

# ANNUAL REPORT

a smooth journey

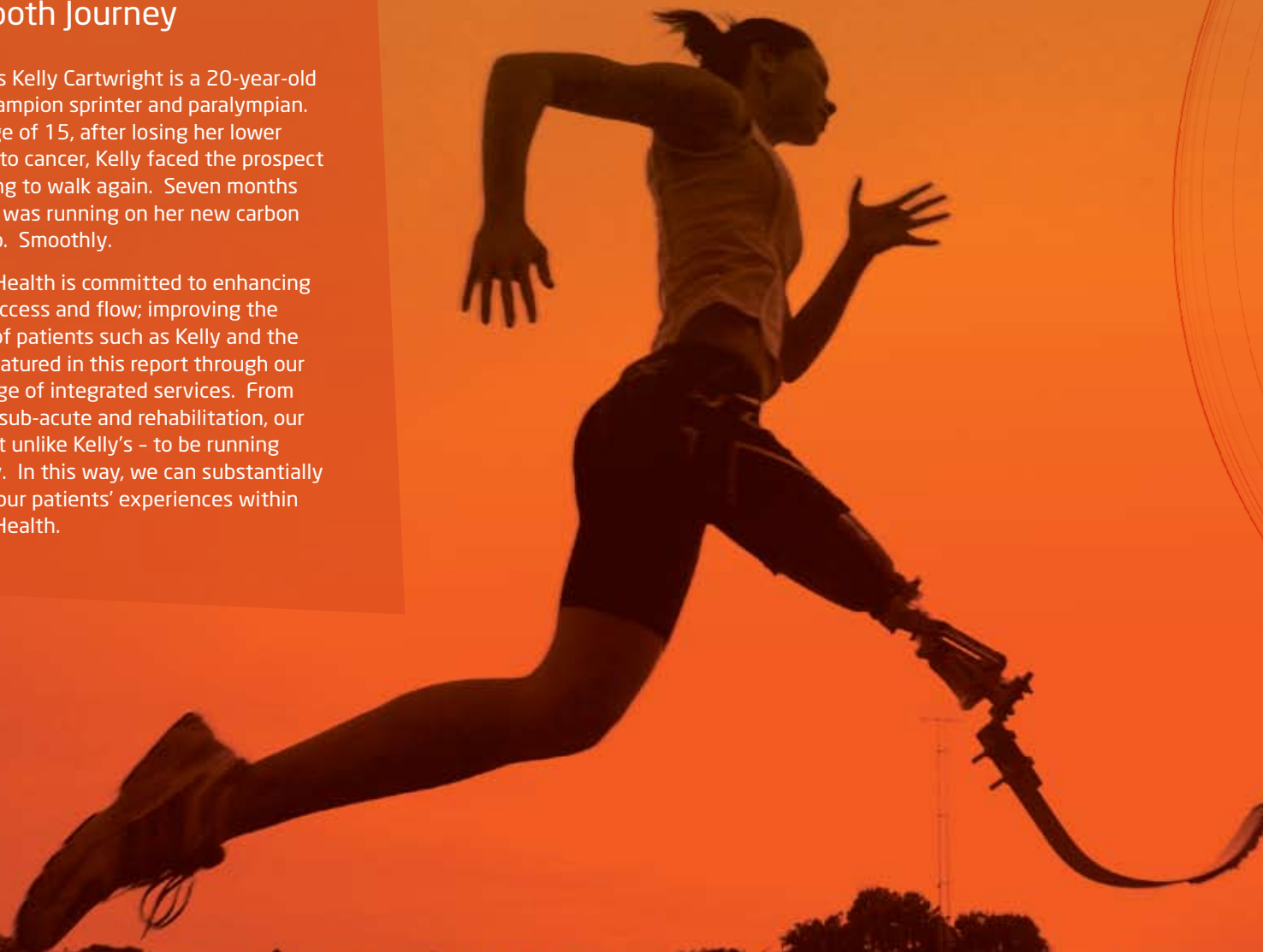
09

  
Barwon  
Health

## A Smooth Journey

Geelong's Kelly Cartwright is a 20-year-old world champion sprinter and paralympian. At the age of 15, after losing her lower right leg to cancer, Kelly faced the prospect of learning to walk again. Seven months later she was running on her new carbon fibre limb. Smoothly.

Barwon Health is committed to enhancing patient access and flow; improving the journey of patients such as Kelly and the others featured in this report through our wide range of integrated services. From acute to sub-acute and rehabilitation, our aim is not unlike Kelly's - to be running smoothly. In this way, we can substantially improve our patients' experiences within Barwon Health.



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# 08/09

## Highlights



**JULY 2009**  
 Stage 1 of the Emergency Department was completed. The new ED was officially opened by Premier John Brumby and Minister Andrews in March 2009.



**APRIL 2009**  
 Barwon Health research fellow, Dr Seetal Dodd, was granted the prestigious International Society for Bipolar Disorders Samuel Gershon award.



**AUGUST 2009**  
 Professor Michael Berk won the Smart Geelong Network's Researcher of the Year Award. He won the award for his research into the links between N-Acetyl Cysteine (NAC) and depression.



**MAY 2009**  
 Cancer After Care Group wins the Minister for Health State Volunteer Team Award for a Regional Health Service



**OCTOBER 2008**  
 Official opening of Alan David Lodge, Grovedale, a spacious new home for McKellar Centre residential aged care residents by Minister Lisa Neville. The facility was named in honour of Alan David in recognition of his many years of service to the McKellar Centre.



**MAY 2009**  
 Midwife Margie Neyland was awarded Johnson and Johnson Midwife of the Year



**FEBRUARY 2009**  
 Two new MRI machines were delivered to Barwon Health - a 1.5 and 3.0 Tesla; the first investment of its kind outside of the Melbourne metropolitan area.

Investments in the future services of Barwon Health will provide many of the efficiencies we need to achieve an improved financial outlook for coming years

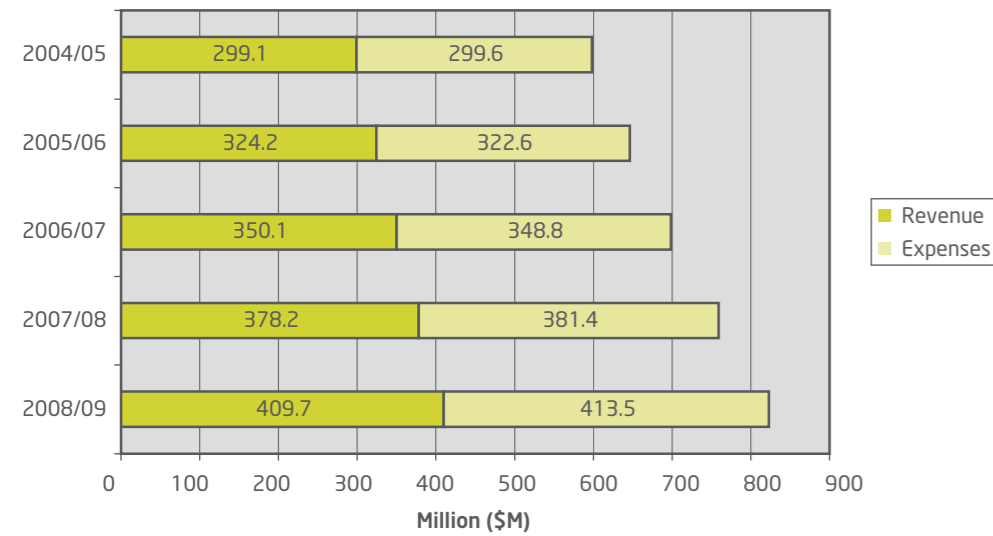
# 08/09

## At a Glance

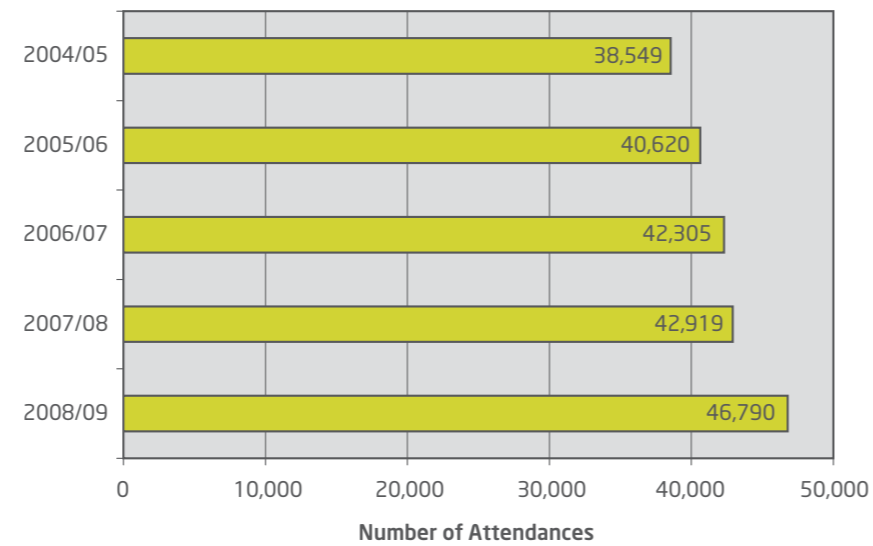


The past year has presented as many challenges as achievements at a time of significant growth in demand and increased expectations by the community

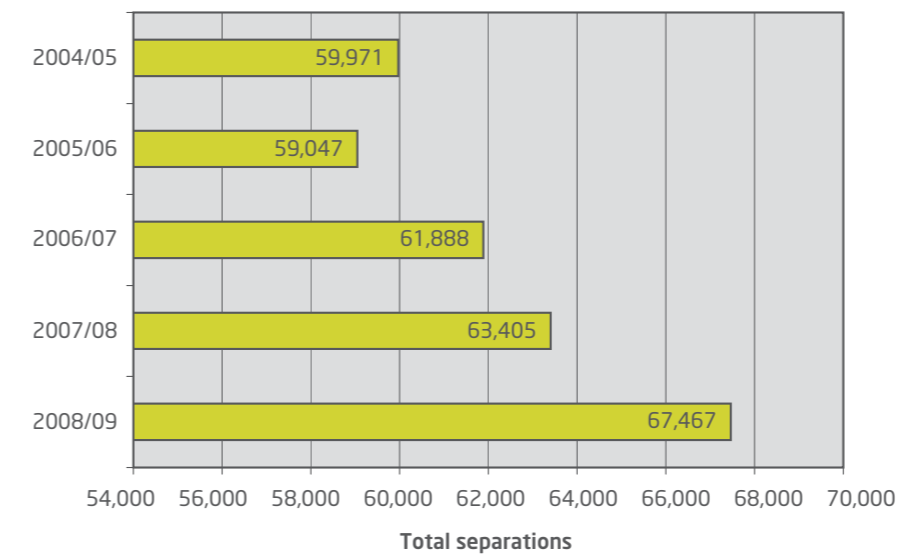
REVENUE & EXPENDITURE



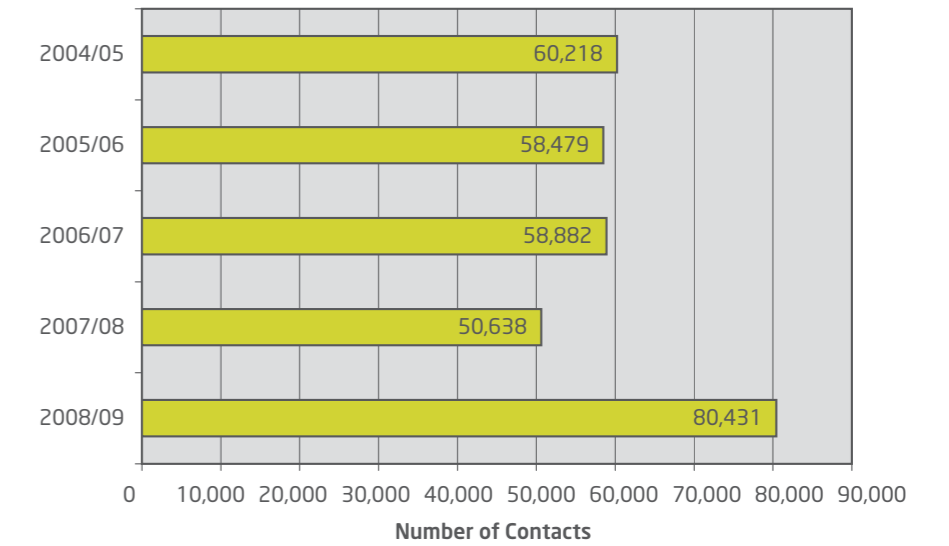
EMERGENCY DEPARTMENT ATTENDANCES



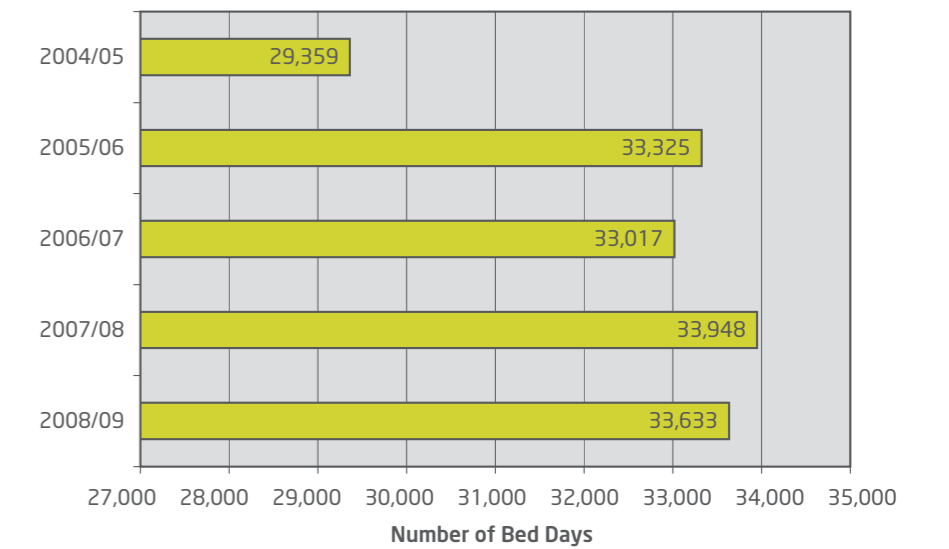
INPATIENT SEPARATIONS



DENTAL CONTACTS



REHABILITATION, PALLIATIVE AND GERIATRIC EVALUATION MANAGEMENT BED DAYS





## Mission

To provide sustainable integrated services and a robust, educational training and research infrastructure that ensures high quality, safe, people-focused care that is responsive to the needs of our community.

# About Barwon Health

## ASPIRATIONS

### 1. Quality and Safety

To provide strong leadership and innovative strategies to improve quality of service, promote safety and reduce risk for patients, staff and the organisation

To build a team approach in development of safety strategies throughout our services

To promote best practice in clinical care, treatment and promotion of health and wellbeing

### 2. Access

Barwon Health will seek to ensure that:

- Those people currently unaware of or unable to access services are assisted to do so
- There is equal access to information about services, programs and care
- All people receiving services from Barwon Health are treated with dignity and respect

### 3. Engagement

To ensure services meet regional needs, Barwon Health will work in partnership with staff and other health providers, Government and local community service organisations, and the community to enhance integrated patient care and a strong sense of ownership, dignity and respect for our service

### 4. Population Health

To work in partnership with staff and local communities to help build and maintain a healthy population

### 5. Sustainability

To maintain viability through skilled resource and demand management

### 6. Sound Knowledge Base

To develop a vibrant culture of education, training and research for all staff, fostering clinical excellence, effective leadership and a solid foundation of continuous learning,

quest for knowledge and scientific research underpinned by the role of Barwon Health as a major teaching health service

### 7. Employment Principles

The community expects that Government services be carried out with impartiality, integrity, accountability and responsiveness. All employees are expected to represent Barwon Health through the following principles and professional standards of behaviour:

- Treat all people fairly, basing actions, decisions and advice on a consideration of all relevant facts, and implement Government policy and programs equitably
- Maintain public trust by acting in the public interest and reporting any unethical behaviour at work
- Achieve results through the best use of Barwon Health's financial, physical and human resources
- Provide a relevant and timely service to clients. This includes providing

information that a person is entitled to promptly and in an easily understood form that is accurate, current and complete

In achieving this, Barwon Health's undertaking to staff includes:

- Providing a safe and healthy workplace
- Imparting clear expectations and feedback
- Valuing all staff and cultural diversity, and
- Providing a fair go to all (consistency and fairness)

### HOW BARWON HEALTH WAS ESTABLISHED

Barwon Health was formed on 1 April 1998 as the result of a voluntary amalgamation between:

- Geelong Hospital
- Grace McKellar Centre (now known as McKellar Centre)
- Surf Coast Community Health Centre



Barwon Health serves a geographically dispersed population through the major sites of Geelong Hospital and McKellar Centre, and over 21 additional sites, with a total of 1,016 beds

- Geelong Community Health Centre and
- Corio Community Health Centre.

### OBJECTIVES, FUNCTIONS, POWERS AND DUTIES OF BARWON HEALTH

The objectives of Barwon Health are to operate a business of a public hospital, including rehabilitation and palliative care services as authorised by the *Health Services Act 1988*.

Operate nursing homes, hostels and independent living units for older people and people with disabilities ensuring that at all times, these facilities comply with the Quality of Care and User Rights Principles pursuant to the *Aged Care Act 1997*.

Operate community and mental health services and provide primary and ancillary health care, including home-based care.

Do other business that may be conveniently done in connection with the business of services listed above or calculated to make any of Barwon Health's assets or activities more profitable.

Do all things that are incidental or conducive to the attainment of the objectives of Barwon Health.

### MINISTER RESPONSIBLE

The Annual Report is prepared for the Minister for Health, the Hon. Daniel Andrews MP, Member for Mulgrave and through him, the Parliament of Victoria and the Victorian people. The report has been prepared in accordance with the *Financial Management Act 1994* Section 45 and 53Q(4).

### SERVICE PROFILE

Barwon Health serves a geographically dispersed population through the major sites of Geelong Hospital and McKellar Centre, and over 21 additional sites, with a total of 1,016 beds. The main service geographical area stretches from Geelong, down the coast to Torquay, Anglesea and Lorne.

Barwon Health is one of the most comprehensive service providers in Victoria. Health services available through Barwon Health cover the full spectrum from emergency and acute, to mental health, primary care, community services, aged care and sub-acute/rehabilitation.

Specialist services extend north to Werribee and southwest to the South Australian border for major specialties such as cancer, cardiology and cardio-thoracic surgery.

With the exception of neurosurgery and transplantation, virtually all other specialties are available in Geelong.

Barwon Health is a major regional teaching health service and has a reputation for innovation in research and excellence in patient care.

NUMBER OF BEDS	
Acute	369
Trolleys/chairs	65
Transitional/Interim Care (off site)	35
Aged Residential Care	312
Complex Care	90
Mental Health Acute	24
Mental Health Rehab & Secure Extended Care	15
Prevention & Recovery Care (PARC)	6
Sub-Acute	100
<b>Total</b>	<b>1016</b>

# Report from the Chair and Chief Executive



Sue De Gilio  
Chief Executive



Claire Higgins  
Chair (outgoing)



Owen Donald  
Chair (incoming)

It gives us great pleasure to present the Annual Report for 2008-09. The past year has presented as many challenges as achievements at a time of significant growth in demand and increased expectations by the community. Financially, we have been challenged by demand and significant efficiency measures which resulted in a \$3.8m deficit for the 08-09 year.

On the other hand, the achievements have contributed significantly to improving our capacity. Investments in the future services of Barwon Health will support many of the efficiencies we need to achieve an improved financial outlook for coming years.

Significant building work continues on a number of sites.

## MCKELLAR CENTRE

The completion of Alan David Lodge (108 bed aged care residential facility on the Torquay Highway) marked the completion of the major residential care facility redevelopment works. However, there will continue to be building works at McKellar Centre for the next two years with the demolition of some buildings and refurbishing of others for administration, education and training. The innovative Town Square has begun to take shape with a focus on making this the lifestyle heart of the Centre with a terraced café and BBQ area, a general store, an amphitheatre for entertainment and a series of landscaped areas for enjoyment and providing some peace and tranquillity for those who want it.

The Rotary Club of Geelong is in the process of developing an existing building to provide two self contained units for clients and families to stay overnight when they attend for rehabilitation or longer term visiting.

## EMERGENCY DEPARTMENT

The final stage of the new emergency department was completed in early 2009 and formally opened by the Premier, John Brumby and Health Minister Daniel Andrews. The impact of the new state of the art facility has been stunning, with not only a great environment, but additional staffing enabling faster throughput and reduced waiting time.

## CLINICAL SCHOOL FOR MEDICAL STUDENTS

Through 2009, the new clinical school became very evident rising up behind Kitchener House. The two underground car parking levels include spaces for bike riders and those levels along with the Ground Floor will be completed in February 2010.

## EXPANSIONS ON THE BELMONT COMMUNITY HEALTH CENTRE SITE

Two major developments on the site are in progress, one with Ambulance Victoria for an ambulance and staff facility and the other partnering in the GP Superclinic also to be built on that site. This health precinct configuration will be a huge benefit to the local community with a comprehensive range of services all available in one place.

We are very appreciative of the strenuous efforts made by staff and contractors supported by DHS to make these significant projects a reality and congratulate all concerned for delivering on time and on budget.

Through 08/09 the efforts to manage the capacity constraints in Geelong Hospital began to bear fruit.

In April 2009 the 12 bed Rapid Assessment and Planning Unit was opened to further enable fast tracking of patients awaiting a bed from the emergency department. It also greatly improves discharge processes and length of stay, opening up bed availability for the Emergency Department.

Barwon Medical Imaging has been developing its business framework. With an expanded department, two new MRIs and the launch of the site for the new PET-CT, we can truly claim we have a state of the art imaging facility and service.

As we continue to move towards electronic patient records, major milestones in digitising records have provided many value-added benefits. The 'smart health service' concept developed as a vision two years ago interlinks us with other initiatives. CDM-NET is the star in this new partnership approach bringing several organisations together to electronically map a patient management process that brings together all the integral parts of

the patient pathway along a continuum commencing with the GP. State and Commonwealth governments, and the private IT industry support this significant research project with Monash University and Barwon Health.

When it comes to ticking boxes, Barwon Health has practically ticked all it could in the first six months of 2009.

- ✓ Data Integrity has been high profile and an independent review commissioned by Barwon Health gave us a clean bill of health.
- ✓ The Australian Council of Healthcare Standards (ACHS) accredited Barwon Health for four years in all standards, with four Outstanding Achievements (OA) and the majority of other standards receiving Excellent Achievement (EA). To receive one OA is significant, to receive four is a superb achievement.
- ✓ The Nursing Community Service (HACC) received ACHS full accreditation in all standards and was rated as high. This is yet another outstanding achievement that builds a high level of confidence

for the community in both our service provision and our management.

- ✓ 'Our People' - Barwon Health's climate survey was conducted in February 09 and achieved a high response rate among staff. The majority of respondents stated that Barwon Health is a great place to work.
- ✓ Notable improvement in achieved targets following a new service model in the Emergency Department, complemented by the rapid assessment beds opening which has improved waiting times.
- ✓ Ministerial approval was given for eight additional acute mental health beds, 24 additional elective surgery beds, and two new theatres all to be completed over the next two year period.
- ✓ Approval and funding for a PET-CT facility which provides state of the art images that can detect early cancers.
- ✓ In January 09 the reconfigured ambulatory service commenced a focus on an integrated approach to sub-acute and community services.

All these achievements have come through continuous effort and a flexible approach to working that has enabled us to guide ourselves through the problem solving process. Working closely with our DHS colleagues and community partners has helped us achieve great results.

Thank you to all our partners, volunteers, the Barwon Health Foundation, the State and Commonwealth Governments, and Ministers Daniel Andrews and Lisa Neville, for their unfailing support of Barwon Health.

Finally, we thank Claire Higgins, retiring Board Chairperson, for her leadership and contribution to the community. Claire served on the Board for the past nine years, six as a Chairperson.

*Sue De Gilio*  
Sue De Gilio  
Chief Executive

*Owen Donald*  
Owen Donald  
Chair (incoming)



# Strategic Direction and Priorities

## THE OVERARCHING PRIORITY FOR 09-10 AND FUTURE YEARS

In the current economic climate, our ability to expand our integrated approach to service provision and performance will be strongly tested. But our focus on integration is sound and must be sustained in all that we do. Revenue constraints and demand growth may affect the pace, rather than direction, of change.

It is important to advance and not to slip backwards, even in trying times. The 2009 Staff Survey showed that Barwon Health is a good place for staff to work, develop and grow. ACHS Accreditation in 2009 provided the evidence that ours is a robust and forward looking organisation. We are rigorous and energetic in managing change and its impact on staff and services. These characteristics need to be maintained as we pursue our vision of the Smart Hospital, our Ambulatory Care Model, our focus on Population Health, our continuing high level of performance, and our longer term sustainability, not least financially.

## THE BUSINESS PLAN FOR 2009-2010

The Business Plan continues the focus on the three key vision areas:

1. Smart Hospital
2. Integrated Ambulatory Services Model
3. Population Health

We are also focused on improving our approach to staff management.

Each of these areas in itself provides opportunities for solid and sustained improvements in clinical outcomes and efficiency through service redesign, enhanced technology and constant and consistent training and education.

The Our People section of the Business Plan is new and will this year focus attention on caring for staff and improving the workforce and the workplace. It will be implemented in 2009-10 by "cascading" right through the organisation. Valuing the workforce and consistent, high quality, two-way communication is at the heart of the strategy.

The Population Health section now has much more added value through the CDM-Net project and the broad focus of Health Promotion covering both Barwon Health staff and the community. G21 has now developed a range of projects, some in partnership with Barwon Health, to work towards building a healthy community.

The Ambulatory Services model clearly distinguishes between fast track treatment and rehabilitation and slower stream chronic disease rehabilitation, management and maintenance using case management. This model aims to provide a one-stop approach for those with multiple problems. Implementation is some two years from ultimate completion.

2009-10 also sees the expiration of our overarching Strategic Plan for the past few years. We will review our overarching objectives, strategies and achievements, and develop a new multi-year Strategic Plan for Barwon Health in conjunction with our workforce, the community, government, and other stakeholders.

In all of this, the underlying sustainability of the organisation is vital. Our operational focus will be on performing within budget, becoming ever more efficient and finding ways to enhance and improve the health of the organisation through innovation and supplementary revenue. In many cases, improvement will also come through partnership; for instance, we are working with partners in the community and the State towards a self supporting Centre for Education and Training.

*Sue DeGilio*

Sue De Gilio  
Chief Executive

July 2009



# Performance Indicators

The ACHS Accreditation in 2009 provided the evidence that we are robust and forward looking in both our organisational performance and our organisational health



## ADMITTED PATIENTS\*

ADMITTED PATIENT *	ACUTE	MENTAL HEALTH	SUB-ACUTE/ AGED	OTHER	TOTAL
<b>Separations</b>					
Same Day	37514	24	12		37,550
Multi Day	26576	701	1,801		29,078
<b>Total Separations</b>	<b>64090</b>	<b>725</b>	<b>1,813</b>		<b>66,628</b>
Emergency	26642	473			27,115
Elective	33224	72	1,813		35,109
Other inc Maternity	4224	180			4,404
<b>Total Separations</b>	<b>64090</b>	<b>725</b>	<b>1,813</b>		<b>66,628</b>
Total WIES	45867				
Total Bed Days	164,707	13,437	165,548	0	343,692

## NON ADMITTED PATIENTS

NON ADMITTED PATIENT	ACUTE	MENTAL HEALTH	SUB-ACUTE/ AGED	OTHER	TOTAL
Emergency Medicine Attendances	46,790				46,790
Outpatient Services - occasions of services	72,686				72,686
Other Services - occasions of services	52,689	90,420	23,715		166,824
Total occasions of service	152,165	90,420	23,715	0	266,300
Victorian Ambulatory Classification System - Total weighted encounters	79,907				79,907

\* **Maternity** Postnatal home care 87  
**Mental Health** 28 day readmission rate (%) 12

## ACCESS PERFORMANCE (JUNE QUARTER)

	2009 ACTUAL	2009 TARGET	2008 ACTUAL
<b>Elective surgery</b>			
Category 2 waiting < = 90 days (%)	46	54	48
Category 3 waiting < = 365 days (%)	79	75	70
Hospital Initiated Postponements (rate per 100)	10.9	8	9.1
Total Elective Waiting List	2217	1890	1950
<b>Total elective surgery admissions for 2008/09 year</b>	<b>5164</b>		
<b>Emergency Department</b>			
Emergency patients admitted < = 8 hours (%)	70	80	70
Non admitted LOS < = 4 hours (%)	72	80	56
Emergency patients LOS > 24 hours (number)	2	0	18
Percentage of Triage Category 1 emergency patients seen immediately	100		
Percentage of Triage Category 2 emergency patients seen within 10 minutes	99		
Percentage of Triage Category 2 emergency patients seen within 10 minutes	97		

AVAILABLE BEDS ACUTE	JUNE 2009	JUNE 2008
June 09	387	378
<b>CRITICAL CARE</b>		
<b>Number of Intensive Care Beds June 09</b>		
Total Average Open	15	12
ICU minimum operating capacity	11	11
<b>Number of Coronary Care Beds June 09</b>		
Total Average Open	14	14
Total Average Available	18	18

## STAFF NUMBERS

LABOUR CATEGORIES	EFT		HEAD COUNT	
	2008/09	2007/08	2008/09	2007/08
Nursing	1466	1414	2478	2367
Admin	506	470	708	661
Medical Support	307	292	419	390
Hotel & Allied	519	512	742	720
Medical Officers	52	47	61	53
HMO	194	182	351	661
VMS	64	58	230	214
Ancillary Support	270	260	450	420
<b>Total</b>	<b>3379</b>	<b>3235</b>	<b>5440</b>	<b>5,486</b>

	2008-09 ACTUAL
<b>OTHER</b>	
Quality and Safety - Accreditation status (%)	100
Quality and Safety - Cleaning Standards (%)	>=85
Quality and Safety - Submission of data to VICNISS (%)	Full
Quality and Safety - VICNISS Infection Surveillance Indicators	No Outliers
Quality and Safety - Participation in Hand Hygiene Program	Full
Service Performance - WEIS activity performance	-1.72%
Cash Management/Liquidity - Creditors	46+ days
<b>Cash Management/Liquidity - Debtors</b>	<b>46 days</b>
Cash Management/Liquidity - Net Movement in cash balance (\$m)	-12.6

# Barwon Health A 5 year snapshot

	2008/09	2007/08	2006/07	2005/06	2004/05
<b>Surgical/Medical</b>					
Inpatient separations	67,467	63,405	61,888	59,047	59,971
Total operations	17,603	16,613	16,102	16,227	15,988
Births	1,968	2,024	1,954	1,844	1,764
Waiting list	2,207	1,940	1,819	1,701	2,217
Outpatients	72,686	69,667	67,382	64,118	63,903
ED attendances	46,790	42,919	42,305	40,620	38,549
Total bed days	186,604	181,739	175,283	157,864	166,746
<b>Aged Care/Rehabilitation</b>					
Nursing home bed days (inc hostel and Hilary Blakiston House)	143,999	143,992	138,604	146,980	148,843
Rehabilitation, palliative and GEM bed days	33,633	33,948	33,017	33,325	29,359
Sub-acute/rehab separation numbers	1,512	1,455	1,402	1,190	1,101
Community rehab centre attendances	23,179	22,896	27,340	28,355	26,440
Falls & mobility clinic attendances	505	577	588	575	545
<b>Community and Mental Health</b>					
Dental contacts	80,431	50,638	58,882	58,479	60,218
Alcohol & drug episodes of care	1,341	1,377	1,390	NA	1,268
Child & adolescent mental health contacts	7,993	5,371	6,550	5,578	6,268
Adult mental health contacts	59,204	66,664	92,776	96,928	111,892

	2008/09	2007/08	2006/07	2005/06	2004/05
Young adults	12,238	12,993	10,101	10,606	8,413
District nursing treatment hours	43,272	46,810	45,717	42,908	37,312
Primary care nursing & allied health hours	62,498	57,272	60,389	43,991	40,640
HARP Direct Client Contacts	14,174	8,694	7,899		
Individual Carers Assisted	2,800	2,750	2,153	2,138	2,274
Carer Respite Intakes	5,726	5,741	4,559	4,239	4,013
<b>Additional Statistics</b>					
Fundraising income/donations	\$3.22m	\$2.63m	\$1.76m	\$3.97m	\$4.48m
Volunteer numbers	934	750	1,300	1,200	1,200
Compliments registered	429	967	939	836	897
Complaints registered	410	510	581	445	322

\* Mental Health data not collected and therefore not comparable for two months

Contact recording times and definitions for Mental Health statistics were changed in the 2007/08 year to only include clinical contact hours. Prior years include an allowance for travel and documentation.

# Kelly Cartwright a smooth journey

Twenty year old Kelly Cartwright remembers November 18, 2004 like it was yesterday. November 18 marks the day her life changed forever.

It started with a painful lump in her knee. A biopsy revealed that it was synovial sarcoma, a rare aggressive form of cancer that is resistant to chemotherapy.

"I had the choice of radical surgery to get the rest of it cut out or an amputation, but I could tell they really wanted the amputation because they weren't sure how much more cancer was in there," Kelly explained.

"When I first heard my choices, I thought 'no way, I'd rather die than have the amputation.' But I knew I had to do it."

Following the amputation, Kelly was wheelchair bound for months which drove her crazy. She was transferred from the Royal Children's Hospital to the McKellar Centre to begin rehabilitation.

"I desperately wanted my prosthetic leg so I could get back on my feet," Kelly said.

"My first prosthetic leg was made and fitted by Barwon Health. I wasn't prepared for the hours, days and weeks of frustration I would endure learning to walk on my new leg."

"My physio, Chris, helped me learn how to walk again and taught me how to dance for my debutante ball."

Once mastering walking, Kelly turned her thoughts to running. Initially it was something to do to pass time, but she soon turned her attention to competitive running. Kelly looked into the Paralympics and discovered a new passion - something to strive towards.

In 2008, Kelly was selected to represent Australia at the Beijing Paralympics. After finishing sixth in the final, Kelly has continued to train and compete in national competitions.

Kelly currently holds the fastest time in Australia for the 100m and 200m sprint for women with a leg amputation above the knee.

Every three months Kelly comes back to the Andrew Love Cancer Centre for scans.

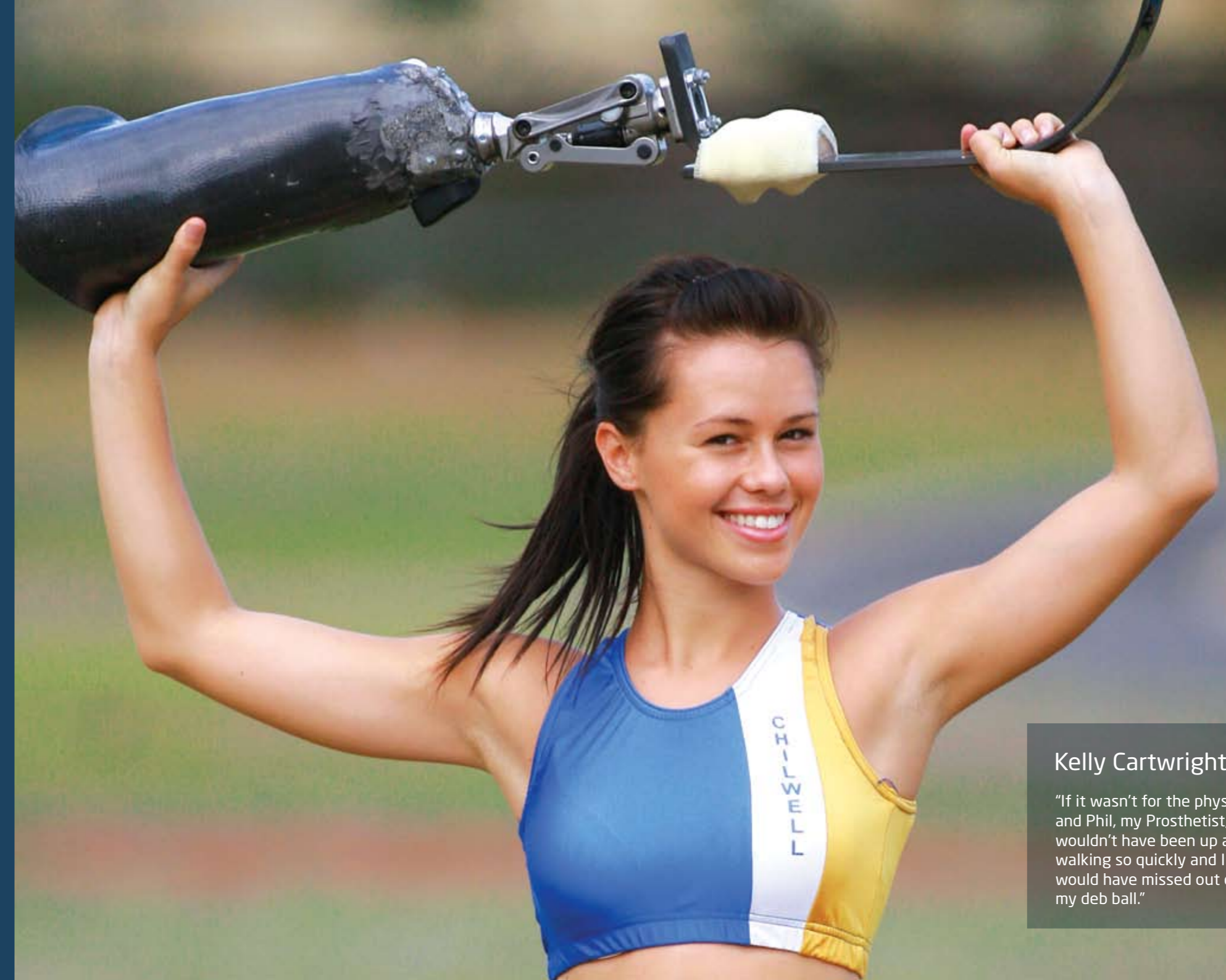
"Barwon Health has made a huge difference in my life after losing my leg. The staff there helped me have a great recovery and I really enjoyed my regular visits to the McKellar Centre," Kelly said.

"If it wasn't for the physio's and Phil, my Prosthetist, I wouldn't have been up and walking so quickly and I would have missed out on my deb ball."

"They are all still so fantastic when I go in for my scans - I feel so welcome."

In a true test of courage, Kelly recently returned from Mt Kilimanjaro in Africa, where she successfully climbed the 5895 metre high mountain.

She completed the climb with a basic hydraulic knee instead of her usual prosthetic which would have frozen at high altitudes. The climb raised money for children's hospitals around Australia.



## Kelly Cartwright

"If it wasn't for the physio's and Phil, my Prosthetist, I wouldn't have been up and walking so quickly and I would have missed out on my deb ball."

# Board of Directors

## BOARD PROFILES



### CHAIR (OUTGOING) **Claire Higgins, BComm, FCPA, FAICD**

Claire Higgins was appointed to the Board of Barwon Health in November 2000 and elected Chair in 2002. Claire is a highly qualified and results driven Company Director with extensive board and governance experience within Victorian Government sector organisations and financial management expertise with International and Australian Listed Companies.

Claire possesses strong commercial acumen with highly developed skills in strategic planning, corporate governance, risk management, change management, lean manufacturing, and OH&S. Claire is an energetic and highly committed business executive with a natural desire and proven ability to engage stakeholders, motivate staff and achieve business success. Claire has exceptional leadership and communication skills with demonstrated ability to develop and mentor highly skilled and performance orientated teams.

### **Chris Burrell BA Law, Grad Dip Legal Practice, Cert Micro Mediation, Cert OH&S**

Chris is the founder of Prosperity Legal and has been practising in the areas of workplace relations and commercial law for over 10 years. Before opening Prosperity Legal, Chris was the General Counsel and National Manager, Workplace and Risk, for IPA Personnel Pty. Ltd. Prior to joining IPA, Chris had worked in senior positions at a variety of organisations including the Master Builders Association, the South Australian Chamber of Commerce and Industry and the University of New England.

Chris is a non-Executive Director on the Board of Mercury Brands Limited, a publicly listed wholesale clothing company which owns the right to sell brands like Playboy, Rochford and No Fear throughout Australia and New Zealand.



### CHAIR (INCOMING) **Dr Owen Donald FIPAA, MAICD**

Owen Donald was appointed Chair of the Barwon Health Board of Directors in July 2009.

Owen has over thirty years experience in policy development, service delivery and financial management at Commonwealth and State levels and in the private sector. He started his career in health services research and planning before moving into policy advising and senior management roles. He has a strong background in managing public assets, including as Director of Housing in Victoria until July 2007 and as a Board member of Southern Health until June this year.



### **Marcus Dripps, B Physiotherapy**

Marcus has 15 years experience in the private healthcare sector in Australia and the USA.

A physiotherapist by training, Marcus is involved in clinical practice and has advisory roles to compensable bodies such as the Transport Accident Commission and Worksafe Victoria.

In addition he is an advisor to the Australian Commission on Safety and Quality in Healthcare and is a non-Executive Director of the Australian Physiotherapy Association. He is a director of Quality in Practice Physiotherapy and is actively involved in the accreditation of health services.



### DEPUTY CHAIR **John Frame**

John Frame was appointed to the Barwon Health Board in November 2003 and elected Deputy Chair in December 2006. John was a Member of Victoria Police from June 1961 to January 1993. John served in various uniform, criminal investigation and specialist positions, being appointed to the position of Deputy Commissioner (Operations) in February 1988 with responsibility for all operational aspects of Victoria Police programs throughout the State.

John is a deputy chair of the Police Appeals Board, a member of the Board of Directors of Ambulance Victoria and chair of the Greater Geelong Local Safety Committee.



### **Janet Farrow B SocWk, MBA, Grad. Dip. Law**

Janet holds a bachelor degree in Social Work and a Masters degree in Business Administration and a Graduate Diploma in Law, Monash University. She was awarded a Churchill Fellowship in 2001 to examine treatment and support programs for individuals and their families where substance abuse, family violence or mental disorders are present. This involved travel to North America, Britain, Sweden and Netherlands as part of her research. In 2003 Janet completed the Williamson Community Leadership Program. Janet has clinical experience in the drug treatment services, mental health, child and family welfare and disability sectors and has held senior clinical and management roles in forensic psychiatry and drug treatment services. For a two-year period she was a senior policy adviser in the Victorian Government's Department of Premier and Cabinet, during which time she served on the secretariat of the Premier's Drug Advisory Council.

