines - at cost	103	105
Engineering Stores - at cost	33	31
Administration Stores - at cost	19	30
TOTAL INVENTORIES	**252**	**262**

Note 10: Other Assets

	2008 $'000	2007 $'000
CURRENT		
Prepayments	7	154
Total Other Assets	**7**	**154**

Note 11: Property, Plant & Equipment

	2008 $'000	2007 $'000
Land		
– Land at Valuation	836	836
Total Land	836	836
Buildings		
– Buildings at Cost	16,323	16,169
Less Acc'd Depreciation	503	261
	15,820	15,908
– Buildings at Valuation	25,176	25,176
Less Acc'd Depreciation	1,162	784
	24,014	24,392
Total Buildings	39,834	40,300
Plant and Equipment at Cost		
– Plant and Equipment	2,840	3,194
Less Acc'd Depreciation	2,314	2,573
Total Plant and Equipment	526	621
Medical Equipment at Cost		
– Medical Equipment	2,989	2,856
Less Acc'd Depreciation	2,134	1,925
Total Medical Equipment	855	931
Computers & Communication at Cost		
– Computers & Communication	883	1,631
Less Acc'd Depreciation	835	1,578
Total Computers & Communication	48	53
Furniture & Fittings at Cost		
– Furniture & Fittings	2,246	1,703
Less Acc'd Depreciation	1,709	1,218
Total Furniture & Fittings	537	485
Motor Vehicles at Cost		
– Motor Vehicles	748	737
Less Acc'd Depreciation	540	520
Total Motor Vehicles	208	217
TOTAL	**42,844**	**43,443**

Note 11: Property, Plant & Equipment (Continued)

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

	Land	Buildings	Plant & Equipment	Medical Equipment	Computers, Communctns	Furniture & Fittings	Motor Vehicles	Constrcn WIP	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 1 July 2006	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 4)	-	(507)	(173)	(214)	(46)	(63)	(130)	-	(1,134)
Balance at 1 July 2007	836	40,299	621	931	53	486	217	-	43,443
Additions	-	154	68	136	18	133	189	-	698
Disposals	-	-	(14)	-	-	-	(111)	-	(125)
Depreciation and Amortisation (note 4)	-	(619)	(149)	(212)	(23)	(82)	(87)	-	(1,172)
Balance at 30 June 2008	**836**	**39,834**	**526**	**855**	**48**	**537**	**208**	**-**	**42,844**

Land and buildings carried at valuation

An independent valuation of the Health Service's land and buildings was performed by ValueIt 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 12: Payables

	2008 $'000	2007 $'000
CURRENT		
Trade Creditors	1,156	734
Accrued Expenses	280	333
GST Payable	-	124
TOTAL CURRENT	**1,436**	**1,191**

(a) Maturity analysis of payables
Please refer to Note 18 for the ageing analysis of payables

(b) Nature and extent of risk arising from payables
Please refer to note 18 for the nature and extent of risks arising from payables

Note 13: Interest Bearing Liabilities

	2008 $'000	2007 $'000
CURRENT		
Bank Overdraft	-	49
Total Australian Dollars Borrowings	-	49
Total Current	-	49
Total Interest Bearing liabilities	**-**	**49**

	2008 $'000	2007 $'000
The approved Bank Overdraft limit is	200	200
Amount of finance costs recognised as expenses	4	3

(a) Maturity analysis of interest bearing liabilities
Please refer to note 18 for the ageing analysis of interest bearing liabilities

(b) Nature and extent of risk arising from interest bearing liabilities
Please refer to note 18 for the nature and extent of risks arising from interest bearing liabilities

(c) Defaults and breaches
During the current and prior year, there were no defaults and breaches of any of the overdraft's terms and conditions

Note 14: Provisions

	2008 $'000	2007 $'000
CURRENT		
Employee Benefits (refer Note 14a)		
– unconditional and expected to be settled within 12 months	2,981	2,955
– unconditional and expected to be settled after 12 months	1,907	1,634
TOTAL	**4,888**	**4,589**
NON-CURRENT		
Employee Benefits (Note 14a)	433	659
TOTAL	**433**	**659**

