





/ CONTENTS

| 2 | REPORT FROM THE CHAIR AND CHIEF EXECUTIVE | 34 | KEY HIGHLIGHTS ACROSS BARWON HEALTH |
|----|---|-----|--|
| 4 | FIVE YEAR SNAPSHOT: AT A GLANCE | 42 | EDUCATION |
| 6 | FIVE YEAR SNAPSHOT | 46 | PART 1: PROJECTS AND HUMAN RESEARCH |
| 8 | ABOUT BARWON HEALTH | F0 | ETHICS COMMITTEE MEMBERSHIP 2012 |
| 12 | STRATEGIC DIRECTION & PRIORITIES | 50 | PART 2: LIST OF PUBLICATIONS |
| 14 | STATEMENT OF PRIORITIES PART A: | 66 | VOLUNTEERS |
| | STRATEGIC PRIORITIES | 68 | WORKING WITH OUR COMMUNITY |
| 16 | STATEMENT OF PRIORITIES PART B: | 70 | BARWON HEALTH FOUNDATION |
| | PERFORMANCE PRIORITIES | 79 | FINANCIAL STATEMENTS |
| 20 | STATEMENT OF PRIORITIES PART C: PERFORMANCE PRIORITIES | 80 | FIVE YEAR FINANCIAL SUMMARY |
| 22 | BOARD OF DIRECTORS | 80 | SUMMARY OF FINANCIAL RESULTS |
| 23 | EXECUTIVE TEAM | 81 | DISCLOSURE INDEX |
| 24 | ORGANISATIONAL STRUCTURE | 82 | STATUTORY REQUIREMENTS |
| 26 | BOARD COMMITTEES | 85 | FINANCIAL REPORT |
| 28 | CARING FOR THE CARERS | 144 | GLOSSARY OF TERMS |
| 30 | RECOGNISING OUR STAFF | 146 | INDEX |

An electronic version of the Barwon Health 2012/13 annual report can be downloaded from www.barwonhealth.org.au

/ REPORT FROM THE CHAIR & CHIEF EXECUTIVE

The 2012/13 financial year saw Barwon Health focus on achieving our vision of being a leading health service by being awarded Highly Commended in the Premier's Health Service of the Year Awards. This was on the back of the 2012 award for Regional Health Service of the Year.

This focus has seen the organisation working closely with consumers on program and service development to ensure that the care we provide is what they need, where they need it and when they need it. This has been reflected by the organisation adopting the mantra of 'right care, right place, right time' with regards to patient care.

Reflecting on the year, it must be said that it has been an unusual one; funding uncertainty, driven by the unexpected challenge of reduced Commonwealth funding, led to staff focusing on reforms to minimise the impact on patients. The result was a three month period of reduced elective surgery activity. Once the funding reduction was reversed, the last four months of the 2012/13 year was spent working to expand our surgical program in order to compensate for the unintended disruption to elective surgery activity.

Despite the funding issue, it is pleasing to report that most full year targets have been achieved, including our elective surgery waiting list and our category 1 surgery performance. Unfortunately, our category 2 and 3 surgical performance fell below our targeted levels; we anticipate this will be corrected in 2013/2014. On behalf of Barwon Health, we would like to extend our heartfelt thanks to the many dedicated clinicians, nurses, technicians and other staff involved with this program for their efforts. To the patients who waited too long for their surgical procedures, we are committed to improving our timeliness in the delivery of care by taking our surgical capacity to higher levels of service provision in 2013/14. We are confident that with certainty of funding, the surgical group will rise to this challenge and improve the outcomes for the people we serve.

We have finished the financial year in a positive position with a small operating surplus of \$952,000

SIGNIFICANT HIGHLIGHTS - the year in review

Volunteers

- Minister for Health Volunteer Awards two individual volunteers and two volunteers teams won awards; a great achievement.
- Barwon Health Volunteer Life Member Award this new award, recognises the valuable work that volunteers do across our service. At the inaugural event 11 volunteers were recognised and their names placed on an honour board in our main entrance.

Barwon Health Foundation

- The Barwon Health Foundation farewelled Board Chair, Helene Bender OAM in April. Helene is to be commended for the role she has played in positioning the Foundation well for the future. Foundation events are respected and provide valuable fund raising opportunities to support the organisation.
- The Cotton On Children's Ward was officially opened in January 2013 and both the Cotton on Foundation and the wider Geelong community are to be commended for their role in making the redevelopment of the ward a reality. The significant effort made by the Cotton on Foundation through events like Run Geelong has seen the community come together with an exceptional result. Patients, their families and staff alike are all benefiting from the redevelopment.

Partnerships

 We have formalised and strengthened our ties with Deakin University, The Gordon, Barwon Medicare Local and the City of Greater Geelong. Our strategic partnership with The Gordon was reinforced in August when we formally signed a Memorandum of Understanding (MOU).

Left to Right

Dr John Stekelenburg / Chair Professor David Ashbridge / Chief Executive





- Geelong Centre for Emerging Infectious Diseases –
 this project received \$3 million in Federal
 Government Regional Development funding.
 A collaborative project it represents strengthened
 ties with Deakin University, CSIRO and the City of
 Greater Geelong.
- In July 2012 Minister David Davis launched the \$5m health promotion initiative 'Prevention Community Model', now known as 'Healthy Together Geelong'.
 This four year project, led by COGG has us working with them and Bellerine Community Healthy to reduce chronic disease by promoting health lifestyles and improving the environments in which we live.

Workforce

- Clinical Engagement mid way through the year the position of Executive Medical Director was made full time. This appointment has led to the establishment of a Chief Residents program, an important step forward for us in building and sustaining an engaged medical workforce.
- Director of Research this appointment places research in the spotlight; reflecting an organisational commitment to increasing research across the organisation at all levels. This focus will mean that in the future, with a clear research strategy, we can attract the best minds.

Achievements

- Barwon Medical Imaging (BMI) was awarded the Geelong Advertiser Business Excellence Powercor Government Enterprise award. Winning this award is testament to the hard work of the BMI team in expanding services to meet the needs of our growing community.
- Hand Hygiene As a result of a State based emphasis
 on improving hand hygiene rates in health services a
 new committee was set up, to take our high hand
 hygiene rates to new levels, with the goal being to
 present us as a leader in this area.

- Smoke Free Barwon Health is the first Victorian healthcare service to receive silver level accreditation under the international standards for smokefree healthcare services by the Global Network for Tobacco Free Health Care Services (ENSH).
- Service plan Funding from the Department of Health saw us develop a Service Plan. This important body of work ensures that future development is done in a planned way and is responsive to the needs of our growing community.

Capital Developments

- Outpatient Annexe a \$9.7m State Government funded development has seen a new facility for outpatient services open in 2013.
- Community Rehabilitation Centre a \$4.5 million Federal Government Funded development linked with the Belmont Community Health Centre.

These highlights reflect only a small number of the initiatives taking place across the organisation.

We would like to take this opportunity to thank our Board members, staff, support organisations and importantly our volunteers for all that they do to ensure consumers receive care of the highest standard. We are confident we are well advanced on our journey to achieve our vision of being Australia's leading health service.

Professor David Ashbridge

John Stepelenbury

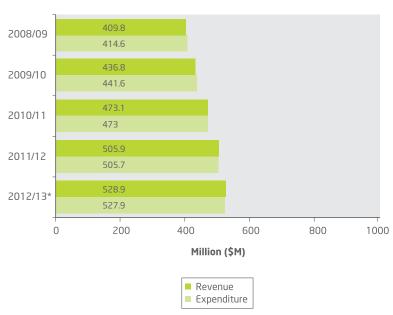
Chief Executive

Dr John Stekelenburg Chair

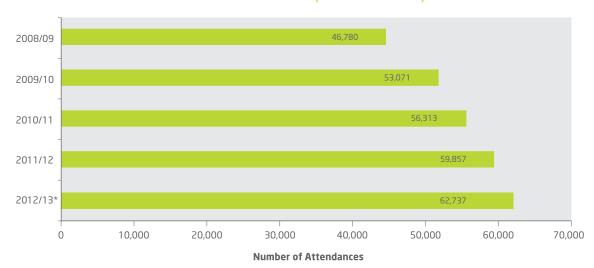


/ FIVE YEAR SNAPSHOT: AT A GLANCE

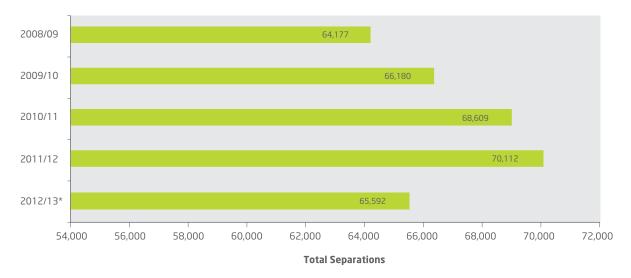
REVENUE & EXPENDITURE (PAST FIVE YEARS)



EMERGENCY DEPARTMENT ATTENDANCES (PAST FIVE YEARS)

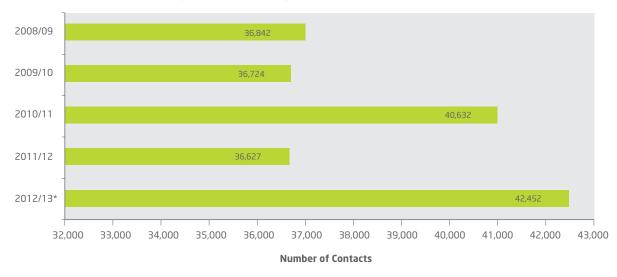


INPATIENT SEPARATIONS (PAST FIVE YEARS)

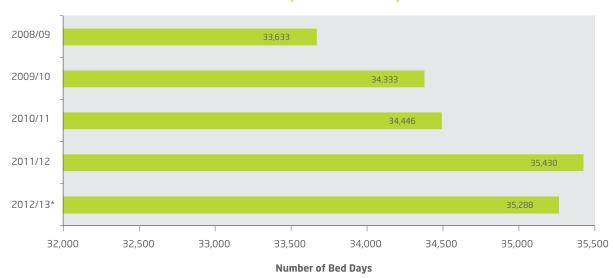


*note: Inpatient Separations have changed definition from 1 July 2012 due to an alignment to the National standards for Admitted Patients; where a patients entire episode of care occurs in the Emergency department, these will no longer be considered admitted care or have an Inpatient separation.

DENTAL CONTACTS (PAST FIVE YEARS)



REHABILITATION, PALLIATIVE AND GERIATRIC EVALUATION MANAGEMENT BED DAYS (PAST FIVE YEARS)



/ FIVE YEAR SNAPSHOT

| | 2012/13 | 2011/12 | 2010/11 | 2009/10 | 2008/09 |
|---|----------------------|---------|---------|---------|---------|
| Surgical/Medical (past five years) | | | | | |
| Inpatient Separations | 65,562+ | 70,112 | 68,939 | 66,180 | 64,178 |
| Total Operations | 21,014 | 19,595 | 19,201 | 19,489 | 18,421 |
| Births | 2,364 | 2,167 | 2,052 | 2,089 | 1,968 |
| Waiting List | 2,058 | 2,152 | 1,801 | 2,033 | 2,369 |
| Outpatients | 131,127 | 116,324 | 115,206 | 112,956 | 105,315 |
| ED Attendances | 62,737 | 59,857 | 56,312 | 53,062 | 46,790 |
| Total Bed Days | 162,861 ⁺ | 165,803 | 167,407 | 166,332 | 163,485 |
| | | | | | |
| Aged Care/Rehabilitation | | | | | |
| Nursing Home Bed Days (inc hostel & Blakiston House) | 135,763 | 141,156 | 141,438 | 138,014 | 143,999 |
| Rehab, Palliative Care & Geriatric Evaluation Management Bed Days | 36,406 | 35,430 | 34,446 | 34,333 | 33,633 |
| Sub Acute/Rehab Separation Numbers | 1,603 | 1,618 | 1,619 | 1,595 | 1,512 |
| Community Rehab Centre Attendances | 31,315 | 30,736 | 26,216 | 28,892 | 23,179 |
| Falls & Mobility Clinic Attendances | 456 | 498 | 502 | 534 | 505 |
| Victorian Paediatric Rehabilitation Service Contacts | 1,507 | 1,336 | 986 | 1,134 | * |

^{*} New Service

Figures are consistent with AIMS (Agency Information Management System) data provided to the Department of Health. Figures may differ from previous years due to changes in reporting methodology.