# Board of Directors

## BOARD PROFILES



### **Damian Gorman, BA Recreation Management**

Damian was appointed to the Barwon Health Board in November 2004.

Damian is currently employed as a Strategic Planning Consultant, providing services to Local Councils throughout Australia in relation to their planning and management of leisure facilities.

Damian has extensive experience in Health Promotion and was involved in establishing the Health and Well Being Unit at Deakin University. Damian has also spent several years working for local disability support agencies including Gateways, Bethany and Leisure Networks.

### **Dr David Mackay BAgEc(Hons); MEd; GradDipComp; PhD (Information Systems) FACS**

David Mackay was appointed to the Barwon Health Board in 2008. He recently retired as an Associate Professor in the School of Information Systems, Faculty of Business and Law at Deakin University. He is now an Honorary Fellow of the University. David was Director of an honors level degree program in business information technology. His research interests are in the areas of supply chain management, business information systems, information security & privacy, including electronic fraud. He has authored over 70 publications during his years as an academic. In 2007 he was elected a Fellow of the Australian Computer Society. He currently holds a position at RMIT as an academic mentor to business IT students completing their industry-based learning placements.

David is currently a Director of the Geelong Chamber of Commerce, and was recently its President for two years.



### **Michael Hirst**

Mike Hirst joined Bendigo Bank in 2001 to establish the Wealth Management business and subsequently ran the Bank's Strategy and Solutions areas prior to taking on the role of Chief Operating Officer. He currently holds the position of the Chief Executive, Retail Bank. In this role Mike has responsibility for the retail distribution network, treasury and all retail product areas of the Bank. Mike was previously General Manager, Treasury for Colonial and has worked for Chase AMP and Westpac. Over Mike's 29 years in banking he has held positions managing branch banking, finance and planning with extensive experience in capital and financial markets. Mike is a Director of Treasury Corporation of Victoria, Barwon Health, Elders Rural Bank, Sandhurst Trustees and a number of other Bendigo Bank subsidiaries.



### **Dr Sarah Leach RN, BN (Hons), PhD.**

Dr Sarah Leach has been an active participant in healthcare, community and welfare services either in a professional capacity or as a volunteer for over 25 years. Sarah has expertise and qualifications in senior nursing, academic, and health management positions and more recently as a health and business consultant. From her professional nursing and academic work she has well developed leadership and management skills. These roles have also given her grounding in corporate governance practice, strategic planning, service & program development, work force planning, leadership development, risk management and clinical governance in healthcare. Through these roles, Sarah has developed extensive networks in government departments, health agencies, and tertiary institutions across Victoria and particularly in the Barwon South-Western region. Sarah is currently the Chair Person of Bethany Community Support Inc; a not-for-profit welfare agency in Geelong, a Director of The Geelong College Council, a member of The Royal College of Nursing and the Australian Institute of Company Directors.

Boards have many roles. At the highest level we are charged with ensuring the best possible services in response to community needs with the resources at our disposal. Our role is strategic.

# Board Committees

**A** = APOLOGY

**LOA** = LEAVE OF ABSENCE SHADED AREA INDICATES PERIODS WHERE ATTENDANCE WAS NOT APPLICABLE

**X** = MEETINGS NOT SCHEDULED

**★** = DIRECTORS NOT ON COMMITTEE AT THAT TIME

## Meeting Title Board Meeting Meeting Frequency Last Friday of the Month

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	% ATT
Christopher Burrell	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	A	90
Marcus Dripps	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	100
Janet Farrow	✓	✓	✓	A	X	✓	X	✓	✓	✓	✓	✓	90
John Frame	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	100
Damian Gorman	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	100
Claire Higgins (Chair)	✓	✓	A	✓	X	✓	X	✓	✓	A	✓	✓	80
Michael Hirst	✓	✓	✓	A	X	A	X	✓	✓	✓	✓	✓	80
Sarah Leach	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	100
David Mackay	★	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	100

## Meeting Title Audit Committee Meeting Frequency Quarterly

	AUG	DEC	MAR	JUN	% ATT
Chris Burrell	✓	✓	✓	A	75
John Frame	✓	✓	✓	✓	100
Mike Hirst (Chair)	✓	✓	✓	✓	100
Claire Higgins	✓	✓	✓	A	75
David Mackay	★	✓	✓	✓	100

## Meeting Title Clinical Quality and Risk Management Meeting Frequency Quarterly

	AUG	NOV	FEB	MAY	% ATT
Marcus Dripps	✓	✓	✓	A	75
Janet Farrow (Chair)	✓	A	✓	✓	75
Sarah Leach	✓	✓	✓	✓	100
David Mackay	★	✓	✓	✓	100

## Meeting Title Community Engagement Committee Meeting Frequency Bi-Monthly

	AUG	OCT	DEC	FEB	APR	JUN	% ATT
Janet Farrow	✓	★	X	★	★	★	100
Claire Higgins (Chair)	✓	✓	X	A	A	✓	60
Marcus Dripps	★	✓	X	✓	✓	✓	100

## Meeting Title Facilities Development Committee Meeting Frequency Bi-Monthly

	AUG	OCT	DEC	FEB	APR	JUN	% ATT
Chris Burrell	A	✓	✓	✓	✓	A	67
Damian Gorman	✓	✓	A	✓	A	✓	67
Marcus Dripps	✓	✓	✓	✓	✓	✓	100
David Mackay	★	✓	✓	✓	✓	✓	100

## Meeting Title Governance and Remuneration Committee Meeting Frequency Quarterly

	OCT	DEC	FEB	MAY	% ATT
Chris Burrell	A	✓	✓	A	50
John Frame (Chair)	✓	✓	✓	✓	100
Damian Gorman	✓	✓	A	✓	75
Claire Higgins	✓	✓	A	✓	75
Mike Hirst	✓	✓	✓	✓	100

## Meeting Title Research and Ethics Meeting Frequency Monthly (No meeting held in January)

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	% ATT
John Frame (Chair)	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	100
Janet Farrow	✓	✓	A	✓	A	A	X	✓	✓	★	★	★	63
Sarah Leach	★	A	A	✓	✓	✓	X	✓	✓	A	A	A	50

## Meeting Title Primary Care and Population Health Meeting Frequency Quarterly

	AUG	DEC	MAR	JUN	% ATT
Chris Burrell	X	★	✓	A	50
Marcus Dripps	X	★	✓	✓	100
Janet Farrow	X	✓	✓	✓	100
John Frame	X	★	✓	✓	100
Damian Gorman (Chair)	X	✓	✓	✓	100
Claire Higgins (Chair)	X	★	✓	A	50
Michael Hirst	X	★	✓	✓	100
Sarah Leach	X	A	✓	✓	66
David Mackay	X	★	✓	✓	100

# Executive Team and Clinical Directors

## Chief Executive

Sue De Gilio  
NZROT, M.Sc. (Bristol), CHSM, AFCHSE, FAICD

## Deputy CEO (rotational) and Executive Director Central Services

Paul Cohen  
BA (Hons) Politics and Govt

## Executive Medical Director

Dr Tony Weaver  
MBBS, FANZCA, FJFICM, FFPANZCA, FIPP (WIP)

## Executive Director Nursing, Midwifery and Residential Aged Care

Dr Lucy Cuddihy  
RN, DN, RM, MBA

## Executive Director Ambulatory Services

Robyn Hayles  
RN, MPH

## Executive Director Building and Infrastructure

Stuart Pickering  
B Architecture, Cert Tech., Dip Mgmt

## Executive Director Commercial Services

John Linke  
B Comm., FCPA, BHA, AHSFMA

## Executive Director Human Resources and Organisational Safety

Perry Muncaster

## Executive Director Medical Services

Alexander (Sandy) Morrison  
M Bus, BHA, AFCHSE, CHE, AAICD

## Executive Director and Clinical Director Mental Health, Drug and Alcohol Services

Professor Tom Callaly  
FRANZCP, MRC Psych, FAAQCH, MB, B.Ch, B.Sc, H.  
Dip in Ed, MBL

## Executive Director Surgical Services

Peter Watson

## Clinical Director Ambulatory Services and Director Inpatient Rehabilitation Services

Fiona McKinnon  
B App Sc (Physiotherapy), MHA

## Clinical Director Medical Services

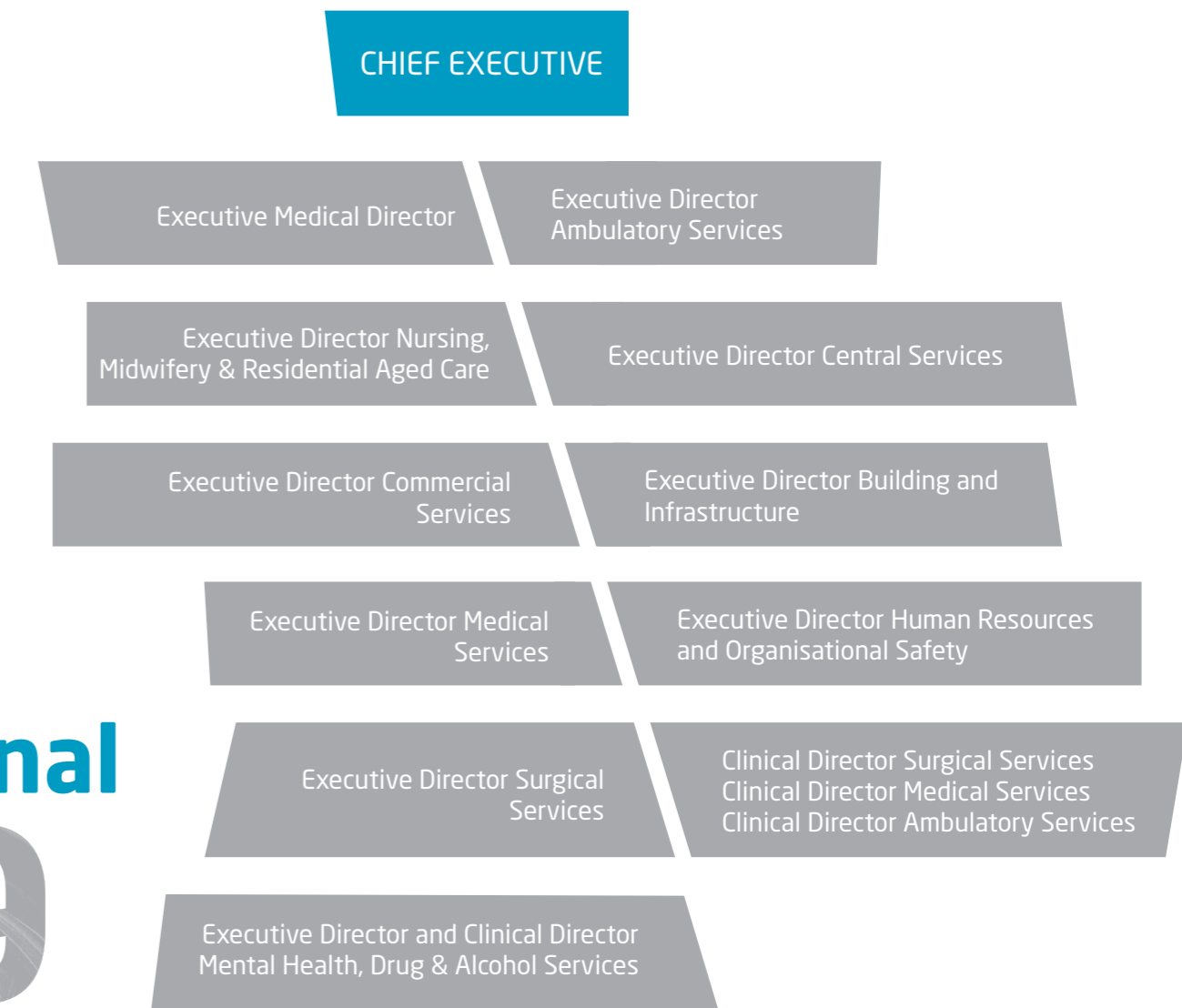
Dr Paul Talman  
Sc (Hons), MBBS, FRACP, PhD







# Organisational Chart 09



# Caleb Rixon a smooth journey

At 24 years old, Geelong born Caleb Rixon had his life on track.

Graduating from the Western Australian Academy of Performing Arts in 2007, Caleb performed the lead role in *Crusade* and made his professional stage debut in the Off-Broadway smash hit, *Altar Boyz*. In October 2008 he was cast in the major musical *Chicago*.

A couple of weeks after his *Chicago* offer and just three days after his 24th birthday, Caleb suffered a major stroke while working out at the gym.

The stroke put him in a coma and a lengthy five week stay in Intensive Care at a Sydney Hospital before being moved to a recovery ward. He was then air lifted to The McKellar Centre to undergo intensive rehabilitation.

Caleb's stroke affected his Brain Stem and Cerebellum.

"I had to re-learn how to walk, talk, swallow, see and breathe again," Caleb explained.

"I also had to re-learn and encourage my body to sneeze and cough again. Once I re-learnt these actions, I realised how fun they had been all those years - and I'm not one to miss out on fun!"

Caleb utilised each gym at the McKellar Centre and particularly enjoyed the freedom of his 'Circuit Group'.

"I had Physiotherapy, Speech Therapy, Occupational Therapy, Clinical Psychology, Neuropsychology and Dietetics on tap," he said.

"I was literally beginning at 8.30am and finishing 4.30pm, Monday to Friday!"

Since leaving residency at McKellar, Caleb is still an Out-Patient at the Community Rehabilitation Centre.

"I enjoy Running Group, Physiotherapy, Dysphagia Rehab (swallowing) and chewing the ear off my Clinical Psychologist whenever a new challenge pops up!" Caleb exclaimed.

There have been over 60 people involved in Caleb's care from the first night to today.

Caleb's physiotherapist, Jess, leads the Running Group at the McKellar Centre. Caleb joined the group in June 2009.

"Cal has three main goals for Running Group," said Jess. "One - to be able to get up and down stairs safely without the rail, two- to be able to jog for fitness, and three- to return to dancing," Jess said.

"Cal continues to make improvement toward his goals. He is now walking faster with longer steps, and running quicker with more coordination. Cal's motivation and positive attitude are great assets that have assisted his improvement to date."

Caleb is very appreciative of Barwon Health for helping him achieve so many of his goals.

"Some of the goals I have achieved since my rehab include getting my percutaneous endoscopic gastrostomy (PEG) tube removed, getting off all my medications, walking more confidently, speaking more

proudly, showering without holding on and peeing standing up!" Caleb exclaimed.

"My most important goal has never been discussed with any of my therapists; I want to be smiling on the inside when I'm smiling on the outside. I'm doing that today and I plan to continue practicing this," he said.

"For me, I feel very grateful this has all happened to me. Not many people go through what I've been through, but I see it as a blessing that I have been given this second chance at life."

"I have chosen to love and embrace this new life I have been given; one filled with challenges and the ever lasting reminder of how good I already had it."

## Caleb Rixon

Three days after his 24th birthday, Caleb suffered a stroke. "I had to re-learn how to walk, talk, swallow, see and breathe again"



# Caring for the Carers



For our commitment to the learning and development of our staff, Barwon Health has been nominated as an Outstanding Employer of the Year in the Victorian Training Awards 2009

## WORKFORCE

Barwon Health currently has a workforce of 5,440 that comprises of the following demographics:

- 79% of the workforce is female
- Median age of employees is 44 years of age (female 44, male 42)
- Average tenure is 8.08 years
- Turnover rate has dropped from last year's rate of 4.3% to 2.96%
- 81% of employees are permanent with just under 50% employed on a permanent part-time basis

	FEMALE	MALE	GRAND TOTAL
Nursing Services	229	2249	2478
Administration & Clerical	103	605	708
Medical Support Services	117	302	419
Hotel and Allied	182	560	742
Medical Officers	49	12	61
Hospital Medical Officers	183	169	352
Sessional Medical Officers	194	36	230
Ancillary Support Services	70	380	450
<b>Grand Total</b>	<b>1127</b>	<b>4313</b>	<b>5440</b>

	FEMALE			MALE			GRAND TOTAL
	CASUAL	FULL TIME	PART TIME	CASUAL	FULL TIME	CASUAL	
01 Nursing Services	519	414	1316	50	111	68	<b>2478</b>
02 Administration & Clerical	72	210	323	1	91	11	<b>708</b>
03 Medical Support Services	32	145	125	10	82	25	<b>419</b>
04 Hotel and Allied	115	82	363	40	98	44	<b>742</b>
05 Medical Officers		9	3	2	46	1	<b>61</b>
06 Hospital Medical Officers	44	123	2	52	124	7	<b>352</b>
07 Sessional Medical Officers	4		32	26		168	<b>230</b>
08 Ancillary Support Services	65	133	182	19	34	17	<b>450</b>
<b>Grand Total</b>	<b>851</b>	<b>1116</b>	<b>2346</b>	<b>200</b>	<b>586</b>	<b>341</b>	<b>5440</b>

## HUMAN RESOURCE MANAGEMENT

### Public Sector Values and Employment Principles

Public Sector Values and Employment Principles have been incorporated into Barwon Health's leadership and employee orientation programs. The employment principles have also been incorporated into our recruitment and selection training programs to ensure that all employment decisions are based on merit and equity. Barwon Health is an Equal Opportunity Employer.

### Training and development

This year Barwon Health has been able to develop the induction program to include a DVD of our employees to give new and potential employees a snap shot of a 'Day in the Life of Barwon Health.'

Managers who have been participating in the accredited management courses, graduated in June.

For our commitment to the learning and development of our staff, Barwon Health

has been nominated as an Outstanding Employer of the Year in the Victorian Training Awards 2009.

### Occupation Health and Safety (OH&S)

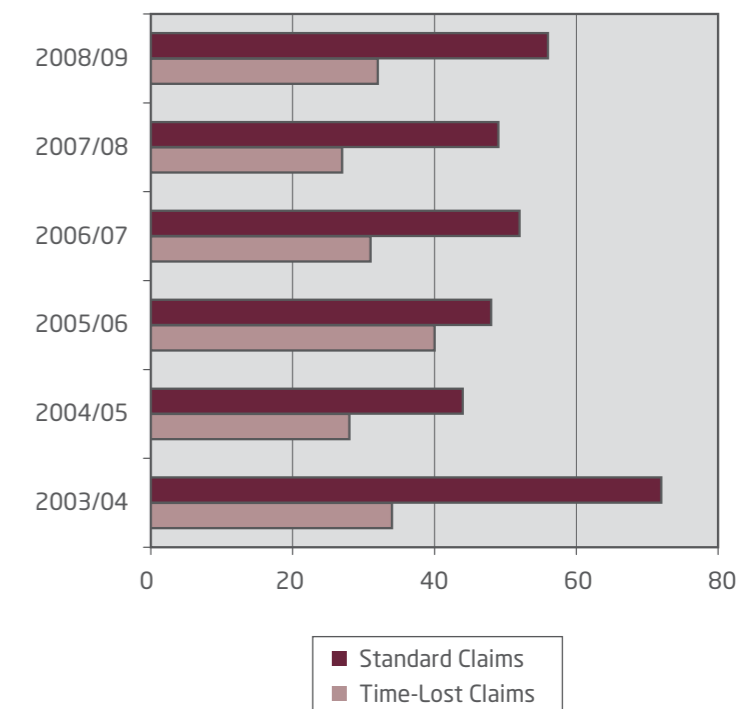
Barwon Health has built on the OH&S initiatives of the past year by:

- Responding to our OH&S gap analysis
- Updating policy and procedures in a consultative process
- Developing an E-Learning platform in partnership with the Victorian Work Cover Authority.

E-Learning is broadening the way Barwon Health delivers competency based OH&S training with 'Return to Work' for managers, 'Fire and Emergency Procedures', and soon, a contractor's induction program.

Barwon Health has produced the DVD 'Elimination of Bullying' that further supports all employees in the recognition and elimination of workplace bullying. This DVD has been submitted for the annual WorkSafe awards.

## SIX YEAR STANDARD AND LOSS-TIME CLAIMS



## STAFF CARE

StaffCare provides a range of services aimed at supporting the health and wellbeing of Barwon Health staff. Our services reflect Barwon Health's commitment to its employees, and to the health of the wider Barwon community. The main service delivery areas are supported by a commitment to quality processes, systems and infrastructure, and to developing effective partnerships both within and external to Barwon Health.

Services include:

- Pre-placement medicals aimed at ensuring new staff are fit and well to undertake the tasks required of them and that they are appropriately immunised
- Vaccination program aimed at ensuring all staff continue to be appropriately immunised
- Employee support aimed at proactively building staff skills in managing people and relationships within the workplace and addressing specific incidents as they arise
- General clinical services including treatment for workplace injury and potential infection exposures, as well as limited GP services for staff

- A wide range of health promotion and education initiatives aimed at promoting general health and wellbeing and preventing chronic disease

## HEALTH PROMOTION ACTIVITIES 2008-2009

StaffCare are very supportive of any initiatives that focus on prevention and support an integrated approach in which health promotion is incorporated where possible into existing services. StaffCare has committed to seek opportunities for preventative health care and health promotion at every client/patient contact starting from the pre-employment medical. Our activities in this regard are both individually tailored based on staff members' needs and interests, and also themed around major health topics in line with the Health Promotion Plan implemented by the Population Health Unit. StaffCare have continued to support promotion of good health behaviours for staff, such as healthy food choices and promotion of physical activity throughout 2008-2009. In addition to ongoing communication via the StaffCare intranet site and noticeboards, the following are some of the major health promotion activities conducted throughout the year:

- Vending Machine Review, which identified the opportunity to increase the availability of healthy food choices through vending machines at Barwon Health
- "Healthy Bones Week" incorporating Bone Density Screening and Healthy Bones Walk 'To the Bay and Back'
- Ride to Work Project including the Barwon Health Bicycle User Group (BUG) and National Ride to Work Day
- Walking Maps for The Geelong Hospital and McKellar Sites to promote local options for walks of 25 minutes duration
- SmokeFree Hospital including offering smoking cessation support to staff and administration of the SmokeFree policy
- Future planning - health screening. Development of existing software to integrate health screening services for staff.

## RISK MANAGEMENT

During 2008-09, the Governance Unit focused on evolving risk management from a focus on compliance, to a culture of "that's how we do business". At a strategic level, the challenge is to identify, manage

and mitigate risks that transcend the organisation and interagency partnerships. Such risks include climate change, people, infrastructure and pandemic continuity planning, each of which is of a magnitude and complexity that compels collaborative thinking and action.

We continue to work closely with the Victorian Managed Insurance Authority (VMIA) to identify emerging public sector risks and claim trends. Following an invitation to participate in development of the VMIA's "Guide for Developing and Implementing Your Risk Management Strategy, guidelines and procedures. The framework supports the practical implementation and monitoring of risk management activities across the organisation.

In May 2009, we updated our Clinical Safety Framework. The framework contributes to improved clinical safety by identifying and reducing circumstances that put patients, clients and residents at risk.

## RISK PROFILING

Independent Site Risk Surveys (SRS) have been completed for the Geelong Hospital and McKellar Centre sites in the last year. The focus of the SRS is to identify the property and public liability risk profile. The profile did not identify any areas of significant concern.

Prior to the publication of the findings of State Government initiated reports examining the integrity of data provided by public hospitals in relation to Emergency Departments and Elective Surgery performance, Barwon Health commissioned an independent assessment of its own internal controls and practices. This investigation found no material inconsistencies in the data Barwon Health provides to the Department of Human Services.

Traditionally we have looked to the past in order to forecast the future. Many emerging risks may have no historical point of reference which has compelled us to refine our risk management approach. The annual strategic risk assessment process now incorporates a review of emerging external issues that have the potential to influence Barwon Health's key business decisions and operations.

The strategic risk profile of the organisation as at 30 June 2009 is given below in table 1.

RISK TYPE	OPEN N = 18		TOTAL
	Active Management	Monitoring Only	
Strategic	2	1	3
Business	8	4	12
Clinical	2	1	3

"A vibrant progressive attitude was palpable throughout the whole of Barwon Health, with clear evidence that the organisation wished to be at the cutting edge of developments"

ACHS Accreditation Team May 2009

## GOVERNANCE COMMITTEE STRUCTURE & FUNCTION

Barwon Health's assurance framework is structured such that key risk management committees regularly supply reports to the Board, allowing the Board to be integral to the oversight and control function of the organisation. Financial systems are systematically monitored by the Audit Committee with the express aim of identifying and assessing potential risks relating to fraud and corporate administration. The Quality and Risk Committee monitors all areas of clinical safety and compliance with national and state quality and safety system requirements. The Governance and Remuneration Committee assists the Board discharge its duty with regard to corporate governance policies and practices. These committees provide assurance to the Board that the organisational risk management processes are consistent with the Australian New Zealand Risk Management Standard, and are effective in controlling risk and regularly independently reviewed.

# Recognising our staff

## 2008 PUBLIC HEALTHCARE AWARDS

Barwon Health was awarded 'Highly Commended' in the Premier's Award category Regional Health Service of the Year at the Victorian Public Healthcare Awards.

In the category 'Providing sustainable, well managed and efficient health services', Barwon Health received a highly commended award for Prompt - Protocol Management Production Tool, the electronic policy and guideline system.

## SAMUEL GERSHON AWARD

Dr Seetal Dodd was awarded the prestigious International Society for Bipolar Disorders Samuel Gershon Award. An international panel decided the four winners.

## JOHNSON AND JOHNSON MIDWIFE OF THE YEAR

Midwife Margie Neyland was awarded Johnson and Johnson Midwife of the Year in May 2009.

A letter of nomination was sent in by patient, Katrina Sangster who said Margie helped her to feel empowered during her baby's birth.

A panel from Johnson and Johnson short listed the nominations for the Australian College of Midwives to select the winner.

Margie has been a breast feeding counsellor for many years and has given many hours to the women of Geelong.

## OAM MEDAL

Associate Professor John Agar was awarded a Medal of the Order of Australia for his service to renal medicine, and to the community of Geelong.

## RESEARCHER OF THE YEAR AWARDS 2008

The G-Force Recruitment Researcher of the Year Award was awarded to Professor Michael Berk of Barwon Health/Melbourne University for his research project "Testing the glutathione dysfunction hypothesis of Bipolar Disorder: A Double Blind Randomised Placebo Controlled Trial of N-Acetyl Cysteine."

Professor Berk also won the St John of God Pathology/PathCare Health and Lifestyle Award.

The Deakin University Early Researcher Award went to Felice Jacka of Barwon Health for her project "The relationship between depressive and anxiety disorders and lifestyle: are diet and exercise modifiable risk factors?" \$5,000 was awarded to Felice for her project which involves an examination of the association between diet and exercise and depressive illness in a sample of over 2000 adults from the Barwon region.

The GHD Save the Planet Award went to Associate Professor John Agar of Barwon Health for his research project "Water conservation in Haemodialysis: Uncharted Waters." \$5,000 was awarded to Ass Prof Agar for his pioneering and innovative work in conserving water at Barwon Health. Associate Professor Agar also won the CSIRO Materials, Science & Engineering Highly Commended Award for his project.

## REGIONAL HEALTH SERVICE OF THE YEAR - HIGHLY COMMENDED 2008

The Premier's Award is part of the annual Public Healthcare Awards and recognises the overall achievements and performance of health services.

Given the capacity issues we have been facing over recent years, this is truly welcome recognition of the hard work invested in our services by all staff, in spite of the constraints.



The G-Force Recruitment Researcher of the Year Award was awarded to Professor Michael Berk of Barwon Health/Melbourne University for his research project "Testing the glutathione dysfunction hypothesis of Bipolar Disorder: A Double Blind Randomised Placebo Controlled Trial of N-Acetyl Cysteine"

## SENIOR STAFF CHANGES

Dr Neil Orford was appointed to the role of Director of the Intensive Care Unit. Neil started his medical career as an anaesthetist before switching to become an Intensivist. In gaining his Fellowship, Neil was awarded the Don Harrison Medal and now sits on the Board of the Joint Faculty of Intensive Care Medicine (JFICM)

Jeff Umbers was appointed as the Operations Manager of Barwon Medical Imaging (BMI), after acting in the role over the past 12 months. Jeff will be responsible for all operational matters relating to Medical Imaging.

Kate Nelson was appointed Director of Communications, Marketing and Community Engagement. Kate was the Victorian Marketing Manager for St John of God Pathology/PathCare and brings 18 years of experience to the role.

Loriana Steffinlongo commenced with us on Wednesday 14 May in the role of Payroll

and Benefits Manager. Loriana comes to us with a wealth of experience in Payroll and Remuneration Management including previous experience within other State Agencies and Local Government.

Yvonne Hewitt returned from maternity leave and has been appointed as Director, Education and Training, seconded from the role of Executive Director, Surgical Services. Peter Watson continues in the role of the Executive Director, Surgical Services.

## OBITUARIES - MOIRA MCNAIR

Moira McNair, past vice president and board member of the Geelong Hospital.

Moira was appointed to the board of the Torquay Community Health Service in September 1987. She was also involved in the amalgamation of the Anglesea and Torquay Community Health Services.

Moira was an active member of the Ladies Auxiliary. She became president in 1994

and continued her role each year until it was dissolved in 2006. The Ladies Auxiliary raised more than \$170,000.

Moira was a great contributor to Barwon Health, particularly in the Surf Coast region.



# Key highlights across Barwon Health

## AGED CARE

### Launch of Residential Aged Care Plan 2007-2010

The Residential Aged Care Direction and Business Plan was launched in August 2008 at a planning session where residents, members of the Board of Directors, community representatives, volunteers, and staff attended. The launch was preceded by a workshop that reviewed the milestones, confirmed priorities for the future, and identified any gaps that have emerged since the plan was developed.

### Opening Alan David Lodge

In October 2008 Lisa Neville, Minister for Mental Health, Community Services and Senior Victorians Member for Bellarine, officially opened the 108 bed Alan David Lodge. This is the third new facility for High Level Care and is located at 382 Torquay Road, Armstrong Creek.

## Aged Care Standards and Accreditation

The Residential Aged Care Service has maintained full accreditation throughout the year. This has been confirmed through four Support Contact visits from the Aged Care Standards and Accreditation Agency, two of which were at Alan David Lodge, one at Percy Baxter Lodges and one at the McKellar site (Wallace Lodge and Blakiston Lodge).

## Awards and Recognitions

### Information Technology in Aged Care (ITAC) Aged Care Industry IT Awards

At the recent ITAC Industry Information Technology Awards the Barwon Health Residential Aged Care program was chosen as the national winner for implementation of the Lee Total Care (LTC) system under the "Best Implementation of the Year - Over 150 Places Award" category. LTC is an integrated care and lifestyle management software program which has been specifically designed for use in residential aged care.

This nationwide recognition is significant and was achieved through substantial planning that was undertaken between Aged Care, Health Information Services and the Information Technology Department.

### Aged and Community Care Victoria (ACCV) State Awards for Excellence

At the inaugural ACCV State Awards for Excellence, a long time volunteer June Longmore was recognised for her years of volunteering in Residential Aged Care. June has been volunteering at the McKellar Centre since 1981 and continues to bring enrichment to the lives of our residents and their families, and to the staff.

## New Initiatives

### Registered Nurse Division 1 Graduates in Residential Aged Care

This year marks the first time that participants from the Graduate Nurse Year, Registered Nurse Division 1 program have rotated through the Residential Aged Care Program. The first cohort of four nurses commenced in Blakiston and Wallace Lodges in January with the second group

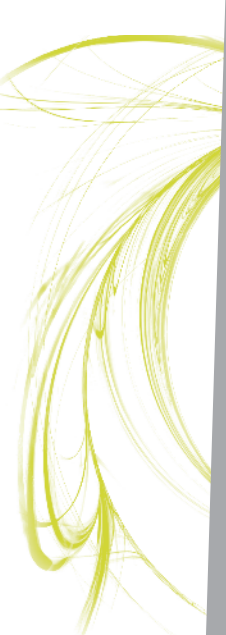
joining the staff in Alan David and Blakiston Lodges in March.

Current evaluations show that the participants are enjoying their placements and the newly graduated nurses are feeling well supported. These new positions are essential to the sustainability of the nursing workforce plan.

## Transition Care Plus Program

Transition Care Plus (TCP) program is a time limited, goal oriented program that offers short-term accommodation, support and active management for older people at the completion of their acute or sub acute treatment phases. TCP opened in April 2009 and there are five beds located in Hostel 2 at Percy Baxter Lodges, McKellar Centre.

The program provides frail older people with the opportunity to complete their restorative process, optimise their functional capacity, and finalise access to long-term care arrangements in an aged care setting. The program includes activities and a lifestyle program in a supported and caring environment.



The Geelong Hospital's \$26 million Emergency Department was opened in March 2009 by the Hon Premier for Victoria, John Brumby, and the Minister for Health, Daniel Andrews.



### Residential In-reach Project

A Residential In-reach Project has been funded to develop a rapid response model of care delivery in the aged care sector. The aim of the project is to reduce the need to transfer a resident to the Geelong Hospital Emergency Department for assessment, if appropriate care can be provided in the residential care environment.

The project commenced in April 2009 and is a significant initiative for Residential Aged Care as it brings a specialist level of medical support and overview into our facilities, which was not previously available outside an acute hospital facility.

### Environment and Vision Optimisation in Residential Care (EnVORC)

This joint project was undertaken in collaboration with the National Ageing Research Institute (NARI) and the Centre for Eye Research Australia (CERA). The project was funded by the Commonwealth Department of Health and Ageing (DOHA) as part of their Eye Health Demonstration Grants Program. The project addressed vision related needs for older people in three Low Level Care residential aged care facilities; one in Geelong and two in metropolitan Melbourne.

The project commenced in Percy Baxter Lodges in September 2008 with the aim of quantifying the magnitude of vision impairment among the participating residents in Percy Baxter Lodges. The project aimed to understand the environmental factors that influence function and quality of life. The project was completed in May 2009 with recommendations for each participating resident being acted upon.

### AMBULATORY SERVICES

The 2008/2009 financial year has seen Barwon Health commence the creation of Ambulatory Services. Ambulatory Services is the integration of two previously separate service areas; Community Health and Sub Acute Care services. In the main these services share a philosophy of supporting the client to transition back to or be able to stay in their own environment.

The programs are goal oriented, offering a self-management approach to health care. They provide health care that takes into account the whole person, as a member of both a family or support network and a community. Care is provided in partnership with clients, families and the wider community offering mutual benefits for health through the sharing of skills,

resources and expertise. Clients have an opportunity to take on a central role in optimising their health and wellbeing. Services are offered from a range of geographical sites, with some services having a broader Barwon South West responsibility. This integration has resulted in an organisational restructure that aligns specialist services and community health teams.

### Complex Health Needs Care Co-ordination Project

This project focuses on improving access to health services for people with an intellectual disability living in departmental group homes. The Care Co-ordination roles have been undertaken by allocated Community (District) Nurses working across the service. The objectives focus on supporting health service staff to feel more confident in providing services for people with an intellectual disability and to improve planning, management and co-ordination for this population group.

### Wound Management Project

The Wound Management Project aimed to improve the quality of care of people experiencing chronic wounds in the community. The project took a holistic response to this issue and explored whether improved access to more clinically

effective products, along with better assessment, management, and treatment, could enhance quality of life and improve health outcomes for these clients.

### Successful application for developing Hospital Admission Risk Program/HIV support program

Barwon Health Hospital Admission Risk Program (HARP) has successfully lobbied for funding to conduct a pilot project providing health care services to clients in the community suffering chronic affects of HIV and AIDs. Barwon Health is one of four successful pilots and the only regional pilot.

### Opening of three additional Palliative Care beds following successful submission to DHS

Ongoing funding was confirmed for three additional palliative care beds that opened in late March 2009. These additional beds will ensure that palliative care can be provided in the most appropriate location, and will assist in improving overall capacity within the Acute and Ambulatory services.

### Ageing Well Expo

The inaugural 'Ageing Well Expo' was held in October 2008, in conjunction with Senior Citizens week, under the leadership of Karen Heseltine. The expo was an outstanding success. Over 300 people from

the Geelong Community visited the service and information booths, and attended workshops during the Expo.

### Refugee Health Program

Provision of accessible and culturally appropriate primary care services to the refugee community commenced at Corio Primary Care early in 2007 as Northern Suburbs Refugee Health Pilot Project. DHS funding enabled funding of a Refugee Health Nurse (RHN) to provide a broader program across the Barwon Region.

Roles of the RHN include the provision of timely and accessible services for refugee new arrivals, to increase refugee access to primary care services to improve their health and wellbeing and actively engage with local and state-wide networks.

### Commencement of Victorian Paediatric Rehabilitation Services

The Victorian Paediatric Rehabilitation Service at Barwon Health is part of a new state-wide service. A multidisciplinary service is available on a part time basis. Strong links between the Royal Childrens' Hospital and Barwon Health Paediatricians, enables children and their families to access services within their local community.

### Commencement of Chronic Neurology Clinics

Following a successful submission to DHS, funding was received to enable the commencement of fortnightly Chronic Neurology Clinics, with an initial focus on the assessment and management of patients with multiple sclerosis. These multidisciplinary clinics include input from Neurologists, Rehabilitation Consultants, Allied Health, and Nursing staff.

### BUILDING AND INFRASTRUCTURE

#### New Emergency Department - \$26.4m

The old Geelong Hospital Emergency Department was a state of the art facility when it was commissioned back in 1987, but 15 years later the facility was outdated, overcrowded and no longer able to cope adequately with the substantial growth in emergency demand experienced over recent years. Works to Stage 1 started March 2007 with the full, expanded \$26 million facility opening in March 2009 by the Hon Premier for Victoria, John Brumby, and the Minister for Health, Daniel Andrews.

### Clinical School (Teaching, Training and Research Facility) \$20.1m

\$20.1 million has been provided by DHS and the Commonwealth for the development of the Greater Geelong Clinical School as part of Deakin Medical School. The project consists of two levels of basement car parking and three levels of training and research facilities. Current budgets only allow for the fit-out of the first level of teaching space with the top 2 levels remaining as a shell until further funds are identified. Building has commenced with completion expected in February 2010.

### MRI Facility

The existing MRI was purchased and installed in 1998 and is approaching the end of its useful life. It was agreed to develop a new facility in space vacated by the Emergency Department, with provision for both a 1.5T and a 3T machine.

Works on the new \$2.4 million MRI facility started September 2008. Kane Constructions managed the construction of the facility in conjunction with Stage 2 of the Emergency Department and the new facility opened in March 2009 to patients.

### Operating Suites (two new theatres)

The State and Federal governments have committed \$7.5 million to provide two new operating theatres and refurbishment of the existing 8 theatres. This will provide a total of 10 well-equipped operating theatres (not including day surgery). The construction of the two new theatres is due to be completed at the end of June 2010 with the refurbishment of the existing eight theatres to follow. The refurbishment works are scheduled to be completed by the end of October 2010.

### PET (Positron Emission Tomography)

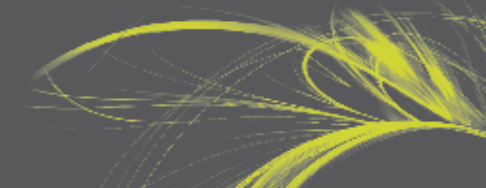
\$1.5 million has been committed to refurbish approximately 200 sq. metres of the existing BMI area on level one of Heath Wing to house the new PET CT Scanner. It is envisaged that the PET Scanner will be commissioned for use late April 2010.

### Geelong Hospital Electrical Services Upgrade

With the support of DHS, Barwon Health is in the process of replacing the electrical services infrastructure at the Geelong Hospital. The equipment was close to 37 years of age and over recent years reliability has been a growing concern. The work involves the replacement of electrical switchboards and associated infrastructure



The 3.0T Trio MRI system is the only 3 Tesla MRI in Geelong and produces brilliant high resolution images. This system, along with the new 1.5T Avanto scanner, place Barwon Health as one of the leaders in diagnostic imaging in Australia



and when complete, over \$4.2 million will have been invested.

#### McKellar Priorities

Surplus capital funds are being used to fund some of the current McKellar Priorities. The main focus of the funding is the \$1.7 million refurbishment of the old Psychiatric Ward (Hilary Blakiston house) to house Barwon Regional Aged Care Assessment Service, Aged Psychiatry and Administration. The project is due to be completed by November 2009.

A recent bequest has allowed the \$1.5 million Town Square landscaping works at McKellar to proceed. The new Inpatient Rehabilitation Centre, Blakiston Lodge, Main Reception and Community Rehabilitation Centre Clinical Buildings enclose the Town Square. It is anticipated that the works will be finished by November 2009 in time for the 'McKellar 50 Years' celebrations.

#### CENTRAL SERVICES

##### Digital Medical Records

The Digital Medical Record (DMR) allows all clinical paperwork to be scanned into a patient's record within the Barwon Health clinical system. This places information about a previous admission, outpatient attendance, emergency presentation

or residential stay on-line and makes it instantly accessible across all sites.

The DMR went live at McKellar in July 2008 and at the Geelong Hospital in October 2008 and every day over 4,000 pages are scanned into the system for easy and perpetual future access. This system enables safer care, removes frustration at delays waiting for paper records, and frees up significant physical space at McKellar and the hospital that was previously used to store huge volumes of paper files on-site.

#### MEDICAL SERVICES

##### Allied Health

Barwon Health has established a primary contact physiotherapy service in the Emergency Department at Geelong Hospital. With project funding from the Department of Human Services, a seven-day physiotherapy service was established to treat patients presenting with musculoskeletal conditions including strains, sprains and minor fractures. Evaluation of the primary contact physiotherapy service demonstrated that for patients with sprains, simple fractures and low back pain:

- The average length of stay in the Emergency Department is 65% less than prior to implementation of the PCP role.
- A reduction in average waiting time for category 5 patients of 28 minutes, compared to an average of 95 minutes pre-implementation of the physiotherapists' role.
- 89% of category 4 patients waited less than 60 minutes, compared to 42% pre-implementation of the service.

DHS has confirmed the primary contact physiotherapy service will receive funding for a further 12 months for the 2009/10 financial year.

##### Barwon Medical Imaging (BMI)

Throughout 2008-2009 Barwon Medical Imaging (BMI) actively sought to re-establish its foundations with the support of funding from Barwon Health and DHS, to ensure it was positioned to meet the current and future demands for high quality diagnostic imaging.