Note 14a: Employee Benefits

	2008 $'000	2007 $'000
CURRENT (refer note 1 (r))		
Unconditional long service leave entitlements	1,907	1,865
Annual leave entitlements	1,989	1,896
Accrued Wages and Salaries	935	771
Accrued Days Off	57	57
TOTAL*	**4,888**	**4,589**
*Current Employee benefits that are:		
Expected to be utilised within 12 months (nominal value)	2,981	2,955
Expected to be utilised after 12 months (present value)	1,907	1,634
	4,888	**4,589**
NON-CURRENT (refer note 1 (r))		
Conditional long service leave entitlements (present value)	433	659
TOTAL	**433**	**659**
Movement in Long Service Leave:		
Balance at start of year	2,524	2,332
Provision made during the year	209	396
Settlement made during the year	(394)	(204)
Balance at end of year	**2,339**	**2,524**

Note 15: Other Liabilities

	2008 $'000	2007 $'000
CURRENT		
Income in Advance		
– DVA WIES Recall	121	-
– Lowan Regional Health Program	58	-
Monies Held in Trust*		
– Patient Monies Held in Trust*	1	4
– Accommodation Bonds (Refundable Entrance Fees)*	2,486	1,713
– Licences to Occupy	327	430
Total Current	2,993	2,147
* Total Monies Held in Trust		
Represented by the following assets:		
Cash Assets	2,209	1,542
Land and Buildings	605	605
TOTAL	**2,814**	**2,147**

Note 16: Equity

	2008 $'000	2007 $'000
(a) Reserves		
Land and Buildings Asset Revaluation Reserve[1]		
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
	370	370
Restricted Specific Purpose Reserve		
Balance at the beginning of the reporting period	427	427
Balance at the end of the reporting period	427	427
Total Reserves	**797**	**797**
(b) Contributed Capital		
Balance at the beginning of the reporting period	25,704	25,704
Capital contribution received from Victorian Government as compensation for cessation of GST being applied to grants	220	-
Balance at the end of the reporting period	**25,924**	**25,704**
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	13,205	12,666
Net Result for the Year	1,473	539
Adjustments Resulting from Change in Accounting Policy	-	-
Balance at the end of the reporting period	**14,678**	**13,205**
(d) Total Equity at end of financial year	**41,399**	**39,706**

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

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

	2008 $'000	2007 $'000
Net Result for the Period	1,473	539
Depreciation & Amortisation	1,172	1,133
DHS GST Funding	220	-
Provision for Doubtful Debts	-	10
Change in Inventories	10	28
Net (Gain)/Loss from Sale of Plant and Equipment	(19)	(7)
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	274	161
(Increase)/Decrease in Other Assets	-	(136)
(Increase)/Decrease in Prepayments	167	-
Increase/(Decrease) in Payables	245	113
Increase/(Decrease) in Other Liabilities	179	-
Increase/(Decrease) in Employee Benefits	73	492
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	**3,794**	**2,333**

Note 18: Financial Instruments

	Note	Category	Carrying Amount 2008 $000	Carrying Amount 2007 $000
Financial Assets				
Cash and cash equivalents	6	N/A	5,132	1,741
Receivables	7	Loans and Receivables	657	1,199
Financial Liabilities				
Payables	12	Financial liabilities measured at amortised cost	1,436	1,067
Interest Bearing Liabilities	13	Financial liabilities measured at amortised cost	-	49
Accommodation Bonds	15	Financial liabilities measured at amortised cost	2,486	1,713
Licences to Occupy	15	Financial liabilities measured at amortised cost	327	430
Other Liabilities	15	Financial liabilities measured at amortised cost	1	4

Note 18: Financial Instruments (continued)

(a) Credit Risk

Credit risk represents the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

Financial instruments particular to the Service which are subject to credit risk include:

- Cash Equivalents;
- Other financial assets;
- Receivables;
- Trade creditors and accruals;
- Monies held in trust and Aged Care Bonds; and
- Other liabilities.

As regards credit risk for Cash Equivalents and Other Financial Assets, it is Service policy to only invest funds in reputable Australian Deposit taking institutions listed as recommended by the Victorian Department of Treasury. Credit risk should be minimised as such institutions have their capital adequacy monitored by the Australian Prudential Regulatory Authority.

Receivables are regularly monitored by management and, should collection be doubted, a specific provision is created. It is Service policy that provisions over a certain threshold are approved by management and the Board. Receivables in both monthly management reports and yearly financial statements are shown as net of provisions.