⁺ Inpatient Separations have changed definition from 1 July 2012 due to an alignment to the National standards for Admitted Patients; where a patients entire episode of care occurs in the Emergency department, these will no longer be considered admitted care or have an Inpatient separation. This also applies to Bed Days.



| | 2012/13 | 2011/12 | 2010/11 | 2009/10 | 2008/09 |
|--|---------|----------------|---------|---------|---------|
| Community & Mental Health | | | | | |
| Dental Contacts | 42,452 | 36,627 | 40,632 | 36,724 | 36,842 |
| Child & Adolescent MH Contacts | 12,135 | Not available+ | 10,595 | 11,206 | 7,993 |
| Adult Mental Health Contacts | 62,198 | Not available+ | 62,483 | 61,069 | 59,204 |
| Young Adults | 14,123 | Not available+ | 13,211 | 12,975 | 12,238 |
| District Nursing Treatment Hours | 41,209 | 38,044 | 41,303 | 44,177 | 43,272 |
| Primary Care Nursing & Allied Health Hours | 60,245 | 58,620 | 60,183 | 47,644 | 62,498 |
| HARP Direct Clients | 3,311 | 3,207 | 2,059 | 3,965 | 3,995 |
| Individual Carers Assisted | 2,746 | 2,509 | 2,889 | 2,852 | 2,800 |
| Carer Respite Intakes | 5,830 | 5,635 | 4,920 | 4,892 | 5,726 |
| | | | | | |
| Additional statistics | | | | | |
| Fundraising income | \$3.42M | \$3.78m | \$3.63m | \$2.84m | \$3.22m |
| Volunteers numbers | 1,000 | 600* | 1,015 | 1200 | 934 |
| Compliments registered | 721 | 382 | 340 | 450 | 429 |
| Complaints registered | 545 | 477 | 392 | 393 | 410 |

^{*} A recent audit identified active volunteers.

⁺ Mental Health data: Data is incomplete or unable to be supplied for the full year due to industrial action restricting the recording of data.





Vision

To be Australia's leading regional health service - building a healthier community

Mission

To provide accessible, high quality health care services to the community of Geelong and the Barwon South Western region

Values

RESPECT

For the unique qualities of each individual, family and community, for our partners, the organisation we represent and for each other

COMPASSION

For the circumstances of the people we care for

COMMITMENT

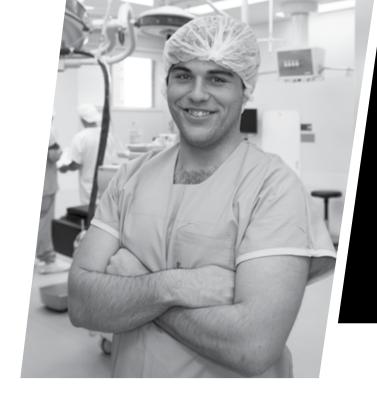
To facilitate high quality health outcomes by working collaboratively with all stakeholders

ACCOUNTABILITY

For all our actions and outcomes by working to clear objectives in a transparent manner

INNOVATION

To lead the way and develop creative initiatives to address the health needs of our community



ABOUT BARWON HEALTH - OUR SERVICE PROFILE

Formed in 1998, Barwon Health is Victoria's largest regional health service serving up to 500,000 people in the Barwon South Western region across 21 sites.

Barwon Health is a major teaching facility with links to Deakin University, The Gordon and other tertiary education facilities around Australia. Barwon Health's Geelong Hospital is one of the busiest hospitals in Victoria. We provide care at all stages of life and circumstance through our comprehensive range of services from emergency and acute to mental heath, primary care, community services, aged care and sub acute rehabilitation.

Care is provided to the community through:

- One main public hospital and its associated services
- A sub acute site for inpatient and community rehabilitation through the McKellar Centre
- Aged care through the McKellar Centre and its sites in North Geelong and Grovedale
- A total of 16 community-based sites at key locations throughout the region
- Outreach clinics and home-based services

We play a complementary role in meeting the health needs of our primary catchment - the greater Geelong area with a population in excess of 290,000 - and provide more complex, specialist health care to up to 500,000 people in the wider region extending to the South Australian border. In addition to serving the needs of the permanent population, Barwon Health also provides care to the visiting population which in peak seasons can increase the population by over 70 percent or close to 195,000 people.

With a staff headcount in excess of 6,000 people, we are also the largest employer in the region and a major education provider through our relationships with Deakin University, Melbourne University, Monash University and The Gordon.

PRIORITIES

Your health

We will work with the community to deliver significantly improved health outcomes:

- Provide leadership in the prevention and management of chronic diseases
- Strengthen our primary and secondary care prevention capacity
- Enhance research, education and training with a focus on improved health outcomes

Our service

We will have a well-connected health care service to ensure a positive experience for those we serve:

- Deliver high-quality, safe and responsive health care
- Enable innovative and integrated patient, resident and client centred models of care
- Modernise infrastructure to strengthen services delivery

Our region

We will have strong partnerships with all providers who influence health in our region:

 Shape regional partnerships to improve regional health care access and outcomes

With a staff headcount in excess of 6,000 people, Barwon Health is the largest employer in the region and a major education provider

- · Extend service support across the region
- Facilitate comprehensive population health planning across the region

Our people

We will have a thriving, collaborative and highly skilled workforce:

- Foster a positive, vibrant and high-performance work culture
- Build a highly competent, motivated and skilled workforce
- · Attract and retain outstanding staff

MINISTER RESPONSIBLE

The annual report is prepared in accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994*. The following disclosures are made regarding responsible persons for the reporting period.

Responsible Ministers:

The Hon. David Davis MP, Minister for Health, Minister for Ageing

The Hon. Mary Wooldridge MP, Minister for Mental Health, Minister for Women's Affairs, Minister for Community Services

| NUMBER OF BEDS | 2012/13 | 2011/12 |
|---|---------|---------|
| Acute | 427 | 426 |
| Transitional/Care (Off Site) | 39 | 39 |
| Aged Residential Care | 408 | 408 |
| Mental Health Acute | 32 | 32 |
| Mental Health Rehab & Secure Extended Care | 15 | 15 |
| Prevention & Recovery Care (PARC) | 6 | 6 |
| Sub Acute | 104 | 100 |
| TOTAL | 1,031 | 1026 |

| BREAKDOWN OF AGED CARE BEDS | Beds |
|--|------|
| Blakiston Lodge: Consists of two secure units of 45 aged mental health beds and 45 dementia specific beds, North Geelong | 90 |
| Wallace Lodge: High Level Care, North Geelong | 108 |
| Alan David Lodge: 108 high level care beds in Grovedale | 108 |
| Percy Baxter Lodges: 102 low level care beds, North Geelong | 102 |



/ STRATEGIC DIRECTION & PRIORITIES

OUR OVERARCHING PRIORITY

Barwon Health's current Strategic Plan was launched in 2010 and runs until 2015. It sets the vision and mission for Barwon Health underpinned by five organisational values. It outlines the framework that we will use to position our organisation as a leader in regional health, providing exemplary health care and improved health outcomes for our community.

This Strategic Plan is the result of an intense and rigorous process of thought, questions, analysis, consultation and choices in the context of rapid developments in health priorities, policy, practices and institutional settings.

In addition, the plan has been guided by:

- The policies of both the State and Commonwealth governments
- The priorities identified in the Australian Health Care Agreement
- The report of the National Health and Hospitals Reform Commission
- · The changing health environment

Barwon Health's strategic priorities and objectives are values-driven and deliberately high-level in their nature – they provide clear direction while being capable of implementation under a variety of policy and funding scenarios.

We continue to respond to the policy priorities of responsible, transparent and accountable management of health care resources and the related need to target resources to the most effective health care interventions. These important challenges require high quality data, research, deliberate service development strategies and a willingness to change. The plan is responsive to the community's expectation that access to acute hospital-based services will be maintained and improved.

Equally as important, the plan has been shaped by the characteristics and challenges of the community and region we serve:

GREATER GEELONG AND THE WIDER REGION REFLECT THE SHIFTS IN AUSTRALIAN SOCIETY – AND HEALTH ISSUES SHAPED BY A SET OF TRENDS:

- Economic restructuring and growth
- A high rate of immigration from a diverse array of countries and circumstances
- High population growth
- Population ageing
- Socio-economic equality



THE REGION CONTAINS AN INTRIGUING AND CHALLENGING MIX OF SOCIO-ECONOMIC FACTORS:

- Population changes and service pressures associated with the "sea change" effect
- Urban growth and associated challenges and expectations
- Dispersed and isolated communities with issues of access to basic as well as specialised services
- Rapid growth in new family-oriented communities in and around Geelong
- The effects of population ageing and the growing burden of chronic illness are increasingly manifest in most areas

Response to these regional factors is evident in the stated priorities and objectives. This includes giving the highest priorities to regional service and making major advances in the prevention and management of chronic illness. We want a healthier community.

While the Board and Executive took responsibility to craft the plan, the breadth of vision and inspiration for many of the objectives and actions came from the accumulated experience and wisdom of our staff and clinicians, key stakeholders in Geelong and the region, the Department of Health, and consumers of our services.

This is not a plan for Barwon Health alone. The breadth of its vision and the expertise and resources required to implement it must involve partnerships with shared goals, mutual benefits and unambiguous responsibilities.

The plan envisages purposeful, focused and productive relationships with:

- Deakin University, The Gordon and other teaching and research bodies
- Local and regional health and welfare service providers in the public, private and community sectors
- All levels of government and relevant government agencies
- Business leaders in Greater Geelong and neighbouring areas
- Barwon Medicare Local
- Communities themselves through meaningful engagement on key health issues

We continue to be excited and motivated by our Strategic Plan and we are working hard at achieving our vision.

We recognise the environment of fast-moving change in both health service delivery and a health policy context as evidenced by the commitment by State Government to build additional hospital facilities in our region.

Accomplishment of our aim to fundamentally improve community health status will propel Barwon Health, its staff and partners into national leadership, and provide a model for change across Australia.

/ STATEMENT OF PRIORITIES PART A: STRATEGIC PRIORITIES

| VICTORIAN HEALTH PRIORITIES FRAMEWORK PRIORITY AREAS | HEALTH SERVICE STRATEGY | DELIVERABLE | OUTCOME |
|---|--|---|-----------------------|
| | | OUR REGION | |
| DEVELOPING A SYSTEM THAT IS RESPONSIVE TO PEOPLE'S NEEDS | In partnership with other providers within the local area apply existing service capability frameworks to maximise the use of available resources across the catchment. | Plan, design and implement regional initiatives with local agencies such as Barwon Medicare Local, City of Greater Geelong, Deakin University, Wauthorong and the Gordon TAFE. | Ongoing |
| | Work and Plan with key partners and service providers to respond to local issues including issues of distance and travel time experienced by some rural and regional Victorians. | Consolidate partnership activities across the sub-regional health services incorporating Lorne, Bellarine, Colac, Hesse and Apollo Bay. | Ongoing |
| | Explore opportunities to develop strategies that support greater service responsiveness for diverse populations. | Implement the regional generalist training model. | In progress |
| | | YOUR HEALTH | |
| | | Develop and maintain clinical pathways that improve access to all available mental health beds for appropriate out-of-area patients when in the best interest of the consumer and carer(s). | Completed and ongoing |
| | | YOUR HEALTH | |
| IMPROVING EVERY VICTORIAN'S HEALTH STATUS AND EXPERIENCES | Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions. | Extend and develop a limited number of new programmes to support people with chronic conditions. | Completed and ongoing |
| | | OUR PEOPLE | |
| EXPANDING SERVICE, WORKFORCE AND SYSTEM CAPACITY | Develop collaborative approaches to deliver professional education, training and support. | Continue education and training programs for all managers incorporating e-learning. | Completed and ongoing |

| VICTORIAN HEALTH PRIORITIES FRAMEWORK PRIORITY AREAS | HEALTH SERVICE STRATEGY | DELIVERABLE | OUTCOME |
|---|--|---|-----------------------|
| | | OUR SERVICE | |
| INCREASING THE SYSTEM'S FINANCIAL SUSTAINABILITY | Identify opportunities for efficiency and better value | Delivery against Statement of Priority targets including: | Completed |
| AND PRODUCTIVITY | service delivery. | Financial viability | |
| | | WIES volumes | |
| | | Elective and emergency access targets | |
| | | Quality Key Performance Indicators (KPIs) | |
| | | Understanding, preparedness and implementation of Activity Based Funding (ABF) changes. | |
| | Examine and reduce variation in administrative overheads. | Examine administrative costs against benchmarks in key program areas. | Ongoing |
| | Develop and support alternative arrangements that drive greater financial productivity and sustainability through more efficient purchasing of nonclinical services. | Implementation of joint procurement initiatives. | Ongoing |
| | | YOUR HEALTH | |
| IMPLEMENTING CONTINUOUS IMPROVEMENTS AND INNOVATION | Develop and implement improvement strategies that better support patient flow and | Develop clinical indicators for each service and consolidate National Quality Health and Safety Standard Indicators. | In progress |
| | the quality and safety of hospital services. | Full compliance with hand washing and management of smoking cessation. | In progress |
| | | OUR PEOPLE | |
| INCREASING ACCOUNTABILITY & TRANSPARENCY | Implement systems that support streamlined approaches to clinical governance at all levels of the organisation. | Recognise quality achievement for non-clinical staff. | Completed and ongoing |
| | | OUR SERVICE | |
| IMPROVING UTILISATION OF E-HEALTH AND COMMUNICATIONS TECHNOLOGY | Trial, implement and evaluate strategies that use ICT as an enabler of better patient care. | Support consumers to access and retain their own health information. | Completed and ongoing |
| | Work with partners to better connect service providers and deliver appropriate and timely services to rural and regional Victorians. | Develop a new Barwon Health website that provides interactive space for our community and real time performance indicators. | Completed and ongoing |