This was initially led by the Picture Archiving Communication System (PACS) project, that is, the replacement of film with digital images, and has been recently complemented by investments in leading technology including 64 slice CT and two

new MRI scanners including a 3T MRI. Future investment in new services such as PET and the continued upgrading of existing equipment will position BMI as one of Australia's leading medical imaging departments.

##### Workload Statistics

Total patient examination numbers are up by over 10% for the year. CT patient numbers have exceeded the projections in the CT business plan, resulting in a positive budgetary outcome for the CT service. MRI patient examination numbers have increased by 40% since the opening of the new suite, with further throughput improvements possible as examination protocols are refined and staff training continues.

Report turnaround times have improved as on-site radiologist numbers have grown, with all urgent and external referred exams having final reports available within 24 hours and 80% of internal examinations finalized within 24 hours.

##### Access Improvements

New external and internal signage has been planned in conjunction with the Communications and Marketing department to improve patient access at all BMI sites. Direct access to BMI is now available from

our new Ryrie Street entrance. All BMI patients can use this new entrance, leading directly into the heart of BMI. Drop off for BMI patients is now available at the door, and permit parking is available (shared with ED patients).

A major project that provides external access to BMI images and reports for all doctors in Geelong is nearing completion. Medical images may be viewed by doctors external to Barwon Health via the internet. BMI has been leading the roll out of PULSE, which allows direct electronic result distribution and other communications from Barwon Health, to GPs and Specialists. SMS messaging has recently been introduced, allowing BMI staff to send appointment reminders to patients the day prior, thereby assisting in the timely arrival and completion of appointments.

##### Waiting Times

All clinically urgent examinations are able to be completed as required. Waiting times for BMI examinations have improved over the last 12 months with interventional radiology waiting times being reduced by 50% and recently MRI waiting times dropping by almost 100%.

##### Equipment and Facilities

There is no doubt that 'world's best' equipment and facilities are now available

at Barwon Health. In 2006 Barwon Health introduced the first full digital x-ray room to the Geelong region. In 2009 a second full digital x-ray room was added as part of the ED redevelopment. The main advantages of these new systems are the workflow improvements, with images available within five seconds and a radiation dose reduction in the order of 50%.

In 2008, Barwon Health introduced two 64 slice CT systems to Geelong Hospital and Geelong Private Hospital. These state of the art CT scanners from Philips were the first installed in Australia using the new nanodetector technology. All CT scans are now acquired as a volume data set, which can be reconstructed in any orthogonal plane and 3D. This technology has not only vastly improved all CT procedures but it has opened the door to new examinations including cardiac CT, CT angiography, CT colonography and CT perfusion.

In 2009 Barwon Health opened the two new MRI scanners from Siemens - a 1.5T Avanto and 3.0T Trio. This is the first time in regional Victoria that back MRI systems have been installed.

There is excellent patient access to this new service from Ryrie Street. The new MRI systems are faster, quieter, and more comfortable for patients. The 3.0T Trio MRI system is the only 3 Tesla MRI in Geelong and produces brilliant high resolution

images. These new MRI systems place Barwon Health as one of the leaders in diagnostic imaging in Australia.

##### Future Plans

The most significant service improvement for the foreseeable future is the introduction of a PET/CT service to Barwon Health. It is anticipated that this service will be operational prior to the middle of 2010. The re-branding and re-launch of the BMI service will be coupled with the introduction of an improved web site allowing greater accessibility to consumer information for both medical practitioners and patients.

##### Cancer Services

Cancer Services have had a busy year, in line with the increasing incidence (around +3% per year) and active prevalence of cancer in our community.

The redevelopment of the Andrew Love Cancer Centre and new equipment, including radiotherapy equipment with two new linear accelerators and a planning CT, are now fully bedded down, commissioned and operational, with exciting enhancements in development, which will increase the accuracy of tumour dosing and further decrease toxicity in this modality of therapy.

Major IT infrastructure to support Radiotherapy operations (Aria) and chemotherapy prescribing and administration (Charm) have been acquired and commissioned, and are fully operational. IT systems to support clinical trials and multidisciplinary care meetings have been developed and have been acknowledged at the national level to be effective.

##### Cardiology Services

###### I.T.

The Cardiobase database was implemented on 9th February. Although the system is more reliable and easier to generate specific reports, it is slower in speed and time to enter required data. Development of the system will continue into the next financial year. Work continues on amalgamating patient clinical information into one central point. Over time, all patient information will be electronically transferred into the BOSS DMR.

Development of an Information Systems Strategy has commenced to ensure that Cardiology is able to improve workflow efficiency through implementation of electronic systems.



## Streamlining the Patient Journey

Right patient ...right place ...seen by the right person ... first time. The Rapid Assessment and Planning Unit (RAPU) is an alternate model of care



This has included the development of a logo and stationery. These changes will provide a professional image of the practice and assist with the development of PR/marketing strategies into the future.

### Emergency Services

Phase II of the Emergency Department (ED) Redevelopment works were completed in February 2009.

The completion of Phase II presents an opportunity to significantly improve the functionality and practice within the ED by implementing a new model of care, which is to ensure that all ED Patients will be seen by the right person/team at the right time and in the right place.

In keeping with current best practice and expectations, the new ED has been designed to:

- Provide care for patients requiring emergency treatment
- Allow for the introduction of new models of care e.g. "fast-track", "short-stay"
- Maximise ED workflow and throughput via 'streaming' of patients to purpose built functional areas
- Improve access to and efficiency of radiological investigations

- Allow for segregation of specific types of presentations, e.g. mental health, paediatrics, sexual assault victims, thereby improving their management and care
- Cater for increasing patient numbers in the future

The redeveloped Emergency Department commenced operating on 6 April with the provision of Fast-Track services available across the 24 hours.

### General Medicine

#### Streamlining the Patient Journey

Right patient ...right place ...seen by the right person ...first time

The redesign process included the development of an alternate model of care to streamline the patient journey – the Rapid Assessment and Planning Unit (RAPU). Many of the processes used in this unit are transferable to any general ward.

The objectives were:

- To enhance the Emergency Department capacity by diverting stable, complex medical patients
- Reduce double handling and improve communication and continuity of care

- Reduce or prevent delays due to lack of coordination

A 12 bed unit was incorporated into Birdsey Wing 7 in May 2008, followed by a stand alone unit in April 2009.

The focus is on 'front loading' resources within the first 24 hours of a patient's admission.

This includes:

- Fast track identification of a RAP suitable patient in the ED and transferring them without delay to the unit to complete the admission process
- Early Consultant/Senior Registrar review, referral and diagnostics
- A rapid and comprehensive assessment by an experienced multi disciplinary team
- Priority access to laboratory and radiology services

The change in the model of care has:

- Resulted in improved patient flow throughout the General Medicine Department
- Reduced patient length of stay resulting from minimising delays
- Reduced overall bed days and improved bed capacity

- Reduced the average length of stay for General Medicine from eight to seven days

The length of time General Medicine patients spend in ED has decreased from an average 12 hours to less than 8 hours.

### Neurosciences

Members of the neuroscience department continue to contribute to Barwon Health in areas other than clinical neurology. Out-Patient services continue to expand with close to 12,000 patient attendances during the last 12 months.

The epilepsy service is also expanding. The proportion of electroencephalogram tests (EEG's) performed as prolonged video day monitoring EEG as outpatient procedures or inpatient EEG monitoring has doubled over that time, from 65 to 138 per year, with significant improvement in diagnostic precision and in patient satisfaction. Previously this test was only readily available in Melbourne.

A Multiple Sclerosis Multidisciplinary Assessment and Planning Clinic has been established and is now running on a twice-monthly basis at the McKellar Centre headed by Dr Cameron Shaw. Ongoing DHS funding has been confirmed and a full complement of allied health specialists represented as well as neurologist and rehabilitation consultant in attendance. There has also been appointment of a dedicated clinic coordinator. The aim will be to continue the current process with further refinements over time, as well as to expand the model to include a movement disorders clinic, with potential to then tackle other chronic neurological disease in future.

### Pharmacy

#### Pharmacy Practice Research

The Barwon Health pharmacy department was well represented in the prize giving at the 34th National Conference of the Society of Hospital Pharmacists of Australia. The conference was held in Adelaide in September 2008 with the theme of STEPS; Safety, Teamwork, Evidence, Professionalism and Solutions all contributing to the medicine management pathway.

#### Medication Safety

Critical incidents have occurred in hospitals when oral liquid medicines have been

administered via both the intravenous and subcutaneous routes. Oral medicines administered via the wrong route can be fatal or cause serious harm. In response to this risk, the Medication Safety Pharmacist, Claire Passlow, implemented oral dispensers across the health service.

The use of amber oral dispensers reduces the risk of wrong route administration of oral doses of liquid medicines because they cannot be connected to intravenous access devices and the AMBER colour differentiates them from the standard intravenous syringes.

#### Automation

Automation in hospital pharmacy practice in Australia has been slow to develop due to capital costs however robotic dispensing machines and oncology drug preparation robots are now emerging. The Pharmacy Department commissioned a Pyxis machine in the new emergency department to control and manage the supply of after hours medication to patients. The Pyxis machine was configured to hold 80 drugs. Thumb scan recognition tracks a drug supply request from a staff member to the patient. When the drug is selected on the console the drawer with the drug opens thus minimising errors of choice. Pyxis eliminates the paper trail for narcotic drugs and reduces the time requirement for

balance check by nursing staff. The console in pharmacy alerts staff to low stock levels and provides a daily list of supply needs.

### Women's and Children's Services

#### Midwifery Group Practice

A caseload midwifery model of maternity care was implemented in July 2008. The model of care, known as Midwifery Group Practice (MGP) provides continuity of midwifery care to women and their families throughout pregnancy, birth and the first two weeks at home with a new baby. Women choosing MGP have a midwife allocated as the primary carer throughout the maternity care episode. The MGP midwife is available on call and supported by other midwives within her group for back up when she is unavailable.

Pregnancy care is provided in the community for women with uncomplicated pregnancies. This allows the women to familiarise and connect with local services. In an innovative partnership with Maternal and Child Health (MCH), MGP midwives provide care in MCH Centres.

The caseload model is based on a collaborative approach, where the primary midwife works in partnership with the medical team and other care providers when required. Women contact their MGP

midwife directly when in labour, and the midwife attends the birth suite to provide the labour and birth care.

As part of this package of care, healthy women with full term healthy babies following a normal birth are supported to go home within 24 hours of birth. The MGP midwife provides postnatal care for up to two weeks in the woman's home, and then hands over care to the GP and MCH nurse.

### MENTAL HEALTH, DRUG AND ALCOHOL SERVICES

Drug and alcohol services continue to evolve to provide the best possible service response to their client base. An Internal review was commissioned which was called "Time for Change", to reflect upon the current service delivery and operational structure to ensure the Drug and Alcohol services are well targeted and effective and to position us for the future service needs of the community.

The Child and Adolescent team was relocated from the Belmont Community Health Centre into a purpose designed new facility in Pakington Street. This re-location was necessary to ensure better access by the clients of the service, 40% of which live in the Northern Suburbs of Geelong. The new building has been specifically designed

Barwon Health received government funding to build two new operating theatres and a new 24-bed surgical ward. This increased capacity will greatly assist in meeting the elective surgery demand within the community once they are completed



to provide excellent facilities for both staff and clients and allows for the opportunity to meet and collaborate with other agencies in the delivery of care to children and families.

Further enhancements to the digital management of client clinical information has occurred and we continue to lead the way in the advancement of digital management and sharing of appropriate clinical information with the introduction of an integrated assessment functionality within our electronic file. This initiative improves the care provided to clients by ensuring that all relevant parties are aware of the circumstances of the client and are engaged in joint planning where this is useful.

#### Jigsaw Youth Mental Health

The evolution of Jigsaw Youth Mental Health and drug and alcohol services continues within the headspace Barwon consortium to provide a regional youth friendly and accessible service with the aim to intervene earlier in collaboration with other agencies. In 2008/09 two major developments occurred. A Youth specific intake after hours service was established to complement the existing after hours generic service response. Also, a second Jigsaw site was established centrally alongside the headspace Clockwork service

to further enhance the linkages and coordination of service for young people.

#### GP Mental Health Nurse program in partnership with the GP Association of Geelong

This new service employs five Mental Health nurses to work directly with GP referred clients mostly within the practice environment. This service is designed to support GPs in their care of clients with a mental illness. This initiative is funded by the Commonwealth.

#### SERVICE REDESIGN & PROJECT UNIT

Barwon Health undertakes many improvement activities each year to develop services that the community finds accessible and of the highest quality. Improvement activities can focus on quality of care, safety of care, improving access to services and maximising the value of services. Improvement activities occur in every department and can be small or large. As Barwon Health grows, the number of large projects is rapidly increasing and as Barwon Health develops more integrated services, the number of services involved in each large improvement project is much greater.

Barwon Health has established a service to managers and staff to coordinate and facilitate their improvement work. Managers can call on this service to help them plan projects and assist in writing submissions to the government for project funding.

#### SURGICAL SERVICES

##### Elective Surgery Waiting List

The Elective Surgery Waiting List (ESWL) numbers were stable throughout the year at approximately 2,100 patients, 100 above the Department of Human Services (DHS) target. The DHS initiative, "Public patients in Private Hospital" (PPI), saw an additional 180 patients treated in the two Geelong private hospitals. All Category One urgent patients were treated within DHS guidelines.

Operating Services have completed an additional 990 cases than last year, a growth of 6%. The operating sessions in the main theatres are now allocated at capacity, but still the waiting list for elective surgery grows. Barwon Health is performing well, given the infrastructure constraints, but falls short of some of the DHS targets.

Barwon Health received government funding to build two new operating theatres and a new 24-bed surgical ward. These are due to be commissioned in July 2010. This increased capacity will greatly assist in meeting the elective surgery demand within the community once they are completed.

##### Orthopaedic Access Service

The Orthopaedic Access Service (OAS) clinics have continued to provide rapid access for patients with back, shoulder, knee and foot problems to complement the services provided by the orthopaedic surgeons. This Physiotherapist and General Practitioner led clinic is helping in managing the orthopaedic demand by treating and safely discharging up to 30% of patients after one appointment. This has helped to reduce the total number of patients waiting for an orthopaedic outpatient appointment. It has also helped free up time in the surgeon's clinics to see patients more likely to require intervention. The service also acts as a channel to fast track community based outpatients who require review by an orthopaedic surgeon.

##### The Osteo-Arthritis Hip and Knee Service

The Osteo-Arthritis Hip and Knee Service (OAHKS) has continued to provide rapid assessment and management of patients with osteoarthritis of the hip or knee. The service model has been rolled out across Victoria, with most health services now offering a physiotherapy led assessment service. The service fast tracks patients who need urgent review by an orthopaedic surgeon, and manages those who don't require surgery.

Within Barwon Health, the role of the orthopaedic liaison nurses has been expanded to include routine monitoring of patients on the elective surgery waiting list for a hip or knee replacement. This monitoring is done via the MAPT questionnaire (clinical self-assessment) which helps identify a change in the patient's function or clinical needs. These patients are then brought to the attention of the relevant surgeon and decisions made about surgery. Barwon Health has continued to lead the way with in-house data management that reduces double handling of information and still complies with DHS requirements.

The OAHKS has also taken a lead role within Barwon Health's 'Smokefree Initiative' in developing a training package

for clinicians to assist them with identifying and managing patients who are smokers. This training package is offered to all clinicians.

##### Paediatric Orthopaedic Service

The Paediatric Orthopaedic Service is one of only three sites in Victoria funded to develop a specialist paediatric orthopaedic service. Led by orthopaedic surgeon, Mr Rick Angliss, the service will primarily treat children with Developmental Hip Displasia (Clicky Hips), Talipes (Club Foot) and general paediatric orthopaedic problems. Some clinics are physio lead and treated. Botox therapy for the treatment of limbs in children with Cerebral Palsy is being developed in conjunction with the Victorian Paediatric Rehabilitation Service (VPRS) at the McKellar Centre.

##### Outpatients

The Outpatients Department have continued their commitment to innovation through service re-design. There has been a significant emphasis placed on providing a better and more efficient appointment booking system for patients; one that is patient focussed.

Patient focused booking has changed the way clinics are managed and has provided greater efficiencies, reduced waiting times

for appointments, and takes a patient centred care approach. The patient is invited to make their appointment, rather than simply given one. A major benefit is that the number of patients who do not attend their appointment has dropped from 20% to 4%.

#### POPULATION HEALTH

The Population Health Unit was formed in August 2008 as part of the Communications, Marketing and Community Engagement Unit, acting as a virtual umbrella for a range of independent groups of activity relating to population health and wellbeing.

The unit's over arching responsibility is to coordinate groups and activity undertaken by Barwon Health to support individuals and communities to increase control over their health through delivery of programs that target a range of sub-population groups.

In their first year of operation, the unit has developed exciting programs including Barwon Healthy Families, a child weight management program, the Ageing Well

Expo in conjunction with the McKellar Centre, and community based Self Management Support programs.

The Population Health Unit identified priority communities including the northern suburbs, eastern suburbs and Grovedale. The unit will continue to focus on:

- Children's health and wellbeing
- Youth health and wellbeing
- Healthy ageing
- Men's health and wellbeing
- Women's health and wellbeing

# Ma La Win a smooth journey

July 30, 2008 was a special day for Ma La Win and her family. The family moved from the Mae La refugee camp on the Burma/Thailand border, to Geelong.

Ma La left home when she was just 15 and lived on a military base for three years. Ma La, her husband, and first child moved to the Mae La refugee camp in 1984 where she lived until 2008.

"I expected Australia to be a lot different," Ma La explained. "I thought Geelong would be a big city with tall buildings but it is more homely. I have a house with a garden and trees."

Ma La has five children, four of whom live at her home in Corio with her husband.

Upon arriving in Geelong, the Corio Community Health Centre (CHC) organised a supermarket tour for Ma La to learn about the Western foods she wouldn't find in Burma.

Refugee Health Nurse, Chris Johnston, said the supermarket tours are a great way for the refugees to adjust to the Western way of living.

"Being used to Government controls, the Karen refugees think that the Australian Government would only allow foods that are good for you onto supermarket shelves which can lead to weight and nutrition issues," said Chris.

"The dieticians at Corio CHC teach the refugees about healthy eating in Australia and which foods to steer clear of to avoid unnecessary weight gain."

After a consultation with Chris, Ma La attended physiotherapy for her neck and shoulders and used the dental and women's health service at Corio CHC.

Her two-and-a-half year old son, Thomas, had surgery on his hand and spent time on the paediatric ward, followed up by outpatient appointments and home visits from the paediatric nurse.

"Barwon Health has made me feel welcome and comfortable in these unfamiliar surroundings," Ma La said.

"At first I wasn't comfortable asking the doctors questions about my family's treatment but now I ask lots of questions!"

"The hardest thing about being here is making my way to the hospital. No one in my family has a license and the only transport that is available for Thomas are taxis or volunteers from churches because a car seat is needed. There aren't many bus services for us here. Chris often visits us at home which is very helpful."

Before moving to Australia, Ma La worked with women of all ages in the refugee camp. She helped young women who were pregnant and educated families about HIV and safe sex. She counselled women who had been raped and abused, all while looking after her own children in the camp.

## Ma La Win & Thomas

Barwon Health connects with all refugees in the Geelong community across all services



# Education



During 2008–2009 Barwon Health CEPD has continued to strengthen partnerships in collaboration with Deakin University, the Gordon Institute of TAFE, the University of Melbourne, as well as twenty other universities and agencies within Victoria and interstate

The Centre for Education and Practice Development (CEPD) provides educational programs, clinical tutorials and resources for nurses, allied health, medical and other staff across Barwon Health. The primary goal of CEPD is to provide contemporary, innovative, interactive, and evidence based educational programs for Barwon Health and other health agencies within the region. A key activity of CEPD is the planning, coordination and provision of facilitating over 2000 nursing and allied health undergraduate students across Barwon Health facilities.

## Barwon Health Educational Opportunities

The Centre for Education and Practice Development continues to provide opportunities for professional development through the provision of short courses, workshops and clinical tutorials. The Centre supports and encourages staff to attend conferences relevant to specific disciplines and provides mentorship to staff undertaking postgraduate and higher degrees within the organisation, along with the graduates.

POST GRADUATE CLINICAL PROGRAMS	AFFILIATED UNIVERSITY	2008 STUDENTS	2009 STUDENTS
Graduate Certificate/Diploma of Nursing Practice (Intensive Care/Cardiac Care)	Deakin University	7	4
Graduate Certificate/Diploma of Nursing Practice (Perioperative)	Deakin University	3	2
Graduate Diploma of Midwifery	Deakin University	5	3
Graduate Diploma in Advanced Nursing (Emergency)	Melbourne University	4	5
Graduate Diploma in Nursing Practice (Paediatrics)	Melbourne University	1	1

GRADUATE NURSE PROGRAM	
Number of graduates	48
Study Days	6
Graduate Support Sessions	26

NURSING CLINICAL PLACEMENTS	
RN Div 1 (Undergraduate)	960
RN Div 2 (Undergraduate)	332
Post Graduate students	29
Certificate III	17
Paramedics	9

## Continuing Developments with the School of Medicine Deakin University

The Centre for Education and Practice Development has commenced a collaborative and consultative relationship with the School of Medicine, Deakin University. In February 2010 the 'Clinical School' for medical education will open in the new Teaching, Training Research Building behind Kitchener House. This is yet another step in the continuing and collaborative partnership between the Deakin Medical School and the Centre for Education and Practice Development.

## Partnerships

During 2008–2009 Barwon Health CEPD has continued to strengthen partnerships in collaboration with Deakin University, the Gordon Institute of TAFE, the University of Melbourne, as well as twenty other universities and agencies within Victoria and interstate. The Centre for Education and Practice Development continues to collaborate with the Department of Human Services on new initiatives that support education to health professionals.

## Future Direction for 2010

The Teaching, Training and Research facility will provide many opportunities for Barwon Health to collaborate and access a variety of facilities in collaboration with the Medical School, Deakin University.

The Graduate Program for Nursing will increase for 2010 and continue to grow over the next five years providing greater capacity for employment opportunities across Barwon Health.

The Education, Training and Business Unit will provide strategic direction in relation to encompassing all training activities from a central base within Barwon Health. The Director for Education and Training (Business Unit) is Ms Yvonne Hewitt who commenced in this role in February 2009.

## MEDICAL EDUCATION AND TRAINING

Medical education at Barwon Health covers four main areas; University undergraduate/graduate education, prevocational training, vocational training and continuing professional development.

Activities in all four levels are conducted at Barwon Health.

## University

Deakin Medical School curriculum has been developed the third and fourth year of clinical training. Year three commences on site at Barwon Health for 60 students in 2010.

## Prevocational Training

A new intern post in Rehabilitation was commenced in January 2009 at the McKellar Centre. This is the first such post for Barwon Health.

Weekly Friday afternoon Emergency Medicine Tutorials in the new Emergency Department commenced in April 2009 for Interns and HMO2s.

Funding was received from DHS to support a tailored program similar to an intern year for five international medical graduates to undertake within the HMO2 roster so that they can meet full general medical registration requirements. This program commenced in February 2009 with three

of the five already achieving full general medical registration.

## Vocational Training

2009 has seen the formal recognition of training in Cardiothoracic Surgery at Barwon Health with a level three registrar commencing training in February 2009. There has also been an expansion of our level 2 Basic Physician training capability.

## Continuing Professional Development

The Tuesday Grand Rounds continued with a combination of local presenters and invited speakers from Australia and beyond. The annual Symposium titled "Fighting Fat: Fact or Fiction" was held in August and was a big success.

A DHS survey conducted during 2008 indicated that Barwon Health is one of the top two places in Victoria to undertake pre-health professional training and early postgraduate health training.

Junior Medical Staff indicate a greater than 80% satisfaction with Barwon Health as an employer.



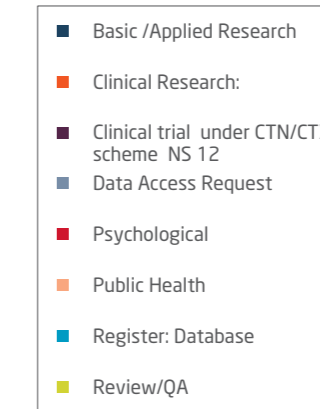
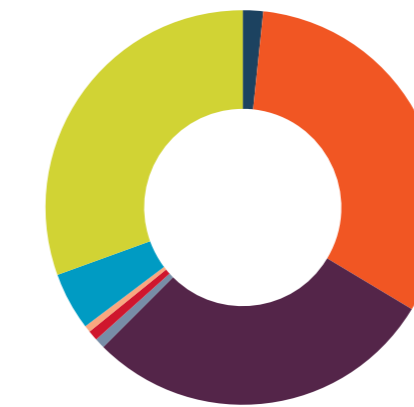
# Research

## RESEARCH OFFICE

The principal focus of the Research Office is the review and ongoing oversight of projects to ensure compliance with applicable State and Federal regulations. This is primarily accomplished through the work of two committees; The Research Review Committee (RRC) and the Human Research Ethics Committee (HREC). The RRC focuses on the scientific and the governance aspects of the research process and can approve low risk projects. The HREC reviews all projects involving ethical issues or higher risks.

During 2008-2009, 146 new research projects were approved with clinical research, clinical trials and quality assurance (QA) activities being the largest types of research represented. Nearly half of these were accepted as low or negligible risk by the RRC committee. The role of the Research Office extends beyond the initial approval into ongoing oversight for the life of the project. Over the course of 2008-2009 the Research Office managed and responded to nearly 2000 amendments, adverse events and reports.

## RESEARCH APPLICATIONS 2008/09



Research was a key area of focus for business planning in 2008-2009. The recruitment of a manager to coordinate and oversee the Research Office was an essential goal toward developing a culture of research at Barwon Health. A second achievement was progression to work within a paperless environment, in keeping with our clinical counterparts. A good basis was laid during the year with much of the review process moved onto electronic media.

The upcoming year will provide an opportunity to streamline the review of research applications to ensure efficiency in the governance process and timely approval of projects. We also look forward to participating in a new system to consolidate the ethical review of research applications in Victoria. A more challenging strategic goal will be to develop the staff and relationships to facilitate new opportunities for future research.

Barwon Health would like to express sincere gratitude to the members of the (Research) Committees. Membership is not something that is undertaken lightly and without these people, research at Barwon Health would not be possible



#### MEMBERSHIPS

##### HUMAN RESEARCH ETHICS COMMITTEE

**Chair outgoing**  
Mr John Frame

**Chair incoming**  
Mr Simon French

**Secretariat**  
Ms Bernice Davies

##### Community members

Mr David Dethridge

Mr Peter Ball

Mr Hans Fikkers

Reverend Kevin Yelverton

Ms Lyn Touzal

#### Researchers

Dr Lucy Cuddihy

A/Prof. Mark Kotowicz

Dr Jane Redden-Hoare

Dr Neil Orford

Dr Glenn Guest

#### Professional Care

Dr Damian Connolly

Dr Rod Fawcett

Mr Greg Weeks

Dr Thomas Callaly

**The Committee thanks the following members who have resigned during the year:**

Ms Christine De Boos

Dr Damian Connolly

Mr Glenn Guest

Ms Janet Farrow

Dr Sarah Leach

**The Committee welcomed the following who were appointed during the year:**

Dr Mary Lou Chatterton

#### RESEARCH REVIEW COMMITTEE

**Chair outgoing**  
Dr Thomas Callaly

**Chair incoming**  
Dr Mary Lou Chatterton

**Secretariat**  
Ms Bernice Davies

#### Members

Dr Lucy Cuddihy

A/Prof. Mark Kotowicz

Dr Jane Redden-Hoare

Dr John Amerena

Ms Pam Dolley

Dr Trisha Dunning

Ms Tania Elderkin

Dr Helen Fairweather

Mr Paul Muir

Professor Michael Berk

Dr Tony Weaver

Ms Marjan Geertsema

**The Committee thanks the following members who have resigned during the year:**

Dr Chooi Lee

#### AUGUST 2008

Barwon Health again participated enthusiastically in the Smart Geelong Network Research and Innovation Expo. Some of the highlights from the week included:

- "Talking to the other side" – an open discussion involving researchers and review committees
- Open day
- Walk for healthy bones
- Research afternoon
- Poster display

#### Poster and Podium presentations

The judging team combined expertise from Barwon Health and Deakin University:

- A/Professor Mark Kotowicz
- Professor Michael Berk
- Dr Paul Lewandowski
- Dr Tess Toop

- Professor Alister Ward
- Dr Jane Redden-Hoare

A total of 25 abstracts were received with the winners highlighted to the right.

Many thanks also to the hard working research week committee -

- Amy Gibson
- Anna Bleazby
- Bernice Davies
- Trisha Dunning
- Julie Pasco
- Jane Redden-Hoare
- Seetal Dodd

Barwon Health would like to express sincere gratitude to the members of the Committees. Membership is not something that is undertaken lightly and without these people, research at Barwon Health would not be possible.

*Poster (basic science, clinical science)*

\$500 towards conference registration of the winner's choice

**Sheree Martin**

#### WINNING CATEGORY B

*Poster (public health/promotion/education; audit or program evaluation)*

\$500 towards conference registration of the winner's choice

**Amanda Jones**

#### WINNING PODIUM PRESENTATION

\$500 towards conference registration of the winner's choice

**Peter Vuillermin**

# Volunteers



On 20 May, 2009, June Longmore was announced winner in the Volunteer category of the Aged & Community Care Victoria (ACCV) Awards for Excellence

Volunteer participation within Barwon Health lengthens the arm of our services by enhancing the health-care experience of our patients and optimising the health and well-being of our community. 2008/09 has provided opportunities to review, consolidate, and develop the Volunteer Service to effectively meet the current and emerging needs of our dedicated volunteers and to build on the diversity of volunteer participation within a range of service areas in our organisation.

The Barwon Health Volunteer Service consists of 934 dedicated volunteers providing innovative and rewarding activities and support to all program areas of the organisation, including acute health, rehabilitation, residential care, mental health, community health and palliative care. The service offers challenging activities and a community voice in planning and service development, as well as the more traditional fundraising and supportive roles. Volunteers at Barwon Health are an integral part of the health professional teams and are the gateway to the community, providing people of all ages

with opportunities to become involved. Volunteer Services connects the community to Barwon Health.

## HIGHLIGHTS

### Winner: June Longmore - Aged & Community Care Victoria (ACCV) Awards for Excellence

On 20 May, 2009, June was announced winner in the Volunteer category from a field of 16. While receiving her award, June spoke of her appreciation for the recognition but was very clear in expressing her great pleasure and humility at being able to make a difference for others. June received a beautiful glass plaque, a certificate, cheque and flowers. Barwon Health has the opportunity to use a newly recognised ACCV Logo as a "Winning Employer" in the ACCV awards for Excellence for the next 12 months. June is an automatic entrant into the National awards.

### Winner: Cancer After Care Group - 2009 Minister for Health Volunteer Awards

On May 14, 2009, The Cancer After Care Group Geelong were awarded winners of the inaugural Minister for Health Volunteer Awards in the Outstanding Achievement by a Volunteer Team category. The Cancer After Care Group Geelong Inc. was founded as an all-voluntary self help group in 1978 to assist and support cancer patients and their families in the community. The Group was instrumental in the establishment of the Andrew Love Centre in 1992. We are indebted to those members for their foresight in recognising the need for cancer services at that time and to the Group for their wonderful support over the past 17 years.

## 2008/09 SERVICE ENHANCEMENTS

### Links Volunteer Transport

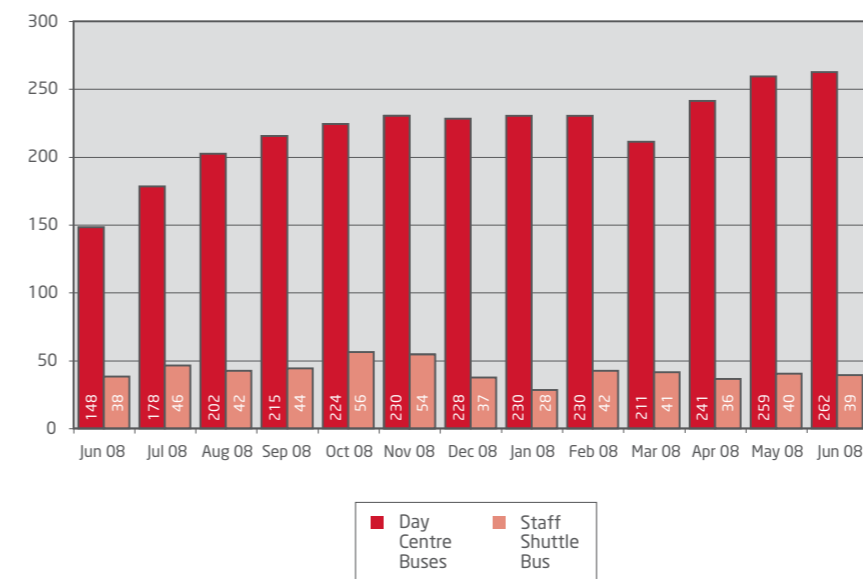
Barwon Health Links Volunteer Transport Service provides a range of voluntary driving services to enhance the well being of Barwon Health clients, patients, families,

residents and carers. This is achieved by offering accessible transport, reducing the stress on people within the Geelong and surrounding districts who may be disadvantaged due to their age, physical condition and/or financial position.

Throughout 2008/09, the service has expanded to include provision of transport services to:

- Barwon Health Day Programs (Norlane and Belmont) - 80 bus trips per month (average of 1600kms per month)
- Barwon Health staff, via a Staff Shuttle Service - Average of 16 staff per evening utilising service

### BARWON HEALTH DAY CENTRES (MCKELLAR CENTRE, TORQUAY, ANGELSEA, NORLANE, BELMONT) & STAFF SHUTTLE BUS TRIPS JUNE 08 - JUNE 09



PROGRAM / LOCATION	VOLUNTEER ACTIVITY	HOURS PER WEEK
Kardina House Level 2	Wayfinding and customer support	25
Human Resources	Support in file preparation	18
Health Information Services	Digital Medical Record preparation support	18
McKellar Centre Information Desk	Wayfinding and customer support	25
Alan David Lodge	Kiosk	28
Community Mental Health	Client transport	4
Heath Wing 3	Play Coordination and Theatre Buddy Support	28
Food Services	Satisfaction Survey: data collection and collation	6
Governance Unit	Prompt Template Conversion Support	18
Barwon Medical Imaging	Wayfinding and customer/staff support	50
Barwon Health Foundation	Community Telco Project	18
Waiting List Office	Staff support	20
University of Melbourne	Research assistance	18
McKellar Centre Residents and Patients Library Borrowing and Lending Service	Establishment and ongoing support	17

# Working with our community

## CONSUMER LIAISON

The consumer voice is recognised as integral to improving the quality, safety and accountability of Barwon Health services and brings an invaluable perspective as to what constitutes quality care.

The Barwon Health complaints management process is built on the framework of openness, timely communication, and accountability. Consumer Liaison offers complainants:

- Support to articulate the outcome they are seeking.
- Reassurance that the complaint will not affect ongoing involvement with Barwon Health.
- Clear explanation of the complaint management process and follow up on the complaint review outcome.

During the financial year 2008 - 2009 Consumer Liaison recorded 410 complaints as compared to 510 the previous year representing a reduction of 100 (19.6%) complaints.

Consumer complaints are classified using the Health Services Commissioner (HSC) categories based on primary issues of concern. The most common issue identified was communication with 173 (33.5%) in comparison to the next top two of Treatment 123 (23.8%) and Access 95 (18.4%).

	1 <sup>st</sup> QUARTER	2 <sup>nd</sup> QUARTER	3 <sup>rd</sup> QUARTER	4 <sup>th</sup> QUARTER	YEAR TOTAL
2007 - 2008	214	176	178	112	680
2008 - 2009	136	157	112	111	516

## COMMUNITY ENGAGEMENT COMMITTEE

The Community Engagement Committee aims to ensure Barwon Health engages with Barwon South West's diverse community in working with and meeting their health needs through communication, consultation and collaboration. It also provides a forum for communication between the Barwon Health Board of Directors, Chief Executive, and the community.

The membership of the committee includes: at least one Board member, up to 10 consumer and community members, Executive Sponsor(s), Director Communications, Marketing and Community Engagement, and the Consumer Engagement Manager.

The Board of Directors, with the support of the Executive, have a corporate responsibility under the Health Services Act for ensuring effective community participation. The Community Engagement Committee's support this activity by:

- Assisting in the monitoring and evaluation of Barwon Health's Community Engagement Plan
- Assisting the Board of Directors and Chief Executive in their communication with Barwon Health's diverse community and consumers
- Advising the Board and Chief Executive on consumer and community issues relevant to specific health service initiatives and services
- Considering findings, directions and recommendations from peak consumer engagement bodies such as Health Issues Centre, and provide comments to the Barwon Health Board of Directors on the key issues and required actions

### Key highlights for the Committee

- Participating in the publication of the Quality of Care report
- Participating in the community awareness "Did you know" campaign producing four publications focusing on key health priorities for the Region.

The community has a strong sense of ownership of Barwon Health, and actively engages with us on many levels to improve service delivery



## ETHNIC HEALTH SERVICES

Communication is recognised as a key issue for non-English speaking consumers. Therefore, access to interpreters during appointments is critical to provide better understanding of diagnosis and treatment plans. The Ethnic Health Service continues to meet the challenge of providing interpreters for an increasing number of consumers. Unfortunately we are not always able to provide an interpreter and on these occasions telephone interpreting services are accessed. During 2008 -2009 we have been able to provide 93.33% of requests for interpreters.

The Geelong Region has welcomed 49 Karen families during 2008 - 2009, consisting of over 200 individuals with a further 70 individuals arriving in June 2009.

## TOTAL NUMBER OF INTERPRETERS PROVIDED ANNUALLY

TIME PERIOD	TOTAL NUMBER OF INTERPRETERS BOOKED	TOTAL NUMBER OF VARIANCE	% OF VARIANCE
July 2005 to June 2006	2,455		
July 2006 to June 2007	3,024	+ 569	23%
July 2007 to June 2008	3,383	+ 359	12%
July 2008 to June 2009	4,083	+ 700	20%

## NUMBER OF BOOKING FOR NEW AND EMERGING LANGUAGES

EMERGING COMMUNITIES	BOOKING NUMBERS 2006-2007	BOOKING NUMBERS 2007-2008	BOOKING NUMBERS 2008-2009
Burmese (Karen)	0	84	823
Nuer	20	83	174
Mandarin	36	81	79
Dinka	11	48	129
Albanian	12	37	24



# The Gift Of Life Piper's journey

Little Piper Lee has had a difficult journey in her short five and a half years. In December 2006, the young Belmont girl was diagnosed with an inoperable tumour in her neck that had her fighting for her life.

Piper's Mum, Amy, first knew something wasn't right when she noticed Piper's right eye wouldn't focus.

'We visited our GP, who then referred us to an eye specialist and then to a paediatrician. A MRI scan was ordered and a tumour was discovered. Piper was given a 60%-90% chance of survival,' said Amy.

The then three year old was quickly sent to the Royal Children's Hospital. Due to the position of the tumour, an operation wasn't possible so doctors decided that the best course of action would be intensive radiation therapy and ongoing doses of chemotherapy to help shrink and contain it.

While some trips to Melbourne were required every few months, Piper's more regular monthly treatments took place

closer to home at Barwon Health's Andrew Love Cancer Centre. Everything seemed on track until Valentine's Day 2007 when the family was faced with their biggest hurdle yet. Not long after arriving home from her radiation therapy, Piper was administered her usual dose of morphine by her mum.

"It was less than three minutes after I'd given it to her that she started vomiting blood," Amy said. "The radiation had caused the tumour's surrounding tissue to weaken, leading to a break in one of her major blood vessels."

An ambulance arrived within a few minutes of Amy's emergency call, but by the time the little girl arrived at the Geelong Hospital's Emergency Department she had gone into cardiac arrest.

As the medical team fought to keep Piper alive, her parents were faced with the harrowing decision of whether to risk the chance of a stroke by allowing doctors to operate.

"In the end, we really had no choice," Amy explained. "It was either let them operate and run the risk of Piper having a stroke compared to them not doing it and the very real risk of her dying."

After seven hours spent in the Emergency Department, Piper was finally stable enough to be transferred to the Royal Children's Hospital where she spent three days heavily sedated in the Intensive Care Unit.

Following her recovery from the operation, Piper continued her cancer treatment, receiving her last dose in October 2007.

Since then, she has continued to have regular check-ups every three months and will need to do so for the next five years.

For the Lee family, lending their support to the 2009 Geelong Hospital Appeal was just a small way that they can show their appreciation.

"It's simple. The hospital saved Piper's life."



## Piper Lee

Piper's Family:

"It's simple. The hospital saved Piper's life"



# Barwon Health Foundation

## 'Giving the gift of good health'

In 2008/09 the Barwon Health Foundation actively engaged the community to support the services of Barwon Health through The Geelong Hospital Appeal.

The Appeal priority this year focused on the purchase of medical equipment for two new operating theatres at the Geelong Hospital. The generosity of the community helped raise \$1,000,000 toward these new operating theatres. Donors also designated funds to specific services within Barwon Health including the Andrew Love Cancer Centre, McKellar Centre, Community Health Centres and Women's and Children's services. The partnership between the Geelong Community and Barwon Health continues to create a capacity for Barwon Health to improve our public health system for the benefit of the entire region.

### OUR PATRON

Peter Hitchener has again been an active patron of the Barwon Health Foundation. The Chair and the Board of the Barwon Health Foundation acknowledge Peter's

contribution in 2008/09 and look forward to working with Peter again in 2009/10.

### THE FUNDRAISING YEAR

#### Geelong Hospital Appeal

The face of the Geelong Hospital Appeal was Piper Lee, a little girl who during her illness received care in the Andrew Love Cancer Centre, Emergency Department and Children's Ward at Barwon Health. For the Lee family, lending their support to the 2009 Geelong Hospital Appeal was just a small way to show their appreciation. We thank Amy, Steven and Piper Lee for their assistance in helping the Foundation raise funds in 2009.

#### The Launch

The launch for the Geelong Hospital Appeal was conducted at the Gordon Gallery in February with Tom Harley, captain of the Geelong Football Club as the keynote speaker.