Trade creditors and accruals are generally paid within trading terms. It is Service policy to monitor and review the capabilities and creditworthiness of counterparties on a regular basis. The Service maintains a list of approved suppliers and overlays a delegation of authority for supplies over certain monetary thresholds.

Monies held in trust and Aged Care Bonds are paid in accordance with the terms or conditions stipulated under the relevant legislation applying to them i.e. the Commonwealth Aged Care Act for the refunding of Aged Care Bonds.

The Service does not have any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics, other than the Department of Human Services as the material funder of its operations

Interest rate exposure and ageing analysis of financial asset as at 30/06/2008

	*Weighted Average Effective Interest	Consol'd Carrying Amount	Interest Rate Exposure			Not Past Due and Not Impaired	Past Due But Not Impaired					Impaired Financial Assets
			Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing		Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years	Over 5 years	
	Rates (%)	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
2008												
Financial Assets												
Cash and Cash Equivalents	8.08	5,132	5,132	-	-	5,132	-	-	-	-	-	-
Trade Debtors	-	303	-	-	303	176	8	119	-	-	-	-
Patient Fees Receivable	-	289	-	-	289	118	60	111	-	-	-	-
DHS Long Service Leave	-	50	-	-	50	50	-	-	-	-	-	-
Monies in Trust Deposits	6.83	2,209	2,209	-	-	2,209	-	-	-	-	-	-
Accrued Revenue	-	15	-	-	15	15	-	-	-	-	-	-
Total Financial Assets	**-**	**7,998**	**7,341**	**-**	**657**	**7,700**	**68**	**230**	**-**	**-**	**-**	**-**
2007												
Financial Assets												
Cash and Cash Equivalents	5.62	1,741	1,741	-	-	1,741	-	-	-	-	-	-
Trade Debtors	-	251	-	-	251	196	15	40	-	-	-	-
Patient Fees Receivable	-	188	-	-	188	97	24	67	-	-	-	-
DHS Long Service Leave	-	520	-	-	520	520	-	-	-	-	-	-
Monies in Trust Deposits	6.14	1,542	1,542	-	-	1,542	-	-	-	-	-	-
Accrued Revenue	-	240	-	-	240	240	-	-	-	-	-	-
Total Financial Assets	**-**	**4,482**	**3,283**	**-**	**1,199**	**4,336**	**39**	**107**	**-**	**-**	**-**	**-**

* Weighted average or effective interest rates for each class of assests.

Note 18: Financial Instruments (continued)

(b) Market Risk

Market risk is defined as the degree to which the the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Generally, market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency Risk

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

Interest Rate Risk

Exposure to interest rate arises primarily through the Service's cash assets held and its interest bearing liabilities. Minimisation of risk associated with itnerest bearing liabilities is achieved by the overdraft being utilised rarely and only to a small extent compared to the overdraft limit.

Other Price Risk

The Service is not exposed to any other material price risk

Sensitivity Disclosure Analysis

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

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

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

	Carrying Amount	Interest Rate Risk			
		-1%		+1%	
		Profit	Equity	Profit	Equity
2008		$'000	$'000	$'000	$'000
Financial Assets					
Cash and Cash Equivalents	5,132	(51)	(51)	51	51
Receivables	657	-	-	-	-
Other financial assets	2,209	(22)	(22)	22	22
Financial Liabilities					
Trade creditors and accruals	1,436	-	-	-	-
Interest Bearing Liabilities	-	-	-	-	-
Accommodation Bonds	2,486	-	-	-	-
Licences to Occupy	327	-	-	-	-
Other Liabilities	180	-	-	-	-

	Carrying Amount	Interest Rate Risk			
		-1%		+1%	
		Profit	Equity	Profit	Equity
2007		$'000	$'000	$'000	$'000
Financial Assets					
Cash and Cash Equivalents	1,741	(17)	(17)	17	17
Receivables	1,199	-	-	-	-
Other financial assets	1,542	(15)	(15)	15	15
Financial Liabilities					
Trade creditors and accruals	1,067	-	-	-	-
Interest Bearing Liabilities	49	-	-	-	-
Accommodation Bonds	1,713	-	-	-	-
Licences to Occupy	430	-	-	-	-
Other Liabilities	4	-	-	-	-

Note 18: Financial Instruments (continued)

(c) Liquidity Risk

Liquidity risk refers to the risk that the Service will encounter difficulty in meeting obligations associated with financial liabilities.