/ STATEMENT OF PRIORITIES PART B: PERFORMANCE PRIORITIES

| FINANCIAL PERFORMANCE | TARGET | 2012/13 ACTUALS |
|---|----------|--------------------|
| Annual Operating result (\$000) | \$230 | \$952 |
| WIES Activity performance | 52,483 | 53,990 |
| Percentage of WIES (Public and private) performance to target | 100 | 103.2 |
| Creditors | <60 days | 35.7 |
| Debtors | <60 days | 36.6 |

| ACCESS PERFORMANCE | TARGET | 2012/13 ACTUALS |
|---|--------|--------------------|
| Emergency Care | | |
| Percentage of operating time on hospital bypass | N/A | N/A |
| Percentage of ambulance transfers within 40 minutes | 90 | 87% |
| NEAT - Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, to be referred to another hospital for treatment, or be discharged within four hours (July-December 2012) | 70 | 59% |
| NEAT - Percentage of emergency presentations to physically leave the emergency department for admissions to hopsital, be referred to another hospital for treatment, or be discharged within four hours (January - June 2013) | 75 | 59% |
| Number of patients with length of stay in the emergency department greater than 24 hours | 0 | 1 |
| Percentage of Triage Category 1 emergency patients seen immediately | 100% | 100% |
| Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times | 80% | 70% |

| ACCESS PERFORMANCE | TARGET | 2012/13 ACTUALS |
|---|--------|--------------------|
| Elective Surgery | | |
| Percentage of Urgency Category 1 elective patients treated within 30 days | 100% | 100% |
| NEST - Percentage of Urgency Category 2 elective surgery patients treated within 90 days (July - December 2012) | 75% | 63% |
| NEST - Percentage of Urgency Category 2 elective surgery patients treated wtihin 90 days (January - June 2013) | 80% | 60% |
| NEST - Percentage of Urgency Category 3 elective surgery patients treated within 90 days (July - December 2012) | 93% | 91% |
| NEST - Percentage of Urgency Category 3 elective surgery patients treated wtihin 90 days (January - June 2013) | 94.5% | 85% |
| Number of patients on the elective surgery waiting list | 2,145 | 2,058 |
| Number of Hospital Initiatived Postponements per 100 scheduled admissions | 8 | 9.5 |
| Number of patients admitted from the elective surgery waiting list - quarter 1 | 1,760 | 1,830 |
| Number of patients admitted from the elective surgery waiting list - quarter 2 | 1,550 | 1,737 |
| Number of patients admitted from the elective surgery waiting list - quarter 3 | 1,802 | 1,643 |
| Number of patients admitted from the elective surgery waiting list - quarter 4 | 1,973 | 1,819 |

| | TARGET | 2012/13 ACTUALS |
|--|--------|--------------------|
| CRITICAL CARE | | |
| Number of days operating below agreed Adult ICU minimum operating capacity | 0 | 2 |

/ STATEMENT OF PRIORITIES PART B: PERFORMANCE PRIORITIES

| | TARGET | 2012/13 ACTUALS |
|--|-----------------|---------------------------|
| QUALITY AND SAFETY | | |
| Health service accreditation | Full compliance | Achieved |
| Residential aged care accreditation | Full compliance | Achieved |
| Cleaning standards | Full compliance | Achieved |
| Submission of data to VICNISS | Full compliance | Achieved |
| Hospital acquired infection surveillance | No Outliers | Not Achieved ⁺ |
| Hand Hygiene (rate) | 70 | Achieved |
| SAB rate per occupied bed days | 2/10,000 | 1/10,000 |
| Victorian Patient Satisfaction Monitor (OCI) | 73 | Achieved |
| Consumer Participation Indicator | 75 | Achieved |
| People Matter Survey | Full compliance | Not Completed* |

NB: * Barwon Health conducted an organisation wide staff survey using the services of Best Practice Australia; results will be published in late 2013

† 1 case

| | TARGET | 2012/13 ACTUALS |
|--|--------|---------------------------------|
| MATERNITY | | |
| Percentage of women with prearranged post natal care | 100 | 95.5% |
| Percentage of eligible newborns screened for hearing deficit before one month of age | >97 | Unavailable at time of printing |

| | TARGET | 2012/13 ACTUALS |
|--|-----------|--------------------|
| MENTAL HEALTH | | |
| 28 day readmission rate - percentage | 14 | 11.65% |
| Post discharge follow up rate - percentage | 75 | 77.20% |
| Seclusion rate per occupied bed days | <20/1,000 | 17.4/1,000 |

| | CAMPUS | OCCUPANCY |
|--|-----------------|-----------|
| FLEXIBLE AGED CARE PLACES - PUBLIC SECTOR RESIDENTIAL AGED CARE SERVICES (PSRCS) (ADDITIONAL INFORMATION NOT REQUIRED UNDER SOP) | | |
| Flexible High Care | Various | 95% |
| Flexible Low Care | McKellar Centre | 79% |
| Respite Care Bed Days | Various | 1,716 |

Acute (Note: Admitted date sourced from the VAED; Non-admitted data sourced from the VEMD)

/ STATEMENT OF PRIORITIES PART C: PERFORMANCE PRIORITIES





ACTIVITY & FUNDING

| ACTIVITY | 2012-13 Actuals |
|---------------------------------|--------------------|
| FUNDING TYPE ACUTE ADMITTED | |
| WIES Public | 42,231 |
| WIES Private | 8,644 |
| Total WIES (Public and Private) | 50,875 |
| WIES Renal | 1,447 |
| WIES DVA | 1,288 |
| WIES TAC | 380 |
| WIES TOTAL | 53,990 |
| | |
| ACUTE NON-ADMITTED | |
| Radiotherapy WAUs Public | 29,935 |
| Radiotherapy WAUs DVA | 1,148 |
| SUB-ACUTE ADMITTED | |
| CRAFT Public | 399 |
| CRAFT Private | 215 |
| Rehab L1 Public | 748 |
| Rehab L1 Private | 639 |
| Rehab L2 DVA | 1,238 |
| GEM Public | 2,579 |
| GEM Private | 6,751 |
| GEM DVA | 1,292 |
| Palliative Care Public | 3,807 |
| Palliative Care Private | 1,910 |
| Palliative Care DVA | 211 |

| SUBACUTE NON-ADMITTED | Actuals |
|---|---------|
| CODACCIE NON-ADIVITIED | |
| Transition Care Bed Days | 12,151 |
| Transition Care Home Day | 5,966 |
| | |
| AGED CARE | |
| Aged care assessment service | 3,303 |
| Residential Aged care bed days | 135,763 |
| | |
| MENTAL HEALTH AND DRUG SERVICES | |
| Mental Health inpatient | 10,642 |
| | |
| PRIMARY HEALTH | |
| Community Health / Direct Care Programs | 99,929 |
| Dental | 42,452 |

^{*}Note: Data is incomplete or unable to be supplied for the full year due to industrial action restricting the recording of data.

 $^{^{\}scriptscriptstyle +}$ Note: Figures are estimated at time of reporting.

/ BOARD OF DIRECTORS

CHAIR DR JOHN STEKELENBURG MB BS

DEPUTY CHAIR DR SARAH LEACH RN, BN(Hons), PhD, MAICD MS BARBARA DENNIS

MA, B App Sci (Occupational Therapy) GAICD

MR MARCUS DRIPPS
B Physiotherapy

MR DAMIAN GORMAN
BA Recreation Management

DR DAVID MACKAY

BAgEC(Hons), MEc, GradDipComp, PhD (Information Systems) FACS, GAICD

MR STEPHEN WIGHT CA

MS DANIELA PAVLOVIC

LLB, BCom.

(Commenced August 2012)



/ EXECUTIVE TEAM

CHIEF EXECUTIVE OFFICER

Professor David Ashbridge

MBBS, Master Pub. Hlth, Dpl Child Hlth, Dpl Trop Med, Graduate Member of the Australian Institute of Company Directors, Member of the Royal Australian College of General Practitioners

DEPUTY CHIEF EXECUTIVE

Executive Director of Performance Planning and Resources

Paul Cohen

BA (Hons) Politics and Govt

EXECUTIVE MEDICAL DIRECTOR

Professor Thomas Callaly

FRANZCP, MRC Psych, FAAQCH, MB, B Chi, B Sci, H Dip in Ed, MBL

EXECUTIVE DIRECTOR

Mental Health, Drug & Alcohol Services (to January 2013)

Professor Thomas Callaly

FRANZCP, MRC Psych, FAAQCH, MB, B Chi, B Sci, H Dip in Ed, MBL

EXECUTIVE DIRECTOR

Mental Health, Drug & Alcohol Services (Commenced January 2013)

Kevin Freele

BA Psychology, Masters Social Work

EXECUTIVE DIRECTOR

Medical Services

Felicity Topp

BSN, ICU Cert Grad Dip Health Counselling, MPH

EXECUTIVE DIRECTOR

Service Reform and Innovation (Departed September 2012)

Alexander (Sandy) Morrison

MBus, BHA, AFCHSE, CHE, AAICD

EXECUTIVE DIRECTOR

Service Reform and Innovation (Commenced October 2012)

Dale Fraser

CHIEF FINANCIAL OFFICER

Dale Fraser

MBA, FCPA, B.Bus, MHSF

EXECUTIVE DIRECTOR

Surgical Services

Peter Watson

EXECUTIVE DIRECTOR

Community Health and Rehabilitation

ROBYN HAYLES

RN MPH

EXECUTIVE DIRECTOR

Adjunct Professor, Nursing, Aged Care and Midwifery

Lucy Cuddihy

RN, DN, RM, MBA

/ BARWON HEALTH ORGANISATIONAL STRUCTURE 2012/2013

MEDICAL SERVICES

Executive Director

Felicity Topp

Aboriginal Health Liaison

Allied Health

Barwon Medical Imaging

Barwon South West

Region Integrated Cancer Services (BSWRICS)

Cancer Services

Cardiology

Children's Services

Emergency Services

Endocrinology/Diabetes

General Medicine

General & Specialist Medical Wards

Infectious Disease

Neurosciences

Pharmacy

Renal Services

Gynaecological and Maternity Services

SURGICAL SERVICES

Executive Director

Peter Watson

Department of Surgery:

- Cardiac Surgery
- ENT
- General Surgery
- Gynaecological Surgery
- Paediatric Surgery
- Plastic Surgery
- Orthopaedic Surgery
- Ophthalmology
- Urology
- Vascular Surgery

Department of Anaesthesia and Pain Management

Operating Theatres (Main & Day Theatres)

Intensive Care Unit

Peri-Operative Medicine

Central Sterilising Unit

Surgical Wards

Outpatients Department

Oral Maxillofacial

COMMUNITY HEALTH & REHABILITATION SERVICES

Executive Director

Robyn Hayles

Care Link Services

Carer Respite

Community Health Centre online services

Community Nursing

Ethnic Health

Health Promotion Unit

Hospital Admission Risk Program (HARP)

Hydrotherapy

Immunisation Services

Long Stay Older Patient Program

Oral Health Services

Palliative Care

Regional Acquired Brain Injury (ABI) Program

Sub Acute Ambulatory Care Services

Rehabilitation Inpatient Centre

- Trauma
- Neurology
- Orthopaedic
- GEM

Victorian Paediatric Rehabilitation Program

MENTAL HEALTH, DRUG & ALCOHOL SERVICES

Executive Director

Kevin Freele

Adult Community Mental Health Teams

Aged Mental Health

Child and Adolescent Mental Health

Drug and Alcohol Services

Homeless Program

Mental Health Acute Inpatient Unit

Mental Health Community

Rehabilitation Facility

Mental Health Primary Care

Mental Health Triage and Consumer Liaison

Prevention and Recovery

Secure Extended Care

Youth Mental Health

BARWON HEALTH BOARD OF DIRECTORS

Chief Executive Officer Professor David Ashbridge

BARWON HEALTH FOUNDATION

Executive Director

Gavin Seidel

COMMUNICATIONS AND MARKETING

Director

Kate Nelson

RESIDENTIAL AGED CARE ACCESS & PATIENT FLOW NURSING & MIDWIFERY

Executive Director

Lucy Cuddihy

Residential Aged Care

- High Level Care
- Low Level Care
- Dementia Specific
- Aged Mental Health
- Residential In Reach
- Geriatric Evaluation Management (GEM)
- Barwon Region Aged Care Assessment Service (BRACAS)