### Events

Events play an important part of the Foundation's fundraising strategy. The G-Force - Gala Day, Pathcare - Messages of Love, Allabout Tours & Travel - Hot Chocolate Day, Gordon Institute of TAFE - VECCI Golf Day, Routleys - Rotary Club of Geelong Golf Day, Vic Roads Geelong Advertiser - Run, Ride and Walk, Janine Sowden - Concert and World's Longest Lunch contributed almost \$200,000 in net proceeds toward the Geelong Hospital Appeal. We thank all our sponsors who contributed to making these events successful and the guests who attended.

### Community Groups and Service Clubs

The number of service clubs and community groups that take an active interest in raising funds to purchase vital pieces of medical equipment is truly amazing. To Rotary, Lions and all the other organisations, thank you for your support. Collectively your efforts raised over \$160,000.

### Support Groups

Support groups are often the unsung heroes of Barwon Health's fundraising. The Our Women Our Children Volunteers, Auxiliaries, Heartbeat and Cancer After Care Group have again tirelessly raised funds for the purchase of medical equipment. The Police Blue Ribbon Foundation completed their commitment of \$250,000 to the Emergency Department's new resuscitation bay. The resuscitation bay was officially dedicated to fallen officer Sergeant Russell James Thompson (14833) in May 2009. We thank the local Branch for their tireless work and the Melbourne Branch for their continued support of Public Hospitals.





Gala Day continues to feature in the Geelong Community's calendar in support of the Geelong Hospital

#### The Media

The media is the lifeblood of any successful appeal. The Foundation extends our gratitude to our appeal partners in particular the Geelong Advertiser and Geelong Broadcasters for their support and coverage of the "Geelong Hospital Appeal".

#### Major Appeal Partners

Major appeal partners not only assist in keeping our costs to a minimum but they also help generate increased donations. The Bendigo Bank makes a significant contribution to the Geelong Hospital Appeal through the provision of newsletters and campaign material. DDG, Adams Print, Warne Marketing and Geelong Football Club actively support the Barwon Health Foundation.

#### The Geelong Hospital Appeal Giving Weekend

The giving weekend was conducted on the Saturday of the Queens Birthday weekend in June. The proceeds were more

than double of the previous year. Thank you to all our volunteers for creating the opportunity for people to give to the Appeal.

#### THERE ARE MANY WAYS TO MAKE A DIFFERENCE

While the Geelong Hospital Appeal is the brand and fundraising umbrella for the Barwon Health Foundation we engage with other projects for the benefit of Barwon Health and the community. Kempe Read the Play, a community initiative designed to create awareness about drugs, alcohol and depression with children via our local football and netball clubs is now in its third year. The program is facilitated by Barwon Health's mental health team and continues to grow thanks to the support of the volunteer committee, clubs and sponsors.

The McKellar Centre continues to be supported by volunteers, businesses and service clubs. The Geelong Rotary Club is currently undertaking a major project

to create overnight accommodation for families visiting palliative care, aged care and rehabilitation patients.

Thank you to the Barwon Health Foundation Board members for your support, governance, and leadership. The Board members combined with the committed staff at the Foundation have reached their goals in 2008/9.

#### WHERE THE MONEY GOES

Donations are receipted into special purpose trust accounts and distributed to the specific cause or service for which they are intended. In 2008/9 the Geelong Hospital Appeal contributions have been allocated to the purchase of equipment to fit out two new operating theatres. Donations to the Andrew Love Cancer Centre and Cancer Services assisted in the purchase of a number of specific medical items to improve patient treatment and welfare. Women's and Children's services, Renal, Diabetes, Cardiac and many other wards and services benefited from donor

designated contributions. The Foundation strives to keep our valued donors informed of their contributions and where possible provide the donor with a certificate of appreciation and picture of the new piece of equipment.

#### THANK YOU FOR GIVING THE GIFT OF GOOD HEALTH

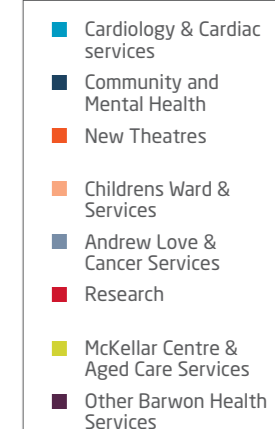
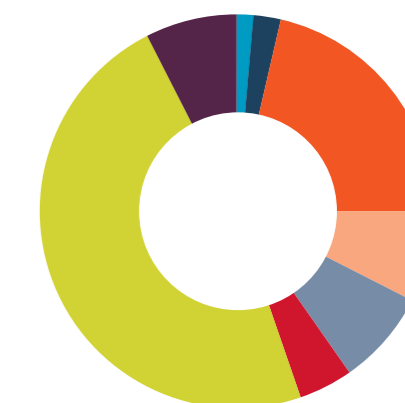
Thank you to our donors, sponsors and supporters; your generosity makes a difference to Barwon Health's capacity to improve patient care and treatment. The "Gift of Good Health" is your legacy and reward for your contribution.

#### MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD OF DIRECTORS 08/09

BOARD MEMBER	ROLE	6 AUG 08	1 OCT 08	3 DEC 08	4 FEB 09	1 APR 09	3 JUN 09	% ATTENDANCE
Helene Bender OAM (Chair)	Barwon Health Foundation Chair ALLABOUT Tours and Travel	✓	✓	✓	✓	✓	✓	100%
Sue Di Gilio	Barwon Health CEO	✓	A	✓	✓	A	A	50%
Claire Higgins	Barwon Health Board Chair	✓	A	✓	✓	A	✓	66.6%
Gavin Seidel	Barwon Health Foundation Executive Director	✓	✓	✓	✓	✓	✓	100%
Bob Eadie	Barwon Health Foundation Board Member	✓	✓	✓	✓	✓	✓	100%
Grant Sutherland	Barwon Health Foundation Board Member Chief Executive, Gordon Institute of TAFE	✓	A	✓	✓	A	✓	66.6%
John Frame	Barwon Health Foundation Board Member & Barwon Health Board Member	✓	✓	✓	✓	✓	✓	100%
Kem Mayberry	Barwon Health Foundation Board Member	✓	✓	✓	✓	✓	A	83%
Pat Murnane	Barwon Health Foundation Board Member Bendigo and Adelaide Bank Regional Manager, Southern Victoria & SA	A	A	✓	✓	A	✓	50%
Russell Malishev	Barwon Health Foundation Board Member Managing Director Malishev Group	✓	✓	✓	✓	✓	✓	100%
Tony McManus commenced October 1st 2008	Barwon Health Foundation Board Member McManus Allpoints Real Estate	✓	✓	✓	✓	A	✓	83%

✓ in attendance A Apology

#### DISTRIBUTION OF DONATIONS





# List of Services

SERVICE	LOCATION	PROGRAM
Aboriginal Health	Geelong Hospital Kardinia House, Level 2	Human Resources
Aged Care Assessment Service	McKellar Centre	Residential Aged Care (McKellar Centre)
Aids & Equipment Program (A&EP)	McKellar Centre	Ambulatory Services
Anaesthetics	Geelong Hospital Central Core Level 4	Surgical Services
Aphaeresis Services	Geelong Hospital - Andrew Love Cancer Centre	Medical Services
Audiology	Geelong Hospital Heath Wing Level 2	Medical Services
Birthing Suite	Geelong Hospital Bellerine Centre Level 4	Medical Services
Bone Bank	Geelong Hospital Douglas Hocking Wing Level 4	Corporate Services
Cancer Services	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Cardiac Rehabilitation	Geelong Hospital Bellerine Centre Level 5	Medical Services
Cardiac Services	Geelong Hospital Kardinia House Level 4	Medical Services
Cardiothoracic Surgery	Geelong Hospital Kardinia House Level 4	Surgical Services
Carer Respite and Carelink Services	Barwon Health Newcomb Community Health Centre and Warrnambool	Ambulatory Services
Central Sterilizing Unit	Geelong Hospital South Wing Level 5	Surgical Services
Centre for Education and Practice Development (Nursing)	Geelong Hospital, Kitchener House	Executive Director of Nursing
Chemical Dependency Unit - Antenatal & Postnatal	Geelong Hospital Bellerine Centre, Level 4	Medical Services
Chronic Neurology	McKellar Centre	Ambulatory Services
Clinical Health Psychology	McKellar Centre	Medical Services
Clinical Nursing Research Unit	Douglas Hocking Research Institute, Level 4	Corporate Services
Community Health Centres	See Primary Care	Ambulatory Services
Community Nursing Services (incl. Hospital in the Home, Palliative Care, Post Acute Care)	Corio Community Health Centre, Belmont Community Health Centre, Newcomb Community Health Centre	Ambulatory Services
Continence Management (incl. Children, Adults & Disabled)	McKellar Centre	Ambulatory Services
Continence Service	Belmont Community Rehabilitation Centre McKellar Centre	Ambulatory Services
Cord Blood Bank	Geelong Hospital - Douglas Hocking Research Institute Level 4	Corporate Services
Day Program Centre	Surf Coast Community Health Centre - Torquay & Anglesea Belmont Day Centre, Settlement Road Dorothy Thompson Day Centre, Norlane	Ambulatory Services
Day Program Centre	Dorothy Thompson Day Centre, 2 Wendover Ave, Norlane	Ambulatory Services
Day Surgery Centre	Geelong Hospital Greta Volum Centre, Bellerine Street	Surgical Services

SERVICE	LOCATION	PROGRAM
Dementia Specific High Level Care	McKellar Centre	Residential Aged Care (McKellar Centre)
Diabetes Referral Centre	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Medical Services
Diabetes Research	Geelong Hospital Myers House, Cnr Bellerine & Myers Street	Corporate Services
Dietetics	Geelong Hospital Heath Wing Level 2	Medical Services
Dietetics	McKellar Centre	Medical Services
Domiciliary Midwifery Service	Geelong Hospital Bellerine Centre Level 6	Medical Services
Drug & Alcohol Services (multidisciplinary treatment services including Pharmacotherapy Clinic, Addiction Medicine, Dual Diagnosis registrar, Enhanced Needle & Syringe Program, ABI/AOD consultancy, Outreach, Supported Accommodation)	Barwon Health, 40 Little Malop St, Geelong	Mental Health, Drug & Alcohol Services
Ear, Nose & Throat Surgery	Geelong Hospital	Surgical Services
Emergency Dept	Geelong Hospital Heath Wing Level 1	Medical Services
Endocrinology	Geelong Hospital Myers House Cnr Bellerine & Myers Streets	Medical Services
Ethnic Services	Governance Support Unit ED Building Level 3	Corporate Services
Ethnic Services	McKellar Centre	Corporate Services
Falls & Mobility Service	McKellar Centre	Ambulatory Services
Family Planning	Corio Community Health Centre, Newcomb Community Health Centre	Ambulatory Services
Gastroenterology	Geelong Hospital	Medical Services
General Medicine	Geelong Hospital	Medical Services
General Surgery	Geelong Hospital	Surgical Services
Genetic Clinic	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Geriatric Evaluation and Management (GEM) • Inpatient • In the Home	McKellar Centre	Ambulatory Services
Geriatric Medicine	McKellar Centre	Ambulatory Services
Gynaecology Services	Geelong Hospital Bellerine Centre Level 6	Medical Services
Health Promotion	Kitchener House	Population Health
Home and Community Care (HACC) Regional Training Service	Newcomb Community Health Centre	Ambulatory Services
Home Referral Service (incl. Hospital in the Home and Post Acute Care)	Bellarine Centre Level 3 (Outpatients)	Access and Patient Flow

SERVICE	LOCATION	PROGRAM
Hospital Admission Risk Program (HARP) Team		
Chronic Heart Failure, Diabetes Management & Chronic Obstructive Pulmonary Disease Management Service (HARP)	Church Street, Geelong West	Ambulatory Services
Chronic and Complex Case Management (HARP)		
Hydrotherapy	McKellar Centre	Ambulatory Services
Immunisation	Sydney Parade East Geelong Corio Community Health Centre Newcomb Community Health Centre	Ambulatory Services
Improving Care for the Older Person	McKellar Centre	Ambulatory Services
Infection Prevention Service	Geelong Hospital Central Core Level 6	Executive Director of Nursing
Infection Prevention Service	McKellar Centre	Executive Director of Nursing
Infection Prevention Service C&MH	McKellar Centre	Executive Director of Nursing
Infectious Diseases Directorate	Geelong Hospital Central Core Level 7	Executive Director of Nursing
Infectious Diseases Clinic	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Executive Director of Nursing
Intensive Care Unit	Geelong Hospital Birdsey Wing Level 4	Surgical Services
Liver Clinic	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Executive Director of Nursing
Lymphedema Service	Andrew Love Cancer Service	Medical Services
Maternity Day Assessment Unit	Geelong Hospital Bellerine Centre Level 4	Medical Services
Medical Imaging	Geelong Hospital Heath Wing Level 1	Medical Services
Medical Imaging	Geelong Private Hospital	Medical Services
Medical Imaging	McKellar Centre	Medical Services
Memory Clinic – Cognitive and Dementia Management Services (CDAMS)	McKellar Centre	Ambulatory Services
Mental Health • 24 bed acute psychiatric facility	Geelong Hospital Swanston Centre - Cnr Swanston & Myers Streets	Mental Health, Drug and Alcohol Services
Mental Health • Aged Psychiatry Team	Geelong Hospital Swanston Centre - Cnr Swanston & Myers Sts, Geelong	Mental Health, Drug and Alcohol Services
Mental Health • 45 bed Aged Persons Mental Health	McKellar Centre - Blakiston Lodge	Residential Aged Care
Mental Health • Adult Community Rehabilitation Residential Facility • Secure Extended care	Community Rehabilitation Facility, 58 Barwon Heads Road, Belmont	Mental Health, Drug and Alcohol Services
Mental Health • Prevention and Recovery Care Unit- 6 beds plus day packages	58 Barwon Heads Rd, Belmont	Mental Health, Drug and Alcohol Services
Mental Health • Children's Mental Health Team	15 Pakington St	Mental Health, Drug and Alcohol Services



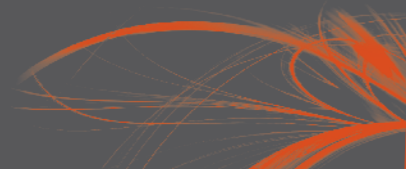
SERVICE	LOCATION	PROGRAM
Mental Health • Adult Community Mental Health Teams	Barwon Health Belmont Barwon Health Corio Barwon Health Newcomb Barwon Health Surfcoast - Torquay Barwon Health Colac, 13 Dennis St, Colac	Mental Health, Drug and Alcohol Services
Mental Health • Children of Parents with a Mental Illness	Glastonbury Child & Family Services, Geelong	Mental Health, Drug and Alcohol Services
Mental Health • Court Liaison	Geelong Magistrate's Court	Mental Health, Drug and Alcohol Services
Mental Health • Youth Mental Health/ Drugs and Alcohol Health service now named - headspace Barwon@ jigsaw	Jigsaw - Corio Shopping Centre Jigsaw - 83a Ryrie St in association with Clockwork	Mental Health, Drug and Alcohol Services
Mental Health • Homeless Outreach Psychiatric Services	Barwon Health West Geelong	Mental Health, Drug and Alcohol Services
Mental Health • Primary Mental Health Team	Barwon Health West Geelong	Mental Health, Drug and Alcohol Services
Mental Health • Triage and Consultation Liaison	Geelong Hospital	Mental Health, Drug and Alcohol Services
Midwifery Service - Koori	Geelong Hospital Bellerine Centre Level 4	Medical Services
Midwives - Community	Corio Community Health Service	Medical Services
Mortuary Services	Geelong Hospital Douglas Hocking Wing	Corporate Services
Neurosciences	Geelong Hospital	Medical Services
Neuropsychology	McKellar Centre	Ambulatory Services
Neurosurgery (Outpatients only)	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Surgical Services
Obstetrics Services	Geelong Hospital Bellerine Centre Level 4	Medical Services
Occupational Therapy	Geelong Hospital Heath Wing Level 2	Medical Services
Occupational Therapy	McKellar Centre	Medical Services
Oncology/Haematology	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Operating Services	Geelong Hospital South Wing Level 4	Surgical Services
Ophthalmology	Geelong Hospital	Surgical Services
Oral Health Services	Corio Community Health Centre Newcomb Community Health Centre Belmont Community Health Centre	Ambulatory Services
Oral/Maxillofacial Surgery	Geelong Hospital	Surgical Services

SERVICE	LOCATION	PROGRAM
Orthopaedic Surgery	Geelong Hospital	Surgical Services
Orthotics	Geelong Hospital South Wing Level 2	Surgical Services
Outpatients Department	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Paediatric & Adolescent Support Service	Barwon Health West Geelong	Mental Health, Drug and Alcohol Services
Paediatric Bereavement Program	Geelong Hospital	Medical Services
Paediatric Home & Community Care	Geelong Hospital	Medical Services
Paediatric Services	Geelong Hospital Heath Wing Level 3	Medical Services
Paediatric Specialist Clinics	Geelong Hospital - Clinic Rooms Heath Wing 3	Medical Services
Paediatric Surgery	Geelong Hospital	Surgical Services
Pain Management	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Surgical Services
Palliative Care • Inpatient	McKellar Centre	Ambulatory Services
Palliative Care - Home	Corio Community Health Centre Newcomb Community Health Centre Belmont Community Health Centre	Ambulatory Services
Palliative Care - Sub-Regional Consultancy Service	McKellar Centre	Ambulatory Services
Parenting Program - Young Approach	Geelong Hospital Bellerine Centre Level 4	Medical Services
Pastoral Care	Geelong Hospital Heath Wing Level 2	Executive Director of Nursing
Pathology Services	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Perioperative Service	Geelong Hospital South Wing Level 4	Surgical Services
Pharmacy Services	McKellar Centre	Medical Services
Pharmacy Services	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Medical Services
Physiotherapy	McKellar Centre	Medical Services
Physiotherapy	Geelong Hospital Heath Wing Level 2	Medical Services
Plastic Surgery	Geelong Hospital	Surgical Services
Podiatry	Geelong Hospital Heath Wing Level 2	Medical Services
Podiatry	McKellar Centre	Medical Services
Post Acute Care	Geelong Hospital	Access & Patient Flow
Postnatal & Gynaecological Services	Geelong Hospital Bellerine Level 6	Medical Services
Postnatal Depression Service	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Medical Services
Pregnancy Risk Assessment	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Medical Services

SERVICE	LOCATION	PROGRAM
Pregnancy Care Clinic	Geelong Hospital Bellerine Level 3 (Outpatients)	Medical Services
Primary Care Teams - incl. Nursing, Physiotherapy, Occupational Therapy, Podiatry, Counseling, Social Work, Psychology, Dietetics, Speech Pathology.  Early Intervention in Chronic Disease  Family Planning	Surfcoast Community Health Centres - Torquay & Anglesea Newcomb Community Health Centre Corio Community Health Centre Belmont Community Health Centre  Corio Community Health Centre  Corio Community Health Centre Newcomb Community Health Centre	Ambulatory Services
Primary Care Teams - incl. Nursing, Physiotherapy, Occupational Therapy, Podiatry, Counseling, Social Work, Psychology, Dietetics, Speech Pathology.	Barwon Health Surfcoast - Torquay & Anglesea Barwon Health Newcomb Barwon Health Corio Barwon Health Belmont	Ambulatory Services
Prosthetics & Orthotics	McKellar Centre	Corporate Services
Radiation Therapy	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Regional Brain Injury Clinic	McKellar Centre	Ambulatory Services
Rehabilitation • Inpatient	McKellar Centre Inpatient Rehabilitation Centre	Ambulatory Services
Rehabilitation • Outpatient	McKellar Centre Inpatient Rehabilitation Centre Belmont Community Rehabilitation Centre	Ambulatory Services
Rehabilitation • Home Based Program	McKellar Centre Inpatient Rehabilitation Centre	Ambulatory Services
Renal Services	Rotary House Corner Swanston & Ryrie Streets	Medical Services
Renal Services	Geelong Hospital Kardinia House Levels 2&3	Medical Services
Renal Services	42 Lt Fyans Street, Geelong	Medical Services
Renal Services - Satellite Dialysis	104 Bellarine Highway, Newcomb	Medical Services
Respecting Patient Choices Program	Sydney Parade, East Geelong	Ambulatory Services
Residential Aged Care - low level	Percy Baxter Lodges	Residential Aged Care (McKellar Centre)
Residential Aged Care - high level	McKellar Centre - Blakiston and Wallace Lodges	Residential Aged Care (McKellar Centre)
Residential Aged Care Nursing Care - high level	Alan David Lodge	Residential Aged Care (McKellar Centre)
Respiratory Function	Geelong Hospital Kardinia House Level 2	Medical Services
Respiratory Medicine	Geelong Hospital	Medical Services
Respite Care	McKellar Centre	Ambulatory Services

SERVICE	LOCATION	PROGRAM
Rheumatology	Geelong Hospital	Medical Services
Rickettsial Reference Laboratory	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Sexual Health Clinic	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Infection Prevention
Social Work	McKellar Centre	Medical Services
Social Work Dept	Geelong Hospital Kardinia House Level 2	Medical Services
Special Care Nursery	Geelong Hospital Bellerine Centre	Medical Services
Speech Pathology	Geelong Hospital Heath Wing Level 2	Medical Services
Speech Pathology	McKellar Centre	Medical Services
Staffcare Clinic	Kitchener House	Human Resources
Staffcare Clinic	McKellar Centre	Human Resources
Stem Cell Laboratory	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Stem Cell Service	Andrew Love Cancer Service	Medical Services
Stomal Therapy/Breast Cancer Support Service	Geelong Hospital Bellerine Centre Level 3 (Outpatients)	Surgical Services
Urology	Geelong Hospital	Surgical Services
Vascular & Endovascular Surgery	Geelong Hospital	Surgical Services
Veterans Services	Geelong Hospital Bellerine Centre Level 4	Corporate Services
Victorian Paediatric Rehabilitation Service	McKellar Centre	Ambulatory Services
Women's Health Sub-Regional	Barwon Health Belmont	Population Health

Barwon Health is committed to ensuring a smooth journey for all its patients; through continuously improving access to and flow through its vast range of integrated services





# Senior Staff List

This list is of Barwon Health Senior staff employed by the organisation as at 30 June, 2009

## EXECUTIVE TEAM

### Chief Executive

S De Gilio NZROT, M.Sc. (Bristol), CHSM, AFCHSE, FAICD

### Executive Medical Director

R Weaver MBBS, FANZCA, FJFICM, FFPANZCA, FIPP (WIP)

### Executive Director Nursing, Midwifery and Residential Aged Care

L Cuddihy, DN, RN, RM, MBA

### Executive Director Ambulatory Services

R Hayles, RN, MPH

### Executive Director Building and Infrastructure

S Pickering B Architecture, Cert Tech., Dip Mgmt

### Executive Director Central Services and Deputy CEO

P Cohen BA (Hons)

### Executive Director Commercial Services

J Linke B Comm., FCPA, BHA, AHSFMA

### Executive Director Human Resources and Organisational Safety

P Muncaster

### Executive Director Medical Services

A Morrison, M Bus, BHA, AFCHSE, CHE

### Executive Director and Clinical Director Mental Health, Drug and Alcohol Services

T Callaly FRANZCP, MRC Psych, FAAQCH, MB, B.Ch, B.Sc, H. Dip in Ed, MBL

### Executive Director Surgical Services

P Watson

## CLINICAL DIRECTORS

### Clinical Director Mental Health, Drug and Alcohol Services

T Callaly FRANZCP, MRC Psych, FAAQCH, MB, B.Ch, B.Sc, H. Dip in Ed, MBL

### Clinical Director Medical Services

P Talman, BSc (Hons), MBBS, FRACP, PhD

### Clinical Director Ambulatory Services

F McKinnon, B App Sc (Physiotherapy) MHA

## CORPORATE SERVICES

### Executive Officer

D Curwood

### Director Communications and Marketing

K Nelson

### Manager Health Promotion

K Doole  
MHLTH Sci, RN Div 1

## ACCESS AND PATIENT FLOW

### Director

J Faoro B App Sci, Adv. Dip Business Mgt

### Team

M Bennett RN, BN, Grad Cert Palliative Care, MN, Dip Business.

R Van Ingen - B.A, B Social .Work.

C Brook - RN, CCCert, B.App.Sc (Nursing), MHA, MRCNA

H Jennings - RN

M Lonergan - RN, BN, Grad Dip Critical Care

A Redden RN, BN, Grad Dip Community Health

## BARWON HEALTH FOUNDATION

### Executive Director

G Seidel Dip Bus Mgt

## BUILDING AND INFRASTRUCTURE

### Executive Director Building and Infrastructure

S Pickering B Architecture, Cert Tech., Dip Mgmt

### Manager, Clinical Engineering and Communications

A Selvakumaran BSc (Ele & Elect Eng), Dip Ele, CP Eng, AIMM

## Manager, Maintenance Operations

R Bennett Bach of Mech Eng, Dip Mech Eng, M.I.E.A. IHEA, CPEng.

## COMMERCIAL SERVICES

### Executive Director Commercial Services

J Linke B Comm., FCPA, BHA, AHSFMA

### Financial Controller

B Howard B Com., Ass. Dip. Bus., CPA

### Manager Financial Information & Systems

G Gray, CPA

### Manager Financial Accounting

M Toulmin, B Com., CPA

### Supply Manager

N Daffy

### Manager Customer Services

B Jobling, BA, Grad Dip Business Management

### Contracts Manager

T Lane, BA (Hons)

## HUMAN RESOURCES AND ORGANISATIONAL SAFETY

### Executive Director Human Resources and Organisational Safety

P Muncaster

## Manager, Human Resources

A Kirwan

## Occupational Health & Safety Manager

N Tonkin

## Occupational Health Physician

R Gasser MD

## Payroll and Benefits Manager

L Steffinlongo

## GOVERNANCE SUPPORT UNIT

### Director of Governance

J Bourke, RN, HDN, GDCM

### Clinical Safety Manager

D Plueckhahn, RN, BN, Crit Care Cert.

### Consumer Engagement Manager

D Cook, RPN, RN, Mid Cert, BN, Grad Dip eBusiness & Communication

### Quality Control Manager

J Beever, Bsc(Hons), MSC

### Clinical Safety & Quality Coordinator - Aged Care

K Ray RN, Cert IV in CQI, QA

### Clinical Safety & Quality Coordinator - Sub Acute Services

P Dolley, RN, M.NStd, MRCN, BA (Ed), B Sci, Crit Care Cert, Ad Cert Mgmt

## Executive Officer of Research & Ethics Office

B Davies BAppSci (nsg), Adv.DipMgt

## CENTRAL SERVICES

### Executive Director Central Services and Deputy CEO

P Cohen BA (Hons)

### Manager Health Information Services

A Larkins, Dip App Sci Nursing, CCRN

### Team Leader, Database Services

W Atwell, BSc

### Team Leader, Infrastructure Services

M Thomas

### Chief Librarian

S Due, BA (Hons) Grad Dip Lib

### Manager Food Services

K Knocker, Dip Bus

### Manager Environmental Services

A Sharp

### Manager Volunteer Services

M Dertien, RN, MHS, Dip Mgt

### Linencare Manager

S Randall, Deg in Engineering (Manufacturing), ASS Dip. Quality Technology

## Business Manager Central Services

H Wood, B.Comm ACA

## Manager HMO Operations

Wayne Harding, B.Bus

## MEDICAL EDUCATION AND TRAINING

### Director Medical Education and Training

Dr R Fawcett, MSc, MBBS, Dip Av Med, B Med Sc., FAFPHM, AFCHSE, MRACMA

### HMO Manager

W Harding

### Medical Education Officer

C Hourigan

### Supervisor Intern Training

Dr C Somerville

### Medical Clinical Education

Dr N Reid

## HOSPITAL MEDICAL OFFICERS

### Registrars

B Abed-Haghighi

A Adaji

Akuh Adaji

I Agahari

M Al Jaber

M Al-Hassan

M Anderson-Hunt

J Ang

G Ang

J Antony

I Astrakhantseva

S Ayyappan

T Balasubramanian

R Barthwal

N Bar-Zeev

G Berra

L Beswick

A Black

J Black

A Brice

D Brouwer

K Bucca

J Canty

H Cass

C Chan

B Chan

K Chappell

J Charles

A Chauhan	S Hemrajani	S McCarthy	Y Rong	<b>HOSPITAL MEDICAL OFFICERS</b>	B Hibble	D Stevenson	W Low
B Cherian	A Henry	H McKenzie	I Rossiter	A Aboud	R Jarvis	M Subamaniyan	D McGlade
A Chiu	P Hingston	N Mendis	M Samuel	A Ali	J Kaufman	L Sung	G McPherson
J Christensen	E Hingston	B Mishra	S Seegobin	A Ashraf	S Keating	D Teh	R Mitchell
D Closey	J Holmes	S Mitchell	T Shakespeare	Z Assarian	M Kerr	Y Ting	S Moore
A Cox	A Hughes	A Mohajeri	M Shanmuganathan	I Baleanu	M Kgakololo	N Titova	P Page
G Craig	J Isaksson	M Mok	D Shilson	A Baqar	A Khan	M Trotter	A Prawira
A Crowe	J Ischia	M Mond	N Simpson	M Bautista	S Khan	A Vishwanath	K Ruzyla
J Daly	P Iser	S Morrison	D So	L Bingham	H Liew	T Wood	F Sedal
S De Silva	M Jones	S Moylan	R Spencer	A Champness	Y Liu		C Simpson
S Devarakonda	S Jones	I Muir	B Stewart	D Chan	C Mark	<b>Interns</b>	G Sivarajah
N Dhupar	D Joyce	D Murphy	K Strunk	S Cheng	N Morgan	J Ambrose	G Skardon
C Donaldson	B Juol-Thor	N Nazarian	C Stubna	M Chong	L Mounsey	S Bennett	J Spicer
K Dunn	N Kakho	D Neale	R Talbot	S Chong	C Muir	T Blake	L Tan
L Dwyer	V King	K Ng	J Tomlinson	J Conway	F Murad	H Bookun	L Thomas
P Eastman	E Kong	V Nguyen	N Turner	K Cornell	Clare Murtagh	J Carter	C Worme
D Elsworth	F Kwan	B Nguyen	K Ung	B Coulson	C Murtagh	A Cheng	N Wright
T Fung	S Landers	E Ong	Z Wake	W Dib	J Ng	C Clemens	
S Gaur	V Lau	N Parekh	R Walsh	L Du Toit	A Ng	D Close	
S Ghane-Asle	F Lee	P Power	B White	D Entesari-Tatafi	D Quan	P Coffey	
S Govindarajulu	C Lee	J Prasad	R White	M Fehlberg	S Qutub	B Cruickshank	
J Greer	M Leung	R Ramadas	K Wong	L Flores	A Rajcoomar	M Ferres	
C Hand	M Lycett	B Rao	C Wong	M Galvin	C Roth	L Gray	
N Harun	N Lynn	M Rao		E Gascoigne	P Scott	E Hassin	
A Hassan	C Machado	H Richards		M Grant	D Sepetavc	R Iser	
E Hassan	A Mackinlay	A Roberts		J Ha	M Sritharan	M Kwong	
G Hayden	A Mattin	D Robinson		N Hamilton	J Standish	M Lazanyi	

## MEDICAL STAFF GROUP

### Chairman

S Tomlinson MB, ChB, FANZCA Cert Health Services Mgt

### Secretary

N Orford MBBS, FANZCA, FJFICM, PG Dip Echo

### Treasurer

M Ragg, MBBS, Dip Obs RACOG, Grad Cert EBP, FACEM

## UNIVERSITY OF MELBOURNE DEPARTMENT OF CLINICAL & BIOMEDICAL SCIENCES: BARWON HEALTH

### Head of Department and Professor of Medicine

G Nicholson, MBBS, PhD, FRCP, FRACP

### Deputy Head of Department and Professor of Surgery

D Watters BSc, MB, ChB, FRCSEd, ChM, FRACS

### Department Manager

B Sarah BSc (Hons)

### Head of Psychiatry Division and Professor of Psychiatry

M Berk, MBCh, MMed (Psych), FF (Psych), PhD, FRANZCP

### Associate Professor of Medicine

M Kotowicz, MBBS, FRACP

### Associate Professor and Director, Barwon Biomedical Research

M Kirkland, MBBS, PhD, FRCPA

### Associate Professor and Unit Head, Epidemiology & Biostatistics

J Pasco, BSc (Hons), DipEd, PhD, Mepi - Unit Head, Epidemiology & Biostatistics

### Associate Professor and Unit Head, Clinical Research Unit

K Sanders, BSc; Grad Dip Diet; M Hum Nutr; Grad Cert Hlth Econ; PhD - Unit Head, Clinical Research Unit

### Senior Clinical Trial Co-ordinator and Unit Head, Clinical Trials Unit

A Sarah BSc (Hons)

### Chief Technologist and Unit Head, Bone Densitometry

Y Birch, DCR I & II

### Senior Lecturer in Medicine

J Amerena, MBBS, FRACP

### Senior Lecturer in Surgery

G Guest, MBBS, BSc, FRACS

### Senior Research Fellow

S Dodd, BSc, DipEd, MSc, MRACI, CChem, PhD

### Research Fellow & Statistician

M Henry, BSc(Hons), PhD

### Lecturer in Psychiatry

F Ng, MBBS, FRANZCP

### Laboratory and Safety Manager

J Hodge, PhD, MSc, BSc (Hons)

## RESEARCH STAFF

S Dodd, BSc, DipEd, MSc, MRACI, CChem, PhD

M Bucki-Smith, BSc, MnutDiet, GradDipClinTrialsMan

S Brennan BSc (Hons)

A Stuart BSc (Hons)

E Merriman BHSc (Hons)

F Collier, BAppSc

M Constable, BSc (Hons)

S Lamb, BSc (Biology), BAppSc (Medical Radiation)

S Ryan, RN, RM, BAppSc, DNE

A Tolley, RN, MSc, Orth Cert

A Hunt, RN (Div 1), BA

R Tichawangana, BSc (Hons)

V Novak, BSc

L Williams, BPsych(Hons), PhD

F Jacka, BArts, PGradDipMedSc

K Filiti BAppSc (Medical Radiation)

A Martin BAppSc (Medical Radiation)

## HONORARY APPOINTMENTS

### Principal Fellows with the title of Associate Professor

R Bell MBBS, FRACP, FRCPA

J Agar MBBS, FRACP

A Black MBBS, FRACP

S Bolsin BSc, MBBS, FRCA, FANZCA, MRACMA, MHSM, DLitt (Hon)

P Gates MBBS, FRACP

S Graves BSc (Hons), DipEd, MBBS, PhD, FRCPA, FASN, FACTN

R Harvey MBBS, CCST, MD, MRCPsych

P Hewson MD, MBBS, FRACP

J Pasco BSc (Hons), Dip Ed, PhD

### Clinical Associate Professor

E Athan MBBS, FRACP

P Martin, MB, CHB, BAO (UK)

## Senior Fellows

S Dodd PhD, MSc, BSc, DipEd, MRACI, C.Chem

J Hodge PhD, MSc, BSc (Hons)

C Nolan

J Stenos, BSc (Hons), PhD

P Vuillermin, BmedSci, MBBS, FRACP

## BARWON BIOMEDICAL RESEARCH

### Director

M Kirkland B Med Sci (Hons) MB BS PhD FRCPA

### Chair & Director Barwon Biomedical Research

G Nicholson

### Deputy Director Barwon Biomedical Research, Lab Director

Mark Kirkland

### Deputy Laboratory Director

F Collier

### Lab and Safety Manager

J Hodge

### Deputy Lab and Safety Manager

G Van Der Meer

## PHD Candidates

N Blyth

G Stynes

T Fernandes

## Researchers

N Stupka

C Wong



A Loving

A Reid

**Research Assistants**

T Gough

M Constable

M Tursky

S Martin

Med-tech

V Novak

**DEAKIN UNIVERSITY AND BARWON HEALTH CENTRE FOR NURSING AND ALLIED HEALTH RESEARCH.**

**Chair in Nursing**

T Dunning PhD, RN, MEd, Grad Cert Obstetrics, Grad Cert Paed, Grad Cert Family Planning, Grad Cert Karitane, Grad Cert Aromatherapy/Massage, Grad Cert Health Ed, Grad Cert Professional Writing

**Research Fellow**

S Savage PhD, BsocSci (Hons), Grad Dip, BA

**Research Assistant**

S Dabkowski BA, Cert. General Nursing, Cert. Midwifery, Cert. Family Planning

**CDM-Net Research Team Research Fellow**

B Costa BA (Hons) (psych), Doctor of Philosophy PhD.

**Research Assistant**

K Fitzgerald, Bachelor of Industrial Mathematics and Computing, Graduate Diploma of Education

**CENTRE FOR EDUCATION & PRACTICE DEVELOPMENT**

**Director, Centre for Education & Practice Development**

J Redden-Hoare PhD BN (Hons), Dip App Sc (Maternal & Child Hlth & Comm Hlth), RM, RN, FRCNA

**Clinical Nurse Educator - Cardiac Services**

S Smith RN, Master Professional Studies (ED), Grad Cert Cardiac Nursing, Cert IV Assessment & Workplace Training

**Clinical Nurse Educator - Critical Care Services**

A Bone RN (Hons), Grad Dip in Adult Acute Care (Critical Care), Grad Cert in Health Science Education

T Elderkin RN, CCRN, B App Sc (Adv Nsg), Grad Dip Crit Care Nsg, MHIth Sc (Nurs), Cert IV Assessment & Workplace Training, MRCNA

**Clinical Nurse Educator and Practice Development Projects**

T Mant RN, Masters of Nursing Studies, Dip Bus, Cert Emerg Nsg, Grad Dip Crit Care, Grad Dip Adv Nsg (Ed), Cert IV Assessment & Workplace Training,

**Clinical Nurse Educator Night Duty**

G Joordens RN, CCRN, Grad Cert Prof Education & Training, BN, MRCNA

**Clinical Nurse Educator and Practice Development Projects**

C Williams RN, OR Mgt Cert, Grad Dip Nsg (Periop), Master Health Science (Nursing), FRCNA, FACORN

**Clinical Nurse Educator and Practice Development Projects**

B Davie RN, MPET(WET), Grad Dip Acute Care Nsg, Cert IV Ass & Tng, Cert Periop, MRCNA, MACORN

**Clinical Nurse Educator Perioperative Services**

J Wilding RN, MN, Dip App Sci (Nsg), Grad Dip Nsg (Periop), Dip Bus, MACORN

**Clinical Nurse Educator Paediatrics**

J O'Brien, RN, Diploma Paediatric Nursing

**Clinical Nurse Educator Aged Care**

B Melican RN, Grad Dip Business

**Clinical Nurse Educator Sub-Acute**

G Wood RN

**Clinical Support Nurse Wound Management & Tissue Viability McKellar Centre**

A Stockley RN, ENB 998 Teaching and Assessing in Clinical practice, Cert IV Train Small Groups, Grad Cert Stomal, Wound, Continence Nursing, Masters (Nurse Practitioner) in progress

**Clinical Support Nurse**

S Richmond, RN, Grad Cert in Orthopaedics

**Clinical Nurse Educator Midwifery**

N Hartney RN, RM, IBCLC, Masters in Progress Professional Education and Training (MPET)

**CNE Neonatal**

P Hall, RN, RM, NICU

**Clinical Nurse Educator**

N Ryan RN, Crit Care Cert (ICU), Cert IV Assessment & Workplace Training Grad Cert Ad Ed

**Clinical Nurse Educator**

S Apted RN, CCRN, Grad Dip Crit Care Nsg (Generic Stream), BSc

**Graduate Nurse Program Facilitator**

K Coumans RN, Crit Care Cert, Grad Dip N Ed, Cert IV Assessment & Workplace Training, MN

**Graduate Nurse Program Clinical Support Nurse**

J Kemp, RGON, BHSc, Dip Training & Assessment

**Clinical Nurse Educator Community Health**

R Neilson RN, RM, Grad Dip Community Health & Development, Cert Palliative Care, Cert IV Training Systems & Assessment, Dip of Business, Masters of Nursing.

**MOVAIT**

R Wright RN, Critical Care Certificate, MN, Cert IV Assessment and Workplace Training

M Parigi Cert IV Assessment & Workplace Training Cert IV Occupational Health & Safety (in progress)

**EDUCATION AND TRAINING BUSINESS UNIT**

**Director**

Yvonne Hewitt

**INFECTIOUS PREVENTION SERVICE**

**Infectious Diseases Director**

E Athan MBBS, FRACP, MPH (Infec Dis)

**Infectious Diseases Deputy Director**

A Hughes MBBS, FRACP (Infec Dis)

**Infections Diseases Physicians**

D O'Brien MMBS, FRACP, (Infec Dis), Dip Anat

D Friedman MBBS (Hon) FRACP, MD

A Walton MD, FRACP

A Wade MB BS (Hons) FRACP

**Sexual Health Physician**

R Milner M.B.S. Dip.Ven.

### Clinical Nurse Consultants

J Low, RN, Grad Dip Inf. Cont, Cert Sterilization & Inf. Cont, Cert in Management, Cert IV Workplace Assessment & Training

K Styles, RN, BN, Cert Sterilisation & Inf Control, Acc HIV Counsellor, Cert IV Workplace Assessment & Training

A Gray, RN, RM, Cert Sterilisation & Inf Control, Nurse Immuniser, ACC HIV Counsellor, Cert iv Training & Assessment, Adv Dip Business Management, Adv Dip Human Resources Management

L Scheppers, RN, Cert Sexual & Reproductive Health, Cert Pregnancy Choice Course, HIV Counsellor, Pap Test Provider

M Wardrop, RN, BN, Cert Sterilisation & Inf Cont, Acc HIV & HCV Counsellor, Reg Sick Children's Nurse (UK), Cert IV Workplace Assessment & Training

K Kendall RN, Cert Sterilisation & Inf Cont, Acc HIV Counsellor, Cert Wound Management, Cert IV Workplace Assessment & Training, Dip Workplace & Assessment Training

P Radalj, RN, Cert of Intensive Care, Grad Dip Critical Care Nursing

L Wilson, Ph.D, RN, M.Ed (Health), PG Cert Nursing Sc (Inf Cont).