West Wimmera Health Service is a statutory corporation that is primarily funded by the Department of Human Services Victoria ("DHS"). The Service's Board's policy is to manage the organisation under the Financial Management Act to ensure that it meets its financial obligations as and when they fall due.

The Service also where obligated by specific legislation, quarantines certain financial assets to meet future financial liabilities such as aged care bonds in order to prevent such financial assets from being used to meet day to day liquidity needs.

Interest rate exposure and maturity analysis of financial liabilities as at 30/06/2008

	Carrying Amount	Interest Rate Exposure			*Weighted
		Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing	Average Effective Interest Rates
2008	$'000	$'000	$'000	$'000	(%)
Payables:					
Trade creditors and accruals	1,436	-	-	1,436	n/a
Accommodation Bonds	2,486	-	-	2,486	n/a
Licences to Occupy	327	-	-	327	n/a
Other Financial Liabilities	180	-	-	180	n/a
Total Financial Liabilities	**4,429**	**-**	**-**	**4,429**	**-**
2007					
Payables:					
Trade creditors and accruals	1,067	-	-	1,067	n/a
Bank Overdraft	49	-	49	-	10.00
Accommodation Bonds	1,713	-	-	1,713	n/a
Licences to Occupy	430	-	-	430	n/a
Other Financial Liabilities	4	-	-	4	n/a
Total Financial Liabilities	**3,263**	**-**	**49**	**3,214**	**-**

*Weighted average or effective interest rates for each class of payables

Note 19: Commitments for Expenditure

	2008 $'000	2007 $'000
Capital Expenditure Commitments		
Payable:		
Land and Buildings	300	275
Plant and Equipment	588	-
Total Capital Commitments	**888**	**275**
Land and Buildings		
Not later than one year	-	275
Later than 1 year and not later than 5 years	300	-
Plant and Equipment		
Not later than one year	588	
Total	**888**	**275**
Lease Commitments		
Commitments in relation to leases contracted for at the reporting date:		
Xerox Photocopier Agreement	146	160
Motor Vehicles - Lowan Regional Health	68	24
Motor Vehicles - Capital Finance	124	202
IP Telephone Rental	45	89
Total Lease Commitments	**383**	**475**
Operating Leases		
Cancellable		
Not later than one year	235	215
Later than 1 year and not later than 5 years	148	261
TOTAL	**383**	**475**
Total Commitments for expenditure (inclusive of GST)	**1,271**	**750**
less GST recoverable from the Australian Tax Office	(116)	(68)
Total commitments for expenditure (exclusive of GST)	**1,156**	**682**

Note 20: Contingent Liabilities

Details of estimates of maximum amounts of contingent assets or contingent liabilities are as follows:

	2008 $'000	2007 $'000
Contingent Liabilities		
Quantifiable		
Caveat over property - Kaniva Cottages	200	200
Total Quantifiable Liabilities	**200**	**200**

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.

Note 21: Segment Reporting

	Acute Care		RACS		Aged Care Other		Business Units		Internally Managed Units		Primary Health		Other Programs		Consolidated	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
REVENUE																
External Segment Revenue	11,303	10,582	9,243	8,765	454	416	106	96	946	866	3,383	3,101	2,725	2,488	28,160	26,316
Total Revenue	**11,303**	**10,582**	**9,243**	**8,765**	**454**	**416**	**106**	**96**	**946**	**866**	**3,383**	**3,101**	**2,725**	**2,488**	**28,160**	**26,316**
EXPENSES																
External Segment Expenses	-8,369	-8,102	-10,389	-10,009	-459	-444	-270	-261	-1,014	-981	-3,861	-3,735	-2,322	-2,242	-26,683	-25,774
Total Expenses	**-8,369**	**-8,102**	**-10,389**	**-10,009**	**-459**	**-444**	**-270**	**-261**	**-1,014**	**-981**	**-3,861**	**-3,735**	**-2,322**	**-2,242**	**-26,683**	**-25,774**
Net Result from ordinary activities	2,934	2,480	-1,146	-1,244	-5	-28	-164	-165	-67	-114	-477	-634	403	247	1,477	542
Interest Expense	-	-	-	-	-	-	-	-	-	-	-	-	-4	-3	-4	-3
Net Result for Year	2,934	2,480	-1,146	-1,244	-5	-28	-164	-165	-67	-114	-477	-634	399	244	1,473	539
OTHER INFORMATION																
Segment Assets	19,655	18,557	19,622	18,526	951	898	300	283	2,031	1,918	6,961	6,572	1,629	1,538	51,149	48,292
Total Assets	**19,655**	**18,557**	**19,622**	**18,526**	**951**	**898**	**300**	**283**	**2,031**	**1,918**	**6,961**	**6,572**	**1,629**	**1,538**	**51,149**	**48,292**
Segment Liabilities	-1,943	-1,711	-5,752	-5,065	-196	-173	-56	-49	-109	-96	-1,314	-1,157	-380	-335	-9,750	-8,586
Total Liabilities	**-1,943**	**-1,711**	**-5,752**	**-5,065**	**-196**	**-173**	**-56**	**-49**	**-109**	**-96**	**-1,314**	**-1,157**	**-380**	**-335**	**-9,750**	**-8,586**
Acquisition of property, plant and equipment and intangible assets	268	552	268	551	13	27	4	8	28	57	95	195	22	46	698	1,436
Depreciation & amortisation expense	-502	-485	-490	-475	-28	-27	-17	-16	-33	-32	-82	-79	-20	-19	-1,172	-1,133