Access and Patient Flow

- Bed Management
- Transition Care (TCP)
- Restorative Care
- Planning & Referral Team (PaRT)
- Hospital in the Home (HITH)

Centre for Nursing and Allied Health Research

Infection Prevention Service Governance

Pastoral Care

Practice Development

EXECUTIVE MEDICAL DIRECTOR

Tom Callaly

Clinical Quality and Risk Management

Medical Appointments

Medico-Legal

Research Office

Barwon Health GP Liaison Officer & Team

Building and Support Services

- Building Maintenance and Engineering
- Capital Works & Redevelopment
- Environmental Services
- Food Services
- Linen Care
- McKellar Centre Site Management
- Physical Infrastructure

Information Services

- Information Services
- Medical Library
- Privacy Officer
- Telecommunication

South West Alliance of Rural Health (SWARH)

Biomedical Engineering

Finance, Performance and Planning

- Audi
- Commercial Contracts
- Customer Services
- DVA Program
- Financial Services
- Service Redesign
- Supply

PERFORMANCE PLANNING & RESOURCES

Deputy
Chief Executive &
Executive Director

Paul Cohen

Human Resources

- HMO Administration
- Human Resources
- Occupational Health and Safety
- Payroll
- Staff Clinic

Education and Training

- Allied Health Education and Training
- Nursing Education and Training
- Medical Education and Training
- Non-Clinical Education and Training

Safety and Quality Unit

- Consumer Liaison
- Safety and Quality
- Volunteer Services

/ BOARD COMMITTEES

✓ Attended

A Apology

Chair / Dr John Stekelenburg / MB BS

Deputy Chair / Dr Sarah Leach / RN, BN (Hons), PhD, MAICD

Marcus Dripps / B Physiotherapy

Damian Gorman / BA Recreation Management

Dr David Mackay / BAgEc (Hons); MEc; GradDipComp,

PhD (Information Systems) FACS, GAICD

Stephen Wight / CA

Barbara Dennis / MA B App Sci (Occupational Therapy) GAICD

Daniela Pavlovic / LLB, BCom

BOARD & FINANCE MEETINGS MONTHLY

| BOARD | 27 JUL 12 | 31 AUG 12 | 28 SEP 12 | 26 OCT 12 | 30 NOV 12 | 14 DEC 12 | 22 FEB 13 | 22 MAR 13 | 26 APR 13 | 31 MAY 13 | 28 JUN 13 | % ATT |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------|
| Ms Barbara Dennis | 1 | 1 | ✓ | ✓ | ✓ | ✓ | 1 | ✓ | 1 | 1 | 1 | 100 |
| Mr Marcus Dripps | / | 1 | 1 | 1 | Α | 1 | 1 | 1 | Α | Α | 1 | 73 |
| Mr Damian Gorman | ✓ | Α | ✓ | ✓ | ✓ | Α | ✓ | ✓ | ✓ | Α | ✓ | 73 |
| Dr Sarah Leach | Α | ✓ | Α | ✓ | 1 | ✓ | Α | ✓ | ✓ | ✓ | ✓ | 73 |
| Dr David Mackay | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100 |
| Ms Daniela Pavlovic Appointed August 2012 | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100 |
| Dr John Stekelenburg (Chair) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | Α | 91 |
| Mr Stephen Wight | ✓ | ✓ | ✓ | ✓ | Α | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 91 |

REMUNERATION COMMITTEE - ANNUALLY

| BOARD | 14 SEP 12 | % ATT |
|-------------------------|-----------|-------|
| Ms Barbara Dennis | 1 | 100 |
| Mr Damian Gorman | 1 | 100 |
| Dr David Mackay (Chair) | 1 | 100 |
| Dr John Stekelenburg | 1 | 100 |

PRIMARY CARE AND POPULATION HEALTH - QUARTERLY

| BOARD | 20 AUG 12 | 19 NOV 12 | 18 FEB 13 | 20 MAY 13 | % ATT |
|--------------------------|-----------|-----------|-----------|-----------|-------|
| Ms Barbara Dennis | ✓ | ✓ | ✓ | ✓ | 100 |
| Mr Marcus Dripps (Chair) | 1 | 1 | 1 | 1 | 100 |
| Dr David Mackay | Α | Α | 1 | ✓ | 50 |
| Dr John Stekelenburg | ✓ | Α | 1 | ✓ | 75 |

QUALITY AND CLINICAL GOVERNANCE COMMITTEE - QUARTERLY

| BOARD | 3 OCT 12 | 12 DEC 12 | 20 MAR 13 | 10 JUN 13 | % ATT |
|------------------------|----------|-----------|-----------|-----------|-------|
| Ms Barbara Dennis | 1 | 1 | ✓ | 1 | 100 |
| Dr Sarah Leach (Chair) | 1 | 1 | 1 | 1 | 100 |
| Dr David Mackay | ✓ | ✓ | 1 | ✓ | 100 |
| Dr John Stekelenburg | Α | Α | 1 | 1 | 50 |
| Mr Stephen Wight | 1 | 1 | 1 | Α | 75 |

COMMUNITY ADVISORY COMMITTEE - QUARTERLY

| BOARD | 4 SEP 12 | 4 DEC 12 | 5 MAR 13 | 10 JUN 13 | % ATT |
|--|----------|----------|----------|-----------|-------|
| Ms Barbara Dennis (Chair) | 1 | 1 | 1 | / | 100 |
| Mr Damian Gorman | Α | 1 | ✓ | ✓ | 75 |
| Ms Daniela Pavlovic Appointed Sept. | | ✓ | ✓ | ✓ | 100 |
| Dr John Stekelenburg | Α | Α | 1 | / | 50 |

AUDIT & RISK COMMITTEE - QUARTERLY

| BOARD | 8 AUG 12 | 9 NOV 12 | 15 MAR 13 | 10 MAY 13 | % ATT |
|--------------------------------------|----------|----------|-----------|-----------|-------|
| Mr Marcus Dripps | ✓ | ✓ | ✓ | ✓ | 100 |
| Mr Damian Gorman | ✓ | Α | Α | 1 | 50 |
| Dr Sarah Leach | Α | ✓ | ✓ | 1 | 75 |
| Ms Daniela Pavlovic Appointed August | | 1 | 1 | 1 | 100 |
| Dr John Stekelenburg | ✓ | ✓ | Α | 1 | 75 |
| Mr Stephen Wight (Chair) | 1 | ✓ | 1 | 1 | 100 |

/ CARING FOR THE CARERS

WORKFORCE BREAKDOWN

| LABOUR CATEGORY | | JUNE CURRENT MONTH FTE* | | | | JUNE YTD FTE** | | | |
|---------------------------|--------|----------------------------|-----------|-------|--------|-------------------|-----------|-------|--|
| | CASUAL | FULL TIME | PART TIME | TOTAL | CASUAL | FULL TIME | PART TIME | TOTAL | |
| Nursing Services | 125 | 462 | 1,109 | 1,696 | 148 | 452 | 1,054 | 1,653 | |
| Administration & Clerical | 27 | 321 | 259 | 607 | 26 | 315 | 250 | 591 | |
| Medical Support Services | 10 | 234 | 103 | 347 | 10 | 230 | 103 | 343 | |
| Hotel & Allied Services | 53 | 149 | 315 | 518 | 62 | 151 | 320 | 533 | |
| Medical Officers | 0 | 55 | 4 | 59 | 0 | 55 | 4 | 59 | |
| Hospital Medical Officers | 5 | 275 | 9 | 289 | 20 | 239 | 10 | 269 | |
| Sessional Clinicians | 1 | 2 | 75 | 77 | 2 | 2 | 78 | 82 | |
| Ancilliary Services | 15 | 153 | 158 | 326 | 13 | 150 | 146 | 309 | |
| TOTAL | 237 | 1,651 | 2,032 | 3,920 | 280 | 1,594 | 1,965 | 3,839 | |
| Headcount as 30/06/13 | | | | 6,237 | | | | | |

WE ARE THE REGION'S BIGGEST EMPLOYER WITH 6,237 STAFF

Notes:

- Data is drawn from the minimum employee data Set (MDS)
- The FTE figures exclude overtime and do not include contracted staff (e.g. agency nurses and fee-for-service visiting medical officers as they are not regarded as employees)

June current month FTEs are calculated as follows:

- For fulltime employee: actual paid hours/employee's base hours = Fulltime FTE
- For a part-time or a casual employee: actual paid hours/ employee's standard Award hours – part time and casual FTE
- June current month FTE for an employee = the aggregation of all individual FTEs for all pays ending during June divided by the number of pays per month
- *June current month FTE for an agency = the sum of all the current month FTEs for all its employees during the month
- **YTD FTE = The average FTE for the year, i.e. the sum of the monthly current months' FTE divided by 12

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

Barwon Health has a high quality comprehensive clinical training program for all clinical disciplines. This program ensures all staff have up-to-date knowledge of best practice techniques and procedures.

A framework for personal development has been implemented in support of Barwon Health's People Strategy and also reflects the vision, mission and values of the organisation as set out in the current Strategic Plan.

OCCUPATIONAL HEALTH AND SAFETY

Barwon Health complies with the Occupational Health and Safety (OH&S) Act. There are programs being developed to address the effect the ageing workforce has on OH&S and the prevention and management of psychological injuries.

STAFFCARE

StaffCare continues to provide a range of services to support the health and wellbeing of our valued staff, including the Work Wellness program and a comprehensive vaccination program. The service is instrumental in achieving high levels of staff vaccinations, which ensures the safety of our vulnerable clients. The service has been recently accredited under the Royal Australian College of General Practitioners practice accreditation program, which underlines the high level of quality and commitment. A further achievement has been the attainment of Silver

Level accreditation under the *International Standards for Tobacco Free Healthcare Service*. This reflects not only the support available to staff but the broader commitment to addressing smoking as a significant and preventable health risk our region.

RISK MANAGEMENT

Barwon Health has a strong commitment to managing risk and has actively worked to increase sound risk management practice throughout the organisation.

RISK PROFILING

The annual strategic risk assessment process incorporates a review of emerging external issues that have the potential to influence Barwon Health's key business decisions and operations.

The strategic and operational risk profile of the organisation as at 30 June 2013 is given below:

| RISK TYPE | TOTAL |
|-----------|-------|
| Strategic | 12 |
| Business | 64 |
| Clinical | 17 |
| TOTAL | 93 |

/ RECOGNISING OUR STAFF

2012 VICTORIAN PUBLIC HEALTHCARE AWARDS

PREMIER'S HEALTH SERVICE OF THE YEAR AWARDS

Regional health service of the year

Barwon Health *Highly Commended*

HEALTH LEADERS' AWARDS

Secretary's Award for delivering joined-up healthcare

Barwon Health – Orthopaedic Management Team *Highly Commended*

BARWON HEALTH OUALITY AWARDS 2012

HEALTH LEADERS' AWARDS

Advancing healthcare - putting patients first

Advance Care Planning (ACP) in General Practice through the provision of outreach Advance Care Planning clinicians *Highly Commended*

Achieving a highly capable and engaged workforce

Sharing our Skills: building a skilled health support workforce through a collaborative training model *Winner*

Establishment of the Barwon Health Deakin University Psychology Clinic *Highly Commended*

Delivering innovative alcohol and drug or mental healthcare

Swanston Centre Acute Unit Team Winner

Delivering joined-up healthcare

Orthopaedic Management Team *Winner*

Integrated Hepatitis C Programme *Highly Commended*

HEALTH INNOVATION AWARDS

Optimising the health status of Victorians

Taking immunisation seriously and managing the risk of influenza *Winner*

Excellence in person-centred care

Paediatric Observation Charts – Deteriorating Patient *Winner*

Excellence in quality healthcare

ST Elevation Myocardial Infarction (STEMI) service *Winner*

Cleaning to reduce VRE at Barwon Health *Highly Commended*

Emergency General Surgery Model *Highly Commended*



Optimising healthcare through e-health and communications technology

Information Driving Continuity of Care *Winner*

Excellence in support services (non-clinical)