J Heath, RN, BN, Cert Sterilisation & Inf Cont, Cert of Intensive Care, Dip in Public Health, Cert IV Workplace Assessment & Training

### PASTORAL CARE SERVICES

**Acting Pastoral Care Coordinator**  
R Maries, B Min

### AMBULATORY SERVICES PROGRAM

**Executive Director Ambulatory Services**  
R Hayles, RN, MPH

**Clinical Director Ambulatory Services & Director Inpatient Rehabilitation Services**  
F McKinnon, B App Sc (Physiotherapy) MHA

**Business Manager**  
S D'Andrea, B Comm, CPA

**Divisional Medical Director**  
R G Malon, MB, BS, BHA, FRACMA, AFCHSE

**Regional Director Palliative Care**  
P Martin MB BCh BAO MMed FACHPM (RACP)

**Director Ambulatory Programs**  
Vacant

**Director Funders, Partnerships & Projects**  
A Leonard RN, BN, Grad Dip CD, CMVAFT, MHSM

**Quality & Training Manager**  
R Smith RN, B Soc Sc (Human Service Mgt), Grad Dip HRD, Fellow AAQHC

### Rehabilitation Medicine

P T Hogg, MB, BS (Hons I), FACRM, FAFRM (RACP)

M Bennett, MBBS, DGM, MRCP (UK), FAFRM (RACP)

J Teh, MB, BS, FAFRM (RACP)

D Micheletto, MBBS, FAFRM (RACP)

M Vagg, MBBS (Hons) FAFRM (RACP) FFPANZCA

I Churilov, MBBS, FAFRM (RACP)

S Abrahamson, MBChB (Otago), FAFRM, Grad Dip Clin Epi

### Geriatric Medicine

A Mander, B Med Sci, MB,BS, FRACP

R Crone, MBChB, MRCP(UK), FRACP

V Makkada, MB. BS. M.D. FRACP

### Visiting Medical Officers

N R Crompton, MB, BS, DGM, M Bioethics

S M Watson, MB, BS, DGM

B E Mackenzie, MB, BS, Dip Obst RACOG, FRACGP

### Palliative Care

D Kerr, B Sc, MB, BS DGM (RCP), FACHPM, M Pall Care

I Grant, MB, BS, FRACGP, FACHPM

L Ferguson, MBChB.MRCP (UK)

### Orthopaedic Surgeon

D J M Bainbridge, MB, BS, FRACS, FRCSEd (Orth)

### NURSE UNIT MANAGERS

**Central Wing (Neurology and Trauma Rehabilitation; Geriatric Evaluation and Management)**  
A Renshaw, RN Div 1, Cert Rehab Nursing

**South Wing (Orthopaedic and Amputee Rehabilitation)**  
J Stevens, BN, BA, B Comm. Cert. Rehab. Nursing.

**North Wing (Geriatric Evaluation and Management; Palliative Care)**

S Anderson, (Acting NUM) RN Div 1, BN, Diploma of Management, Dip HR

M Arnold, RN Div 1, BN, Grad Dip Bus Admin, Cert Pall, Cert Gerontics (Project Secondment)

### Palliative Care Program

**Operations Manager**  
L Pittman B.A., B.S.W, Masters Applied Science, Org Dyn; AHA

**Consortium Manager, BSW Region**  
H Robinson, Div 1, BHSc, Grad Cert Management, Cert Gerontology

**Operational Clinical Nurse Consultant**  
J Trezise, Div 1

**Palliative Care Clinical Nurse Consultants**  
H Newell RN, BA and Dip. Ed; Post Grad Dip. Professional Writing; Cert IV Work Place Training; Post Grad. Dip. Advanced Clinical Practice, Palliative Care.

S Berry Div 1

**Specialist Services Coordinator**  
N Anderson B.App. Science (Sp. Path) Grad Dip. Business (e-business and communication)

**Community Rehabilitation Centre-McKellar Centre**  
N Anderson (Acting) B.App. Science (Sp. Path) Grad Dip. Business (e-business and communication)

**Community Rehabilitation Centre-Belmont**  
H Ashcroft, RN, BN, Grad Dip Rehab Studies

**Aids & Equipment Program**  
J Irvin Bachelor App. Sci (OT)

**Cognitive Dementia and Memory Service (CDAMS)**  
V George RN, RPN, Grad Dip Geront

**Victorian Paediatric Rehabilitation Service (VPRS)**  
T Clark Doctor of Psychology (Clin Neuro)

**Regional ABI Service**  
J Todd Master of Psychology (Clin Neuro)

### Home Based Rehab Program (HBRP)

### Continence Clinic

### Falls & Mobility

### Chronic Neurology Clinic

### ORAL HEALTH SERVICE

**Director of Oral Health Services**  
M Smith BDS

### Dentists

E Adamczyk BDS

S Chong BDS Wales

H Chuan BDS

L Cox BDS Otago

T Dannheimer BDS (S Africa)

P Harold BDS Otago

J Hung BDS

G Joseph BDS

S Kaing BDS

D Knight BDS (S Africa)

M Li BDS

T Muthuhetti BDS

B Scully BDS

L Thai BDS

S Thambyrajah BDS

C van Ryswyk BDS (S Africa)

T Wong BDS

L Ye BDS

### Oral Surgery Registrar BLT1

P Amailuk

A Hughes

Prosthetists

M Fryc DD (Canada)

S Howard Adv Dip of Dental Prosthetics

L Sier Adv Dip of Dental Prosthetics

Dental Therapists

S Bali Cert Dental Therapy

A Croke BOH

J Dandy Dip App Sc (Dental Therapy)

J Gorman Cert Dental Therapy

V Hope Dip App Sc (Dental Therapy)

J Lamb Dip App Sc (Dental Therapy)

S Pilon Cert Dental Therapy

C Ross BOH

C M Seeley Cert Dental Therapy

W Sewell School Dental Nurse Cert DH

W Zheng Dip App Sc (Dental Therapy)

### COMMUNITY NURSING SERVICES

**Manager Community Nursing Services**  
K Smith RN, B Nsg, Grad Dip Comm Health, M Nursing, Dip Mgmt MRCNA

### Clinical Co-ordinators

S Johnson RN, BN, Grad Dip NSc (District Nursing), Dip Bus Mgmt

S White BN, Grad Dip Bus (e-business and communication), Dip Mgt, Cert Small Bus Mgt

A Blake RN

### IMMUNISATION

**Co-ordinator**  
E Hutchinson RN

**Medical Consultant**  
E Athan MBBS (Hons), FRACP

### COMMUNITY HEALTH TEAMS & HARP SERVICES

**Manager**  
G. Kotz RN, RPN, CCRN, BN, Dip Mgt

### Clinical Co-ordinators

C Mioduchowski BSc, BAppSc, Grad Dip Pod

C Middleton BSW, B App Sc (Nursing), Dip Bus

C Clarke B Physio, Post Grad Aquatic Physio, Dip Mgmt

B Unmack RN, RM, B Public Health, Dip Bus Mgt

### HOSPITAL ADMISSION RISK PROGRAM (HARP)

**Team Leader**  
M Scott

### CARER RESPITE & CARELINK SERVICES & DAY PROGRAMS

**Regional Manager**  
R Beavis Dip Bus Mgmt

### MEDICAL SERVICES PROGRAM

**Executive Director Medical Services**  
A Morrison, M Bus, BHA, AFCHSE, CHE

**Clinical Director**  
P Talman, BSc (Hons), MBBS, FRACP, PhD

**Business Manager**  
W Fawkes, BComm, CPA

**Business Manager**  
L Marten, BBus, ASA

**Business Support Officer**  
P Eltringham, RN, BEd

**Divisional Nursing Director**  
T Cotter, RN, RM, Grad Dip Bus Man

### CARDIOLOGY SERVICES

**Director**  
A J Black, Assoc Prof, MBBS, FRACP

**Practice Manager**  
J Cranham, Dip App Sc (OHT), BA (Comms), Dip BM

### Specialists

J Amerena, MBBS, FRACP

A Appelbe, MBBS, FRACP

C Hiew, MBBS, FRACP

D Ridley, MBBS, FRACP

E Ryan, MBBS, FRACP

M Sebastian, MBBS, FRACP

T Yip, MBBS, FRACP

**Chief Cardiology Technologist**  
R Fowler, MSc (Med), BEd, BEc, DMU  
(Cardiac)

**Radiographer**

M Drane, BAppSc (Medical Radiation)

T Duplessis, BRad (Radiography) BRad Hons  
(Oncology)

**Cardiac Services Manager (BC5)**

M Miller RN CCRN Dip B.Mgt

M Preusker RN B App Sci (Nursing) Grad Cert  
CC, Grad Dip Health Mgt

**Unit Nurse Manager Cath Lab**

J Dyson, RN, BN, CC Cert, Dip Teaching, Cert  
Bus

**DERMATOLOGY**

**Specialists**

T Hall, MBBS, FACD

D M McColl, MBBS, FACD

T J O'Brien, MBBS, FACD

**DEPARTMENT OF ENDOCRINOLOGY AND  
DIABETES**

**Director**

G Nicholson, MBBS, PhD, FRCP, FRACP

**Specialists**

M Kotowicz, MBBS (Hons), FRACP

S Worboys, MBBS (Hons), FRACP

M Yeo, MBBS, FRACP

N Harrison, MBBS, FRACP

N Sachithanadan, MBBS, FRACP

**Manager Diabetes Referral Centre**  
P Jones, RN, RM, BNsg, Dip Mgt, Grad Cert  
DE, CDE

**Clinicians (Nursing)**

H Hart, RN, RM CCC, BNsg, Grad Cert DE, CDE

P Streitberger, RN, BA, Grad Cert DE, CDE

L Hume, RN Grad Cert DE

P Clancy, RN Grad Dip Nsg (CC), Dip OH & S,  
Grad Cert DE

T Dunning RN, CDE, MEd, PhD, FRCNA

M Robins RN, CDE, MRCNA, MNsg, MHith Sci,  
Grad Cert Hith, Grad Cert Nsg, BN

L Stack Div 2, ME

**Clinicians (Allied Health)**

K Jurgens, B Nutrition & Dietetics, APD

H Game B App Sci (Pod), Grad Dip App Sci  
(Pod), Grad Cert Bus (QM), MA Pod A, Grad  
Cert DE

**GASTROENTEROLOGY**

**Head of Unit**

R Knight, MBBS, FRACP (Gastroenterology/  
General)

**Specialists**

P Dabkowski, MBBS, FRACP  
(Gastroenterology/General)

D Dowling, MBBS, FRACP  
(Gastroenterology/General)

E Prewett, MBBS, FRACP (Gastroenterology/  
General)

J Watson, MRCP, PhD, FRACP

B Crotty, MBBS, MD(Melbourne), FRACP

S Alexander, MBBS, FRACP  
(Gastroenterology/General)

**GENERAL MEDICAL UNITS**

**Director**

A Hughes, MBBS, FRACP (Inf.Dis)

**Specialists**

**UNIT 1**

J Cailles, MBBS, FRACP (Respiratory  
Medicine)

J Malone, MBBS, FRACP (Respiratory  
Medicine)

P Wong, MBBS, FRACP (Respiratory  
Medicine)

**UNIT 2**

E Athan, MBBS, FRACP, MPH (Inf.Dis)

D O'Brien, MBBS, FRACP (Inf.Dis), Dip Anat.

D Friedman, MBBS, MD, FRACP (Inf Dis)

A Walton, BA, MD, FRACP (Inf Dis)

**UNIT 3**

R R Clark, MBBS, FRACP (General)

V Makkada, MBBS, MD, FRACP (Geriatrics)

A Mander, MBBS, FRACP (Geriatrics)

C L Steinfort, MBBS, FRACP (Respiratory  
Medicine/General), FCCP

**UNIT 4**

T Kraemer, MBBS, FRACP (Neurology)

K Mc Dougall, MBBS, FRACP (Nephrology)

**UNIT 5**

H T Griffiths, MBBS, FRACP (Rheumatology)

N C Wood, MBBS, FRACP (Rheumatology)

T Tahir, MBBS, MBCHB, FICMS(PhD), FRACP  
(Rheumatology)

C Somerville, MBBS, FRACP, PhD  
(Nephrology)

Dr R MacGinley, MBBS, BMedSci, MMedSci  
(Vasc Biol) Mclin Epi, FRACP (Nephrology)

**NURSE UNIT MANAGERS**

**Bellerine Centre 6 North  
Medical (Gastro, Pain Management,  
Neurology, Renal & Stroke)**

C Naphthine, RN, BN, Grad Dip (Bioethics),  
Dip Mgt.

**Birdsey Wing 6  
Cancer Services - Oncology (Medical &  
Radiation), Haematology**  
L Gleave, BN, Post Grad Advanced Nursing  
Practice - Oncology and Palliative Care,  
Accredited Breast Care Nurse

**Birdsey Wing 7  
ACE (Acute Care of the Elderly) Unit**  
Sonya Whitehand, BSN, Cert DE

**Heath Wing 7  
Medical 1 (General Medicine, Infectious  
Diseases, Neuro/Stroke, Respiratory)**  
J Burgoine, RN, Post Grad Resp Medicine,  
Dip Mgt.



## NEUROLOGY

**Director of Neurology**  
P C Gates, MBBS, FRACP

### Neurologists

P Batchelor, MBBS, FRACP, PhD, BMedSci

P Talman, BSc(Hons), MBBS, FRACP, PhD

C Shaw MBBS, FRACP

B Clissold MBBS, FRACP

T Kraemer, MBBS, FRACP

### Visiting Neurologists

J Balla, MBBS, FRACP, FRCPE

C Chapman, MBBS FRACP

M Mackay, MBBS, FRACP – Paediatric Neurologist

**Visiting Neurosurgeon**  
P McNeill. MBBS, FRACS

**Director of Stroke**  
P C Gates, MBBS, FRACP

**Director of Epilepsy**  
R Carne, MD, FRACP, MBBS, Dip MedEd

### Research Assistants

P Nardorp

S Savickas

S Jones

**EEG Technician**  
J Dahler

**EMG/NCS Technician**  
C Watson

## COMPLEX PATIENT CARE COORDINATORS

V Eldridge, B App Sci (Occupational Therapy)

K Folwell, B App Sci (Occ Therapy), Dip B

A Friend, RN, Cert Gerontology

K Gow, RN, BN, Dip B, Cert Emergency Nursing

R Grieve, B App Sci (Occ Therapy)

### Community Health Nursing

K Moon, BApp Sci (Occupational Therapy)

L Morganti, RN, Grad Dip Critical Care (Emergency)

E Sawyer, BPhysiotherapy

J Wallish, BA, Hons. SW, Grad Cert Health Management

M Eggleton, RN, BN, Cert Cardiac Critical Care

A Baragwanath, BA Dip Soc Studs - Locum

K Farrar

## VETERANS LIAISON OFFICER

S Hartle, Cert Div.Th, Validation Therapy Practitioner (DTP)

## CANCER SERVICES

**Director**  
R Bell, MBBS, FRACP, FRCPA, MRACMA, FACHPM

## MEDICAL ONCOLOGY

### Consultant Medical Oncologists

A Broad, MBBS, FRACP

M Singh, MBBS, FRACP

K White, MBBS, FRACP

## HAEMATOLOGY

### Clinical Haematologist

P Campbell, MB, ChBMRCP, MRCPATH, FRACP, FRCPA

R McLennan, MVVS, FRCP (Lond), FRACP

H Fairweather, MBBS, FRACP, FRCPA

**Genetics Clinic**  
D Dowling, MBBS, FRACP (Gastroenterology/General)

### Genetics Counsellors

Dr N Pachter

S Buschomb

A Sexton

**Lymphodema Clinic**  
D Harley, MBBS, Dip Obs

**Paediatric Clinic**  
P K Anderson, MBBS, FRACP

### Gynaecologic Clinic

R Rome, MBBS, FRCS (Ed), FRCOG, FRACOG, CGO

M Quinn, MB, ChB, MGO (Melb), MRCP (UK), FRCOG, FRACOG, CGO

D Neesham, MBBS, DCH, FRACOG, CGO

**Acting Clinical Nurse Consultant - ALCC**

## Day Ward

P Grace, RN Cert Onc

## RADIATION ONCOLOGY

### Director

R Lynch, BMed Sc., MBBS, FRACR, MRACMA

### Radiation Oncologist

M Francis, MBBS, FRACR

G Pitson, MBBS, FRANZCR

M Mathlum, MBChB, FRANZCR

### Chief Radiation Therapist

M Bulmer, MIR, Cert Mgt

## STEM CELL TRANSPLANT/APHERESIS

### Co-ordinator

J Hempton, RN

### Transfusion Nurse Consultant

L Stevenson, RN

## EMERGENCY MEDICINE

### Director

D Edey, MBBS, Dip RACOG, DTM&H (Liverpool), FACEM

### Deputy Director

M Ragg, MBBS, Dip RACOG, Grad Cert EBP, FACEM

**Director of Emergency Medicine Training**  
M White, MBBS (Hons), FACEM

### Specialists

B Bartley, MBBS, FACEM, FRCSE

T Reade, MBBS, BSc (Med), FACEM

N Reid, MBBS, DRANZCOG, FACEM

J Stella, MBBS, FACEM

C Mobbs, MBBS, FACEM

A Khan, MBBS, FACEM

B McKenzie, MBBS, FACEM

B Carne, MBBS, DRANZCOG, FRACGP, FPA(cert), FACEM

M Maiden, MBBS, DRANZCOG, BSc, FJFICM, FACEM,

J Fisher, MBBS, FACEM

M Walsh MBBS, FACEM

### Unit Nurse Manager

J Hosking, RN, BN, Grad Dip Nsg (Crit.Care), Dip Bus.

## MEDICAL IMAGING

### Director

A Whan MBBS, FRANZCR

### Specialists

D Lun, MBBS, FRCR

P Morris, MBBS, FRANZCR

D Robertson, MBBS, DDR, FRANZCR

P Brotchie, MBBS, PHD, FRANZCR

D Boldt, MBChB, FRANZCR

J Cameron, MBBS, FRANZCR

A Owen, BSc, MRCP, FRCR

**Nuclear Medicine Specialist**  
D Ma, MBBS, FRACP

### Operations Manager

J Umbers, Dip App.Sc. (Med.Rad.)

## Chief Radiographer

P Brough, Dip App.Sc. (Med Rad), GDMU, MHSc (Health Admin)

### Tutor Radiographer

B Harvey, FIR, Grad.Dip.Ed.

### Chief Nuclear Medicine Scientist

D Bucki-Smith, BSc (Melb), B.App.Sc (Med. Rad)

### Unit Nurse Manager

K Stow, RN

## PHARMACY SERVICES

### Director of Pharmacy

G Weeks, M Pharm, MHA, FSHP

### Deputy Director of Pharmacy

S Cuell, B Pharm, MHA, FACPP,

### Chief Pharmacist Grace McKellar Centre

G Robson, B Pharm

## RENAL SERVICES

### Director

J Agar OAM, MBBS, FRCP (LOND), FRACP (Nephrology)

### Specialists

R MacGinley, MBBS FRACP

C Somerville, MBBS, FRACP, PhD (Nephrology)

K McDougall, MBBS FRACP

### Unit Nurse Manager

R Knight, RN, MA (Nursing), Dip Teach/ Assessing, Cert Renal Nsg, Cert Hlth Econ.

## WOMEN'S SERVICES

### Divisional Medical Director

A Hotchin, MBBS, FRANZCOG

## OBSTETRICS AND GYNAECOLOGY

### Specialists

G Barker, MBBS, MRCOG, FRANZCOG

S Sabary, MBBS, FRANZCOG

B McCully, MBBS, FRANZCOG

P R Mayall, BA, MBBS, FRANZCOG, FRCOG

M Shembrey, MBBS, Dip RACOG, FRANZCOG

J D Swan, MBBS, FRANZCOG, MRCOG

J C L Viggers, MBBS, D Obst & RCOG, FRANZCOG

V Arora, MBBS, MRCOG, FRANZCOG

## CHILDREN'S SERVICES

### Divisional Medical Director

D Fuller, MBBS, MPH, FRACP

## PAEDIATRICS

### Specialists

K Anderson, MBBS, FRACP

C Cooper, MBBS, FRACP

D Fuller, MBBS, MPH, FRACP

B Jenner, MBBS, FRACP

C Sanderson, BSc, (Hons) MBBS, FRACP

P Vuillermin, MBBS, FRACP

M Forrester, MBBS, FRACP

## NURSE UNIT MANAGERS

### Baxter Maternity Services:

**Birth Suite/Pregnancy Care Clinic/ Maternity Day Assessment Unit**

C Geldard, RN, Dip Mid

**Bellerine Centre Level 6 South - Antenatal/Post Natal/Gynae/Extended Postnatal Care**

D Watkins, RN, Mid Cert

### Special Care Nursery

A Smith, RN, RM, BN, NICC, IBCLC, PGDip Adv Nur (CF & CH)

**Heath Wing 3 - Paediatric Ward (Acting NUM)**

J Bryce, RN

**Paediatric Home & Community Care Coordinator**

K Shields, RN, Mid Cert, Paed Cert, Dip Bus Mgt.

## ALLIED HEALTH

### Director of Allied Health (Part Time)

D Schulz, DPhysio MGeron BAppSci (Physio)

## AUDIOLOGY

### Chief Audiologist

L Moody, M.A. (Hons), Dip Aud., MAud SA (CCP)

## NUTRITION AND DIETETICS

### Chief Dietitian

R Hoevenaars, BSc(Hons), Grad.Dip.ND, PhD,APD



#### Senior Dietitians

D Wynd, BSc, Grad Dip ND, APD

C Wiggett, BSc(Biol), MND, APD

A Jurica, BSc, Grad Dip ND, APD

#### OCCUPATIONAL THERAPY

##### Chief Occupational Therapist

S Rowan, B App Sci (Occ .Ther), Grad Dip B Adm, MHS (Health Administration) ACCOT

#### Senior Clinicians

J Reid, B Occ Ther, ACCOT

L Andriske, B Occ Ther, ACCOT

R Whittingham, B Occ Ther, Grad Dip Innovation and Service Management

#### PHYSIOTHERAPY

##### Chief Physiotherapist

S Hakkennes, B.Physio, Grad Cert Evidence Based Practice

M Taylor (acting Chief), DipTech (Physio), Grad Dip Business (Management), AFACHSE

#### Senior Clinicians

Y McNeel, B App Sci (Physio), Grad Dip(Cardiothoracic), Grad Cert (Incontinence, Pelvic Floor Rehab),

F Brennan, B.Physio

#### PODIATRY

##### Chief Podiatrist

C Mioduchowski, B Sc, BApp.Sci, P.Grad Dip Pod. MAPA

#### Senior Clinician

H Game, Bapp.Sci(Pod), Grad Dip.(Pod), Grad Cert.DE, Grad Cert QM

#### PSYCHOLOGY

##### Chief Psychologist

M Geertsema, M.Clin.Psych., M.Crim. (Melb)

#### SOCIAL WORK

##### Chief Social Worker

R Van Ingen BA, BSW (Vic Uni)

##### Senior Clinician Acute Oncology General Med

K Todd, BA (Latrobe) BSW (Latrobe), MSW (Melb).

##### Senior Clinician Acute: Womens & Children's Health

J Bourke, BA, BSW, MSW

##### Senior Clinician In Patient Ambulatory services

M Hawke, BSW

##### Senior Clinician Out Patient Ambulatory Services

J Fry, CQSW (UK), BSW (WA)

#### SPEECH PATHOLOGY

##### Chief Speech Pathologist

N Robson, B. Sc, B App Sci (Speech Path Hons), Grad Dip Inf & Parent MH, M. Health Sc (Inf & Parent MH)

##### Senior Clinician Acute

R Janes, B App.Sci (Speech Path)

##### Senior Clinicians Rehab & Aged Care

N Anderson, B App Sci (Speech Path), Dip Mgt (2007)

K Mitten, B App Sci (Speech Path)

#### Senior Clinician Community

M Walton, B App Sci (Speech Path)

#### MENTAL HEALTH, DRUG AND ALCOHOL SERVICES PROGRAM

##### Executive Director and Clinical Director Mental Health, Drug and Alcohol Services

T Callaly FRANZCP, MRC Psych, FAAQCH, MB, B.Ch, B.Sc, H. Dip in Ed, MBL

##### Director Mental Health

P Dunn RN, RPN, Grad Dip Gerontic Nsg

##### Business Manager

R Humphreys BCom, BSc, CPA

##### Professor of Psychiatry

M Berk MBBS, MMed (Psych), FF (Psych) SA, FRANZCP, PhD

##### Director of ECT

R Harvey, MBBS,MD,MRCPsych, FRANZCP

##### Consultant Psychiatrists

P O'Keefe MBBS, FRANZCP

P Hantz MBBS, FRANZCP

E van Ammers BSc (hons), MBBS, FRANZCP

Y Khozouei MD, MRCPsych, FRANZCP

M Van der Linden, MBBS, FRANZCP

R Kefford MBBS, FRANZCP, Cert. Adv. Training in Child & Adolescent Psychiatry

J Black BSc, MBBS, MPhil, MRCPsych, FRANZCP

E White MBBS, FRANZCP

S McConnell, MBBS, FRANZCP, Mpsych

R Bauer MBBS, MGPP, MP, FRANZCP, Cert

Adv. Training in Adult Psychiatry

R Bruozis MBBS, MPM, FRANZCP

F Ng MBBS FRANZCP

S Mitchell, MBBS, M. Psych, FRANZCP

C Prasanna, MBBS, DNBpsych (INDIA) FRANZCP

A Ward, M.B.,B.S.; M.Psych; FRANZCP

#### Senior Psychiatric Nurse

S Jennings RN, RPN, Dip Nsg Educ, BEd & Counselling,MoM

#### Quality Manager

M Hyland RN, RPN;BSocSc; PRINCE2 Practitioner; FAAQHC

#### Program Manager, Inpatient, Triage, PARC/CRF, Aged Psychiatry Service, Court Liaison

S Duffy, RPN, RN, Ba Nursing (Post Reg), MBA, Cert IV Workplace Assessor & Trainer

#### Acting Program Manager, Inpatient, Triage, PARC/CRF, Aged Psychiatry Service, Court Liaison

P Pearson, Diploma of Business

#### Program Manager, Adult Community Programs

M Geertsema M. Clin Psych, M. Crim

#### Program Manager Child and Youth Services

M O'Shea PhD Clinical Psychology

#### Acting Program Manager Child and Youth Services

S Duffy RPN, RN, Ba Nursing (Post Reg), MBA, Cert IV Workplace Assessor & Trainer





L Bryant RN, RM, Grad Dip Loss & Grief, B.Nsg

#### OUTPATIENTS DEPARTMENT

##### **Nurse Unit Manager**

L Adair RN, BN, Grad Dip Clinical Nsg Prac & Mtg, Grad Dip Business

#### AFTER HOURS COORDINATION

K Altamari RN

L Bryant RN, RM, Grad Dip Loss & Grief, B.Nsg

B Downey Dip Nsg, Dip RM

K Harrison RN

T Johnston RN, BN, Dip Hosp Nsg & Ward Mgt

G Joordens RN, BN, CCC, Grad Cert Prof Wkpl Educ & Train, MRCNA

A Mahony RN, RM, Mat & Child Hlth Cert, B Hlth Sc (Mgt), Grad Dip Geront Nsg, MRCNA

M McLeod RN, BN, Crit Care Cert, MPH

K Morison RN

F Nelson RN

J Pettig RN, RM, BN, Grad Dip Loss & Grief, Dip Hosp Nsg & Ward Mgt

N SadlerRN

#### DEPARTMENT OF ANAESTHESIA

##### **Director of Anaesthesia, Perioperative Medicine & Pain Medicine**

S Tomlinson MB, ChB, FANZCA, Dip Health Services Mgt

##### **Deputy Director**

C Gordon BHB, MB, ChB, FFARACS, FANZCA, Dip Comp Tech

##### **STAFF ANAESTHETISTS**

S Bolsin BSc, MBBS, FRCA (Lon), FANZCA, MRACMA, MHM, D Litt(Hon)

L Broad MBBS, FANZCA

B. Coleman - MBBS FANZCA

M Colson MBBS, FANZCA, Dip Comp Tech

M Conroy MBBS, DRANZCOG, FANZCA

D Dimovski MBBS, FANZCA, PG Dip Echo

B Fraser MBBS, FANZCA

S Gower MBBS, FANZCA,

J Kara-Brightwell MBChB,FANZCA,

A Lee BSc,DIS, MBBS,FRCA, FANZCA,

C Lee MBBS, FANZCA

R.Mackenzie MBChB DA (SA) FANZCA

D McCoy MB BCh, BAO (NUI), FFARCSI, FFPMANZCA, FFPMCAI

C Osborne MBBS, DDRANZCOG, FANZCA

F. Raineri MBBS FANZCA

A Samuel MBBS, FANZCA

M Viney MB BS, FANZCA, FFPMANZCA MMed (Pain Med)

R Weaver MBBS, FANZCA, FJFICM, FFPMANZCA, FIPP (WIP)

##### **VISITING SPECIALISTS**

D Allen MBBS, FANZCA

J Barson MBBS, DRCOG, FFARACS, FANZCA

E Bashford MBBS, FFARACS, FANZCA

M Bowman MBBS, FANZCA

A Burton MBBS, FFARACS, FANZCA

K Carlile MBBS, FFARACS, FANZCA

P Champion MBBS, FFARACS, FFICANZCA, FANZCA

B Creati MBBS, FANZCA

W Dennis MBBS, FFARACS, FANZCA

G Dixon MBBS, FFARACS, FANZCA

L Gibbs B.ChB, FFARACS

P Hanson MBBS, FFARACS, FANZCA

P Heenan MBBS, FFARACS, FANZCA

R Martin MBBS, FANZCA, Dip Obs RACOG/ RACGP

A Muir MBBS, Dip Anaes, FRCS, FANZCA, FFPMANZCA, M.Sc

G Murrell MBBS, FFARACSI, FFARACS, FANZCA

R Neerhut MBBS, FANZCA

A Patrick MBBS, FANZCA

C. Quigg MBBS FANZCA

D Serle MBBS, FFARACS, FANZCA

W Sloss MBBS, FFARACS, FANZCA

J. Smith MBBS FANZCA

R Solly MBBS, FANZCA

B Stringer MBBS, FFARCS

M Tisdall MBBS, FRCA, FANZCA

P Tolley MB ChB, FRCA, FANZCA

A Van Leeuwen MBBS, Mmed, FFARACS, FANZCA

B Webster MBBS, FANZCA

S Worboys MBBS, FANZCA

#### PAIN MANAGEMENT CLINIC

##### **Service Director**

R Weaver MBBS, FANZCA, FJFICM, FFPMANZCA, FIPP (WIP)

##### **Pain Specialists**

M Viney MBBS, Grad Dip Med (Pain Med), FANZCA, FFPMANZCA

D McCoy MB BCh BAO(NUI) FFARCSI FFPMANZCA FFPMCAI

M Vagg MBBS (Hons), FAFRM (RACP), FFPMANZCA

##### **Pain Fellow**

R Talbot MB BCh BAO (NUI) FCARCSI MD

##### **Clinical Nurse Consultant**

P Reeves RN, BAppSc (Nsg), CC Cert, MSc (Pain Management)

##### **Clinical Nurse Specialist**

J Hunt B.Sc (Nursing), MSc (Pain Management)

##### **Psychiatrist**

J Black BSc, MBBS, MPhil MRCPsych, FRANZCP

##### **Clinical Psychologists**

E Barson BBSc (hons) D Psych (clinical) MAPS

T Gibbie BBSc (Hons) M Psych (Health)

##### **Physiotherapists**

S Monaghan BSc Hons (Physio)



# Publications

DEPARTMENT	SUMMARY
Cancer Services	Azad A, Campbell P, Bell R. Maintenance Rituximab and infection risk in low-grade lymphoma. Int Med J (in press).
Cancer Services	Bell R, Cameron D. Future use of Bevacizumab and other anti-angiogenic agents in breast cancer Eur J Cancer Suppl 2008; 6(6):40-50.
Cancer Services	Bell R, Cameron D. Bevacizumab: the first anti-angiogenic agent approved for the treatment of metastatic breast cancer. Eur J Cancer 2008;Suppl 6(6):1-6
Cancer Services	Chang CC, Devitt B, Cheng AC, Hughes AJ, Campbell P, Athan E. Successful control of an outbreak of invasive aspergillosis in a regional haematology unit during hospital construction work. J Hosp Infect 2008;6:33-8
Cancer Services	Untch M, Gelber RD, Jackisch C, Procter M, Baselga J, Bell R et al. for the HERA Study Team. Estimating the magnitude of trastuzumab effects within patient subgroups in the HERA Trial. Ann Oncol 2008;19(6):1090-6
Cardiothoracic Unit	Yap C H, Sposato L, Mohajeri M, et al Contemporary results show repeat coronary artery bypass grafting remains a risk factor for operative mortality. Ann Thorac Surg 2009; 87:1386-91
Cardiothoracic Unit	Yap C H, Andrianopoulos N, Mohajeri M, et al. Short and midterm outcomes of coronary artery bypass surgery performed by surgeons in training. J Thorac Cardiovasc Surg 2009;137(5): 1088-92
Cardiology	Ajani A, Reid C, Duffy S, Andrianopoulos N, Lefkovits J, Black A, et al for the Melbourne Interventional Group (MIG) Investigators. Outcomes after percutaneous coronary intervention in contemporary Australian practice: insights from a large multi-centre registry. Med J Aust 2008;189(8):423-8.
Cardiology	Shaw J, Andrianopoulos N, Duffy S, Walton A, Clark D, Lew R, et al for the Melbourne Interventional Group (MIG) Investigators. Renal impairment is an independent predictor of adverse events post coronary intervention in patients with and without drug eluting stents. Cardiovasc Revasc Med 2008;9(4):218-23
Cardiology	Yan B, Ajani A, New G, Duffy S, Farouque O, Shaw J, et al. for Melbourne Interventional Group (MIG) Investigators. Are drug-eluting stents indicated in large coronary arteries? Int J Cardiol 2008;130(3):374-9
Cardiology	Butler M, Eccleston D, Clark D, Ajani A, Andrianopoulos N, Brennan A, et al for the Melbourne Interventional Group (MIG) Investigators. The effect of intended duration of clopidogrel use on early and late mortality and major adverse cardiac events in patients with drug-eluting stents. Am Heart J 2009;157(5):899-907
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Brennan SL, Pasco JA, Urquhart DM, Oldenburg B, Hanna FS, Wluka AE. Association between urban or rural locality and hip fracture in community-based adults: a systematic review. Osteoporos Int 2008 Dec 24 [Epub ahead of print].
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Brennan SL, Henry MJ, Wluka AE, Nicholson GC, Kotowicz MA, Williams JW, Pasco JA. Bone mineral density in population-based adult females is associated with socioeconomic status. J Bone Mineral Res 2009; 24(5):809-15.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Cheung N, Yue, Kotowicz M, Jones PA, Flack JRI. Comparison of diabetes clinics with different emphasis on routine care, complications assessment and shared care. Diab Med 2008; 25: 974-8.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Conroy M, Bolsin S. Very late stent thrombosis after discontinuation of clopidogrel therapy. Med J Aust 2008;190(3): 163.

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Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Henry M, Pasco J, Sanders K, Kotowicz M, Nicholson G. Application of epidemiology to change health policy: defining age-related thresholds of bone mineral density for primary prevention of fracture. J Clin Densitom 2008;11(4):494-7.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Kukuljan S, Nowson CA, Bass SL, Sanders K, Nicholson GC, Seibel M, et al. Effects of a multicomponent exercise program and calcium-vitamin D3-fortified milk on bone mineral density in older men: a randomised controlled trial. Osteoporosis Int 2009; 20(7): 1241-51 [Epub ahead of print]
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Lucas JA, Riches L, Hocking J, Cundy J, Nicholson G, Walsh P, Ralston H. Identification of a major locus for Paget's disease on chromosome 10p13 in families of British descent. J Bone Miner Res. 2008;23(1):58-63
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Lucas RM, Ponsonby AL, Pasco J, Morley R. Future health implications of prenatal and early-life vitamin D status. Nutr Rev 2008;66(12): 710-20.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Morley R, Carlin JB, Pasco JA, Wark JD, Ponsonby AL. Maternal 25-hydroxyvitamin D concentration and offspring birth size; effect modification by infant VDR polymorphism. Eur J Clin Nutr 2009; 63:802-84.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Pasco JA, Henry MJ, Korn S, Nicholson GC, Kotowicz MA. Morphometric vertebral fractures of the lower thoracic and lumbar spine, physical function and quality of life in men. Osteoporos Int 2009; 20:787-92.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Pasco JA, Henry MJ, Nicholson GC, Brennan SL, Kotowicz MA. Behavioural and physical characteristics associated with vitamin D status in women. Bone 2009;44(6):1085-91.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Sanders KM, Hayles AL, Kotowicz MA, Nicholson GC. Monitoring falls in cohort studies of community-dwelling older women. J Am Geriatr Soc 2009; 57(4): 733-4.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Sanders KM, Nowson C, Kotowicz MA, Briffa K, Devine A, Reid IR. Calcium and bone health: position paper for the Australian and New Zealand Bone and Mineral Society and Osteoporosis Australia. Med J Aust 2009; 190(6): 316-20
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Sanders K, Hayles A, Kotowicz M, Nicholson G. Vitamin D link to pain: SF-12 responses and PTH status. Ann Rheum Dis 2008 October 1 [eLetters].
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Stynes G, Kiroff J, Morrison W & Kirkland M. Tissue compatibility of biomaterials: benefits and problems of skin biointegration. ANZ J Surg 2008; 78(8): 654-9.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Timpson NJ, Tobias JH, Glaser B, Duncan EL, Eisman J, Jones G, et al Common variants in the region around Osterix are associated with bone mineral density and growth in childhood. Hum Molecular Genet 2009;18:1510-7.

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Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Turner A, Notini A, Chiu M, Hodge J, Nicholson G, Zajac J, Davey R. Androgen receptor expression and function in osteoclasts. <i>Open Physiol J</i> 2008;1:28-33.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Williams LJ, Pasco JA, Henry MJ, Jacka FN, Dodd S, Nicholson GC, et al Lifetime psychiatric disorders and body composition: a population-based study. <i>J Affect Disord</i> 2009 Feb 25. [Epub ahead of print]
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Williams LJ, Pasco JA, Jacka FN, Henry MJ, Dodd S, Berk M. Depression and bone metabolism [review]. <i>Psychother Psychosom</i> 2009; 78:16-25.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Yatham LN, Kennedy SH, Schaffer A, Parikh SV, Beaulieu S, O'Donovan C et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) collaborative update of CANMAT guidelines for the management of patients with bipolar disorders. <i>Bipolar Disord</i> 2009; 11:225-55.
Infectious Diseases and Infection Prevention	Benito N, Miró JM, de Lazzari E, Cabell CH, del Río A, Altclas J, et al. for International Collaboration on Endocarditis Prospective Cohort Study Investigators. Health care-associated native valve endocarditis:importance of non-nosocomial acquisition. <i>Ann Intern Med.</i> 2009;150(9):586-94.
Infectious Diseases and Infection Prevention	Block AA, Marshall C, Ratcliffe A, Athan E. Staphylococcal pyomyositis in a temperate region: epidemiology and modern management. <i>Med J Aust.</i> 2008;189(6):323-5.
Infectious Diseases and Infection Prevention	Chang CC, Athan E, Morrissey CO, Slavin MA. Preventing invasive fungal infection during hospital building works. <i>Intern Med J.</i> 2008 Jun;38(6b):538-41.
Infectious Diseases and Infection Prevention	Chu VH, Miro JM, Hoen B, Cabell CH, Pappas PA, Jones P, et al for International Collaboration on Endocarditis-Prospective Cohort Study Group. Coagulase-negative staphylococcal prosthetic valve endocarditis a contemporary update. <i>Heart</i> 2009;95(7):570-6.
Infectious Diseases and Infection Prevention	Durante-Mangoni E, Bradley S, Selton-Suty C, Tripodi MF, Barsic B, Bouza E, et al for International Collaboration on Endocarditis Prospective Cohort Study Group. Current features of infective endocarditis in elderly patients. <i>Arch Intern Med.</i> 2008;168(19):2095-103.
Infectious Diseases and Infection Prevention	Elema R, Mills C, Yun O, Ssonko C, Nyirongo N, Mtonga V, et al. Outcomes of a remote, decentralized health center-based HIV/AIDS antiretroviral program in Zambia, 2004-2007. <i>J Int Assoc Physicians AIDS Care.</i> 2009;8(1):60-7
Infectious Diseases and Infection Prevention	Friedman ND, Kotsanas D, Brett J, Billah B, Korman TM. Investigation of an Outbreak of <i>Serratia marcescens</i> in a Neonatal Unit via a case-control study and molecular typing. <i>Am J Infect Control</i> 2008; 36:22-8.
Infectious Diseases and Infection Prevention	Greenwood Z, Black J, Weld L, O'Brien D, Leder K, Von Sonnenburg F et al. Gastrointestinal infection among international travelers globally. <i>J Travel Med.</i> 2008;15(4):221-8.
Infectious Diseases and Infection Prevention	Klarkowski DB, Wazome JM, Lokuge KM, Shanks LA, Mills CF, O'Brien DP. Evaluation of a rapid in situ hiv confirmation test in a programme with a high failure rate of the WHO HIV two-test diagnostic algorithm. <i>PLoS ONE</i> 2009;4(2):e4351
Infectious Diseases and Infection Prevention	Marshall CS, Styles K, Abraham G, Athan E. Management of potential laboratory exposure to avian influenza (H5N1) virus:implications for pandemic planning. <i>Infect Control Hosp Epidemiol.</i> 2009 May;30(5):504-6.
Infectious Diseases and Infection Prevention	Murdoch DR, Corey GR, Hoen B, Miró JM, Fowler VG Jr, Bayer AS, International Collaboration on Endocarditis-Prospective Cohort Study (ICE-PCS) Investigators. Clinical presentation, etiology and outcome of infective endocarditis in the 21st century: <i>Arch Intern Med.</i> 2009 Mar 9;169(5):463-73

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Infectious Diseases and Infection Prevention	O'Brien DP, Mills C, Hamel C, Ford N, Pottie K Universal access: the benefits and challenges in bringing integrated HIV care to isolated and conflict affected populations in the Republic of Congo. 2009 Jan 7;3:1
Infectious Diseases and Infection Prevention	Pujades-Rodriguez M, O'Brien D, Humblet P, Calmy A. Second-line antiretroviral therapy in resource-limited settings: the experience of Medecins Sans Frontieres. <i>AIDS</i> 2008;;1305-12.
Intensive Care	Bellomo R, Cass A, Cole L, Finfer S, Gallagher M, Goldsmith D, et al for RENAL Study Investigators. Renal replacement therapy for acute kidney injury in Australian and New Zealand intensive care units: a practice survey. <i>Crit Care Resusc.</i> 2008 Sep;10(3):225-30.
Intensive Care	Corke C, Milnes S, Orford N, Henry MJ, Foss C, Porter D. The influence of medical enduring power of attorney and advance directives on decision making by Australian intensive care doctors. <i>Crit Care Resusc.</i> 2009 Jun;11(2):122-8.
Intensive Care	Orford NR, Faulkner C, Flintoff W, Edey D, Lamb-Jenkins J, Henry M et al. Implementation and outcomes of a severe sepsis protocol in an Australian tertiary hospital. <i>Crit Care Resusc.</i> 2008 Sep;10(3):217-24.
Mental Health Research	Berk M, Dodd S, Karen Hallam KT, Berk L, Gleeson J Henry M. Small shifts in diurnal rhythms are associated with an increase in suicide: The effect of daylight saving. <i>Sleep Biol Rhythms</i> 2008; 6(1): 22-5.
Mental Health Research	Berk M. Sleep and depression; theory and practice. <i>Aust Fam Physician.</i> 2009 May; 38(5): 302-4.
Mental Health Research	Berk M. Neuroprogression: pathways to progressive brain changes in bipolar disorder. <i>Int J Neuropsychopharmacol</i> 2009; 12(4): 441-5.
Mental Health Research	Berk M. Management commentary. In: <i>Bipolar II disorder: modelling measuring and managing.</i> Ed. Gordon Parker. Cambridge University Press 2008:237-9.
Mental Health Research	Berk L, Berk M, Castle D, Lauder S. <i>Living with Bipolar.</i> Allen & Unwin 2008
Mental Health Research	Berk M, Copolov D, Dean O, Lu K, Jeavons S, Schapkaitz I, et al. N-acetyl cysteine as a glutathione precursor for schizophrenia—a double-blind, randomized, placebo-controlled trial. <i>Biol Psychiatry</i> 2008;64(5): 361-8.
Mental Health Research	Berk M, Copolov D, Dean O, Lu K, Jeavons S, Schapkaitz O, et al. N- acetyl cysteine for depressive symptoms in bipolar disorder: a double blind randomised placebo controlled trial. <i>Biol Psychiatry</i> 2008;64(6): 468-75.
Mental Health Research	Berk M, Jacka FN, Williams LJ, Ng F, Dodd S, Pasco JA. Is this vitamin D to worry about? An audit of vitamin D insufficiency in an inpatient sample. <i>Aust N Z J Psychiatry</i> 2008;42(10): 874-8.
Mental Health Research	Berk M, Ng F, Dean O, Dodd S, Bush AI. Glutathione: A novel treatment target in psychiatry. <i>Trends Pharmacol Sci</i> 2008 July; 29(7): 346-51.
Mental Health Research	Berk M, Ng F, Wang WV, Tohen M, Lubman DI, Vieta E, Dodd S. Going up in smoke: tobacco smoking is associated with worse treatment outcomes in mania. <i>J Affect Disord</i> 2008;110: 126-34.
Mental Health Research	Berk M, Ng F, Dodd S, Callaly T, Campbell S, Bernardo M, Trauer T.The validity of the CGI severity and improvement scales as measures of clinical effectiveness suitable for routine clinical use. <i>J Eval Clin Pract</i> 2008;14: 979-83.
Mental Health Research	Berk M, Conus P, Lucas N, Vázquez-Barquero JL, MacNeil C. Preventive strategies in bipolar disorders: identifying targets for early intervention. In: <i>Recognition and Management of Early Psychosis.</i> Jackson HJ, McGorry, PD. CUP, 2009.
Mental Health Research	Berk M, Malhi GS, Hallam K, Gama CS, Dodd S, Andreeza AC, et al. Early intervention in bipolar disorders: clinical, biochemical and neuroimaging imperatives. <i>J Affect Disord</i> 2009; 114: 1-13.
Mental Health Research	Berk M. Rhythm and blues. <i>Acta Neuropsychiatrica</i> 2008; 20: 319-320.
Mental Health Research	Berk M, Gama CS, Sundram S, Hustig H, Koopowitz L, D'Souza R, et al Mirtazapine add-on therapy in the treatment of schizophrenia with atypical antipsychotics: a double-blind, randomised, placebo-controlled clinical trial. <i>Human Psychopharmacol Clin Exp</i> 2009; 24(3): 233-8.