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 22a: 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	1/07/2007 - 3/08/2007
The Honourable Daniel Andrews, MLA, Minister for Health	3/08/2007 - 30/06/2008

Board of Governance	
Mr J R Magrath	1/07/2007 - 30/06/2008
Ms L G Clarke	1/07/2007 - 30/06/2008
Mr L C Maybery	1/07/2007 - 30/06/2008
Mr R S Rosewall	1/07/2007 - 30/06/2008
Mr R A Ismay	1/07/2007 - 30/06/2008
Mr J A Hicks	1/07/2007 - 30/06/2008
Mrs J M Sudholz	1/07/2007 - 30/06/2008
Mr D White	1/07/2007 - 30/06/2008
Mr M Stewart	1/07/2007 - 30/06/2008
Mr R Stanford	1/07/2007 - 30/06/2008

Accountable Officer	
Mr J N Smith - Chief Executive Officer	1/07/2007 - 30/06/2008

Remuneration of Responsible Persons

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

INCOME BAND	2008	2007
	No.	No.
$0 - $9,999	12	13
$200,000 - $209,999	-	1
$210,000 - $219,999	1	-
Total Numbers	**13**	**14**
Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:	**$217,121**	**$209,098**

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.	$'000	$'000
Mrs E M Stewart has provided nursing services to the Health Service on normal terms and conditions.	105	83
T Ismay & Company of which Mr R A Ismay is a Director has provided hardware supplies and services to the Health Service on normal commercial terms and conditions.	1	1
Mrs L M Graham has provided secretarial services to the Health Service on normal award terms and conditions.	42	38

Note 22b: Executive Officer Disclosures

Executive Officers' Remuneration

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

	Total Remuneration		Base Remuneration	
	2008	2007	2008	2007
	No.	No.	No.	No.
$110,000 - $119,999	2	-	2	-
$120,000 - $129,999	1	-	1	-
$140,000 - $149,999	1	-	1	-
Total	4	-	4	-
Total Remuneration	**$497,482**	**$-**	**$473,482**	**$-**

Note 23: Events Occurring after the Balance Sheet Date

There were no significant events after the reporting date (30 June 2008).

COMPLIANCE DISCLOSURE INDEX

The Annual Report of 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.

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WWHS STAFF

2007-2008

Chief Executive Officer
John Smith

Executive Director
Finance & Administration
Ritchie Dodds

Executive Director
Aged Care & Allied and
Community Health
Janet Fisher

Executive Director
Corporate & Quality
Services
Kaye Borgelt

Executive Director Acute
Care & Disability Services
Darren Welsh

Consultant Executive
Director Industrial
Relations & Human
Resources Management
Leslie Butler