Improving patient safety through the introduction of Volunteer Driver Assessments *Winner*

Light globe/fluorescent tube recycling – Barwon Health Building and Support Services and BKM Electrical **Highly commended**

Excellence in partnering with regional healthcare providers

Barwon South Western Regional Cancer Link Nurse Program *Winner*

Continuing Conversations – Updating professional practice in Palliative Care Conference 2012 *Highly Commended*

Introduction of Medview at Barwon Health *Highly Commended*

LIVING OUR VALUES

Outstanding volunteer

Frank Riches (Geelong Hospital Information Desk and Team Leader)

Winner

Lui Bisinella (Volunteer driver Chronic Heart Failure team)

Highly Commended for contribution

Ian Diamond (Cardiac Rehabilitation Program Volunteer, Corio Community Health Centre)

Highly Commended for contribution

Sidney McGibbon (Percy Baxter Lodges Volunteer) *Highly Commended for contribution*

Vaughan Munro (Heath Wing 6 Ward Volunteer)

Highly Commended for contribution

Outstanding clinical staff member

Fiona Scott (Paediatric Diabetes Educator) *Winner*

Margaret Bradshaw (Physiotherapist Paediatrics) *Highly Commended*

Margaret Wardrop (Hepatitis C treatment nurse) *Highly Commended*

Outstanding non-clinical staff member

Tricia Ansell (Capital Works Supervisor) *Winner*

Left to right

Peter Watson / Executive Director, Surgical Services, presenting an Emeritus award to **Mr Donald Murphy**

Peter Watson / Executive Director, Surgical Services, presenting an Emeritus award to the family of **Dr Barry Lansdell** (pictured: Sue, wife of Barry Lansdell)

/ RECOGNISING OUR STAFF

ACHIEVEMENT AWARDS

Outstanding achievement by a team or an individual in healthcare over previous 12-18 months

Food waste recycling through Closed Loop Organics Unit – Food Services Central Production Unit McKellar **Winner**

A collaborative physiotherapy approach to improving care **Highly commended**

HEALTH LIFETIME ACHIEVEMENT AWARDS

Outstanding individual achievement over lifetime of service

Dr Charlie Corke (Intensive Care Specialist) *Winner*

Professor John Agar (Nephrologist)

Commended

Dr Bernie Jenner (Paediatrician) **Commended**

BOARD OF DIRECTORS' AWARD

Project commanding high recognition, eg. has made a major contribution to the quality and sustainability of Barwon Health's services

Sharing our Skills: building a skilled health support workforce through a collaborative training model *Winner*

PROJECT OF THE YEAR

Most outstanding project across all award categories that has achieved significant improvements for consumers, employees and /or health service outcomes

ST Elevation Myocardial Infarction (STEMI) service Winner

EMERITUS AWARD

In 2013 a new appointment was created to recognise long standing exemplary service to Barwon Health within an individual's profession, where they are retiring from active practice.

The first two recipients of the Emeritus Award were Dr Barry Lansdell who was awarded posthumously for services to the Ophthalmology profession and Mr Donald Murphy for services to the Urological profession.



The position of the Emeritus Consultant (Medical Officer) may be awarded to Medical Staff retiring from active practice where the following criteria are met:

- Significant contribution to the public health service locally, nationally or internationally by:
 - Having made a significant contribution to the public health service eg been a director of a unit or having established a new service where performance has been recognised as outstanding
 - Having played the senior representative role in a professional college, university or on government state or national committees
 - Having made a significant contribution to research
 - Having a strong desire to maintain an ongoing relationship with Barwon Health and to contribute to the organisation

Dr Lansdell was a worthy recipient as he saw the development of the Opthalmology Unit to include modern ophthalmology cataract surgery, vitreo-retinal surgery, initiating of a registrar training position and development of other diagnostic and surgical capabilities of the Unit. Barry served as the Director of Surgical Services, Chairman of the Medical Advisory Committee and was a member of the Geelong Hospital Board from 1995-1998.

Sadly, whilst Dr Lansdell was aware of this award, he unfortunately passed away prior to it being able to be handed to him personally. In April this year, the award was presented to Dr Lansdell's wife and children. (Pictured above)

Mr Donald Murphy worked at the Geelong Hospital as a visiting urologist for over 30 years. During that time his contributions included establishing a paediatric urology service, introducing a complete endoscopic stone surgery service and establishing a urodynamic service and also supporting the development of both oncological and laparoscopic urological surgery in Geelong. Don was also extensively involved in both under and post graduate teaching.

Over the past 10 years Don has been the Inaugural Director of the Surgical Skills Laboratory at the Royal College of Surgeons in Melbourne. He has overseen the growth of this innovative and increasingly busy facility, taking a particular interest in the development of some imaginative models on which surgeons hone their skills. Mr Murphy was presented with his award by his peers.

/ KEY HIGHLIGHTS ACROSS BARWON HEALTH

MENTAL HEALTH, DRUG AND ALCOHOL SERVICES

OVERVIEW

The 2012/13 year has seen significant change in Barwon Health's Mental Health, Drug and Alcohol Service (MHDAS). Professor Thomas Callaly, who has provided clinical and organisational leadership to the service for the past 20 years, moved on to another senior position within Barwon Health; his leadership and inspiration will be missed. The new Executive Director for the service commenced in January 2013.

The service has continued to be proactive and innovative throughout the year in sustaining the engaging leadership approach that was commenced in 2011, embedding the recovery philosophy of care across all service teams and in developing a truly integrated model of primary mental health care and primary care. Staff have taken on the recovery philosophy and implemented it into their daily work with consumers where it has been favourably received.

AWARDS & RECOGNITION

- Mental Health volunteer at the Community
 Rehabilitation Facility, Mr Ken Hawkins, won an award
 for his outstanding individual achievement which was
 awarded by the Victorian Minister for Health during
 National Volunteer Week.
- Professor Michael Berk was awarded the prestigious title of Alfred Deakin Professor.
- The Swanston Centre Acute Unit team won a Barwon Health Quality Award for the work done around reducing the use of seclusion and restraint.
- Melissa O'Shea was appointed the Adjunct Associate Professor, School of Psychology, Deakin University

NEW INITIATIVES

- A key improvement this year was the co-location of four of Barwon Health's primary mental health services; the Barwon Health/Deakin psychology clinic, clozapine team, GP mental health nurse program and the primary mental health psychiatry clinic into shared premises with Barwon Medicare Local. This integration of primary mental health services will be a one stop shop for consumers seeking primary mental health services and improved referral pathway for local GPs.
- A World Café Evening was held in Geelong to stimulate discussions on what the community can do to reduce the stigma around mental illness. Attended by over sixty people, it was an opportunity to earn about stigma and to commit to actions each could take to reduce the impact of stigma.
- The MHDAS 'Lived Experience' (consumer and carer) Workforce has actively developed their role in relation to systemic advocacy with the consolidation of regular participation and feedback meetings with the MHDAS Executive. This lived experience and executive coalition and dialogue promotes a greater understanding of what consumers and carers are experiencing and what they need from the service. The feedback loops to this lived experience/executive coalition are facilitated by the consumer and carer consultants and include regular feedback from the Family Drug Support group, consumer satisfaction surveys and the newly formed Consumer Advisory Group.

AGED CARE / ACCESS / PATIENT FLOW / PASTORAL CARE / CENTRE FOR NURSING AND ALLIED HEALTH RESEARCH

The past twelve months saw increased focus on how, when and where we provide care. This focus has seen the Geriatric Medicine model expanding the services available throughout the region.

It has also seen increased partnerships with other aged care providers and the establishment of a team of senior clinicians to facilitate and coordinate a patient's journey from the acute hospital setting to other bed based services. Fitting within this is the growth of our Hospital in the Home program.

AWARDS AND RECOGNITION

RESIDENTIAL AGED CARE

- Alan David Lodge underwent a successful Re-Accreditation Audit in August 2012.
- Percy Baxter Lodges, Wallace Lodge and Blakiston Lodge have maintained full accreditation during this time through both Announced and Unannounced Support Contacts from the Aged Care Standards and Accreditation Agency.
- Blakiston Lodge Team joint winner of the Leslie Oliver Downer Award for Team category in 2013.

NEW INITIATIVES

- Residential In-reach Program. Working with aged care
 providers across the region, this program provides
 support to 1000 aged care residents with the objective
 to reduce avoidable presentations to the Emergency
 Department if timely and appropriate care can be
 provided in the aged care facility.
- Planning and Referral Team. The Planning and Referral Team consists of a group of senior clinicians who facilitate and coordinate a patient's journey from the acute hospital setting to another bed based service; ensuring the right care in the right place at the right time.
- Hospital in the Home (HITH). The HITH program has grown to be a valuable model of care and consists of medical and nursing team that manages patients in their own home environment rather than in the acute hospital setting.

COMMUNITY HEALTH AND REHABILITATION

Community Health and Rehabilitation has had a year of increased service provision, quality and innovation.

A new Community Rehabilitation building in Belmont has provided the infrastructure for new ways to do things, including the trial of a new service for clients with Progressive Neurology conditions; the first in regional Victoria. A new service to support young adults with complex care needs transition to adult services has also been established at the McKellar Centre and an innovative new model of care supporting people who have either respiratory conditions or diabetes to stay healthy is in development.

Supporting people with pre-planning their end of life care has been a very successful area of expansion this year, working in partnership with the Barwon Medicare Local and local General Practitioners in Geelong. We also saw a strengthening of the rehabilitation service to enable an upcoming year of providing leading services and research across the region; this is a high priority and area of significant financial investment.

AWARDS AND RECOGNITION

Community Health & Rehabilitation Programs – North Area

Gwenda Dixson (Volunteer) - Barwon Health Volunteer Life Member

Oral Health Service

Barwon South Western Region Oral Health Plan – Sub regional dental partnerships (Certificate of Achievement)

Oral Health awareness at immunization sessions – Targeting children and parents (Certificate of Achievement)



Community Health & Rehabilitation Programs - North West Area

Victorian Continence Nurse Consultant Shani Hill was among six primary health care nurses across Australia recognised for their exceptional contributions to general practice, as part of the 2013 Australian Practice Nurses Association (APNA) Best Practice Awards.

Community Health & Rehabilitation Programs - East Area

Nicole Duggan (Diabetes Educator at Newcomb Community Health Centre) is the successful recipient of the Diabetes Australia Victoria Gwen Scott Grant. Nicole will present at the International Diabetes Federation Congress to be held in Melbourne in December 2013.

Sarah Short, Newcomb Community Nurse, achieved a high achievement award during her Graduate Studies in Palliative Care at Melbourne University.

Respecting Patient Choices® Program

Barwon Health Quality Awards

Health Leaders Award

Advancing Healthcare – Putting patients first

Highly Commended

"Advance Care Planning (ACP) in General Practice through the provision of Outreach ACP Clinician"

Certificate of Achievement

"Implementation of Advance Care Planning in Renal Services through the provision of an ACP Renal Resource Nurse"

NEW INITIATIVES

 The Communication Access Symbol Award – first healthcare service in Australia (and the world) to be awarded the right to display this new international symbol as a result of offering services that are accessible to those who have communication support needs (Newcomb Community Health Centre).

- Successful completion of Advanced Care Directives re-planning end of life care trial in the Community provided via outreach clinics in General Practice.
 This approach to Advance Care Directives is unique to the Barwon Region and has proven to be a highly acclaimed approach. The work was widely recognized at the Advance Care Planning and End of Life Conference held in Melbourne recently. Providing trained staff from Barwon Health's Respecting Patient Choices® program to 18 practices in the Geelong region has resulted in 1350 referrals for ACP and a completion rate of 87% (1174). From this cohort, there have been 295 in-patient episodes of care with a number of ACPs implemented as required.
- Barwon Health has developed a proposal and received revenue to provide a mobile dental clinic across the region. This will improve access to a variety of communities that struggle to receive oral health care.
- Introduction of new technology in occupational therapy treatment of upper limb disorders at the North Geelong Community Rehabilitation Centre. Occupational therapy was able to purchase a SAEBO treatment kit as a result of donations from the McKellar Centre Golf day; staff from both the acute and subacute programs have attended training in the utilization of this kit. The SAEBO is an upper limb orthotics device utilised with clients who have a neurological impairment to maximize hand and arm function. The orthotic is utilised in the treatment of children and adults.
- The Barwon Health Transition Service was launched in April 2013 with the first clinic run from the McKellar Centre's Community Rehabilitation Centre. The Service supports young adults with complex care needs resulting from childhood onset disability to transition from tertiary, local and regional paediatric services into adult services. Assessment within the clinic establishes the current needs of the young person, transition specific goals are set collaboratively with the young person and written up into a care plan and referrals to appropriate medical specialists and/or community services for ongoing support are facilitated.