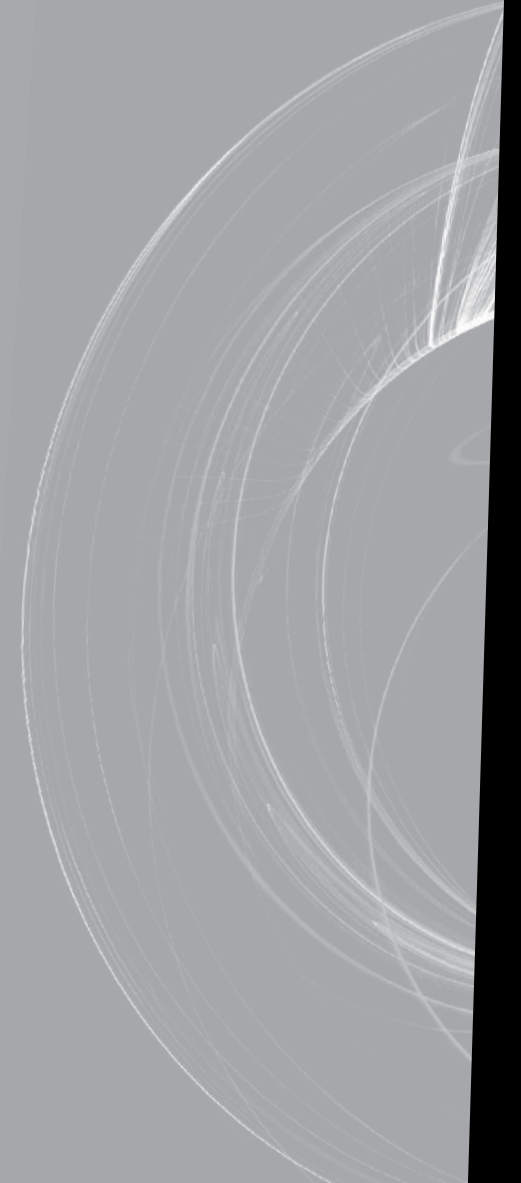
DEPARTMENT	SUMMARY
Mental Health Research	Berk M, Cohen P, Callaly T, Lauder S. To E or not to E? The case for electronic health records. <i>Acta Neuropsychiatrica</i> 2008; 20: 104-106.
Mental Health Research	Berk M, Parker G. Elephant on the couch: side-effects of psychotherapy. <i>Aust N Z J Psychiatry</i> 2009 (in press).
Mental Health Research	Berk M, Jeavons S, Dean OM, Dodd S, Moss K, Gama CS, Malhi G. Nail-biting stuff? The effect of N-acetyl cysteine on nail-biting. <i>CNS Spectrums</i> 2009 (in press).
Mental Health Research	Bernardo M, Dodd S, Gama CS, Copolov DL, Dean O, Lu K et al. Effects of N-acetylcysteine on substance use in bipolar disorder: a randomized placebo controlled clinical trial. <i>Acta Neuropsychiatrica</i> 2009 (in press).
Mental Health Research	Biffin F, Tahtalian S, Filia K, Fitzgerald PB, De Castella AR, Filia S, et al. Impact of age at onset of bipolar I disorder on functioning and clinical presentation. <i>Acta Neuropsychiatrica</i> . (In press 2009).
Mental Health Research	Boar E, Yokel M, Hornito A, Berk M, Panatelas C. Major psychoses with mixed psychotic and mood symptoms: are mixed psychoses associated with different neurobiological markers? <i>Acta Psychiatr Scand</i> 2008;118: 172-87.
Mental Health Research	Callaly T, Berk M, Dodd S. Suicidality - the challenge for public mental health services. <i>Acta Neuropsychiatrica</i> 2009; 21:41-3.
Mental Health Research	Callaly T, Dodd S, Goodman D, Asgari Y, Berk M. A descriptive interview with 64 patients discharged from an acute psychiatric inpatient service. <i>J Eval Clin Pract</i> 2008; 14: 990-5.
Mental Health Research	Callaly T, Dodd S, Ackerly C, Hantz P, O'Shea M, Berk B. Description and qualitative evaluation of jigsaw: an integrated young persons' mental health program. <i>Australas Psychiatry</i> (in press 2009).
Mental Health Research	Castle D, Berk L, Lauder S, Berk M, Murray G. Psychosocial interventions for bipolar disorder. <i>Acta Neuropsychiatrica</i> (in press 2009).
Mental Health Research	Cohen E, Botti M, Hanna B, Leach S, Boyd S, Robbins J. Pain beliefs and pain management of oncology patients. <i>Cancer Nurs</i> 2008; 31(2): E1-8.
Mental Health Research	Cones P, Ward J, Hall am KT, Lucas N, McNeil C, Corry PD, Berk M. The proximal prodrome to first episode mania - a new target for early intervention. <i>Bipolar Disord</i> 2008; 10: 555-65.
Mental Health Research	Coulson C, Ng F, Dodd S, Geertsema M, Berk M. Client-reported reasons for non-engagement in drug and alcohol treatment. <i>Drug Alcohol Rev.</i> 2009 Jul;28(4):372-8
Mental Health Research	Dean OM, van den Buuse M, Bush AI, Copolov DL, Ng F, Dodd S, Berk M. A role for glutathione in the pathophysiology of psychiatric illness? <i>Current Medicinal Chemistry</i> (In press).
Mental Health Research	Dean O, Bush AI, Berk M, Copolov DL, van den Buuse M. Glutathione depletion in the brain disrupts short-term spatial memory in the Y-maze in rats and mice. <i>Behav Brain Res</i> 2009; 198: 258-62.
Mental Health Research	Dodd S, Berk M. Duloxetine for major depression. <i>Med Today</i> 2008; 9(10): 65-6.
Mental Health Research	Dodd S, Berk M. Olanzapine/fluoxetine combination for treatment-resistant depression: efficacy and clinical utility. <i>Expert Rev Neurother</i> 2008;8(9): 1299-1306.
Mental Health Research	Dodd S, Williams L, Jacka F, Pasco J, Bjerkeset O, Berk M. Reliability of the Mood Disorder Questionnaire: comparison with the Structured Clinical Interview for the DSM-IV-TR in a population sample. <i>Aust N Z J Psychiatry</i> 2009; 43: 526-30.
Mental Health Research	Dodd S, Dean O, Copolov DL, Malhi GS, Berk M. N-acetylcysteine for antioxidant therapy: pharmacology and clinical utility. <i>Expert Opin Biol Ther</i> 2008; 8(12): 1955-62.
Mental Health Research	Dodd S, Besag, F. Lessons from contaminated heparin (Editorial). <i>Current Drug Safety.</i> 2009 4(1): 1.
Mental Health Research	Gama CS, Salvador M, Andrezza AC, Lobato MI, Berk M, Kapczinski F, Belmonte-de-Abreu PS. Elevated serum thiobarbituric acid reactive substances in clinically symptomatic schizophrenic males. <i>Neurosci Lett.</i> 2008;433:270-3.
Mental Health Research	Gama CS, Berk M, Andrezza AC, Kapczinski F, Belmonte-de-Abreu P, Psiquiatr RB. Serum levels of brain-derived neurotrophic factor and thiobarbituric acid reactive substances in chronically medicated schizophrenic patients. <i>Rev Bras Psiquiatr.</i> 2008;30(4):337-40
Mental Health Research	Guimarães LR, Jacka FN, Gama CS, Berk M, Leitão-Azevedo CL, Belmonte-de-Abreu MG et al. Elevated serum levels of brain-derived neurotrophic factor in patients with schizophrenia on hypocaloric diet prescription. <i>Prog Neuropsychopharmacol Biol Psychiatry</i> 2008; 32: 1595-8.
Mental Health Research	Guthrie D, McIntosh M, Callaly T, Trauer T, Coombs T. Consumer attitudes towards the use of routine outcome measures in a public mental health service: A consumer-driven study. <i>Int J Mental Health Nurs</i> 2008;17 (2):92-7.

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Mental Health Research	Halberg F, Cornelissen G, Berk M, Dodd S, Henry M, Wetterberg L, et al. BIOCOS project. In: Halberg F, Kenner T, Fiser B, Siegelova J, eds. Solar signatures in Australian suicide incidence: gender differences in prominence of photic vs. nonphotic spectral components. <i>Proceedings, Non-invasive Methods in Cardiology, Brno, Czech Republic, October 4-7, 2008</i> :44-62.
Mental Health Research	Hallam KT, Smith DI, Berk M. Differences between subjective and objective assessments of the utility of electroconvulsive therapy in patients with bipolar and unipolar depression. <i>J Affect Disord.</i> 2009 Jan;112(1-3):212-8
Mental Health Research	Harvey BH, Joubert C, du Preez JL and Berk M. Effect of chronic n-acetyl cysteine administration on oxidative status in the presence and absence of induced oxidative stress in rat striatum <i>Neurochem Res</i> 2008;33: 508-57.
Mental Health Research	Jacka FN, Mykletun A, Berk M. Examining the role of nutrition in mental health: Issues and rationale [letter]. <i>ANZ J Psychiatry</i> (In press 2009).
Mental Health Research	Jacka F, Gama C, Berk M. Brain-derived neurotrophic factor: a modifiable common mediator in both the pathophysiology of psychiatric illness and in successful pharmacological treatments. <i>Acta Neuropsychiatrica</i> 2008;20: 223-5.
Mental Health Research	Jacka FN, Overland S, Stewart R, Tell GS, Bjelland I, Mykletun A. Association between magnesium intake and depression and anxiety in community-dwelling adults: the Hordaland Health Study. <i>Aust N Z J Psychiatry</i> 2009; 43:45-52.
Mental Health Research	Jones A, Benson A, Griffiths S, Berk M, Dodd S. "Mind and Body" : a lifestyle program for people on antipsychotic medication. <i>J Eval Clin Pract</i> 2009; 15: 276-80.
Mental Health Research	Juruena MF, Gama CS, Berk M, Belmonte-de-Abreu PS. Improved stress response in bipolar affective disorder with adjunctive spironolactone (mineralocorticoid receptor antagonist): case series. <i>J Psychopharmacol.</i> 2008 Jun 26. [Epub ahead of print]
Mental Health Research	Kapczinski F, Kauer-Sant-Anna M, Malhi GS, Dodd S, Berk M. Dopamine and bipolar disorder [reply to letter]. <i>Acta Psychiatrica Scand</i> 2008;117(5): 398-9.
Mental Health Research	Kapczinski F, Dias VV, Kauer-Sant'Anna M, Frey BN, Grassi-Oliveira G et al. Clinical implications of a staging model for bipolar disorders. <i>Expert Rev Neurother.</i> 2009 Jul;9(7):957-66.
Mental Health Research	Kunz M, Gama CS, Andrezza AC, Salvador M, Ceresér KM, Gomes FA et al. Elevated serum superoxide dismutase and thiobarbituric acid reactive substances in bipolar disorder during mood episodes and in schizophrenia. <i>Prog Neuropsychopharmacol Biol Psychiatry.</i> 2008; 32(7): 1677-81.
Mental Health Research	Lavoie S, Murray MM, Deppen P, Knyazeva MG, Berk M, Boulat O, et al. Glutathione precursor, N-acetylcysteine, improves mismatch negativity in schizophrenia patients. <i>Neuropsychopharmacol</i> 2008; 33(9): 2187-99.
Mental Health Research	MacNeil CA, Melissa Hasty MK, Conus P, Berk M, Scott J. Bipolar disorder in young people - a psychological intervention manual. Cambridge University Press, 2009
Mental Health Research	McGorry PD, Nelson B, Amminger GP, Bechdolf A, Francey SM, Berger G et al. Intervention in individuals at ultra high risk of psychosis: a review and future directions. <i>J Clin Psychiatry.</i> 2009 Jun 30. [Epub ahead of print]
Mental Health Research	Malhi FS, Lagopoulos J, Das P, Moss K, Berk M, Coulston CM. A Functional MRI study of theory of mind in euthymic bipolar disorder patients. <i>Bipolar Disord</i> 2008; 10: 943-56.
Mental Health Research	Malhi GS, Adams D, Porter R, Wignall A, Lampe L, O'Connor N, et al. Clinical practice recommendations for depression. <i>Acta Psychiatr Scand</i> 2009; 119 (Suppl. 439): 8-26.
Mental Health Research	Malhi GS, Adams D, Lampe L, Paton M, O'Connor N, Newton LA, et al. Clinical practice recommendations for bipolar disorder. <i>Acta Psychiatr Scand</i> 2009; 119 (Suppl. 439): 27-46.
Mental Health Research	Malhi GS, Adams D, Berk M. Medicating mood with maintenance in mind: bipolar depression pharmacotherapy. <i>Bipolar Disord.</i> 2009 Jun;11 Suppl 2:55-76
Mental Health Research	Ng F, Berk M, Dean O, Bush AI. Oxidative stress in psychiatric disorders: evidence base and therapeutic implications. <i>International J Neuropsychopharmacol</i> 2008;11(6):851-76.
Mental Health Research	O'Keefe P, Berk M. Writing letters to patients: intervention insight. <i>Acta Neuropsychiatrica</i> (in press)
Mental Health Research	Pasco JA, Williams LJ, Jacka FN, Ng F, Henry MJ, Nicholson GC, et al. Tobacco smoking as a risk factor for major depressive disorder: a population-based study. <i>Br J Psychiatry</i> 2008;193(4):322-6.
Mental Health Research	Sachs G, Calabrese J, Ng F, Berk M. Safety monitoring for bipolar disorder. <i>ISBD. Bipolar Disord</i> (in press)
Mental Health Research	Stafford L, Berk M, Jackson, HJ. Are illness perceptions about coronary artery disease predictive of depression and quality of life outcomes? <i>J Psychosom Res</i> 2009; 66: 211-20.

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Mental Health Research	Stafford L, Berk M, Jackson HJ. Illness beliefs about heart disease and adherence to secondary prevention regimens. <i>Psychosom Med</i> 2008;70: 942-8.
Mental Health Research	Stafford L, Jackson HJ, Berk M. Cognitive-personality style as vulnerability to depression in patients with coronary artery disease. <i>Psychosom Med</i> 2009; 71:63-9.
Mental Health Research	Tohen M, Frank E, Bowden CL, Colom F, Ghaemi NS, Yatham LN et al. International Society of Bipolar Disorders (ISBD) Task Force on the Nomenclature of Course and Outcome in Bipolar Disorders. <i>Bipolar Disord.</i> 2009;11(5):453-73
Mental Health Research	Vargas HA, Gama CS, Andreazza AC, Medeiros D, Stertz L, Fries G et al. Decreased serum neurotrophin 3 in chronically medicated schizophrenic males. <i>Neurosci Lett</i> 2008; 440:197-201.
Mental Health Research	Vieta E, Berk M, Wang W, Colom F, Tohen M, Baldessarini RJ. Predominant previous polarity as an outcome predictor in a controlled treatment trial for depression in bipolar I disorder patients. <i>J Affect Disord.</i> 2009 Mar 24. [Epub ahead of print]
Mental Health Research	Williams L, Pasco J, Jacka FN, Henry M, Dodd S, Berk M. Depression and bone metabolism: a review. <i>Psychother Psychosom.</i> 2009; 78:16-25.
Mental Health Research	Williams LJ, Henry MJ, Berk M, Dodd S, Jacka FN, Kotowicz MA, et al. Selective serotonin reuptake inhibitor use and bone mineral density in women with a history of depression. <i>Int Clin Psychopharmacol</i> 2008; 23(2): 84-7.
Mental Health Research	Wood S, Berger GE, Wellard RM, Proffitt TM, McConchie M, Berk M et al. Medial temporal lobe glutathione concentration in first episode psychosis. <i>Neurobiol Dis</i> 2009; 33: 354-7.
Mental Health Research	Wood SJ, Yucel M, Pantelis C, Berk M. Neurobiology of schizophrenia spectrum Disorders: the role of oxidative stress review]. <i>Ann Acad Med Singapore</i> 2009;38:396-401.
Neurosciences	Clissold B, Kraemer T and Gates PC. Increasing complexities of stroke care [editorial]. <i>Int Med J</i> 2009 (in press)
Neurosciences	Dodson M, Crotty B, Prideaux D, Carne R, Ward A, de Leeuw E The multiple mini-interview: how long is enough. <i>Med Educ</i> : 2009; 43(2): 168-74
Neurosciences	Gates PC and Carne R. Job variation in Australian advanced training in neurology: what are the implications? <i>Int. Med. J.</i> 2008;38 (7):546-8
Neurosciences	Gates PC, Saheb Al-Daher, Ridley D, Black A. Could exercise be a new strategy to revert some patients with atrial fibrillation? <i>Int Med J</i> (in press 2009)
Neurosciences	Talman P, Forbes A, Mathers S. Clinical phenotypes and natural progression for motor neuron disease: analysis from an Australian database. <i>Amyotrophic Lateral Sclerosis.</i> 2008;9(6):1-6.
Neurosciences	Whitehand B and Gates PC. Nose peg: a possible simple solution for velopharyngeal incompetence. <i>Otolaryngology Head Neck Surg</i> 2009 (in press)
Neurosciences	Wijeserera L, Mathers S, Talman P et al. Natural history and clinical features of the flail arm and flail leg ALS variants. <i>Neurology</i> 2009 72: 1087-94.
Occupational Therapy	Burggraaf, A., & Bourke-Taylor, H. (2008). Occupational therapy student's fieldwork placement: Institutional and community based rehabilitation models in the Solomon Islands. <i>N Z J Occup Therapy</i> , 55(2), 25-31.
Pharmacy	Weeks GR, Marriott JL Collaborative Prescribing: Views of SHPA Pharmacist Members <i>J Pharm Pract Res</i> 2008;38: 271-5
Renal Services	Agar JW, Simmonds RE, Knight R. Using water wisely: new, essential and affordable water conservation practices for both facility and home hemodialysis. <i>Hemodialysis Int</i> 2009;13(1): 32-7
Renal Services	Agar JW, Schatell D, Cruthers M. An internet-based, real-time, interactive platform for multi-levelled dialysis education. <i>J Am Soc Nephrol</i> 2009 (in press)
Renal Services	Agar JW. International variations and trends in home dialysis [review]. <i>Adv Chronic Kidney Dis</i> 2009 May;6(13): 205-14
Renal Services	Agar JW, Hawley CM, George CRP, Mathew TH, McDonald SR, Kerr PG. Home haemodialysis in Australia - back to the future? <i>Med J Aust</i> 2009 (in press)
Renal Services	Agar JW, George CP, Kerr PG. History of dialysis in Australia and New Zealand. In: <i>History of dialysis - the first 50 years.</i> Editors: Ing T and Kjellstrand C (in press).
University Department of Surgery	Watters, DAK, Knight, R. Isolated specialists: how many procedures do they need to carry out and how do we measure whether they are competent? <i>ANZ J Surg</i> 2008;78:731-2
University Department of Surgery	Watters DAK, D'Souza B, Guest G, Wardill D, Levy S, O'Keefe M, Crowley S. Training in the private sector: what works and how do we increase opportunities? <i>ANZ J Surg</i> 2009;79:138-42
University Department of Surgery	Dickinson I, Watters DAK, Graham I, Montgomery P, Collins J. Guide to the assessment of competence and performance in practising surgeons. <i>ANZ J Surg</i> 2009; 79: 198-204

# Financial Statements

Barwon Health continues to invest in infrastructure and new technology to meet the challenge of population growth across the region it services



# Financial Report

## PROFITABILITY

There are two levels at which we measure profitability. The first measures profitability on our service delivery, which is one of the key areas of focus of management, the Board and the Department of Human Services (DHS) and excludes capital income particularly for building projects and depreciation of assets. The second, measures profitability inclusive of capital income and depreciation and is consistent with all of the relevant accounting standards

	2008/09 \$'M	2007/08 \$'M
NET RESULT FROM OPERATIONS BEFORE CAPITAL	(3.8)	(3.3)
NET RESULT FOR THE YEAR	8.3	3.3

### Net Operating Result from Operations (deficit \$3.8m)

## PERFORMANCE AGAINST BUDGET PLAN FOR 2008-09

The Board approved a budget plan at breakeven whilst noting that in some areas, we faced difficulties in reducing costs to budget plan. We had experienced an increase in labour costs in the second half of 2007-08 and thought that we could make significant progress in winding back labour costs to our targets. Some of the assumptions in the budget plan were not met and the Board conducted a review after the first six months and agreed on a revised target which projected a deficit of \$6.3m.

A combination of some new initiatives funded by the DHS, together with some strategies to reduce the cost of patient specialising and some unanticipated improvements to the bottom line during June 2009, enabled us to report a deficit of \$3.8m, which was marginally above the previous year.

Importantly some of the funded initiatives from the DHS approved in February 2009, enabled us to address some of our service access barriers, as well as contributing to the bottom line. These included:

- Additional funding for the new Emergency Department to introduce patient streaming

- Opening of an additional 12 inpatient beds (the last tranche of beds available at Geelong Hospital)
- Opening of 5 transition care plus beds at McKellar Centre
- Opening of 3 additional palliative care beds at McKellar Centre
- Several other initiatives (including residential in reach for patients otherwise admitted to EMD from nursing homes and some expansion of rehabilitation ambulatory clinic capacity).

We also replaced an ageing Medical Resonance Imaging (MRI) machine with two new Siemens MRI's, which gave us improved diagnostic capability for inpatients.

We also received funding approval to construct two additional operating theatres, with construction to commence in 09-10.

Whilst the final result for the year which was a deficit of \$3.8m was better than anticipated compared to the mid year budget review, we still have significant challenges ahead to turn around the trend of our financial results.

## NET RESULT FOR THE YEAR (SURPLUS \$8.3M)

Under the normal accounting measurements, we report a surplus of \$8.3m. Capital income exceeded depreciation by \$6.7m, which is the primary reason for a positive outcome, compared to the operating result. This primarily relates to funding from Government for building works, which included completion of funding for the second stage of the new Emergency Department and the completion of the new aged care complex in Grovedale (Alan David Lodge).

## FUNDRAISING

The income streams generated by fundraising, primarily for capital investment purposes are an important source of income for Barwon Health. In the past year, the Foundation generated gross income of \$3.58m which is an increase of 16.5% on the previous year. The Geelong Hospital Appeal supported by a number of fundraising events generated \$1.18m during 2008-09. These funds will enable us to equip the two new operating theatres, which will be built during 2009-10 with a \$0.25m contribution towards the first stage of redevelopment of the paediatric ward. The McKellar Centre was the major benefactor from a distribution of funds

from a bequest of \$1.5m. The expense to revenue ratio was held to 10% which is in line with best practice for charitable fundraising.

## CASHFLOW

Despite recording a deficit on operations, we were at breakeven on cash generated from operations with a small surplus of \$0.04m.

If we include cash flows on both operations and the capital account, cash and investment holdings increased by \$0.95m. This was in part due to DHS providing funding in advance for two new operating theatres at year end (\$4.2m) and funding for some equipment where invoices were not yet to hand at 30 June. There have also been delays in draw down of commitments for some of our capex projects (Barwon Health's contribution to the redevelopment of the McKellar Centre and acquisition of the Community Health Centre at Anglesea).

Whilst our profitability is not where we would like it to be our cash position is still very solid by industry standards.

## BALANCE SHEET

Equity has increased from \$332m to \$494m during 2008-09.

Investment in new assets totalled \$22.2m, comprising:

- Land \$0.16m
- Buildings \$10.6m
- Medical equipment \$4.1m
- Other \$7.3m

The health sector is required by Government to revalue its land and building assets on a 5 year cycle with the revaluation occurring in the second half of 2008-09. This has had a significant impact on the organisations balance sheet. Land and building assets, other than investment assets, increased by \$149.3m due to the revaluation process. Secondly, the revaluation of what are deemed to be investment assets increased their value by \$6.1m. We believe that the significant increase reflects a change in valuation methodology which is more closely aligned to replacement value whereas previous valuations were more closely reflective of realisable value.

Another significant change has been an increase in our physical assets with property plant and equipment increasing by \$41m due to new investment of \$49m and revaluations of land in accord with government policy (\$9m). This was offset by depreciation expense of \$14.5m.

Our workforce leave liabilities continue to increase in line with wage rates and increases in our workforce and total \$68.2m compared to \$63.9m in the previous year.

## CURRENT ASSET RATIO

Our current asset ratio is 0.86 compared to 0.85 at June 08.

## Five year financial summary

	2008/09 \$'M	2007/08 \$'M	2006/07 \$'M	2005/06 \$'M	2004/05 \$'M
<b>Revenue &amp; Expenses</b>					
Operating Revenue	409.7	378.2	350.1	324.2	299.1
Operating Expenses	413.5	381.4	(348.8)	(322.6)	(299.6)
<b>Operating Result (before Capital Income and Depreciation)</b>	(3.8)	(3.2)	1.3	1.6	(0.5)
<b>Operating Result (inclusive of Capital Income and Depreciation)</b>	8.3	3.3	(0.8)	10.1	2.4
<b>Balance Sheet Statistics</b>					
Total Assets	592.6	425.4	385.8	358.0	260.3
Total Liabilities	98.7	92.9	87.8	86.5	73.5
Total Equity	493.9	332.5	298.0	271.5	186.8
<b>Financial Indicators</b>					
Surplus (deficit) of Net Current Assets (\$'m)	(12.0)	(12.8)	(0.01)	(1.2)	9.9
Current Asset Ratio (numeric value)	0.86	0.85	0.88	0.98	1.2
<b>Cash and Investments</b>	50.8	52.4	53.8	57.8	40.85
<b>Net Cash from Operating Activities (excluding Capital Income)</b>	(0.1)	7.0	2.8	15.8	1.8
<b>Capital Investment</b>	22.2	49.2	53.5	52.6	20.2

## Summary of Financial Results

REVENUE	2008/09 \$'M	2007/08 \$'M	CHANGE %
Grants	307.5	281.3	9.3
Patient Fees	46.1	46.7	-1.3
Non Cash Contributions	8.4	6.8	+23.5
Other	47.7	43.4	+9.9
<b>Total Revenue</b>	<b>409.7</b>	<b>378.2</b>	<b>+8.3</b>
<b>Expenditure</b>			
Employment Costs	(300.8)	273.4	+10.0
Supplies & Consumables	(74.5)	70.7	+5.4
Other	(38.2)	37.3	+2.4
<b>Total Expenses</b>	<b>(413.5)</b>	<b>381.4</b>	<b>+8.4</b>
<b>Surplus/(Deficit) for the Year Before Capital Income and Depreciation</b>	<b>(3.8)</b>	<b>(3.2)</b>	
<b>Capital Income</b>	22.5	21.9	
<b>Specific Income</b>	6.4	1.0	
<b>Depreciation</b>	(15.8)	(14.6)	
<b>Finance Costs, Impairments, Other</b>	1.0	1.8	
<b>NET RESULT</b>	<b>8.3</b>	<b>3.3</b>	

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# Statutory Requirements

## FREEDOM OF INFORMATION REQUESTS

FINANCIAL YEAR	2008/09	2007/08	2006/07	2005/06	2004/05
No of requests	699	586	533	428	434

## AVERAGE COLLECTION DAYS

FINANCIAL YEAR	2008/09	2007/08	2006/07
Acute	46.8	49.2	36.9
Rehabilitation and Aged Care	68.1	60.5	66.0

## CONSULTANCIES

CONSULTANCIES COSTING LESS THAN \$100,000 PER CONSULTANCY	
Total number of consultancies	7
Total value of consultancies	\$126,618

CONSULTANCIES COSTING MORE THAN \$100,000 PER CONSULTANCY	
NIL	\$

## OUTSTANDING DEBTORS

	TOTAL	CURRENT 0-29 DAYS	30-59 DAYS	60-89 DAYS	+90 DAYS
2008/09	12.2	7.6 (61.9%)	2.9 (24.0%)	0.7 (6.0%)	1.0 (8.1%)
2007/08	9.10	5.28 (57.9%)	1.96 (21.5%)	0.86 (9.4%)	1.05 (11.2%)
2006/07	8.80	5.65 (64.2%)	1.23 (14.0%)	0.67 (7.7%)	1.34 (14.1%)

## EX-GRATIA PAYMENTS

Barwon Health has made the following ex-gratia payments to employees

	2009 \$'000	2008 \$'000
	131	12

## COMPETITIVE NEUTRALITY

Barwon Health complied with all government policies regarding competitive neutrality with regard to all tender applications.

## FEES

All fees charged by Barwon Health are regulated by the Commonwealth Department of Health and Aged Care, the Commonwealth Department of Family Services and the Hospitals and Charities (Fees) Regulations 1986, or as otherwise determined by the Department of Human Services Victoria.

## FREEDOM OF INFORMATION REQUESTS

Barwon Health is an agency subject to the Freedom of Information Act (Victoria) 1982. As required under the Act, Barwon Health has nominated Kate Nelson as the Freedom of Information Officer - Corporate and Business, and Susan Bell as Freedom of Information Officer - Medical. A legislation fee of \$23.40 per application and a copying charge of 20 cents per page applies.

## COMPLIANCE WITH BUILDING ACT

Barwon Health complied fully with the building and maintenance provisions of the Building Act 1993 - Guidelines issued by the Minister for Finance for publicly owned buildings.

## WHISTLEBLOWERS PROTECTION ACT

This policy is made in accordance with the Victorian *Whistleblowers Protection Act 2002*. In accordance with this Act, the policy of Barwon Health is to encourage and facilitate the making of disclosures, where these are supported by reasonable grounds, related to alleged improper or corrupt conduct in the management of Barwon Health.

Any staff member or a member of the public who has reasonable grounds to believe improper or corrupt conduct has occurred, is occurring or is about to occur in management or conduct

of Barwon Health (including apprehension of detriment) is encouraged to disclose this.

Barwon Health will establish and maintain an objective system to encourage and provide support to persons making disclosures ("whistleblowers"), to investigate disclosed allegations of improper conduct, or detrimental action against the person making the disclosure and to enable appropriate action to be taken. Barwon Health is committed to the highest standards of ethics and probity in its performance of its duties and the delivery of its services to the community. Disclosures made under this policy will be investigated swiftly, professionally and discretely.

A copy of the Act and a summary of its provisions are available for inspection at the office of the Protected Disclosure Coordinator. The Ombudsman has published a set of model procedures and Barwon Health will follow these in dealing with disclosure.

For further information, contact:  
Executive Director Human Resources  
Barwon Health  
Corporate Office  
Ryrie Street  
Geelong VIC 3220

Phone. 03 5226 7221 Fax. 03 5226 7672

perrym@barwonhealth.org.au

**No disclosure under the Act were received during 2008/09**

## MAJOR EXTERNAL REVIEWS

In consultation with the Department of Human Services, Barwon Health has engaged consultants to assist in identifying opportunities to improve operating profitability. This project is being managed by a Steering Committee consisting of members of the Board, Executive and Department of Human Services.

## Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Barwon Health for the year ending 30 June 2009.

## Attestation Statement

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



Owen Donald  
Chair - Barwon Health

Geelong, 4 September 2009

## Attestation on Data Accuracy

I, Sue De Gilio, certify that Barwon Health has put in place appropriate internal controls and processes to ensure that the department is provided with reliable and accurate data. The *audit committee* verifies this assurance and that the data accuracy of Barwon Health has been critically reviewed within the last 12 months.



Sue De Gilio  
Accountable Officer

Geelong, 4 September 2009

# Financial Report

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OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$'000	2008 \$'000
Revenue from Operating Activities	2	406,296	374,297
Revenue from Non-Operating Activities	2	3,123	3,929
Employee Benefits	4	(295,642)	(268,727)
Non Salary Labour Costs	4	(5,205)	(4,688)
Supplies & Consumables	4	(74,542)	(70,740)
Other Expenses from Continuing Operations	4	(38,247)	(37,201)
Share of Net Result of Joint Venture	2	386	(183)
<b>Net Result before Capital and Specific Items</b>		<b>(3,831)</b>	<b>(3,313)</b>
Capital Purpose Income	2	22,508	21,950
Specific Income	2	6,411	1,000
Depreciation and Amortisation	4	(15,756)	(14,613)
Impairment of Financial Assets	4	(189)	(27)
Impairment of Non-Financial Assets	4	(86)	(723)
Finance Costs	4	(114)	(96)
Expenditure Using Capital Purpose Income	4	(583)	(875)
<b>NET RESULT FOR THE YEAR</b>		<b>8,360</b>	<b>3,303</b>

*This statement should be read in conjunction with the accompanying notes.*

BALANCE SHEET  
AS AT 30 JUNE 2009

	NOTE	2009 \$'000	2008 \$'000
<b>ASSETS</b>			
<i>Current Assets</i>			
Cash and Cash Equivalents	22	7,396	12,978
Receivables	10	20,175	18,429
Inventories	12	3,269	3,262
Investments - term deposits	11	43,379	36,851
<b>Total Current Assets</b>		<b>74,219</b>	<b>71,520</b>
<i>Non-Current Assets</i>			
Receivables	10	6,018	3,991
Other Financial Assets - shares	13	1,808	2,649
Investments Accounted for using the Equity Method	14	532	147
Property, Plant & Equipment	15	496,099	340,618
Intangible Assets	16	1,345	76
Investment Properties	17	12,558	6,418
<b>Total Non-Current Assets</b>		<b>518,360</b>	<b>353,899</b>
<b>TOTAL ASSETS</b>		<b>592,579</b>	<b>425,419</b>
<b>LIABILITIES</b>			
<i>Current Liabilities</i>			
Payables	18	29,788	28,074
Interest Bearing Liabilities	19	373	684
Employee Benefits and related on-cost provisions	20	56,085	55,574
<b>Total Current Liabilities</b>		<b>86,246</b>	<b>84,332</b>
<i>Non-Current Liabilities</i>			
Interest Bearing Liabilities	19	316	214
Employee Benefits and related on-cost provisions	20	12,121	8,364
<b>Total Non-Current Liabilities</b>		<b>12,437</b>	<b>8,578</b>
<b>TOTAL LIABILITIES</b>		<b>98,683</b>	<b>92,910</b>

*continued over page ....*

	NOTE	2009 \$'000	2008 \$'000
<b>NET ASSETS</b>		<b>493,896</b>	<b>332,509</b>
<b>EQUITY</b>			
Property, Plant & Equipment Revaluation Reserve	21	216,585	67,254
Available- for- Sale Revaluation Reserve (shares)	21	466	1,119
Linencare Business Unit Reserve	21	6,333	5,295
Restricted Specific Purpose Reserve	21	20,515	18,180
Internally Managed Reserves	21	45,996	38,879
Contributed Capital	21	215,403	211,054
Accumulated Surplus / (Deficits)	21	(11,402)	(9,272)
<b>TOTAL EQUITY</b>		<b>493,896</b>	<b>332,509</b>
Contingent Liabilities and Contingent Assets	25		
Commitment for expenditure	24		

*This statement should be read in conjunction with the accompanying notes.*

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$'000	2008 \$'000
<b>Total Equity at beginning of Financial Year</b>	21	<b>332,509</b>	<b>300,143</b>
Gain/(Loss) on Asset Revaluation		149,331	9,567
Gain/(Loss) on Available for Sale Financial Assets		(653)	208
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>		<b>148,678</b>	<b>9,775</b>
<b>Net Result for the Year</b>		<b>8,360</b>	<b>3,303</b>
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		<b>157,038</b>	<b>13,078</b>
Transactions with the State in its capacity as owner		4,349	19,288
<b>Closing Balance</b>		<b>493,896</b>	<b>332,509</b>

*This statement should be read in conjunction with the accompanying notes.*

CASH FLOW STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$'000	2008 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		335,970	300,731
Patient and Resident Fees Received		28,481	25,126
GST Received from/ (paid to) ATO		7,219	6,606
Recoupment from Private Practice for use at hospital facilities		3,719	5,704
Drug Income		9,039	5,361
Linencare Fees		7,162	5,978
Pharmaceutical Benefits Scheme		6,096	5,165
Other Receipts		16,879	25,972
Interest Received		3,123	3,929
Employee Benefits Paid		(293,591)	(262,657)
Payments for Supplies & Consumables		(83,126)	(75,561)
Finance Costs		(114)	(96)
Fuel, Light, Power and Water		(4,641)	(3,773)
Maintenance Contracts		(3,222)	(3,602)
Repairs and Maintenance		(6,787)	(6,974)
Other Payments		(26,268)	(24,834)
<b>Cash Generated from Operations</b>		(61)	7,075
Capital Grants from Government		17,508	17,605
Capital Donation and Bequests Received		3,225	2,641
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	22(b)	20,672	27,321
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for Non-Financial Assets		(24,191)	(48,443)
Proceeds from Sale of Property, Plant & Equipment		233	475

Purchase of Investments	(126,947)	(129,370)	
Proceeds from Sale of Investments	120,419	127,670	
<b>NET CASH (OUTFLOW) FROM INVESTING ACTIVITIES</b>	<b>(30,486)</b>	<b>(49,668)</b>	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Contributed Capital from Government	4,349	18,348	
Repayment of Borrowings	(288)	(273)	
Proceeds from Finance Leases	79	-	
Repayment of Finance Leases	-	(179)	
<b>NET CASH INFLOWS FROM FINANCING ACTIVITIES</b>	<b>4,140</b>	<b>17,896</b>	
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>	<b>(5,674)</b>	<b>(4,451)</b>	
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>	<b>11,636</b>	<b>16,087</b>	
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	22(a)	5,962	11,636
<b>Non-Cash Financing And Investing Activities</b>	22(c)	348	73

*This statement should be read in conjunction with the accompanying notes.*

# Notes to and forming part of the Financial Report

## For The Year Ended 30 June 2009

### NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The general purpose Financial Report of Barwon Health has been prepared on an accrual basis in accordance with the provisions of the Financial Management Act 1994, applicable Australian Accounting Standards (AAS) issued by the Australian Accounting Standards Board and Australian Accounting Interpretation. AAS's include Australian equivalents to the International Financial Reporting Standards.

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

#### Basis of Preparation

The Financial Report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial 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 circumstances, the results of which form the basis of making the judgements. 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 2009, and the comparative information presented in this Financial Report for the year ended 30 June 2008.

#### 1.1 Reporting Entity

The Financial Report includes all the controlled activities of Barwon Health.