Consultant Executive
Director Medical Services
Ian Graham

Operations Manager
Melanie Albrecht

Executive Assistant
Katrina Pilgrim

Roy Abbott
Ruth Adamson
Elaine Aitken
Jillian Albrecht
Clifford Alexander
Ian Alexander
Karen Alexander
Nita Alexander
Raelene Alexander
Judy Allen
Gary Allison
Wendy Altmann
Helen Amos
Rosemary Anson
Mary Antony
Glenda Aristides
Debbie Armstrong
Patricia Arnold
Shirley Ashfield
Hannah Asplin
Kelvin Asplin
Angela Atta
Marlene Austin
Valda Austin
Shirley Avery
Zoe Ballentine
Merrilyn Bamford
Helena Bandel
May Barber
Michelle Barber
Rachael Barber
Kaye Baron
Ian Barry
Sharon Bartholomew
Karen Barton
Rebecca Bastin
Roger Batchelor
Heather Batson
Narrelle Batson
Sean Bayzand
Kellie Beattie
Susanne Beattie
Aaron Beer
Eyal Bernard
Julie Bloomfield
Jessica Bloore
Rhys Boehm
Cindy Bone
Mathew Bone
Michelle Borain
Lisa Braybrook
Anthony Breavington
Pauline Breen
Ronald Brooks
Amanda Brownsea
Gillian Burgess
Pamela Burgess
Helen Burns
Glenda Bush
Helen Cannell
Mark Carracher
Taryn Carter
Toni Casey
Margaret Chaplin
Deborah Chaston
Patricia Chequer
Erol Chilton
Peter Chilton
Anne Christian
Janine Clark
Pamela Clark
Robyn Clark
Janice Clugston
Pamela Coates
Julie Colbert
Pauline Colbert
Cameron Colley
Kellie Conboy
Alison Connell
Daniel Conway
Charles Cook
Helene Cook
Jennifer Cook
Kerryn Cook
Sharyn Cook
Dianna Corsi
Sarah Coughlan
Annie Coustley
Judith Coutts
Malcolm Coutts
Kerry Coyne
Marianne Cramer
Shirley Crick
Anthony Croke
Carolyn Croke
Maria Cuciniello
Deborah Cunningham
Janine Dahlenburg
Tani Dahlenburg
Robert Davies
Christine Dawson
Sandra Decker
Andrea Deckert
Christine Deckert
Kelvin Deckert
Susanne Dedio
Patricia Deleeuw
Samantha Devine
Kellie Dickerson
Michelle Dickinson
Aimee Disher
Shenae Dixon
Heather Drendel
Christine Dufty
Jennifer Dufty
Mary Dufty
Sherrie Dumesny
Julie Dunford
Kylie Dunford
Lynette Dunford
Timothy Dunmill
Kerryn Dyer
Helen Easson
Michelle Eldridge
Graciella Elliott
Geraldine Ellis
Sheryl Ellis
Stacey Ellis
Kaye Emmett
Jacqueline Engelbrecht
Wendy Essex
Vicki Etherton
Kerry Exell
Christina Farinha
Helen Farnsworth
Kaylene Featherstone
Carmel Feder
Yvonne Ferguson
Penelope Finch
Anne-Marie Fischer
Caroline Fischer
Erin Fisher
Judith Fisher
Loretta Fisher
Wendy Flavel
Geoffrey Fletcher
Jane Ford
Helen Forster
Genevieve Francis
Katrina Fraser
Margaret Frew
Nicole Friebel
Tyrone Friebel
Lorretta Fuller
Deborah Funcke
Mary Gabbe
Hayley Gale
Sharon Garwood
Carol Gebert
Darren Gebert
Carlie Gil
George Giles
Leanne Glasgow
Kent Goldsworthy
Tennille Gould
Teresa Gould
Stacey Grace
Mary Graetz
Leonie Graham
Ashley Grant
Beverley Grant
Lawrence Grayling
Dianne Green
Allan Greenaway
Helen Greig
Jennifer Greig
Sarah Greig
Naomi Grigg
Beverly Hage
Alexandra Hall
Darrell Hall
Krystal Hall
Yvonne Hall
Anne Hamilton
Joanne Hanson
Cynthia Harberger
Judith Harrington
Belinda Hartigan
Lesley Hawker
Sandra Hawkins
Christina Hayden