Community Health and Rehabilitation has had a year of increased service provision, quality and innovation.

PERFORMANCE, PLANNING & RESOURCES

Early 2013 saw the opening of the new Outpatient Annexe in Bellarine Street and the new Community Rehabilitation Centre built on the Belmont Community Health Centre site. The former provides a contemporary facility that significantly expands outpatient capacity while the latter provides a state-of-the-art rehabilitation facility. In addition, the new Cotton On Childrens' Ward was also fully commissioned. These major building projects provide significant improvements to our facilities; benefiting our community.

Work is also steadily advancing on the seven story tower on Ryrie Street that will include a new Intensive Care Unit on Level 4 plus a further 32 bed wards on each of the three floors above. Other improvement works are also occurring across Barwon Health and they include:

- · The new Education and Training Centre at McKellar
- Improvements in Myers House to support research capacity
- · The refurbishment of Birdsey Wing 6
- General addition of colour, murals and new LED lighting throughout the Geelong Hospital site which are all intended to modernise existing areas. This work will continue into the new financial year

As well as building projects, a new phone system went live in late 2012, bringing with it significant expansion in the ability for clinical staff in Geelong to participate in videoconferencing across the region. This will be a significant focus for 2013/14. Work is also underway aimed at increasing the high level of collaboration across the south-west of Victoria to ensure increased sustainability of our regional health system and to increase access to services for communities across the wider region.

AWARDS AND RECOGNITION

Steve Ball

Winner – Best Paper, IHEA Healthcare Facilities Management Conference Tasmania

NEW INITIATIVES

Area: Information Services

Desktop and Telephone Infrastructure Upgrade

During 2012/13 a progressive uplift of the supporting infrastructure that delivers both network applications and the telephone services across the health service was completed. For our clinical teams this means that they now have access to critical information seamlessly across both desktop and mobile devices to better support the delivery of care at the bedside, in our clinics, or remotely across the community into the future to support care at the right time and in the right location. For our consumers the change of numbers across all areas allows for expansion of our number range to support the growing numbers of services and locations where care is delivered. We thank our community for support and patience during one of the biggest infrastructure projects that Barwon Health has implemented.

Progress towards e-health.

Barwon Health continued to strengthen their leadership in IT by being the first health service in Australia to contribute medications information to a patients personally controlled electronic health records (PCEHR). This has been further enhanced by linking the PCEHR with Barwon Health held digital medical records and incorporating admission risk screening tools for nurses, e-form development and admission and emergency department notifications to a patient's nominated GP. This ensures that connected care through information sharing is constantly improving the consumer experience of our health service.

SURGICAL SERVICES

The surgical performance throughout this year was more of a challenge than previous years, with uncertainty around funding during the year a contributing factor. Overall the targets were mostly achieved and all of the key performance indicators agreed with the Statement of Priorities.

The number of patients on the Elective Surgery Wait List was kept below the target number of 2,145 patients, finishing the year at 2,058:

- 100% of Category 1 (urgent cases) was treated within the target of 30 days
- 60% of Category 2 patients on the waiting lists had been waiting for less than 90 days
- 84% of Category 3 patients on the waiting lists had been waiting for less than 365 days
- 7024 The number of patients that were admitted for elective surgery for the 12/13 FY which was 332 more than the previous year

AWARDS AND RECOGNITION

BARWON HEALTH QUALITY AWARDS 2012

Health Leaders Award – "Delivering joined-up healthcare"

Winner – Orthopaedic Management Team

2012 Victorian Public Healthcare Awards, Health Leaders Award, Secretary's Award for "Delivering joined-up healthcare".

Highly Commended, Orthopaedic Management Team

NEW INITIATIVES

Outpatient Improvement Program

With the review completed, the roll-out of recommendations is underway.

They include:

- A defined outpatient management structure to more effectively manage all Outpatient clinics
- Opening of the State Government funded Outpatient Annexe, located opposite the existing clinics in Bellerine Street. This building is now home to the Pain Clinic, Diabetes Referral Clinic, Pregnancy Care Clinic and other Specialist Medical Clinics
- Development of a suite of performance data reports and GP referral guidelines to ensure on-going assessment of throughput and efficiency
- Introduction of an electronic Queue Management System

Orthopaedic Flow Management Group

The Barwon Health Orthopaedic Management Team was established in 2011 to address the increasing demand for Orthopaedic services through end to end redesign of the patient care pathway.

In 18 months the number of long-waiting patients reduced from 648 in September 2010 to a low of 230 in April 2012 which has been maintained at a steady state since.

The redesigned process is characterised by:

- data to track and plan for long waiting patients using the Treat-In-Turn strategy
- a new model for pre-operative education
- standardised post-operative analgesia (acute pain management)

- protocols for total hip replacement and total knee replacement
- standardised clinical and process guidelines in acute and subacute settings
- a new model for transfer of care from acute to subacute and to home with services

Redesigning this service has been undertaken in partnership with patients and has resulted in patients indicating they are more prepared for the surgery by utilising an acute care daily goals checklist including early mobilisation, acute care seven day-a-week rehabilitation, elimination of duplication in the rehabilitation plan and patient care handover. Patients leave hospital with a service diary which provides certainty on who will provide the next point of care and when. The Barwon Health Orthopaedic Management Team reviews and analyses the data it captures each month.

Paediatric Fracture Clinic

A physiotherapist led paediatric fracture clinic project has been completed. The results have been impressive and have had a positive impact on clinical outcomes and provided an improved experience for these young patients. Funding has been agreed upon to allow the program to continue. This specialist paediatric clinic will continue and will run in parallel to Orthopaedic Consultant clinics.

MEDICAL SERVICES

Continued growth in our region has seen significant increases, both in demand for our services and in provision of those services.

We saw an increase of 4 per cent in the number of presentations in our Emergency Department, while our ability to see cases in all categories increased, indicating that patients were being seen more quickly than the previous year. More than 20,000 patients arrived by ambulance and were treated more quickly with Ambulance Off Stretcher times ranked as the best in Victoria.

We have continued to build capacity for supportive cancer care across the region with the completion of training on supportive care screening across all public health services providing cancer care and the establishment of 'Supportive Care Teams' at Hamilton and Warrnambool.

Birth rates have continued on an upward trend with 2,364 (YTD) babies for at The Geelong Hospital, for the 2012/2013, a 5.8% increase from the previous year.

Paediatric admissions have also increased by 6% YTD and our Special Care Nursery has had a large increase in admissions, 23% (YTD). Gynaecology service has also had an estimated 15% increase. A new paediatric outpatient clinic commenced to review children referred from the Emergency Department.

AWARDS AND RECOGNITION

- Barwon Medical Imaging (BMI) was awarded the Government Enterprise Award at the 2012 Geelong Advertiser Business Excellence Awards. This Award recognises our commitment to being Australia's leading regional medical imaging provider. Barwon Medical Imaging supports the services of Geelong Hospital whilst also providing community patients equitable access to high quality imaging.
- Peter Schoch from our Physiotherapy Department:
 Partnering with the "Melbourne Epicentre Department of Medicine Royal Melbourne Hospital" in identifying patients for the ethics approved research into –"Hip and knee osteoarthritis in younger people: Wellbeing, work limitations and preferences for self-management education."
- Sharon Hakkennes, Manager of our Physiotherapy Department: Awarded a \$20,000 research grant from the National Stroke Foundation for: "Pilot study of development of a utility weighting function for the Functional Independence Measure in stroke rehabilitation."

- Margaret Bradshaw (Paediatric Physiotherapist):
 Barwon Health Quality Awards, Living our Values –
 Outstanding clinical staff member Highly Commended.
- Physiotherapy Department, "A collaborative physiotherapy approach to improving care": Barwon Health Quality Awards, Achievement Awards – Outstanding Achievement by a team or an individual in healthcare over previous 12-18 months – Highly Commended.
- Sharon Hakkennes received a Doctor of Physiotherapy
 Her study examined selection processes for rehabilitation
 after acute severe stroke. In addition Sharon was
 awarded the Audience Choice Award in the recent
 Barwon Health Research Week poster competition.

Research Week Barwon Health Audience Choice Presentations: Winner

- Natasha Selenitsch: Awarded Masters of Health Science (Stroke Management).
- Dr Peter Vuillermin Paediatrician has been appointed as Associate Professor by Deakin University and as the Principal Investigator of the Barwon Infant Study has succeeded in recruiting nearly 1,000 babies.
- Associate Prof Mark Kotowicz attended a reception at Government House in the presence of the Duchess of Cornwall in recognition of his contribution to osteoporosis epidemiology and management. Associate Professor Kotowicz has also been elected to the Chair of the Royal Australasian College of Physicians Specialist Advisory Committee in Endocrinology that credentials endocrine training in Australia.
- Barwon Southwest Regional Integrated Cancer Service won a Barwon Health Quality Award for Excellence in partnering with regional healthcare providers for the Cancer Link Nurse Project. The Evaluation has been completed and is currently being prepared for publication.

NEW INITIATIVES:

Supportive Care Centre

Staff at the Barwon South West Integrated Cancer Centre are working with consumers and architects to design our new Supportive Care Centre. This redevelopment is to commence in 2013/14 and will complement our extensive range of cancer services.

Partnerships

Research has identified increasing cancer survival rates, and the ongoing and often complex physiological and psychological needs experienced by survivors. As a result a 2 year project supported by the Department of Health has been established to investigate these experiences which involves a partnership between Barwon Health, Barwon Medicare Local (formally Geelong GP Association), the Otway Division of GP's, Western District Health Service, Deakin University and Barwon South Western Regional Integrated Cancer Service.

Victorian Cancer Patient Experience Survey

BSWRICS has facilitated the pilot of the Victorian Cancer Patient Experience Survey at Barwon Health. This will provide detailed feedback from both inpatient and outpatient care recipients on the entire spectrum of care from diagnosis to survivorship.

Smoking and pregnancy

Pregnancy Care has implemented a trial service model to address the current gaps in practice and improve management of clients who smoke. This trial will implement and evaluate a multidisciplinary healthcare intervention for women identified as smokers or recent quitters within 25% of women that attend pregnancy care clinics at Barwon Health.



The intervention is proposed to be conducted for 12 months and compared to standard care. This trial is supported by an Obstetric Consultant, midwives, a smoking specialist nurse and SmokeFree Project staff at StaffCare.

Endoscopy

Dr Sina Alexander has established a significant workload performing endoscopic mucosal resection of upper and lower gastrointestinal tumours utilising highly skilful endoscopy techniques. This technique is used to remove polyps from the colon a technique for patients who would otherwise require surgery. A study conducted at Barwon Health by Dr Alexander shows that an Endoscopic Mucosal Resection (EMR) service can result in a significant reduction in the total number of surgeries performed for primary indication of large polyp removal. This major reduction was achieved despite a population growth within the Barwon region which is amongst the highest in Australia. As awareness and acceptance of EMR among referring doctors increases, even greater reductions in the surgical rate could reasonably be expected. Such reductions have financial implications: in this instance, the total number of day stays substantially decreased from 403 to 260. There is substantial cost savings associated with introducing a dedicated EMR service in a tertiary referral hospital.

Research

The Department of Medicine Clinical Trial Unit (CTU) conducts clinical trials in endocrinology, infectious disease and now paediatrics. CTU currently conducts 13 clinical trials which are a mix of pharmaceutically sponsored studies and investigator initiated collaborative research projects. These are in the areas of diabetes, Pagets Disease of the Bone, Osteoporosis, exercise, vaccine studies and paediatric RSV.

/ EDUCATION

MEDICAL EDUCATION AND TRAINING

2012 has been a year of firsts with the first graduates of the Deakin Medical school undertaking their intern year; 24 of them with Barwon Health. It is pleasing to see those who were training in conjunction with Barwon Health, now working as junior medical officers within the organisation.

It was also the year when the data collected for clinical student placements highlighted that Barwon Health is second only to Southern Health for the number of clinical placements for Medical Students and fifth for all clinical student placements within Victoria. A testament to the rapid journey the organisation has taken over the last few years since the announcement for the new regionally based Medical School in 2005, and the consolidation of the organisation's Education and Training coordination within a single business unit in the Kitchener House precinct some two years ago.

The commencement of the 2013 training year for HMOs and Registrars has seen further expansion of the training capacity in medicine with six new HMO2 positions in medicine and the start of a Barwon South West regional training program in general surgery where Barwon Health is the lead health service. The latter is a first in Victoria as previously all lead organisations for general surgery training were based in Melbourne. The medical initiative was led by the Director of General Medicine, Dr Andrew Hughes and the Director of Physician Education, Dr Deb Friedman and her predecessor Dr Thomas Yip, with the surgical initiative being led by Professor Watters and the Supervisor of General Surgery training Mr Glenn Guest.