#### 1.2 Rounding Of Amounts

All amounts shown in the Financial Report are rounded off to the nearest thousand dollars.

#### 1.3 Principles of Consolidation

The assets, liabilities, revenues and expenses of all business units of Barwon Health have been included at the values shown in their business unit ledgers. Any inter-unit transactions have been eliminated on consolidation.

#### 1.4 Financial Assets

##### Cash and Cash Equivalents

Cash includes cash on hand and in banks and deposits at call, net of outstanding bank overdrafts, 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. Cash and cash equivalents are measured at fair value.

#### 1.5 Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. The collectability of debts is reviewed on an ongoing basis, and debts, which are known to be uncollectable, are written off.

A provision for doubtful debts is raised where doubt as to collection is raised. Bad debts are written off when identified.

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

No interest is charged on the trade debtors and the average age of past due receivables is 44.3 days (2007/08 33.1 days).

#### 1.6 Inventories

Inventories include pharmaceutical, medical, surgical and other bulk purchases. Inventories are valued at the lower of cost and net realisable value. Cost is determined by the average purchase price of items. Pharmaceuticals held for distribution are measured at the lower of cost and current replacement cost.

#### 1.7 Other Financial Assets

Bank term deposits and debentures are recorded at amortised cost and are classified between current and non-current assets based on the Board of Director's intentions at balance date with respect to the timing of disposal of each investment with any resultant gain or loss recognised in profit or loss. Barwon Health has the

intention and ability to hold the term deposits to maturity.

Shares held by Barwon Health are classified as being available for sale and stated at fair value. Gains and losses arising from changes in fair value are recognised directly in the available for sale revaluation reserve, until the investment is disposed of or is determined to be impaired, at which time to the extent appropriate, the cumulative gain or loss previously recognised in equity is included in profit or loss for the period. Barwon Health assesses at each balance sheet date whether a financial asset or group of financial assets is impaired. Interest revenue and dividends from investments are brought to account when earned.

#### 1.8 Intangible Assets

Intangible Assets represent identifiable non-monetary assets without the physical substance such as patents, trademarks, goodwill and computer software. Intangible Assets are recognised at cost. Amortisation is allocated to intangible assets on a systematic basis over the assets finite useful life.

The amortisation period and the amortisation method for an intangible asset are reviewed at least at the end of each annual reporting period. In addition, an

assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the entity.

#### 1.9 Property, Plant and Equipment

Land and buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Plant, equipment and vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

Net gain/(loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets. Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

#### 1.10 Revaluations of Property, Plant and Equipment

Financial Reporting Direction (FRD) 103D *Non-Current Physical Assets*, prescribes that non-current physical assets measured at fair value are revalued with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

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

Revaluation decreases are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

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

In accordance with FRD 103D, Barwon Health's non-current physical assets were subjected to a detailed valuation in the current financial year. The valuation includes replacement cost for components that would comprise a modern equivalent asset with current standards of design functionality and amenity, to value the actual components in the existing buildings.

#### 1.11 Investment Property

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment Properties exclude properties held to meet service delivery and objectives of the State of Victoria.

Investment Properties are initially recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to the entity. When

investment properties are re-valued to fair values, the change in fair value is recognised as income or expenses in the period that they arise. The properties are not depreciated. Rental revenue from the leasing of investment properties is recognised in the Operating Statement in the periods in which it is receivable.

#### 1.12 Depreciation

Depreciable assets with a cost in excess of 2 thousand dollars (2007/08 2 thousand dollars) are capitalised and depreciation has been provided so as to allocate their value over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and residual values for other 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.

	2009	2008
Buildings	10 - 50 yrs	50 yrs
Plant & Equipment	8 - 10 yrs	8 - 10 yrs
Furniture & Fittings	7 - 8 yrs	7 - 8 yrs
Linen	3 - 5 yrs	3 - 5 yrs
Leased Assets	1 - 3 yrs	1 - 3 yrs
Intangible Assets	5 yrs	5 yrs
Motor Vehicles	4 - 6 yrs	4 - 6 yrs

#### 1.13 Impairment of Assets

Intangible Assets with indefinite useful lives are tested annually as to whether their carrying value exceeds their recoverable amount and whenever there is an indication that the asset may be impaired. All other assets are assessed annually for indications of impairment, except for inventories, financial assets, non current assets held for sale and investment property that are measured at fair value. If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Where the assets carrying value exceeds its recoverable amount, the difference is written off by a charge to 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. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair values less costs to sell.

Financial Assets have been assessed for impairment in accordance with Australian Accounting Standards. Where an available-for-sale financial asset's fair value at balance date has reduced by 20 per cent or more than its cost price; or where its fair value has been less than its cost price for a period of 12 or more months, the financial instrument is treated as impaired.

In order to determine an appropriate fair value as at 30 June 2009 for its portfolio of available-for-sale financial assets, Barwon Health obtained a valuation based on the best available advice using the market value as determined by the Australian Stock Exchange. These methodologies were critiqued and considered to be consistent with standard market valuation techniques. This valuation process was used to quantify the level of impairment on the portfolio of financial assets as at year end.

#### 1.14 Payables

Trade creditors, other creditors and accrued expenses represent liabilities for goods and services provided to the

entity prior to balance date and which are unpaid. Amounts are unsecured and the normal credit terms are usually net 30 days. Patient money held in trust represents money held on behalf of aged residential patients. Refundable Entrance Fees represent aged residential patients' deposits held in trust while the patient is in an aged care facility.

Payables are initially recognised at fair value, then subsequently carried at amortised cost.

#### 1.15 Interest Bearing Liabilities

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition all financial liabilities are recognised at amortised cost, using the effective interest method. Barwon Health has four secured loans for the purchase of a CT scanner, Bone Densitometer, X ray equipment and laundry folding equipment for terms of 8, 7, 5 and 5 years with interest rates of 6.45%, 6.89%, 5.69% and 5.69% respectively. Barwon Health has 26 unsecured finance leases for motor vehicles with terms varying between 12 and 36 months and interest rates between 6% and 7.5%.

### 1.16 Functional and Presentation Currency

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

### 1.17 Goods and Services Tax

Income, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense. The net amount of GST recoverable from, or payable to, the Australian Taxation Office (ATO) is included as part of receivables or payables in the Balance Sheet. The GST component of a receipt or payment is recognised on a gross basis in the Cash Flow Statement in accordance with AASB 107 Cash Flow Statements. Commitments and contingent assets and liabilities are presented on a gross basis.

### 1.18 Employee Benefits

Provision is made for benefits accruing to employees in respect of wages, salaries, annual leave, accrued days off and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Provisions made in respect of employee benefits expected to be settled within 12 months, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement, and are recognised as a current liability.

Provisions made in respect of employee benefits which are not expected to be settled within 12 months are measured as the present value of the estimated future cash outflows to be made by Barwon Health in respect of services provided by employees up to reporting date.

#### Long Service Leave

The provision for long service leave is determined in accordance with AASB 119 *Employee Benefits*. The unconditional long service leave entitlements (representing 10 or more years of continuous service ) are recognised in the provision for employee benefits as a current liability even where Barwon Health 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 ( where Barwon Health does not expect to settle within 12 months), and, nominal value (where Barwon Health expects to settle within 12 months).

The balance of the long service leave, the conditional LSL (representing less than 10 years of continuous service) is recognised 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 measured at the 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 on national 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 Barwon Health to the superannuation plan in respect of the services of current Barwon Health staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of Barwon Health are entitled to receive superannuation benefits and Barwon Health 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.

Barwon Health made contributions to the following major superannuation plans during the year:

FUND FOR THE YEAR	CONTRIBUTIONS PAID OR PAYABLE	
	2009 \$'000	2008 \$'000
<b>Defined benefit plans:</b>		
- Health Super	16,586	15,296
- Hesta	4,665	3,735
- GSO	11	14
- Other compliant superannuation funds as selected by employee	574	536
<b>Defined contribution plans:</b>		
- Health Super	1331	1361
- GSO	284	298
<b>Total</b>	<b>23,451</b>	<b>21,240</b>

Barwon Health does not recognise any unfunded benefit liability in respect of the superannuation plans because Barwon Health has no legal or constructive obligation to pay further 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.

#### On-Costs

Employee benefit on-costs (workers compensation, superannuation, annual leave and LSL accrued while on LSL taken in service) are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

#### 1.19 Finance Costs

Finance Costs are recognised as expenses in the period in which they are incurred. Finance costs include interest on short-term and long-term borrowings and finance charges in respect of leases recognised in accordance with AASB117 Leases.

#### 1.20 Residential Aged Care Service

The aged care service at the McKellar Centre is substantially funded from Commonwealth bed-day subsidies. The

Nursing Home operations are an integral part of the Hospital and share its resources. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

#### 1.21 SWARH Joint Venture

Interest in the jointly controlled entity in which Barwon Health is a venturer ( and so has joint control ) are accounted for under the equity method. Details of the Joint venture are set out in note 14. The figures reported are advised by SWARH and are unaudited.

#### 1.22 Leases

A distinction is made between finance leases, which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to the ownership of leased non current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Finance leases are recognised as assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at the inception of the lease. This balance is depreciated over the shorter of the estimated useful life of the asset or the term of the lease. A corresponding liability is established and each lease payment is allocated between

the principal component and the interest expense. Operating lease payments are recognised on a straight-line basis which is representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

The cost of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

#### 1.23 Income Recognition

Income is recognised in accordance with AASB 118 Revenue. Revenue is recognised to the extent that it is earned. Should there be unearned revenue at reporting date, it is reported as revenue received in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

#### Patient 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 Bequests

Donations and bequests are recognised as revenue when received. Donations from the community and estate bequests are included in the Operating Statement under Capital Purpose Income, and as part of either the Restricted Specific Purpose Reserve or Internally Managed Reserves in the Balance Sheet.

#### Indirect Contributions

Insurance is recognised as revenue following advice from the Department of Human Services. Long Service Leave is recognised as revenue upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 34/2008.

#### Government Grants

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

### 1.24 Fund Accounting

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

### 1.25 Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

The 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 Barwon Health's own activities or local initiatives and/or the Commonwealth.

### 1.26 Property, Plant and Equipment Revaluation Reserve

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

### 1.27 Available - for - Sale Revaluation Reserve

The available - for - sale revaluation reserve arises on the revaluation of the available - for - sale financial assets. Barwon Health has 116,439 shares in 34 listed companies. Where a revalued financial asset is sold that portion of the reserve, which relates to that financial asset, and is effectively realised, is recognised in the Operating Statement. Where a revalued financial asset is impaired that portion of the reserve, which relates to that financial asset, is recognised in the Operating Statement.

### 1.28 Restricted Purpose Funds and Internally Managed Reserves

Barwon Health's Restricted Purpose Funds comprise unspent donations, the net surplus from private practice arrangements and receipts from fundraising activities conducted solely in respect of these funds. Separation of these funds from the Operating Fund is required under Hospital Funding Guidelines and Barwon Health has no discretion to amend or vary the restriction and/or conditions underlying the funds received. Internally Managed Reserves refers to funds over which Barwon Health has management control, as well as the discretion, on the ultimate disposition of these funds.

### 1.29 Contributed Capital

Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and Financial Reporting Direction 119 *Contribution by Owners*, appropriations for additions to the net asset base have been designated as contributed capital.

### 1.30 Private Practice Fees

In relation to full time medical staff, all the private practice fees are donated to Barwon Health in accordance with agreements reached with medical practitioners. Barwon Health uses a percentage of these funds for the professional development of practitioners and for the replacement of medical equipment. Other arrangements apply to sessional medical staff in the conduct of private practice on site using Barwon Health facilities and equipment. The facility charges for these services are specified in individual contracts between the practitioner and Barwon Health.

### 1.31 Research Funds

Research fund transactions are recorded through the Operating Statement with the accumulated net results reported as Restricted Specific Purpose Reserves within the Balance Sheet.

### 1.32 Economic Dependency

Barwon Health is dependent upon the State and to a lesser extent, the Federal Government, continuing to purchase or contract for the delivery of health services.

### 1.33 Net Result before Capital and Specific Items

The sub total entitled "Net Result Before Capital and Specific Items" is included in the Operating Statement to enhance the understanding of the financial performance of Barwon Health. This subtotal reports the result excluding items such as capital grants, depreciation and specific items. 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 and Specific Items is used by the management of Barwon Health, the Department of Human Services, and the Victorian Government to measure the ongoing result of Health Services in operating hospital services.

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose

of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. 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.

- Depreciation and amortisation, as described in note 1.12. Impairment of financial and non-financial assets as described in notes 1.9 and 1.13.
- Net result of Joint Venture, as described in note 14.
- Expenditure using capital purpose income comprises expenditure which either falls below the asset capitalisation threshold (note 1.12), or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.
- Specific income/expense comprises the revaluation increments/decrements of investment properties owned by Barwon Health, as described in note 17.

### 1.34 Category Groups

Barwon Health has used the following category groups for reporting purposes for the current and previous financial years:

#### Admitted Patient Services (Admitted Patients)

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.

#### Mental Health Services (Mental Health)

Mental Health comprises all recurrent health revenue/expenditure on specialised mental health services (child and adolescent, general and adult, community and forensic) managed or funded by the state or territory health administrations, and includes: Admitted patient services, outpatient services, community-based services, residential and ambulatory services.

#### Outpatient Services (Outpatients)

Outpatients comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital

outpatient clinics or freestanding day hospital facilities, or rehabilitation facilities, or alcohol and drug treatment units, or outpatient clinics specialising in palliative care.

#### Emergency Department Services (EDS)

EDS comprises all recurrent health revenue/expenditure on emergency department services that are available free of charge to public patients.

#### Aged Care

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

#### Primary Health

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)

Ambulatory comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following

agreements: Services that are provided or received by hospitals (or area health services) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospitals, i.e. in rural/remote areas.

#### Residential Aged Care including Mental Health (RAC incl. Mental Health)

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)

Others comprises revenue/expenditure for services not separately classified above, including: Public Health services including Laboratory testing, Blood Borne Viruses/Sexually Transmitted Infections clinical services, Koori 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.

### 1.35 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2009 reporting period. As at 30 June 2009, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2009. Barwon Health has not and does not intend to adopt these standards early.

STANDARD	SUMMARY	APPLICABLE FOR REPORTING PERIODS BEGINNING ON OR ENDING ON	IMPACT ON ENTITIES ANNUAL STATEMENTS
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]	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2008-3 Amendments to AAS arising from AASB 3 & AASB 127 [AASB 1, 2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 137, 138 & 139 and Interpretation 9 & 107]	This Standard gives effect to consequential changes arising from revised AASB 3 and amended AASB 127. The Prefaces to those Standards summarise the main requirements of those Standards.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-5 Amendments to AASs arising from the Annual Improvements Project [AASBs 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 140, 141, 1023 & 1308]	A suite of amendments to existing standards following issuance of IASB Standard Improvements to IFRSs in May 2008. Some amendments result in accounting changes for presentation, recognition and measurement purposes.	Beginning 1 January 2009	Impact is being evaluated.

AASB 2008-6 Further Amendments to Australian Accounting Standards arising from the Annual Improvements project [AASB 1 & AASB 5]	The amendments require all the assets and liabilities of a for-sale subsidiary's to be classified as held for sale and clarify the disclosures required when the subsidiary is part of a disposal group that meets the definition of a discontinued operation.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-7 Amendments to AAS Cost of an Investment in a Subsidiary, Jointly Controlled Entity or Associate [AASB 1, AASB 118, AASB 121, AASB 127 & AASB 136]	Changes mainly relate to treatment of dividends from subsidiaries or controlled entities	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-8 Amendments to Australian Accounting Standards - Eligible Hedged Items [AASB 139]	The amendments to AASB 139 clarify how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item, should be applied in particular situations.	Beginning 1 January 2009	Impact is being evaluated.
AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101	Amendments to AASB 1049 for consistency with AASB 101 (September 2007) version.	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2009-1 Amendments to Australian Accounting Standards - Borrowing Costs of Not-for-Profit Public Sector Entities [AASB 1, AASB 111 & AASB 123]	Amendments to Australian Accounting Standards to allow borrowing costs of Not-for Profit Public Sector Entities to be expensed	Beginning 1 January 2009	Impact expected to be insignificant
AASB 2009-2 Amendments to Australian Accounting Standards - Improving Disclosures about Financial Instruments [AASB 4, AASB 7, AASB 1023 & AASB 1038]	Amendments to AASB 7 to enhance disclosures about fair value measurements and liquidity risk. Editorial amendments to AASB 4, AASB 1023 and AASB 1038 resulting from the amendments to AASB 7	Beginning 1 January 2009	Impact expected to be insignificant

### 1.36 Change in Accounting Policies

In accordance with Victorian Government Financial Reporting Direction 103D "Non-Current Physical Assets", Barwon Health measures plant and equipment, and medical equipment assets at fair value from 1 July 2008. Previously these assets were measured at cost. This change in accounting policy is required to ensure that Victoria's Whole of Government financial report, to which Barwon Health is consolidated into, complies with the requirements of AASB1049 Whole of Government Sector Financial Reporting. As this change is the initial application of a policy to revalue assets in accordance with AASB116 Property, Plant and Equipment the change is treated as a revaluation in the current year.

**NOTE 2 REVENUE**

	NOTE	HSA 2008/09 \$'000	HSA 2007/08 \$'000	NON-HSA 2008/09 \$'000	NON-HSA 2007/08 \$'000	TOTAL 2008/09 \$'000	TOTAL 2007/08 \$'000
<b>Revenue from Operating Activities</b>							
<b>Government Grants</b>							
- Department of Human Services		302,317	274,897			302,317	274,897
- Dental Health Services Victoria		4,579	4,954			4,579	4,954
- State Gov Equipment and Infrastructure Maintenance		690	1,476			690	1,476
- Commonwealth Government - Residential Aged Care Subsidy		15,086	15,731			15,086	15,731
- Other		8,762	7,494			8,762	7,494
<b>Total Government Grants</b>		<b>331,434</b>	<b>304,552</b>			<b>331,434</b>	<b>304,552</b>
<b>Indirect Contributions by Human Services</b>							
- Insurance		3,932	3,956			3,932	3,956
- Long Service Leave		4,478	2,864			4,478	2,864
<b>Total Indirect Contributions by Human Services</b>		<b>8,410</b>	<b>6,820</b>			<b>8,410</b>	<b>6,820</b>
<b>Patient &amp; Resident Fees</b>							
- Patient & Resident Fee		24,848	22,072			24,848	22,072
- Residential Aged Care		4,964	4,673			4,964	4,673
<b>Total Patient &amp; Resident Fees</b>	6	<b>29,812</b>	<b>26,745</b>			<b>29,812</b>	<b>26,745</b>
<b>Business Units &amp; Specific Purpose Funds</b>							
-Property Income				1,064	1,816	1,064	1,816
-Private practice Fees Donated				1,243	1,124	1,243	1,124
-Laboratory Medicine				2,013	1,489	2,013	1,489
-Hydrotherapy				208	200	208	200
-Television System				152	142	152	142
-Pharmacy Services				356	196	356	196
-Laundry				6,562	5,978	6,562	5,978
-Salary Packaging Admin Charges				1,333	1,026	1,333	1,026
-Other Revenue from Non-Operating Activities				2,259	4,246	2,259	4,246
<b>Total Business Units &amp; Specific Purpose Funds</b>				<b>15,190</b>	<b>16,217</b>	<b>15,190</b>	<b>16,217</b>

	NOTE	HSA 2008/09 \$'000	HSA 2007/08 \$'000	NON-HSA 2008/09 \$'000	NON-HSA 2007/08 \$'000	TOTAL 2008/09 \$'000	TOTAL 2007/08 \$'000
<b>Recoupment from Private Practice for use of Hospital Facilities</b>		3,719	3,888			3,719	3,888
Other Revenue		17,731	16,075			17,731	16,075
<b>Sub-Total Revenue from Operating Activities</b>		<b>391,106</b>	<b>358,080</b>	<b>15,190</b>	<b>16,217</b>	<b>406,296</b>	<b>374,297</b>
<b>Revenue from Non-Operating Activities</b>							
Interest - investments held to maturity				3,035	3,845	3,035	3,845
Dividends - available for sale investments				88	84	88	84
<b>Sub-Total Revenue from Non-Operating Activities</b>				<b>3,123</b>	<b>3,929</b>	<b>3,123</b>	<b>3,929</b>
<b>Revenue from Capital Purpose Income</b>							
State Government Capital Grants							
- Targeted Capital Works & Equipment		1,500	764			1,500	764
- Other		16,404	17,654			16,404	17,654
Commonwealth Government Capital Grants				702	523	702	523
Residential Accommodation Payments				896	590	896	590
Donations and Bequests				3,225	2,641	3,225	2,641
Net Gain/(Loss) on Disposal of Non-Current Assets				(219)	(222)	(219)	(222)
<b>Sub-Total Revenue from Capital Purpose Income</b>		<b>17,904</b>	<b>18,418</b>	<b>4,604</b>	<b>3,532</b>	<b>22,508</b>	<b>21,950</b>
<b>Share of net profits/(losses) of joint venture using the equity method</b>							
Specific Income	10,17	386	(183)			386	(183)
<b>Total Revenue from Ordinary Activities</b>		<b>409,396</b>	<b>376,315</b>	<b>29,328</b>	<b>24,678</b>	<b>438,724</b>	<b>400,993</b>



**NOTE 3 ANALYSIS OF REVENUE BY SOURCE**

	NOTE	ADMITTED PATIENTS	OUT PATIENTS	EDS	AMBULATORY	MENTAL HEALTH	RAC incl. MENTAL HEALTH	AGED CARE	PRIMARY CARE	OTHER	TOTAL
		2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>											
Government Grants		169,904	25,719	12,896	31,594	25,927	23,887	11,746	6,408	23,411	331,492
Indirect Contributions by Human Services		6,223	135	118	211	294	278	17	219	916	8,410
Share of net profits/(losses) of joint venture using equity method										386	386
Recoupment from Private Practice for use of Hospital Facilities		3,719									3,719
Patient and Resident Fees	6	11,525	483	-	5,196	39	4,925	295	81	7,268	29,812
Capital Purpose Income		17,904									17,904
Other		9,177	130	66	106	935	396	293	1,084	5,486	17,673
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>		<b>218,452</b>	<b>26,467</b>	<b>13,080</b>	<b>37,107</b>	<b>27,195</b>	<b>29,486</b>	<b>12,351</b>	<b>7,792</b>	<b>37,467</b>	<b>409,396</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>											
<b>Internal and Restricted Specific Purpose Fund</b>											
Interest										3,035	3,035
Dividends									88		88
Business Units & Specific Purpose Funds										13,947	13,947
Donations and Bequests										3,225	3,225
Capital Purpose Income										1,598	1,598
Private Practice Fees Donated										1,243	1,243
Specific income - revaluation of investment property										-	-
Specific income - reversal of doubtful debts provision	10,17									6,411	6,411
Net Gain/(Loss) from Disposal of Non-Current Assets	7									(219)	(219)
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>29,328</b>	<b>29,328</b>
<b>TOTAL REVENUE FROM OPERATIONS</b>		<b>218,452</b>	<b>26,467</b>	<b>13,080</b>	<b>37,107</b>	<b>27,195</b>	<b>29,486</b>	<b>12,351</b>	<b>7,792</b>	<b>66,795</b>	<b>438,724</b>

	NOTE	ADMITTED PATIENTS	OUT PATIENTS	EDS	AMBULATORY	MENTAL HEALTH	RAC incl. MENTAL HEALTH	AGED CARE	PRIMARY CARE	OTHER	TOTAL
		2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>											
Government Grants		156,982	23,087	10,425	28,616	23,834	23,769	10,689	6,658	20,492	304,552
Indirect Contributions by Human Services		5,075	110	97	210	242	227	12	180	667	6820
Share of net profits/(losses) of joint venture using equity method										(183)	(183)
Recoupment from Private Practice for use of Hospital Facilities		3,888									3,888
Patient and Resident Fees	6	11,737	2,528	516	5,037	-	4,673	-	70	2,184	26,745
Capital Purpose Income		18,418									18,418
Other		7,366	133	-	97	637	365	-	1,372	6,105	16,075
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>		<b>203,466</b>	<b>25,858</b>	<b>11,038</b>	<b>33,960</b>	<b>24,713</b>	<b>29,034</b>	<b>10,701</b>	<b>8,280</b>	<b>29,265</b>	<b>376,315</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>											
<b>Internal and Restricted Specific Purpose Fund</b>											
Interest										3,845	3,845
Dividends									84		84
Business Units & Specific Purpose Funds										15,093	15,093
Donations and Bequests										2,641	2,641
Capital Purpose Income										1,113	1,113
Private Practice Fees Donated										1,124	1,124
Specific income - revaluation of investment property										1,000	1,000
Specific income - reversal of doubtful debts provision										-	-
Net Gain/(Loss) from Disposal of Non-Current Assets	7									(222)	(222)
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>24,678</b>	<b>24,678</b>
<b>TOTAL REVENUE FROM OPERATIONS</b>		<b>203,466</b>	<b>25,858</b>	<b>11,038</b>	<b>33,960</b>	<b>24,713</b>	<b>29,034</b>	<b>10,701</b>	<b>8,280</b>	<b>53,943</b>	<b>400,993</b>

**NOTE 4 EXPENSES**

	NOTE	HSA	HSA	NON-HSA	NON-HSA	TOTAL	TOTAL
		2008/09 \$'000	2007/08 \$'000	2008/09 \$'000	2007/08 \$'000	2008/09 \$'000	2007/08 \$'000
<b>Employee Benefits</b>							
- Salaries & Wages		251,249	229,420	8,736	7,770	259,985	237,190
- Workcover		3,415	2,735	243	86	3,658	2,821
- Departure Packages		185	311	4		189	311
- Long Service Leave		8,693	6,853	150	234	8,843	7,087
- Superannuation		22,235	20,638	732	680	22,967	21,318
<b>Total Employee Benefits</b>		<b>285,777</b>	<b>259,957</b>	<b>9,865</b>	<b>8,770</b>	<b>295,642</b>	<b>268,727</b>
<b>Non Salary Labour Costs</b>							
- Agency Costs - Nursing		2,162	2,123	-	-	2,162	2,123
- Agency Costs - Other		2,977	2,490	66	75	3,043	2,565
<b>Total Non Salary Labour Costs</b>		<b>5,139</b>	<b>4,613</b>	<b>66</b>	<b>75</b>	<b>5,205</b>	<b>4,688</b>
<b>Supplies &amp; Consumables</b>							
- Drug Supplies		22,208	21,081	49	26	22,257	21,107
- S100 Drugs		5,573	5,504	-	-	5,573	5,504
- Medical , Surgical Supplies and Prosthesis		36,085	33,524	213	194	36,298	33,718
- Pathology Supplies		5,784	5,888	1	2	5,785	5,890
- Food Supplies		4,613	4,507	16	14	4,629	4,521
<b>Total Supplies &amp; Consumables</b>		<b>74,263</b>	<b>70,504</b>	<b>279</b>	<b>236</b>	<b>74,542</b>	<b>70,740</b>
<b>Other Expenses from Continuing Operations</b>							
- Domestic Services & Supplies		2,032	1,882	781	679	2,813	2,561
- Fuel, Light Power & Water		3,880	3,346	345	223	4,225	3,569
- Insurance costs funded by DHS		3,932	3,956	-	-	3,932	3,956
- Motor Vehicle Expenses		653	620	213	195	866	815
- Repairs & Maintenance		5,409	6,008	770	590	6,179	6,598

	NOTE	HSA	HSA	NON-HSA	NON-HSA	TOTAL	TOTAL
- Maintenance Contracts		2,916	3,384	17	25	2,933	3,409
- Patient Transport		1,161	1,008	16	6	1,177	1,014
- Bad & Doubtful Debts		16	27	-	-	16	27
- Lease Expenses		115	66	105	105	220	171
- Other Expenses		2,942	4,329	992	2,549	3,934	6,878
- Other Administrative Expenses		9,881	6,942	1,673	1,020	11,554	7,962
- Audit Fees		264	93	-	-	264	93
- VAGO - Audit of Financial Statements		-	135	3	-	3	135
- Ex Gratia Payments		131	13	-	-	131	13
<b>Total Other Expenses from Continuing Operations</b>		<b>33,332</b>	<b>31,809</b>	<b>4,915</b>	<b>5,392</b>	<b>38,247</b>	<b>37,201</b>
<b>Expenditure using Capital Purpose Income</b>							
Employee Benefits		-	-	230	233	230	233
Non Salary Labour Costs		-	-	52	37	52	37
Other Expenses		-	-	301	605	301	605
<b>Total Expenditure using Capital Purpose Income</b>		<b>-</b>	<b>-</b>	<b>583</b>	<b>875</b>	<b>583</b>	<b>875</b>
Impairment of Non-Financial Assets		86	723	-	-	86	723
Impairment of loans and receivables			27				27
Impairment of available - for - sale financial assets		189		-	-	189	-
Depreciation and amortisation		15,251	14,207	505	406	15,756	14,613
Finance Costs - borrowings at amortised costs		110	87	4	9	114	96
		15,636	15,044	509	415	16,145	15,459
<b>Total Expenses</b>		<b>414,147</b>	<b>381,927</b>	<b>16,217</b>	<b>15,763</b>	<b>430,364</b>	<b>397,690</b>

**NOTE 5 ANALYSIS OF EXPENSES BY SOURCE**

	NOTE	ADMITTED PATIENTS	OUT PATIENTS	EDS	AMBULATORY	MENTAL HEALTH	RAC incl. MENTAL HEALTH	AGED CARE	PRIMARY CARE	OTHER	TOTAL
		2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000
<b>Services Supported by Health Service Agreement</b>											
Employee Benefits		153,819	38,381	15,231	21,448	21,924	20,710	9,081	5,314	-	285,908
Non Salary Labour Costs		2,500	748	256	723	251	626	1	34	-	5,139
Supplies & Consumables		50,014	10,265	4,124	4,739	974	1,296	133	2,718	-	74,263
Other Expenses		17,999	6,387	1,340	2,375	2,061	1,198	624	1,217	-	33,201
Depreciation and Amortisation		5,895	3,562	945	906	417	2,882	262	382	-	15,251
Impairment of Assets		189	-	-	-	-	-	-	-	-	189
Impairment of Non-Financial Assets		86	-	-	-	-	-	-	-	-	86
Finance Costs		110	-	-	-	-	-	-	-	-	110
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>		<b>230,612</b>	<b>59,343</b>	<b>21,896</b>	<b>30,191</b>	<b>25,627</b>	<b>26,712</b>	<b>10,101</b>	<b>9,665</b>	<b>-</b>	<b>414,147</b>
<b>Services Supported by Hospital and Community Initiatives</b>											
Employee Benefits		-	-	-	-	-	-	-	-	9,865	9,865
Non Salary Labour Costs		-	-	-	-	-	-	-	-	66	66
Supplies & Consumables		-	-	-	-	-	-	-	-	279	279
Other Expenses		-	-	-	-	-	-	-	-	4,915	4,915
Depreciation and Amortisation		-	-	-	-	-	-	-	-	505	505
Impairment of Assets		-	-	-	-	-	-	-	-	-	-
Impairment of Non-Financial Assets		-	-	-	-	-	-	-	-	-	-
Finance Costs		-	-	-	-	-	-	-	-	4	4
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	<b>8</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15,634</b>	<b>15,634</b>
<b>Services Supported by Capital Sources</b>											
Employee Benefits		-	-	-	-	-	-	-	-	230	230
Non Salary Labour Costs		-	-	-	-	-	-	-	-	52	52
Other Expenses		-	-	-	-	-	-	-	-	301	301
<b>Sub-Total Expenses from Services Supported By Capital Sources</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>583</b>	<b>583</b>
<b>Total Expenses from Ordinary Activities</b>		<b>230,612</b>	<b>59,343</b>	<b>21,896</b>	<b>30,191</b>	<b>25,627</b>	<b>26,712</b>	<b>10,101</b>	<b>9,665</b>	<b>16,217</b>	<b>430,364</b>

	NOTE	ADMITTED PATIENTS	OUT PATIENTS	EDS	AMBULATORY	MENTAL HEALTH	RAC incl. MENTAL HEALTH	AGED CARE	PRIMARY CARE	OTHER	TOTAL
		2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
<b>Services Supported by Health Service Agreement</b>											
Employee Benefits		140,017	32,760	13,427	19,308	19,488	20,633	8,618	5,719	-	259,970
Non Salary Labour Costs		2,236	563	219	674	228	641	3	49	-	4,613
Supplies & Consumables		50,647	9,383	2,499	3,163	947	1,017	1	2,847	-	70,504
Other Expenses		15,247	7,329	1,437	2,807	1,754	1,097	72	2,080	-	31,823
Depreciation and Amortisation		4,865	3,368	367	1,077	474	3,374	33	649	-	14,207
Impairment of Assets		134	-	-	-	-	589	-	-	-	723
Finance Costs		69	2	-	-	9	-	-	7	-	87
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>		<b>213,215</b>	<b>53,405</b>	<b>17,949</b>	<b>27,029</b>	<b>22,900</b>	<b>27,351</b>	<b>8,727</b>	<b>11,351</b>	<b>-</b>	<b>381,927</b>
<b>Services Supported by Hospital and Community Initiatives</b>											
Employee Benefits		-	-	-	-	-	-	-	-	8,770	8,770
Non Salary Labour Costs		-	-	-	-	-	-	-	-	75	75
Supplies & Consumables		-	-	-	-	-	-	-	-	236	236
Other Expenses		-	-	-	-	-	-	-	-	5,392	5,392
Depreciation and Amortisation		-	-	-	-	-	-	-	-	406	406
Impairment of Assets		-	-	-	-	-	-	-	-	-	-
Finance Costs		-	-	-	-	-	-	-	-	9	9
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	<b>8</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>14,888</b>	<b>14,888</b>
<b>Services Supported by Capital Sources</b>											
Employee Benefits		-	-	-	-	-	-	-	-	233	233
Non Salary Labour Costs		-	-	-	-	-	-	-	-	37	37
Other Expenses		-	-	-	-	-	-	-	-	605	605
<b>Sub-Total Expenses from Services Supported By Capital Sources</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>875</b>	<b>875</b>
<b>Total Expenses from Ordinary Activities</b>		<b>213,215</b>	<b>53,405</b>	<b>17,949</b>	<b>27,029</b>	<b>22,900</b>	<b>27,351</b>	<b>8,727</b>	<b>11,351</b>	<b>15,763</b>	<b>397,690</b>

**NOTE 6 PATIENT AND RESIDENT FEES**

PATIENT AND RESIDENTIAL FEES RAISED	2009 \$'000	2008 \$'000
<b>Acute</b>		
- Inpatients	11,524	11,736
- Other	5,679	3,044
<b>Residential Aged Care</b>		
- Geriatric	4,763	4,276
- Mental Health	457	397
Other	7,389	7,292
<b>Total Patient Fees Raised</b>	<b>29,812</b>	<b>26,745</b>

**NOTE 7 NET (LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS**

	2009 \$'000	2008 \$'000
<b>Proceeds from Disposal of Non current Assets</b>		
- Equipment	69	-
- Furniture, fittings & equipment	-	-
- Medical equipment	15	231
- Motor Vehicles	66	-
- Leased Motor Vehicles	83	244
- Plant	-	-
<b>Total Proceeds from Disposal of Non Current Assets</b>	<b>233</b>	<b>475</b>
<b>Less: Written Down Value of Non Current Assets Sold</b>		
- Equipment	68	39
- Furniture, fittings & equipment	-	2
- Medical equipment	202	413
- Motor Vehicles	57	-
- Leased Motor Vehicles	125	234
- Plant	-	9
<b>Total Written Down Value of Non Current Assets Sold</b>	<b>452</b>	<b>697</b>
<b>Net (Losses) on disposal of Non Current Assets</b>	<b>(219)</b>	<b>(222)</b>

**NOTE 8 ANALYSIS OF EXPENSES BY INTERNAL AND RESTRICTED SPECIFIC PURPOSE FUNDS FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES**

	2009 \$'000	2008 \$'000
-Property	246	128
-Laboratory Medicine	654	1,789
-Hydrotherapy	244	236
-Television System	18	1
-Pharmacy Services	95	63
-Laundry	7,740	7,063
-Salary Packaging Admin Charges	393	413
-Other Revenue from Non-Operating Activities	5,735	4,781
<b>TOTAL</b>	<b>15,125</b>	<b>14,474</b>

**NOTE 9 FINANCE COSTS**

	2009 \$'000	2008 \$'000
Finance Charges on Finance Leases	92	33
Interest on Borrowings	22	63
<b>TOTAL</b>	<b>114</b>	<b>96</b>

**NOTE 10 RECEIVABLES**

	NOTE	2009 \$'000	2008 \$'000
<b>CURRENT</b>			
<b>Contractual</b>			
Patient Fees		6,933	5,933
Accrued Investment Income		292	299
Sundry Debtors		6,570	3,482
Accrued Revenue - Other		1,758	2,343
Prepayments		(2)	487
Refundable Entrance Fees		4,435	4,750
GST Receivable		1,269	1,678
		21,255	18,972
<b>Statutory</b>			
Accrued Revenue - DHS		(698)	110
		23	20,557
			19,082
		20,175	18,429
<b>NON CURRENT</b>			
DHS - Long Service Leave		6,018	3,991
<b>NET DEBTORS AND ACCRUED REVENUE</b>		<b>26,193</b>	<b>22,420</b>

(b) Ageing analysis of receivables. Please refer to note 23 for the ageing analysis of receivables.

(c) Nature and extent of risk arising from receivables. Please refer to note 23 for the nature and extent of credit risk arising from receivables.

**NOTE 11 INVESTMENTS - TERM DEPOSITS**

	OPERATING \$'000	SPECIAL PURPOSE FUND \$'000	CAPITAL FUND \$'000	2009 TOTAL \$'000	2008 TOTAL \$'000
<b>Current</b>					
- Australian Dollar Term Investments	-	42,800	579	43,379	36,851
<b>Non-Current</b>					
-Australian Dollar Term Investments	-	-	-	-	5
	-	42,800	579	43,379	36,851
<b>Investment Composition</b>					
Bank Term Deposits				43,379	36,846
Debentures				-	5
				43,379	36,851

Refer to note 18 for monies held in trust disclosure.

The debentures held by the Geelong Hospital Medical Staff Group matured in October 2008.

(a) Ageing analysis of investments - term deposits.  
Please refer to note 23 for the ageing analysis of investments - term deposits.

(b) Nature and extent of risk arising from investments - term deposits.  
Please refer to note 23 for the nature and extent of credit risk arising from investments - term deposits.

## NOTE 12 INVENTORIES

	2009 \$'000	2008 \$'000
Pharmaceuticals	1,564	1,556
Bulk Store at cost	522	548
Medical and Surgical Lines at cost	1,183	1,158
<b>TOTAL INVENTORIES</b>	<b>3,269</b>	<b>3,262</b>

## NOTE 13 NON - CURRENT OTHER FINANCIAL ASSETS

	2009	2008
Shares at Fair Value	1,808	2,649
<b>TOTAL INVENTORIES</b>	<b>1,808</b>	<b>2,649</b>

Barwon Health has 116,439 shares in 34 listed companies which were bequested to the Health Service. Barwon Health does not actively trade in the share market.

## NOTE 14 INVESTMENTS ACCOUNTED FOR USING THE EQUITY METHOD

	2009 \$'000	2008 \$'000
Investment in Jointly Controlled Entities	532	147
<b>TOTAL</b>	<b>532</b>	<b>147</b>

## JOINTLY CONTROLLED OPERATION AND ASSETS

	COUNTRY OF INCORPORATION	OWNERSHIP INTEREST 2009 %	OWNERSHIP INTEREST 2008 %
South West Alliance of Rural Health (Vic)	Australia	24	24

## Principal Activity:

Barwon Health has a joint venture interest in the South Western Alliance of Rural Health (SWARH) whose principal activity is the implementing and processing of an information technology system and an associated telecommunication service suitable for use by each member hospital. Barwon Health's share of jointly controlled entities profit and loss and net assets are determined on an annual basis as shown below.

The figures reported are advised by SWARH and are unaudited.

	2009 \$'000	2008 \$'000
<b>Summarised Financial Information of Jointly Controlled Entities Balance Sheet:</b>		
Current Assets	4,989	826
Non- Current Assets	261	706
<b>Total Assets</b>	<b>5,200</b>	<b>1,532</b>
Current Liabilities	3,002	909
Non-Current Liabilities	11	8
<b>Total Liabilities</b>	<b>3,013</b>	<b>916</b>
<b>Net Assets</b>	<b>2,237</b>	<b>616</b>
Share of Net Assets	532	147
<b>Share of Jointly Controlled Entities' Profit and Loss</b>	<b>386</b>	<b>(183)</b>
<b>Share of Operating Contract Commitments</b>	<b>1,466</b>	<b>493</b>
<b>Share of Operating Lease Commitments</b>	<b>1,600</b>	<b>15</b>
<b>Share of Capital Commitments</b>	<b>126</b>	<b>-</b>

## NOTE 15 PROPERTY, PLANT AND EQUIPMENT

	AT COST/ VALUATION NOTE	ACCUMULATED DEPRECIATION \$'000	NET ASSETS 2009 \$'000
<b>Based on Fair Value</b>			
Plant and Equipment			
- Plant at depreciated replacement cost	17,585	8,713	8,872
- Transport at depreciated replacement cost	6,068	4,597	1,471
- Medical at depreciated replacement cost	50,313	30,096	20,217
- Other at depreciated replacement cost	25,821	14,014	11,807
	99,787	57,420	42,367
Furniture and Fittings at depreciated cost	423	300	123
Linen at depreciated cost	4,079	2,267	1,812
	104,289	59,987	44,302
<b>Based on Fair Value</b>			
Land at revaluation on 30 June 2009 - depreciated replacement cost	49,192	-	49,192
Buildings at valuation on 30 June 2009- depreciated replacement cost	540,470	151,303	389,167
Buildings - construction in progress- at cost	12,142	-	12,142
Leasehold Improvements at depreciated cost	625	21	604
	602,429	151,324	451,105
<b>Leased Assets based on Fair Value</b>			
Motor Vehicles and Equipment	969	277	692
<b>Total Non-Current Assets</b>	<b>707,687</b>	<b>211,588</b>	<b>496,099</b>

Please refer to note 1.10 for more details on revaluation of property, plant and equipment.