Christopher Hedt
Janet Heenan
Amanda Heinrich
Marie Heinrich
Trisha-Anne Heinrich
Michael Henderson
Jillian Hendy
Craig Henley
Merrin Hennessy
Debra Hill
Sandra Hinch
Casey Hiscock
Janelle Hodgson
Terri-Ann Hogart
Jodie Holmes
Shirley Honeyman
Charmaine Hovey
Beverley Howarth
Elaine Humphrey
Karen Hunter
Kathleen Hutson
Janice Hutton-Croser
Brenda J Jackson
Brenda M Jackson
Diane Jackson
Jessica Jackson
Phillip Jackson
Tracey Jarred
Margaret Jarvis
Arachchige Jayakody
Denise Jensz
Nakita Jewell
Janis John
Cheryl Johnson
Deborah Johnston
Bianca Jones
Brian Jones
Kevin Jones
Norman Jones
Sonia Jones
Valmai Jones
Yvonne Jones
Tesmy Jose
Deborah Kakoschke
Karen Kakoschke
Judith Keller
Marilyn Keller
Rowena Keller
Veronica Keller
Kim Kendrick
Karen Kennedy
Kathryn Kennedy
Catherine Kent
Mary King
Sherin King
Kayleen Kingwill
Carol Kirby
Lynette Klemm
Linda Knight
Amanda Kosch
Fiona Krelle
Margaret Krelle
Anna Krommenhoek
Sally Kruger
Elsamma Kuriakose
Gladys Kyle
Elizabeth Lacey
Richard Lane
Lynne Launer
Kristine Laverty
Julie Leddin
Barbara Leffler
Ingvar Lidman
Bruce Little
Katrina Lloyd
Sally Lockwood
Jessica Lovel
Cheryl Lowe
Darren Lyall
Patricia Lyall
Kerri Lynch
Lynne Lynch
Patricia Mackenzie
Bree Maddern
Dianne Maddern
Lyn Maddern
Marion Major
Jennifer Mann
Michelle Mann
Lesley Marais
Sharon Marais
Brooke Marra
Julie Marra
Fay Martion
John Martion
Melissa Mason
Douglas Matheson
Robyn Matheson
Leah Matthews
Seona Maybery
Gaile Mayne
Scott McCallum
Andrea McCartney
Dale McCartney
Joanne McCartney
Mathew McCartney
Nichole McCartney
Helen McClure
Maree McClure
Pauline McCracken
Tanya McCracken
Dianne McDonald
Jennifer McDonald
Pamela McDonald
Samantha McErvale
Merlyn McFarlane
Michelle McGennisken
Debbie McIllree
Stephanie McIntosh
Amanda McKenzie
Catherine McKenzie
Lynne McKenzie
Sheryl McKenzie
Julie McLean
Lynette McLean
Maxwell McLean
Rachelle McLean
Laurel McMaster
Peter McNelly
Jane McPhee
Lisa Mellington
Ann Merrett
Cheryl Merrett
Maree Merrett
Michelle Merrett
Tracey Merrett
Erin Merton
Kevin Merton
Pamela Michael
Laureen Miles
Cara Millar
Marlene Millar
Lisa Miller
Sandra Millward-Coyne
Rachel Milte
Lara Mitchener
Cassandra Moar
Trudi Moar
Andrew Modra
Samantha Moloney
Erin Moorhead
Sharyn Morrison
Barbara Muegel
Sandra Muller
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Maree Munn
Samara Munn
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Sharelle Newcombe
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Courtney Newton
Pamela Newton
Carole Nitschke
Megan Nossack
Kylie Oakley
Leanne O'Connor
Samantha O'Connor
Linda O'Heaney
Polly O'Heaney
Luke Oldaker
Brenda O'Leary
Jayne Oliver
Carolyn Ough
Trudy Ough
Rhianna Paech
Reginald Parsons
Nerida Patterson
Peter Pearce
Kimberley Peters
Elizabeth Pfeiffer
Beverly Phillips
Heather Pinyon
Bobbie Pitt
Christine Pitt
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GLOSSARY OF TERMS