The weekly Postgraduate Clinical Meeting (Grand Round) and the update program for the region's General Practitioners have continued to grow during the year. Dr Alistair Mander and Dr Rob MacGinley, who lead these programs respectively, have made considerable contributions over the year and are sincerely thanked for their efforts to maintain these programs at such high levels. The Postgraduate Clinical Meeting (Grand Round) is now held in the largest of the lecture theatres available, the Geelong Clinical School, with its dual PowerPoint projection capabilities and seating available for up to 176.

The meetings attract some 120 attendees who include some of the locally based Deakin University Academic and Research staff in addition to the Barwon Health staff. There is also greater integration across the service with the amalgamation of mental health meetings with the Grand Round.

The 2013 update program for General Practice exceeded expectation with 125 delegates.

AWARDS AND RECOGNITION

Annual prizes for excellence in medical postgraduate teaching and junior medical officer research were as follows:

Richard Hallows Prize

Awarded at the HMO finale (Last Postgraduate Clinical Meeting for the year) The Richard Hallows Prize is for excellence in Postgraduate teaching. This is voted on by the HMOs and the prize donated by the MSG (\$200 Book Voucher). The joint recipients for 2012 were Mr Glenn Guest and Dr Deb Friedman.

HMO Research Prizes:

1st Prize Dr James Pollard:

Prevalence of Clostridium difficile Colonization among Healthcare workers (\$1500)

2nd Prize Dr Patrick Chan:

Short vs. Long-acting local anaesthetic in open carpal tunnel release: which provides better pre-emptive analgesia in 1st 24 hours? (\$1000)

3rd (Encouragement) Dr Russell Hodgson:

ICOS-Ig Prolongs Xenograft Survival in Association with Increased Foxp3+ T Cells (\$500)

Winner Health Leader's Award 2012 & Board of Directors' Award 2012: Achieving a highly capable and engaged workforce

NEW INITIATIVES

The Education and Training Unit has completed a number of externally funded projects during 2012-13, as part of the Clinical Training Reform agenda being led by Health Workforce Australia (HWA). The Council of Australian Governments (COAG) identified clinical training reform as an important part of national health reform and tasked HWA with leading national coordination and reform in this area. The reform agenda is based on the recognition that the clinical training of Australia's health professionals must be nationally coordinated, consistent, and focused on quality – and importantly, it must meet the health needs of all Australians

The Education and Training Unit developed a number of successful submissions and received funding from Commonwealth (HWA), State (Department of Health) and Regional (Barwon South Western Clinical Placements Network) allocations to progress work in the areas of growth and capacity building; simulated learning environments; and clinical supervision.

During the planning phase of the capital works aspects of the projects, it became apparent that Barwon Health could achieve the greatest advantage by redeveloping existing spaces on the Geelong Hospital and McKellar Centre campuses. As a result, an invaluable space in the heart of Geelong Hospital has been developed as a clinical training venue, perfectly positioned for planned and opportunistic training. The most significant benefits, however, were achieved through redeveloping a former residential aged care unit at McKellar Centre and co-locating several capital works projects within it to create a modern, flexible education and training centre, incorporating large and small teaching spaces, multipurpose areas and clinical simulation rooms (including a teaching bathroom), that can be configured to replicate a variety of care settings. The renaissance of Ward 11 as the McKellar Education and Training Centre has seen a dilapidated building that started its life as the 'Infirmary Block' some 40 years ago become a light-filled, contemporary teaching and learning space suited to activities at all stages of the health career pathway.

Clinical Training Funding (CTF)

Funding made available by HWA through education providers the CTF program provides funds to ensure that there are sufficient training places to meet Australia's future health workforce needs and to allow students to fulfil the full clinical requirements of their training. The focus of Barwon Health's project in this program was on building capacity for student placements in nursing and physiotherapy.

• Clinical Supervision Support Program (CSSP)

This project was possible due to funding made available by Health Workforce Australia as an Australian Government initiative.

The CSSP aims to expand clinical supervision capacity and competence across the educational and training continuum by supporting measures to prepare and train clinical supervisors, and to deliver and develop a competent clinical supervision workforce, which delivers quality training. This project spanned the Barwon South Western region to provide support for clinical supervisors working with students, and build competence through a program of workplace training.

Small Capital and Equipment Program

This project was possible due to funding made available by Health Workforce Australia as an Australian Government initiative and the Department of Health, Victoria.

This program provides flexible contributions to small capital and equipment projects which will increase health service capacity to deliver clinical placements.

Simulated Learning Environments Program (SLE)

This project, funded by Health Workforce Australia as an Australian Government initiative provides a realistic and flexible alternative to traditional clinical training.

The Simulated Learning Environments (SLE) program aims to support the use of SLEs as a means to increase clinical training capacity and efficiency, and to influence the adoption of new and innovative training techniques.

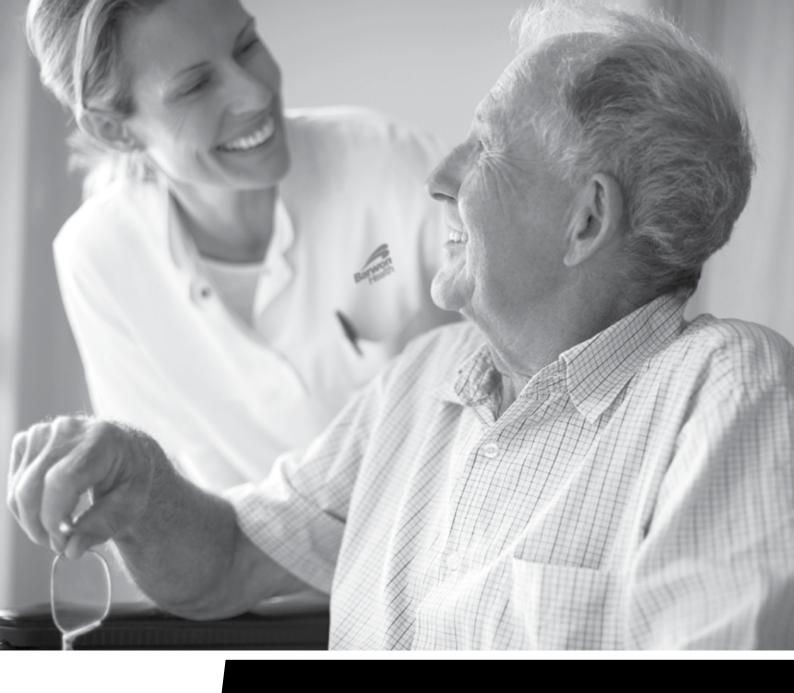
The funding provided to Barwon Health has been used to create modern spaces in which low to medium fidelity clinical simulation activities are conducted, and to develop programs for professional entry students that create opportunities for learning through practice of clinical and team skills using scenario based learning and interdisciplinary student groups.

Barwon-South Western Clinical Placements Network Strategic Project

Funded by the Department of Health, Victoria, the Barwon-South Western Clinical Placements Network allocated a portion of its Strategic Project funding to Barwon Health to develop an e-Learning package for health services in the Barwon-South Western Region, to enhance students' understanding of their role in quality and safety in healthcare both whilst on placement and once they enter the workforce as health professionals. The particular focus of the project was on the National Safety and Quality Health Service Standards.

A focus on partnerships with training providers has seen Barwon Health and The Gordon sign a Memorandum of Understanding. The result is a focus on integrated education and training at Barwon Health, and an organisational strategy that incorporates collaboration and regional leadership, resulting in a collaborative training model. This model sees us:

- Aligning vocational education programs with health service needs and targeting health training and education areas where the need is the greatest (alignment to Barwon Health Workforce Development Plan).
- Continuing to develop new and innovative ways to deliver health education and training to facilitate accelerated entry to the workforce and promoting initiatives that encourage health workers to maintain a level of skills, knowledge and competence that aligns with evolving health consumer needs and changes in service delivery.
- Developing workplace, professional and education and training practices that facilitate team approaches and multidisciplinary care.
- Exploring and developing models that enable articulated multiple career pathways to provide lifelong career opportunities in the health sector.
- Providing an environment that enables pathways for young people to orientate in the Health sector and pursue qualifications.



Barwon Health is Victoria's second biggest provider of clinical placements for medical students.

/ PART 1: PROJECTS AND HUMAN RESEARCH ETHICS COMMITTEE MEMBERSHIP 2012

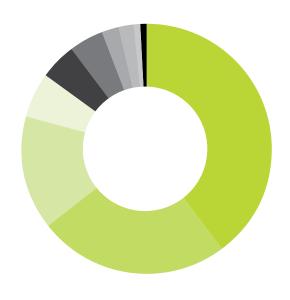
OFFICE FOR RESEARCH

During the year 2012/2013, the Barwon Health Office for Research managed 628 research projects including the review and approval of 154 new submissions. The majority of the active research projects (40%) are projects which involve a clinical question and 25% are clinical trials involving a clinical trial notification to the Therapeutic Goods Authority. Of the new approvals, 33 were approved through the Streamlined Ethical Review Process, 31 approved by the full Human Research Ethics Committee and the remainder through the Research Review Committee. 2012/3 reflects similar trends to previous years but also include an increased in clinical databases and laboratory research.

Professor Frances Quirk was appointed as the Director of Research, a new role for Barwon Health and reflecting an organisational commitment to research excellence and development of a vibrant research culture. Dr Stephen Lane, biostatistician, has also joined the Research Directorate to provide statistical support for research undertaken within Barwon Health.

RESEARCH COMMITTEES

During 2012/13 the full Human Research Ethics Committee met 11 times and the subcommittee, the Research Review Committee, met 12. Barwon Health recognises and thanks its research committee members for volunteering their time. Without their dedication, research at Barwon Health would not be possible.











- Qualitative Research
- Register: Database
- Public Health
- Basic/Applied Research
- Social Science
- Psychological



Human Research Ethics Committee

Chair: Mr Simon French

Ms Tineke Barry

Mr Lynsey Blakston

Ms Allison Bone

Ms Patricia Boom

Professor Thomas Callaly

Ms Bernice Davies

Mr David Dethridge

Dr Rod Fawcett

Mr Hans Fikkers

Mr Vincent Haveaux

Ms Lovonne Hunter

Ms Vanessa McBain

Dr Cate Nagle

Dr Cameron Osborne

Dr Amutha Samual

Me Darryl Towers

Mr Greg Weeks

Reverend Kevin Yelverton

Secretary: Ms Bernice Davies

Outgoing

There were four resignations from the ethics committee:

Mr Peter Ball

Dr Neil Orford

Professor Lee Kennedy

Ms Rosemary White

Incoming

Two new members were appointed during this time

Dr John Rolley

Dr Renee Otmar

Research Review Committee

Chair: Dr Mary Lou Chatterton

Ms Bernice Davies

Dr Olivia Dean

Ms Pam Dolley

Dr Trisha Dunning

Dr Mustafa Khasraw

A/Prof. Mark Kotowicz

Dr Stephen Lane

Mr Paul Muir

Dr Michael Smith

Ms Susan Streat

Ms Carolyn Williams

Minutes: Ms Vanessa McBain

Outgoing

There were four resignations from the Research Review Committee during the year:

Dr Lucy Cuddihy

A/Prof John Amerena

Ms Marjan Geertsema

Dr Jacqueline Hastings

Incoming

Three new members were appointed during this time:

Dr Adrienne O'Neil

Ms Tania Salerna

Dr Gil Stynes

RESEARCH WEEK 2012

Research Week is an initiative of the Smart Geelong Network, a collaboration of educational and research organisations within Geelong. It has been an annual event for most of the past decade. Barwon Health undertakes its own research events in keeping with this week. The week's events included workshops from the centre of Nursing and Allied Health Research and the Barwon Infant Study, and a poster competition.

POSTER COMPETITION

The popular poster competition invites Barwon Health researchers to submit a poster of their current or recently completed projects. An impressive total of 78 posters were displayed and the presentations were made by our CEO, Professor David Ashbridge. The 2012 judges were: Professor Gerard Gill, Professor Trisha Dunning, A/Professor Mark Kotowicz, Dr Pam Dolley, Dr Mary Lou Chatterton, Dr Seetal Dodd, Professor Ken Walder and Dr Laura Grey.