	AT COST/ VALUATION NOTE	ACCUMULATED DEPRECIATION \$'000	NET ASSETS 2008 \$'000
<b>Based on Historical Cost</b>			
Plant and Equipment			
- Plant	16,706	7,807	8,899
- Transport	6,151	4,009	2,142
- Medical	47,671	27,300	20,371
- Other	20,216	11,947	8,269
	90,744	51,063	39,681
Furniture and Fittings	401	279	122
Linen	3,931	2089	1842
	95,076	53,431	41,645
<b>Based on Fair Value</b>			
Land at revaluation on 30 June 2008	46,785	-	46,785
Buildings at valuation on 30 June 2006	341,650	143,884	197,766
Buildings at cost	18,293	30	18,263
Buildings - construction in progress	35,611	-	35,611
	442,339	143,914	298,425
<b>Leased Assets</b>			
Motor Vehicles and Equipment	829	281	548
<b>Total Non-Current Assets</b>	<b>538,244</b>	<b>197,626</b>	<b>340,618</b>

NOTE 15 CONTINUED...

	LAND 2009 \$'000	BUILDINGS 2009 \$'000	PLANT 2009 \$'000	MEDICAL 2009 \$'000	TRANSPORT 2009 \$'000	OTHER 2009 \$'000	FURNITURE & FITTINGS 2009 \$'000	LINEN 2009 \$'000	LEASED ASSETS 2009 \$'000	TOTAL 2009 \$'000
Carrying amount at start of year	46,785	251,640	8,899	20,371	2,142	8,269	122	1,842	548	340,618
Additions	163	10,630	879	4,160	53	5,813	21	149	348	22,216
Revaluations / Increments	2,244	147,087	-	-	-	-	-	-	-	149,331
Impairment of assets	-	-	-	-	-	(86)	-	-	-	(86)
Disposals	-	-	-	(202)	(57)	(68)	-	-	(125)	(452)
Depreciation Expense	-	(7,444)	(906)	(4,112)	(667)	(2,121)	(20)	(179)	(79)	(15,528)
Carrying amount at end of year	49,192	401,913	8,872	20,217	1,471	11,807	123	1,812	692	496,099

	LAND 2008 \$'000	BUILDINGS 2008 \$'000	PLANT 2008 \$'000	MEDICAL 2008 \$'000	TRANSPORT 2008 \$'000	OTHER 2008 \$'000	FURNITURE & FITTINGS 2008 \$'000	LINEN 2008 \$'000	LEASED ASSETS 2008 \$'000	TOTAL 2008 \$'000
Carrying amount at start of year	35,910	229,422	3,863	17,454	2,737	7,449	108	1,821	670	299,434
Additions	1,948	28,717	7,424	6,504	431	2,895	28	162	73	48,182
Revaluations / Increments	8,927	-	-	-	-	-	-	-	-	8,927
Impairment of assets	-	(723)	-	-	-	-	-	-	-	(723)
Disposals	-	-	(9)	(413)	(148)	(39)	(2)	-	(86)	(697)
Depreciation Expense	-	(5,776)	(2,379)	(3,174)	(878)	(2,036)	(12)	(141)	(109)	(14,505)
Carrying amount at end of year	46,785	251,640	8,899	20,371	2,142	8,269	122	1,842	548	340,618

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

The effective date of the valuation is 30 June 2009.

NOTE 16 INTANGIBLE ASSETS

	2009 \$'000	2008 \$'000
Financial Information System	-	76
Payroll & Human Resource System	1,345	-
<b>Total Written Down Value</b>	<b>1,345</b>	<b>76</b>

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

<b>Financial Information System</b>		
Balance at beginning of financial year	76	184
Amortisation	(76)	(108)
Balance at end of financial year	-	76

<b>Payroll &amp; Human Resource System</b>		
Balance at beginning of financial year	-	-
Additions	1,497	-
Amortisation	(152)	-
Balance at end of financial year	1,345	-
	1,345	76

NOTE 17 INVESTMENT PROPERTIES

	2009 \$'000	2008 \$'000
Balance at Beginning of the Period	6,418	5,418
Revaluation at depreciated replacement cost	6,140	1,000
<b>Balance at the end of the Period</b>	<b>12,558</b>	<b>6,418</b>

Baxter House which is under lease to Healthscope was revalued at 30 June 2009 by The Victorian Valuer General's Office, to determine the fair value of the building.

NOTE 18 PAYABLES

	2009 \$'000	2008 \$'000
<b>Current</b>		
<b>Contractual</b>		
Trade Creditors	10,012	12,420
Salaries & Wages	5,809	4,615
Accrued Expenses	4,600	3,572
Other	2,983	1,402
Refundable Entrance Fees *	4,436	4,348
Residential Patient Monies held in Trust *	1,434	1,342
	29,274	27,699
<b>Statutory</b>		
GST Payable	514	375
<b>Total</b>	<b>29,788</b>	<b>28,074</b>

(a) Maturity analysis of payables. Please refer to note 23 for the ageing analysis of payables.

(b) Nature and extent of risk arising from payables. Please refer to Note 23 for the nature and extent of risks arising from payables.

\* Total monies Held in Trust

**Represented by the following assets:**

Cash assets	1,434	1,342
Other financial assets - term deposits	4,436	4,348
	5,870	5,690

**NOTE 19 INTEREST BEARING LIABILITIES**

	NOTE	2009 \$'000	2008 \$'000
<b>Current</b>			
Australian Dollar Borrowings		119	289
Lease Liabilities	24	254	395
		373	684
<b>Non Current</b>			
Australian Dollar Borrowings		-	118
Lease Liabilities	24	316	96
		316	214
<b>Total Interest Bearing Liabilities</b>		689	898

Barwon Health has four secured loan facilities for the purchase of a CT Scanner, Bone Densitometer, X ray equipment and laundry folding equipment. The loans are 8,7,5 and 5 year principal and interest facilities with interest rates of 6.45%, 6.89%, 5.69% and 5.69% respectively.

Barwon Health has 26 unsecured Finance Leases for Motor Vehicles. The facilities vary from 12 to 36 months, with interest rates between 6 and 7.5%.

The Hospital has an overdraft facility of 500 thousand dollars with the National Australia Bank. This facility is not secured and not used as at 30 June 2009.

The amount of 114 thousand dollars (96 thousand dollars 2007/8) was recognised as borrowing costs.

(a) Maturity analysis of interest bearing liabilities

Please refer to note 23 for the ageing analysis of interest bearing liabilities.

(b) Nature and extent of risk arising from interest bearing liabilities

Please refer to note 23 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 loans.

**NOTE 20 EMPLOYEE BENEFITS AND RELATED ON-COSTS PROVISIONS**

	2009 \$'000	2008 \$'000
<b>Current</b>		
- Unconditional Annual Leave expected to be settled within 12 months	16,269	15,044
-Unconditional Annual Leave not expected to be settled within 12 months (present value)	4,030	3,812
- Accrued Salaries & Wages	5,608	7,782
- Accrued Days Off	575	582
- Unconditional Long Service Leave Entitlements	24,308	23,517
	50,790	50,737
<b>Provisions related to employee benefit on-costs</b>		
- Annual Leave	2,379	2,123
- Accrued Salaries & Wages	67	66
- Unconditional Long Service Leave Entitlements	2,849	2,648
	5,295	4,837
<b>Total</b>	56,085	55,574
<b>Non Current</b>		
- Conditional Long Service Leave Entitlements (present value)	10,850	7,518
- Employee benefit on-costs for Long Service Leave	1,271	846
Total Non Current	12,121	8,364
Total Employee Benefits and Related On-Cost Provisions	68,206	63,938
<b>Movement in Long Service Leave</b>		
Balance at start of year	34,529	31,669
Provision made during the year	8,760	6,686
Settlement made during the year	(4,011)	(3,826)
<b>Balance at end of year</b>	39,278	34,529

Provision for Annual Leave is calculated as the amount which has been accrued by employees over the year, using remuneration rates which are expected to apply when the obligation is settled.

Provision for Long Service Leave is calculated using a 4.45% per annum projected weighted average increase in wages and salary rates over a period of 20 years. Present values are calculated using interest rates based on government securities, as advised by the Department of Treasury & Finance.

**NOTE 21 EQUITY AND RESERVES**

	TOTAL	ACCUMULATED SURPLUSES/ (DEFICITS)	CONTRIBUTED CAPITAL	BUILDING REVAL RESERVE	LAND REVAL RESERVE	AVAILABLE FOR SALE FINANCIAL ASSETS RESERVE	LINENCARE BUSINESS UNIT RESERVE	RESTRICTED SPECIFIC PURPOSE RESERVE	INTERNALLY MANAGED SPECIFIC PURPOSE RESERVE
	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000	2009 \$'000
Balance at Beginning of Reporting Period	332,509	(9,272)	211,054	34,385	32,869	1,119	5,295	18,180	38,879
Operating Surplus/(Deficit) for the Year	8,360	8,360	-	-	-	-	-	-	-
Contributed Capital - received from Victorian Government	4,349		4,349	-	-	-	-	-	-
Transfer to Reserves	-	(10,490)					1,038	2,335	7,117
Increase/ (Decrease) in Asset Revaluation Reserve	148,678			147,087	2,244	(653)			
<b>BALANCE AT END OF REPORTING PERIOD</b>	493,896	(11,402)	215,403	181,472	35,113	466	6,333	20,515	45,996

Barwon Health was instructed by DHS to record the Grace McKellar Redevelopment costs to June 2009 of 4,349 thousand as Contributed Capital.

	TOTAL	ACCUMULATED SURPLUSES/ (DEFICITS)	CONTRIBUTED CAPITAL	BUILDING REVAL RESERVE	LAND REVAL RESERVE	AVAILABLE FOR SALE FINANCIAL ASSETS RESERVE	LINENCARE BUSINESS UNIT RESERVE	RESTRICTED SPECIFIC PURPOSE RESERVE	INTERNALLY MANAGED SPECIFIC PURPOSE RESERVE
	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
Balance at Beginning of Reporting Period	300,143	(1,223)	191,766	34,385	23,302	911	3,751	16,390	30,861
Operating Surplus/(Deficit) for the Year	3,303	3,303	-	-	-	-	-	-	-
Contributed Capital - received from Victorian Government	19,288		19,288	-	-	-	-	-	-
Transfer to Reserves	-	(11,352)					1,544	1,790	8,018
Increase/ (Decrease) in Asset Revaluation Reserve	9,775				9,567	208			
<b>BALANCE AT END OF REPORTING PERIOD</b>	332,509	(9,272)	211,054	34,385	32,869	1,119	5,295	18,180	38,879

Barwon Health was instructed by DHS to record the McKellar Centre Redevelopment costs to 30 June 2008 of 19,288 thousand as Contributed Capital.

## NOTE 22 CASH AND CASH EQUIVALENTS AND CASH FLOW RECONCILIATION

Note 22(a) Cash and cash equivalents

	2009 \$'000	2008 \$'000
Cash at Bank and on Hand	3,394	2,053
Cash At Call	4,002	10,925
<b>TOTAL</b>	<b>7,396</b>	<b>12,978</b>
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	5,962	11,636
Cash held for residential patient monies held in trust	1,434	1,342
<b>TOTAL</b>	<b>7,396</b>	<b>12,978</b>

Refer to note 18 for monies held in trust disclosure.

Note 22(b) Reconciliation of Net Result for the year to net cash inflow/(outflow) from operating activities

	2009 \$'000	2008 \$'000
<b>Net Result for the Year</b>	<b>8,360</b>	<b>3,303</b>
Depreciation & Impairment	15,756	14,613
Impairment of Non Current Assets	275	723
Specific income relating to revaluation of investment property	(6,140)	(1,000)
Provision for Doubtful Debts	(271)	27
Net (Gain) / Loss on Sale of Plant and Equipment	219	222
Increase /(Decrease) in Trade Creditors	(2,408)	4,659
Increase /(Decrease) in Other Payables	4,122	(2,152)
Increase /(Decrease) in Employee Benefits	4,268	5,210
Decrease /(Increase) in Patient Fees Receivable	(1,000)	(1,646)
Decrease /(Increase) in Other Receivables	(2,502)	3,822
Decrease /(Increase) in Inventories	(7)	(460)
<b>Net Cash Used in Operating Activities</b>	<b>20,672</b>	<b>27,321</b>

Note 22 (c) Non-cash financing and investing activities

	2009 \$'000	2008 \$'000
Acquisition of Plant and Equipment by means of finance leases	348	73
<b>Total</b>	<b>348</b>	<b>73</b>

## NOTE 23 FINANCIAL INSTRUMENTS

### (a) Significant accounting policies

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

### (b) Categorisation of financial instruments

	NOTE	CATEGORY	CARRYING AMOUNT 2009 \$'000	CARRYING AMOUNT 2008 \$'000
<b>Financial Assets</b>				
Cash and cash equivalents	22	N/A	7,396	12,978
Receivables	10	Loans and Receivables at amortised cost	17,556	13,512
Other Financial assets	13	Available for sale financial assets (at fair value)	1,808	2,649
Investments- Term Deposits	11	Loans and Receivables at amortised cost	43,379	36,851
<b>Financial Liabilities</b>				
Trade Creditors & Other Payables	18	Financial liabilities measured at amortised cost	20,238	19,779
Refundable Entrance Fees	18	Financial liabilities measured at amortised cost	4,436	4,348
Interest Bearing Liabilities	19	Financial liabilities measured at amortised cost	689	898

The above carrying amounts exclude statutory financial assets and liabilities (i.e. GST payable and receivable)

### (c) Credit Risk

Credit risk arises from the financial assets of Barwon Health, which comprise the assets listed in the table below. The exposure to credit risk arises from the potential default of the counterparty on their contractual obligations resulting in financial loss to Barwon Health. Credit risk is measured at fair value and is monitored on a regular basis. Credit risk associated with Barwon Health's financial assets is minimal as it is the service provider's policy to deal with entities with high credit ratings. Barwon Health does not engage in hedging for its financial assets and mainly obtains financial assets on fixed interest. Except where otherwise detailed, the carrying amount of financial assets, net of any allowances for losses, represents the maximum exposure to credit risk.

#### Financial assets that are either past due or impaired:-

Currently Barwon Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets. As at reporting date, other than for the doubtful debts disclosed in note 10, there is no event to indicate that any of the financial assets were impaired. There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated. The following table discloses the ageing only of the financial assets that are past due but not impaired.

	*WEIGHTED AVERAGE EFFECTIVE INTEREST RATES (%)	CONSOL'D CARRYING AMOUNT \$'000	INTEREST RATE EXPOSURE			NOT PAST DUE AND NOT IMPAIRED \$'000	PAST DUE BUT NOT IMPAIRED					IMPAIRED FINANCIAL ASSETS \$'000
			FIXED INTEREST RATE \$'000	VARIABLE INTEREST RATE \$'000	NON INTEREST BEARING \$'000		LESS THAN 1 MONTH \$'000	1-3 MONTHS \$'000	3 MONTHS - 1 YEAR \$'000	1-5 YEARS \$'000	OVER 5 YEARS \$'000	
<b>2009</b>												
<b>Financial Assets</b>												
Cash and Cash Equivalents	2.55	7,396		7,396	-	7,396	-	-	-	-	-	-
Receivables		17,556		-	17,556	10,885	4,213	1,685	773	-	-	382
Other financial assets		1,808		-	1,808	1,808	-	-	-	-	-	-
Investments - Term deposits	4.28	43,379	43,379	-	-	43,379	-	-	-	-	-	-
<b>Total Financial Assets</b>		<b>70,139</b>	<b>43,379</b>	<b>7,396</b>	<b>19,364</b>	<b>63,468</b>	<b>4,213</b>	<b>1,685</b>	<b>773</b>	<b>-</b>	<b>-</b>	<b>382</b>
<b>2008</b>												
<b>Financial Assets</b>												
Cash and Cash Equivalents	7.37	12,978	-	12,978	-	12,978	-	-	-	-	-	-
Receivables	-	13,512	-	-	13,512	7,872	2,937	2,027	676	-	-	653
Other financial assets	-	2,649	-	-	2,649	2,649	-	-	-	-	-	-
Investments - Term deposits	8.07	36,851	36,851	-	-	36,851	-	-	-	-	-	-
<b>Total Financial Assets</b>		<b>65,990</b>	<b>36,851</b>	<b>12,978</b>	<b>16,161</b>	<b>60,350</b>	<b>2,973</b>	<b>2,027</b>	<b>676</b>	<b>-</b>	<b>-</b>	<b>653</b>



#### (d) Liquidity Risk

Liquidity risk arises when Barwon Health is unable to meet its financial obligations as they fall due. It is Barwon Health's policy to settle financial obligations within 30 days. It also continuously manages risk through monitoring future cash flows and maturity planning to ensure adequate holding of high quality liquid assets and dealing in highly liquid markets. Barwon Health's exposure to liquidity risk is deemed insignificant based on prior periods data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of term deposits. Maximum exposure to liquidity risk is the carrying amounts of financial liabilities except as detailed in the following table:-

	CARRYING AMOUNT \$'000	INTEREST RATE EXPOSURE			*WEIGHTED AVERAGE EFFECTIVE INTEREST RATES (%)	CONTRACTUAL CASH FLOWS \$'000	MATURITY DATES					
		FIXED INTEREST RATE \$'000	VARIABLE INTEREST RATE \$'000	NON BEARING INTEREST \$'000			LESS THAN 1 MONTH \$'000	1-3 MONTHS \$'000	3 MONTHS - 1 YEAR \$'000	1-5 YEARS \$'000	OVER 5 YEARS \$'000	
<b>2009</b>												
<b>Financial Liabilities:</b>												
Trade creditors and other payables	20,238		1,434	18,804	3.03	20,238	15,821	4,417	-	-	-	-
Interest Bearing Liabilities	689	689	-		6.18	689	41	90	393	165		-
Refundable Entrance fees	4,436		4,436		4.30	4,436	-	-	-	4,436		-
<b>Total Financial Liabilities</b>	<b>25,363</b>	<b>689</b>	<b>5,870</b>	<b>18,804</b>		<b>25,363</b>	<b>15,862</b>	<b>4,507</b>	<b>393</b>	<b>4,601</b>		<b>-</b>
<b>2008</b>												
<b>Financial Liabilities:</b>												
Trade creditors and other payables	19,779	-	1,342	18,437	6.84	19,779	11,085	8,694	-	-		-
Interest Bearing Liabilities	898	898	-		6.18	898	57	114	513	214		-
Refundable Entrance fees	4,348	-	4,348		5.25	4,348	-	-	-	4,348		-
<b>Total Financial Liabilities</b>	<b>25,025</b>	<b>898</b>	<b>5,690</b>	<b>18,437</b>		<b>25,025</b>	<b>11,142</b>	<b>8,808</b>	<b>513</b>	<b>4,562</b>		<b>-</b>

#### (e) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises foreign exchange risk (currency risk), interest rate risk and price risk.

##### Currency Risk

Barwon Health is not exposed to significant 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 and this is how Barwon Health manages foreign currency risk.

##### Interest Rate Risk

Exposure to interest rate risk might arise primarily through Barwon Health's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments.

For financial liabilities, Barwon Health mainly undertake financial liabilities with fixed interest rates (i.e for borrowings and finance leases) other than for refundable entrance fees where the interest rate risk is mitigated by holding these deposits in financial institutions with a variable rate.

##### Price Risk

Exposure to price risk arises from price movements from Barwon Health's listed equity holdings. These equities have been

gifted to Barwon Health and are held for long term gain. Barwon's excess funds are predominantly invested in term deposits as investing in equities is not within Barwon Health's investment objectives and hence price risk is minimal. Price risk is managed by reviewing the prices of all these listed equity investments on an annual basis confirming the long term growth strategy for these investments. Should the price risk be considered significant, management will determine the appropriate course of action whether that be to dispose of some or all of these investments.

##### Sensitivity Disclosure Analysis

Barwon Health has prepared a sensitivity analysis to illustrate the impacts on its financial position and financial results arising from a reasonably possible change in interest rates and equity prices. Actual results in the future may differ due to the inherent uncertainty of global financial markets. The sensitivity analysis is for illustrative purposes only, as in practice market rates rarely change in isolation, and are likely to be interdependent.

For interest rates, on the sensitivity analysis technique estimates the change based on an instantaneous increase or decrease in the floating interest rates to which Barwon Health is exposed, and has been determined based the exposure to interest rates at the reporting date, and the stipulated change taking place at the beginning of the financial year and being held constant throughout the reporting period. For equity prices, the sensitivity analysis technique estimates the change based on an instantaneous increase or

decrease in the value of instruments at the reporting date,

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Barwon Health believes the following movements are 'reasonably possible' over the next 12 months

- A parallel shift of +0.5% ( 50 basis points) and -0.5% (50 basis points) in market interest rates
- A parallel shift of +10% and -10% in market prices of listed equities

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

(see following page)

	CARRYING AMOUNT	INTEREST RATE RISK				PRICE RISK			
		-0.5% PROFIT \$'000	-0.5% EQUITY \$'000	+0.5% PROFIT \$'000	+0.5% EQUITY \$'000	- 10% PROFIT \$'000	- 10% EQUITY \$'000	+ 10% PROFIT \$'000	+ 10% EQUITY \$'000
<b>2009</b>									
<b>Financial Assets</b>									
Cash and Cash Equivalents	7,396	(156)	(156)	156	156				
Other financial assets - held for sale	1,808						(180)		180
	9,204	(156)	(156)	156	156	-	(180)	-	180
<b>Financial Liabilities</b>									
Interest Bearing Liabilities	689								
Refundable Entrance fees	4,436	11	11	(11)	(11)				
Residential Patient monies	1,434	4	4	(4)	(4)				
	6,559	15	15	(15)	(15)	-	-	-	-
		(141)	(141)	141	141	-	(180)	-	180

	CARRYING AMOUNT	INTEREST RATE RISK				PRICE RISK			
		-0.5% PROFIT \$'000	-0.5% EQUITY \$'000	+0.5% PROFIT \$'000	+0.5% EQUITY \$'000	- 10% PROFIT \$'000	- 10% EQUITY \$'000	+ 10% PROFIT \$'000	+ 10% EQUITY \$'000
<b>2008</b>									
<b>Financial Assets</b>									
Cash and Cash Equivalents	12,978	(192)	(192)	192	192	-	-	-	-
Other financial assets - held for sale	2,649	-	-	-	-	-	(265)	-	265
	15,627	(192)	(192)	192	192	-	(265)	-	265
<b>Financial Liabilities</b>									
Interest Bearing Liabilities	898	-	-	-	-	-	-	-	-
Refundable Entrance fees	4,348	11	11	(11)	(11)	-	-	-	-
Residential Patient monies	1,342	4	4	(4)	(4)				
	6,588	15	15	(15)	(15)	-	-	-	-
		(177)	(177)	177	177		(265)		265

#### NOTE 24 COMMITMENTS FOR EXPENDITURE

	NOTE	2009 \$'000	2008 \$'000
<b>(a) Capital Commitments under Contract</b>			
Building Projects		13,151	1,997
Equipment Upgrades		8,227	739
		21,378	2,736
Not later than one year		15,378	2,736
Later than 1 year and not later than 5 years		2,780	-
Later than 5 years		3,220	-
Total		21,378	2,736
<b>(b) Operating Leases</b>			
Motor Vehicles			
- Not later than one year		59	66
- Later than one year and not later than 5 years		6	14
		65	80

There are 5 Motor Vehicles on non-cancellable operating leases.

#### (c) Finance Leases

Commitments in relation to finance leases are payable as follows

Equipment & Motor Vehicles			
- Not later than one year		254	409
- Later than one year and not later than 5 years		316	82
	19	570	491
Minimum lease payments		654	508
Less future finance charges		84	17
TOTAL		570	491

	NOTE	2009 \$'000	2008 \$'000
There are 26 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.18% (2008 6.18%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term.			
<b>(d) Commitments from SWARH Joint Venture</b>			
Maintenance & Agreement Obligations			
- Not later than one year		314	503
- Later than one year and not later than 5 years		2,878	5
		3,192	508
The service agreements provide support for communication networks and are non-cancellable.			
All amounts are shown exclusive of GST.			
Total commitments for expenditure (inclusive of GST)		27,633	4,197
Less GST recoverable from the Australian Tax Office		2,512	382
Total commitments for expenditure (exclusive of GST)		25,121	3,815

#### NOTE 25 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no known material contingent assets or contingent liabilities for Barwon Health.

**NOTE 26 SEGMENT REPORTING**

	HOSPITAL 2009 \$'000	RACS 2009 \$'000	LINEN 2009 \$'000	COMMUNITY & MENTAL HEALTH 2009 \$'000	OTHER 2009 \$'000	ELIMINATIONS 2009 \$'000	TOTAL 2009 \$'0000
<b>REVENUE</b>							
External Segment Revenue	312,902	43,216	6,562	34,987	37,548	-	435,215
Intersegment Revenue	16,987	4,693	2,536	4,005	-	(28,221)	-
<b>Total Revenue</b>	<b>329,889</b>	<b>47,909</b>	<b>9,098</b>	<b>38,992</b>	<b>37,548</b>	<b>(28,221)</b>	<b>435,215</b>
<b>EXPENSES</b>							
External Segment Expenses	339,560	36,813	8,366	35,276	10,235	-	430,250
Intersegment Expenses	16,987	4,693	47	6,494	-	(28,221)	-
<b>Total Expenses</b>	<b>356,547</b>	<b>41,506</b>	<b>8,413</b>	<b>41,770</b>	<b>10,235</b>	<b>(28,221)</b>	<b>430,250</b>
<b>Net Result from ordinary activities</b>	<b>(26,658)</b>	<b>6,403</b>	<b>685</b>	<b>(2,778)</b>	<b>27,313</b>		<b>4,965</b>
Interest Expense	(95)	-	(3)	(16)	-	-	(114)
Interest Income	-	-	356	-	2,767	-	3,123
Share of Net Result of Joint Venture	386	-	-	-	-	-	386
<b>Net Result for Year</b>	<b>(26,367)</b>	<b>6,403</b>	<b>1,038</b>	<b>(2,794)</b>	<b>30,080</b>	<b>-</b>	<b>8,360</b>
<b>OTHER INFORMATION</b>							
Segment Assets	275,342	168,816	6,469	40,896	-	-	491,523
Unallocated Assets	-	-	-	-	101,056	-	101,056
<b>Total Assets</b>	<b>275,342</b>	<b>168,816</b>	<b>6,469</b>	<b>40,896</b>	<b>101,056</b>	<b>-</b>	<b>592,579</b>
Segment Liabilities	101	5,870	134	6	-	-	6,111
Unallocated Liabilities	-	-	-	-	92,572	-	92,572
<b>Total Liabilities</b>	<b>101</b>	<b>5,870</b>	<b>134</b>	<b>6</b>	<b>92,572</b>	<b>-</b>	<b>98,683</b>
Investments in joint venture	532	-	-	-	-	-	532
Acquisition of property, plant and equipment and intangible assets	4,626	-	166	-	18,921	-	23,713
Depreciation and Amortisation expense	11,308	3,187	462	799	-	-	15,756
Non cash expenses other than depreciation	3,932	-	-	-	-	-	3,932

	HOSPITAL 2008 \$'000	RACS 2008 \$'000	LINEN 2008 \$'000	COMMUNITY & MENTAL HEALTH 2008 \$'000	OTHER 2008 \$'000	ELIMINATIONS 2008 \$'000	TOTAL 2008 \$'0000
<b>REVENUE</b>							
External Segment Revenue	284,440	30,516	5,978	42,212	34,185	-	397,331
Intersegment Revenue	20,115	6,503	2,424	3,362	-	(32,404)	-
<b>Total Revenue</b>	<b>304,555</b>	<b>37,019</b>	<b>8,402</b>	<b>45,574</b>	<b>34,185</b>	<b>(32,404)</b>	<b>397,331</b>
<b>EXPENSES</b>							
External Segment Expenses	283,091	37,324	7,016	39,361	30,802	-	397,594
Intersegment Expenses	20,115	6,503	47	5,739	-	(32,404)	-
<b>Total Expenses</b>	<b>303,206</b>	<b>43,827</b>	<b>7,063</b>	<b>45,100</b>	<b>30,802</b>	<b>(32,404)</b>	<b>397,594</b>
<b>Net Result from ordinary activities</b>	<b>1349</b>	<b>(6808)</b>	<b>1339</b>	<b>474</b>	<b>3383</b>	<b>-</b>	<b>(263)</b>
Interest Expense	(71)	-	(9)	(16)	-	-	(96)
Interest Income	-	-	421	-	3,424	-	3,845
Share of Net Result of Joint Venture	(183)	-	-	-	-	-	(183)
<b>Net Result for Year</b>	<b>1,095</b>	<b>(6,808)</b>	<b>1,751</b>	<b>458</b>	<b>6,807</b>	<b>-</b>	<b>3,303</b>
<b>OTHER INFORMATION</b>							
Segment Assets	195,659	128,399	6,109	41,241	-	-	371,438
Unallocated Assets	-	-	-	-	53,981	-	53,981
<b>Total Assets</b>	<b>195,659</b>	<b>128,399</b>	<b>6,109</b>	<b>41,241</b>	<b>53,981</b>	<b>-</b>	<b>425,419</b>
Segment Liabilities	288	5,690	212	39	-	-	6,229
Unallocated Liabilities	-	-	-	-	86,681	-	86,681
<b>Total Liabilities</b>	<b>288</b>	<b>5,690</b>	<b>212</b>	<b>39</b>	<b>86,681</b>	<b>-</b>	<b>92,910</b>
Investments in joint venture	147	-	-	-	-	-	147
Acquisition of property, plant and equipment and intangible assets	9	25,293	39	2	22,839	-	48,182
Depreciation and Amortisation expense	7,877	4,130	406	1,123	1,077	-	14,613
Non cash expenses other than depreciation	3,956	-	-	-	-	-	3,956

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

BUSINESS SEGMENTS	SERVICES
Hospital	Acute and sub Acute health services
Residential and Aged Care Services (RACS)	Health services for the Aged in a residential facility
Linen Service	Provision of Linen and Laundry services [Internal and external]
Community and Mental Health	Provision of community based health and mental health services
Share of SWARH Joint Venture	Joint Venture which implements and processes information technology
Other	All other services and activities

GEOGRAPHICAL SEGMENT
Barwon Health operates predominately in Geelong, Victoria.
More than 95% of revenue, net surplus from operating activities and segment assets relate to operation in Geelong, Victoria

## NOTE 27 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.

### 27.1 Responsible Minister

The Honourable Daniel Andrews, MLA, Minister for Health	1/07/2008	-	30/06/2009
<b>Governing Board</b>	1/07/2008	-	30/06/2009
Mrs Claire Higgins	1/07/2008	-	30/06/2009
Dr Sarah Leach *	1/07/2008	-	30/06/2009
Mr Michael Hirst*	1/07/2008	-	30/06/2009
<b>Mr John Frame*</b>	1/07/2008	-	30/06/2009
Mr Damian Gorman*	1/07/2008	-	30/06/2009
Mr Chris Burrell*	1/07/2008	-	30/06/2009
Mrs Janet Farrow*	1/07/2008	-	30/06/2009
Dr David Mackay*	29/08/2008	-	30/06/2009
Mr Marcus Dripps*	1/07/2008	-	30/06/2009
* Board members who are in office as at date of signing the Financial Report			

### The following Board member held office since the end of the financial year:-

Dr Owen Donald	1/07/2009	-	To date
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### Accountable Officer

Mrs Sue De Gilio	1/07/2008	-	30/06/2009
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### 27.2 Other Transactions of Responsible Persons and their Related Parties

Michael Hirst, Director, is also a Director of Treasury Corporation Victoria (TCV) which provides services to Barwon Health on normal commercial terms and conditions. Barwon Health currently has two loan facilities with TCV with an original combined principal sum of \$0.456m and the current balance as at 30 June 2009 is \$17,535. Interest paid on the loans for 2009 was \$4,129 (2008, \$9,701).

John Frame, Director, is also a Director of Ambulance Victoria (AV) which provides services to Barwon Health on normal commercial terms and conditions. On 1 July 2008, three ambulance services including the Metropolitan Ambulance Service were amalgamated to form Ambulance Victoria. Barwon Health's business unit (Linencare) provides linen and laundry services to AV and previously to MAS. Total receipts from AV for the financial year were \$1,615,017 (receipts from MAS in 2008, \$1,378,707). Total payments made to AV for ambulance services in the financial year were \$511,826 (Total payments made to MAS in 2008, \$103,945).

Claire Higgins, Chair, Board of Directors holds a position as an independent member of the Surf Coast Shire's Audit Committee. The Surf Coast Shire provides services to Barwon Health on normal commercial terms and conditions. Total payments made to the Surf Coast Shire in the financial year

were \$17,522 (2008, \$17,823). Whilst the transaction was not completed by 30th June 2009, Barwon Health has a commitment to purchase a property in Anglesea, from the Surfcoast Shire. Claire Higgins was appointed from 1 Oct 2007 as Director of the Country Fire Authority and Barwon Water which provide services to Barwon Health on normal commercial terms and conditions. Total payments made to the Country Fire Authority for the financial year were \$60,980 (1 Oct 07 to 30 Jun 2008, \$22,199) and total payments made to Barwon Water for the financial year were \$647,603 (1 Oct 07 to 30 Jun 2008, \$424,782).

Chris Burrell, Director, is also a Director and Principal Counsel of Prosperity Legal which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Prosperity Legal for the financial year were \$770.

Dr David Mackay, Director since 26 August 08, is also an Honorary Fellow at Deakin University which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Deakin University in the financial year were \$427,794 and total receipts were \$5.246m. Dr David Mackay is also a Director of the Geelong Chamber of Commerce and the Smart Geelong Network which provide services to Barwon Health on normal commercial terms and conditions. Total payments made to the Geelong Chamber of Commerce in the financial year were

\$4,900 and total payments made to Smart Geelong Network were \$3,450.

Sue De Gilio, Chief Executive, is a Director (Immediate Past President) of the Geelong Chamber of Commerce and Chair of the Smart Geelong Network and Executive member of the SWARH Regional ICT Joint Venture. Total payments made to SWARH in the financial year were \$622,810 (2008 \$939,501).

### 27.3 Remuneration for Responsible Persons

Number of Responsible Persons are shown in their relevant income bands:-

	SALARY RANGE \$	2009 NO.	2008 NO.
Directors	0 - 9,999	1	1
	10,000 - 19,999	7	5
	40,000 - 49,999	1	1
Chief Executive	310,000 - 319,999	-	1
	320,000 - 329,999	1	-
<b>Total Number</b>		10	8

Income received or due and receivable by Responsible Persons from Barwon Health amounted to:

2009 \$'000	2008 \$'000
508	458

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet

### 27.4 Executive Officers Disclosure

The number of executive officers and their total remuneration during the reporting year are shown within the following income bands. Base remuneration is exclusive of bonus payments, long service leave payments, redundancy payments and retirement benefits.

		TOTAL REMUNERATION		BASE REMUNERATION	
		2009	2008	2009 NO.	2008 No.
Less than	100,000	1	2	1	3
110,000	- 119,999		1		1
120,000	- 129,999		1		1
130,000	- 139,999		1		
140,000	- 149,999				1
150,000	- 159,999				
160,000	- 169,999	1		1	2
170,000	- 179,999	1		1	1
180,000	- 189,999		1	3	1
190,000	- 199,999	3			1
200,000	- 209,999		3		
210,000	- 210,999	1		1	
220,000	- 229,999		1		
240,000	- 249,999			1	
250,000	- 259,999				
280,000	- 289,999				
310,000	- 319,000				1
320,000	- 329,999	1			
<b>Total Number</b>		8	11	8	11

Income received or due and receivable by Executive Officers from Barwon Health amounted to:

2009 \$'000	2008 \$'000
1,542	1,777

### NOTE 28 EVENTS OCCURING AFTER REPORTING DATE

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

### BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2009

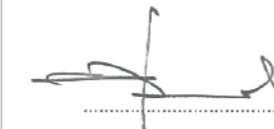
#### BARWON HEALTH Board Members, Accountable Officers, Chief Executive and Director of Commercial Services Declaration

We certify that the attached Financial Report for Barwon Health has been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994*, applicable *Financial Reporting Directions*, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

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

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

We authorise the attached Financial Report for issue on this day.



Dr Owen Donald  
Chairperson

Geelong  
21 August 2009



Sue De Gilio  
Chief Executive Officer

Geelong  
21 August 2009



John Linke  
Executive Director Commercial Services

Geelong  
21 August 2009

**INDEPENDENT AUDITOR'S REPORT****To the Members of the Board, Barwon Health***The Financial Report*

The accompanying financial report for the year ended 30 June 2009 of Barwon Health which comprises the operating statement, balance sheet, statement of changes in equity and cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board members, accountable officers, chief executive and director of commercial services declaration, has been audited.

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

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

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

*Auditor's Responsibility*

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

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

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

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

*Auditing in the Public Interest*

**Independent Auditor's Report (continued)***Matters Relating to the Electronic Presentation of the Audited Financial Report*

This auditor's report relates to the financial report published in both the annual report and on the website of Barwon Health for the year ended 30 June 2009. The Members of the Board of Barwon Health are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Barwon Health website.

*Independence*

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

*Auditor's Opinion*

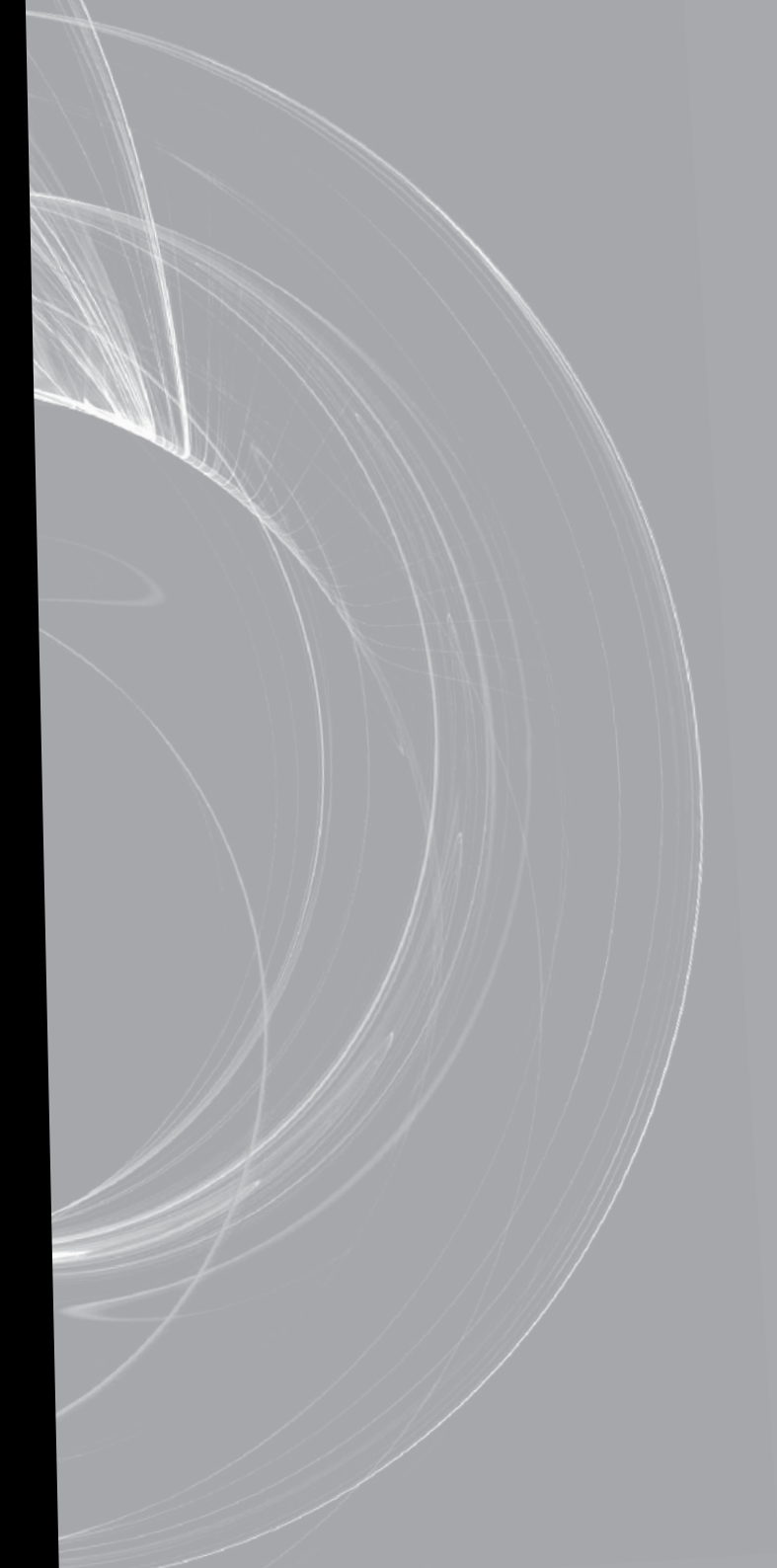
In my opinion, the financial report presents fairly, in all material respects, the financial position of Barwon Health as at 30 June 2009 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting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

MELBOURNE  
24 August 2009



D D R Pearson  
Auditor-General





Improving the patient journey is a major impetus for our focus on an integrated approach to organisational health. The over-riding priority for the next few years must be sustaining that integrated approach in all that the organisation does. We are striving for a smooth journey, both for our organisation and our patients



# Barwon Health Locations

GEELONG HOSPITAL

CORIO COMMUNITY HEALTH CENTRE

BELMONT COMMUNITY HEALTH CENTRE

TORQUAY COMMUNITY HEALTH CENTRE

MCKELLAR CENTRE

NEWCOMB COMMUNITY HEALTH CENTRE

BELMONT COMMUNITY REHABILITATION CENTRE

ANGLESEA COMMUNITY HEALTH CENTRE

Bellerine Street, Geelong T 5226 7111

Gellibrand Street, Corio T 5273 3800

1-17 Reynolds Road, Belmont T 5260 3778

100 Surfcoast Highway, Torquay T 5260 3900

45-95 Ballarat Road, North Geelong T 5279 2222

104-108 Bellerine Highway, Newcomb T 5260 3333

120 Settlement Road, Belmont T 5260 8333

McMillan Street, Anglesea T 5260 3901

*Please note: this is not a complete listing of Barwon Health sites.*



GRINDSTONE CREATIVE 

**Concept and design** Grindstone Creative

**Photography** Katrina Lawrence

**Content** Lauren Leed and Kate Nelson



[www.barwonhealth.org.au](http://www.barwonhealth.org.au)