ACFI
Aged Care Funding Instrument

ACHS
Australian Council on Healthcare Standards

Ambulatory Care
Services delivered to patients/clients who do not have to occupy a bed

Australian Standards
National Standards developed by the Standards Association of Australia/New Zealand

BACeS
A reporting system informing the Board of legislative compliance status

Best Practice
Measuring results against the best performance of other groups

CACPs
Community Aged Care Packages provide services in the home

Carers
Carers of patients/clients who are not part of the Service care team

CASA
Centre Against Sexual Assault

Case Management
Management of client care on an individual basis

CAT
Computed Tomography Imaging– a computerized X-ray giving very detailed images of internal organs

Catchment
Geographical area for which West Wimmera Health Service is responsible to provide services

CEO
Chief Executive Officer

Close Watch
The program used by the Department to monitor health services considered to be at a higher than normal financial risk of being able to trade in a sustainable manner.

Continuum of Care/Continuity of Care
The cycle of care incorporating access, entry, assessment, planning, implementation, evaluation, discharge and community care

Desktop Audit
A paper-based assessment of an organisation's progress in a particular program

DHS
The Victorian Department of Human Services

DoHA
Commonwealth Department of Health and Ageing

DON
Director of Nursing

DVA
Department of Veterans' Affairs

ECG
Electrocardiograph

EQuIP
Evaluation Quality Improvement Program

FOI
Freedom of Information

FaHCSIA
Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs

FTE
Full Time Equivalent – used in relation to the number of staff employed

GEM Bed
Geriatric Evaluation and Management Beds allocated to older patients requiring professional management of an illness or complex medical condition

GP
General Practitioner

GRHANet
Grampians Regional Health Alliance Network

HACC
Home and Community Care Funding for services and programs which are provided in the home or the community

HSU
Health Services Union

ICT
Information & Communication Technology

Inpatient
A person who is admitted to an acute bed

Medical Record
Compilation of patient medical treatment and history

Mission Statement
(See inside front cover)

Occupied Bed Days
The total number of patients in hospital in a given time

OH&S
Occupational Health & Safety

Outcome
The result of a service provided

Outpatient
A client who is not admitted to a bed

Patient/Client/Consumer
A person for whom this Service accepts the responsibility of care

PCP
Primary Care Partnership

QOC
Quality of Care Report

RCS
Resident Classification Scale - a funding tool that determines Commonwealth subsidy according to the level of care required by the resident.

RMIF
Rural Medical Infrastructure Fund

RPA
Rural Private Access Program

Separation/Discharge
The process whereby care is completed and the patient leaves the organisation

SRHS Agreement
Small Rural Health Service Funding Agreement

Standard
Set level of performance to be achieved

Statutory or legislative requirement
A requirement laid down by an Act of Parliament

Sub-acute
Interventions to maximise independence and quality of life for people with disabling conditions

TAC
Traffic Accident Commission

The Board
The Board of Governance

The Department
The Department of Human Services, Victoria

The Service
West Wimmera Health Service

Values
The principles and beliefs that guide West Wimmera Health Service

VICNISS
Victorian Hospital-Acquired Infection Surveillance

VMO
Visiting Medical Officer

WIES
Weighted Inlier Equivalent Separations

WPCP
Wimmera Primary Care Partnership

WWHS
West Wimmera Health Service

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tell us... what you think

Please circle the answer which most closely reflects your opinion.

Q1 Are you a:

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Q2 What did you think about the Report? (please circle a number)

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Q3 What did you like about the Report?

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_____

_____

Q5 Are there any other topics which you would like to see in next years Annual Report?

_____

_____

Thank you for your time in completing this questionnaire. You can return it by post or leave it at any of our facilities. John N. Smith, Chief Executive Officer WWHS.

help us...

to make the service we provide for six communities get better and better.

YES, I am interested in supporting West Wimmera Health Service and would like further information about the following:

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If you wish to discuss supporting our Service in this way please contact the Chief Executive Officer who will explain in detail how arrangements can be made.

Alternatively, please complete the form below and return it to us.

Name _____

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John N. Smith, PSM, Chief Executive Officer
West Wimmera Health Service PO Box 232, Nhill, Victoria 3418
Telephone 03 5391 4222 Facsimile 03 5391 4228
Email jsmith@wwhs.net.au

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NHILL
43-51 Nelson Street
Nhill Victoria 3418
T (03) 5391 4222
F (03) 5391 4228

KANIVA
7 Farmers Street
Kaniva Victoria 3419
T (03) 5392 7000
F (03) 5392 2203

JEPARIT
2 Charles Street
Jeparit Victoria 3423
T (03) 5396 5500
F (03) 5397 2392

RAINBOW
2 Swinbourne Avenue
Rainbow Victoria 3424
T (03) 5396 3300
F (03) 5395 1411

NATIMUK
6 Schurmann Street
Natimuk Victoria 3409
T (03) 5363 4400
F (03) 5387 1303

GOROKE
Natimuk Road
Goroke Victoria 3412
T (03) 5363 2200
F (03) 5386 1268

COOINDA
Queen Street
Nhill Victoria 3418
T (03) 5391 1095
F (03) 5391 1229

EMAIL
corporate@wwhs.net.au

WEB
www.wwhs.net.au