The 2012 winners were:

Best Scientific Poster

- R60 Nathan Biggs/Rangarajan Shrikkanth "Has Carotid Artery Stenting found its place? A 10-year Regional Centre perspective." Co-investigators: David McClure
- R58: Moore Eileen, "Increased risk of cognitive impairment in patients with diabetes is associated with metformin", Co investigators: Alastair Mander, Ross Carne, Mark Kotowicz, David Ames, David Watters

Audience Choice

AC04 Hakkennes, Sharon "Accessing inpatient rehabilitation after severe stroke: age, mobility, pre-stroke function and acute hospital unit are associated with discharge to rehabilitation" Co-Investigators: K Hill, K Brock, J Bernhardt, L Churilov

Merits

- R14 Dunning, Trisha "Managing diabetes medicines in regional residential aged care facilities: balancing competing challenges" Co- Investigators: Sally Wellard, Bodil Rasmussen, Sally Savage
- R17 Williams, Lana "Selective serotonin reuptake inhibitor use and bone mineral density in men:
 Geelong Osteoporosis Study" Co- Investigators:
 Julie Pasco, Felice Jacka, Jason Hodge, Seetal Dodd, Mark Kotowicz, Michael Berk
- R18 Gould, Haslinda "The association between AT1 receptor antagonists and the risk of fragility fracture in women" Co- Investigators: Robert J MacInnis, Julie Pasco, Mark Jenkins, Mark Kotowicz
- R36 Southall, Carling & Kennedy, Danielle "Effect of Cryopreservation, Cryostorage and Thawing on Mononuclear Cell Populations: Detailed examination of CD4+ T-cell Subsets" Co- Investigators: Fiona Collier, Mimi Tang, Peter Vuillermin
- R37 Stuart, Amanda "Depression and falls in men: the Geelong Osteoporosis Study" Co- Investigators: Julie Pasco, Michael Berk, Lana Williams
- R49 Collier, Fiona "Maturation of CD4+ T cells following Birth: Transition from Recent Thymic Emigrants to Memory Cells" Co- Investigators: Mimi Tang, Anne-Louise Ponsonby, Pete Vuillermin
- R61 Savage, Sally "The experiences and needs of family members/carers of people with diabetes at the end of life" Co- Investigators: Trisha Dunning, Nicole Duggan, Peter Martin

Research Week is an initiative of the Smart Geelong Network; Barwon Health is a member of this network.



/ PART 2: PUBLICATIONS 2012

ALLIED HEALTH

PHYSIOTHERAPY

- **1.** Schoch P, Adair L, Successfully reforming orthopaedic outpatients, Australian Health Review (2012), 36(2):233-237.
- **2.** Stagnitti K, da Graca Costa M, Falzon M, Williams C, Chi J, Upper limb pain and decline in strength during rehabilitation for a lower limb injury, International Journal of Therapy and Rehabilitation, (2013), 20(3):136-143.
- 3. Hakkennes S, Hill K, Brock K, Bernhardt J, Churilov L, Accessing inpatient rehabilitation after acute severe stroke: age, mobility, prestroke function and hospital unit are associated with discharge to inpatient rehabilitation, International Journal of Rehabilitation Research (2012) 35(4):323-329.
- **4.** Hakkennes S, Hill K, Brock K, Bernhardt J, Churilov L, Selection for inpatient rehabilitation after severe stroke: what factors influence rehabilitation assessor decision-making? Journal of Rehabilitation Medicine (2013), 45(1):24-31.

NURSING

- **5.** Dunning T, Savage S, Duggan N, Martin P, Diabetes and end of life: ethical and methodological issues in gathering evidence to guide care, Scandinavian Journal of Caring Sciences (2012),1–9.
- **6.** Dunning T, Savage S, Duggan N, Martin P, Developing clinical guidelines for end of life care: blending evidence and consensus, International Journal of Palliative Nursing (2012), 18(8):397–405.
- **7.** Savage S, Dunning T, Duggan N, Martin P, The experiences and care preferences of people with diabetes at the end of life, Journal of Hospice and Palliative Nursing (2012), 14:293–302.

- **8.** Jones K, Dunning T, Users' perspective of the chronic disease management system: a pilot study, Journal of Diabetes Nursing (2012), 15:381–386.
- **9.** Jones K, Dunning T, Costa B, Fitzgerald K, Adaji A, et al, The CDM-Net project: the development, implementation and evaluation of a broadband-based network for managing the chronic disease, International Journal of Family Medicine (2012), 2012:1–7.
- **10.** Dunning T, Leach H, Williams A, et al, Insulin: a commonly used high-risk medicine, Practical Diabetes (2012), 29:72–75.
- **11.** Manya K, Champion B, Dunning T, The use of complementary and alternative medicines among people living with diabetes in Sydney, BMC Complementary Medicine (2012), 12: 1–5.
- **12.** Dunning T, MacGinley R, Ward G, Is point of care testing for anaemia (Hb) and microalbumin feasible in people with type 2 diabetes attending outpatient clinics? Renal Society of Australasia Journal (2012), 8:47–52.
- **13**. Claydon-Platt K, Manias E, Dunning T, Medication-related problems occurring in people with diabetes during admission to an adult teaching hospital: a retrospective cohort study, Diabetes Research and Clinical Practice (2012), 97:223-230.
- **14.** Speight J, Conn J, Dunning T, Skinner T, Diabetes Australia position statement. A new language for diabetes: improving communications with and about diabetes, Diabetes Research and Clinical Practice (2012), 1–5.
- **15.** Dunning T, A naturopathic approach to managing diabetes, Australian Diabetes Educator (2012), 15:25–28.
- **16.** Dunning T, Complementary medicine use: the importance of having an open mind and asking appropriate questions, Australian Diabetes Educator (2012), 15:38–40.
- **17.** Dunning T, Journal clubs: how to develop and run a successful journal club, Australian Diabetes Educator (2012), 34–36.



- **18.** Dunning T, Managing diabetes at the end of life, Diabetes Management Journal (2012), 6–8.
- **19.** Dunning T, Integrative medicine—a way to enhance nursing care? Australian Nursing Journal (2012), 12:39.
- **20.** Ostaszkiewicz J, O'Connell B, Dunning T, How is the quality of continence care determined in Australian residential aged care settings? A content analysis of accreditation reports, Australian and New Zealand Continence Journal (2012), 18(4):102–109.
- **21.** Ostaszkiewicz J, O'Connell B, Dunning T, Residents' perspectives on urinary incontinence: a review of literature, Scandinavian Journal of Caring Sciences (2012), 26(4):761-72.
- **22.** Walker, A., Earl. C., Costa, B., & Cuddihy, L. (2012). Graduate nurses' transition and integration into the workplace: A qualitative comparison of graduate nurses' and nurse unit managers' perspectives. Nurse Education Today.

Books

23. Dunning T, Diabetes Education: Art, Science and Evidence. Wiley Blackwell, Chichester (Ed) (2012).

Book chapters

- **24.** Dunning, T, Integrating Complementary and Conventional Care Using Quality Use of Medicines as a Framework. In Saad, M. & de Medeiros, R., (Eds). Complementary Therapies for Contemporary Healthcare. InTech (2012), DOI: 10.5772/3307.
- **25.** Dunning, T, Chapter in a diabetes series for health professionals. A Practical Guide to Diabetes Care in Older People Diabetes Primary Care UK (2012).

BARWON BIOMEDICAL RESEARCH (BBR)

- **26.** Collier F, Tang M, Ponsonby AL, Vuillermin P, Flow Cytometric assessment of cord blood as an alternative strategy for population-based screening of severe combined immunodeficiency, J Allergy Clin Immunol (2013), (No pages noted).
- **27.** Hodge, J.M, Y. Wang, M. Berk, F.M. Collier, T.J. Fernandes, M.J. Constable, J.A. Pasco, S. Dodd, G.C. Nicholson, R.L. Kennedy, and L.J. Williams, Selective Serotonin Reuptake Inhibitors Inhibit Human Osteoclast and Osteoblast Formation and Function Biol Psychiatry, 2012.
- **28.** Hodge JM, Collier FM, Pavlos NJ, Kirkland MA, Nicholson GC, M-CSF potently augments RANKL-induced resorption activation in mature human osteoclasts, PLoS One (2011);6(6):e21462.
- **29.** Rigby L, Muscat A, Ashley D, Algar E, Methods for the analysis of histone H3 and H4 acetylation in blood, Epigenetics (2012), Aug;7(8):875-82.
- **30.** Saleh H, Eeles D, Hodge JM, Nicholson GC, Gu R, Pompolo S, et al, Interleukin-33, a target of parathyroid hormone and oncostatin m, increases osteoblastic matrix mineral deposition and inhibits osteoclast formation in vitro, Endocrinology (2011), 152:1911-22.
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/ VOLUNTEERS

Volunteer Services have been working to revitalize our presence, and to establish a more 'professional volunteering' profile. Part of our plan is to establish strategic Corporate Volunteering Partnerships. The purpose of these partnerships is to provide Barwon Health with an external pool of subject matter experts to support our existing and future operations, while also increasing our brand profile within the corporate world.

Barwon Health's first Corporate Volunteering Partner, National Australia Bank (NAB), has recently been engaged.

This partnership with NAB means that Skilled Volunteers are available across all levels, including Executive Management. Volunteers are typically available for a total of 16 hours each, however on large scale projects, secondments are available (2 weeks+ fulltime) for projects which directly impact the Australian community.

AWARDS AND RECOGNITION

Life Membership at Barwon Health is a new initiative, awarded to volunteers for valuable and admirable service to our organisation, above and beyond the expected level of contribution. Considered the most prestigious award presented to volunteers at Barwon Health, it is one that is not given lightly, and only the most deserving, passionate and committed individuals are inducted. The decision of a life member induction is made by Barwon Health's Board and Chief Executive and will be formally announced at the annual National Volunteer Week celebration. Life membership is awarded on an individual basis and may not be awarded every year.

During National Volunteer Week 2013, Dr Sarah Leach and Professor David Ashbridge, inducted 11 Life Members to the honour roll:

Life Member names:

Barbara Barrett

Cora Biggins

Lorraine Wescott

Cornelius Horsten

Graham Brooks

Elizabeth Thomas

Marilyn Dolling

Gwenda Dixon

James Broadbent

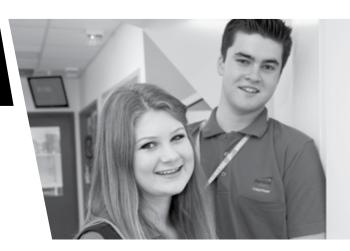
Roger Verschuren

Audrey Milligan

Minister for Health Award Winners:

Outstanding Individual Awards Recipients:

 Gordon Bell - Gordon is a very well-known and respected member of the Barwon Health team, volunteering across the emergency, renal dialysis, acute and community rehabilitation departments as a patient transport driver. Gordon transports consumers to and from lifesaving and life enhancing medical and recreational appointments, staff to their vehicles safely after dark or provides much needed companionship to some of our regions most isolated individuals. Volunteer Services have been working to revitalize our presence, and to establish a more 'professional volunteering' profile.



• Ken Hawkins - Ken volunteers at the Belmont Community Rehabilitation Facility, a community based residential recovery service that provides support for people with a lived experience of significant mental distress. Ken provides expert peer support counselling, as well as coaching, to aid people in their recovery journey and sets an example of the potential for recovery within the service. The courage and integrity with which he relates his story to others inspires hope within the community that they too can recover. The authenticity of Ken's story and the personal nature of his journey allows him to meet others in a unique place and provide support in a manner that no-one else in the service can provide.

Minister for Health Award Winners

Outstanding Achievement by a Team: Regional Health Services

Emergency Department Volunteers - A team of dedicated emergency department (ED) volunteers was established in 2003 to enhance the treatment and experience of patients and their families when attending the service. The team of 46 volunteers work 12 hours per day, 365 days per year to ease the anxiety and stress experienced by patients and their families in the ED. Volunteers offer companionship to patients who are alone, provide conversation and comfort to distressed families and friends, care for children to give parents a break, and provide information on facilities or services within the hospital. These volunteers donate their time in an extremely traumatic, emotive and fast paced environment. Regardless of their surrounds, they continue to offer a friendly smile and thoughtful touch to our community.

Palliative Care Unit Volunteers

Within the McKellar Centre's Palliative Care Unit is a team of 11 specially trained volunteers who provide extensive non-clinical and social support to palliative clients, families and staff. They epitomise Barwon Health's values of respect, compassion, accountability, commitment and innovation. The team has three key areas of focus: information desk, happy hour, companionship and hand massage. Within these key areas each of the volunteers shows a high level of dedication and compassion. In what can be an emotionally challenging situation, volunteers generously give their time to share the client's journey in what is a very vulnerable stage of their lives. The empathy and support to palliative care clients and their families provided by the team brings joy and relief to clients and their families.

/ WORKING WITH OUR COMMUNITY

CONSUMER LIAISON

Barwon Health's mission is to provide accessible high quality services to our community. One of the ways we do this is by encouraging consumers to provide us with feedback. Barwon Health's Consumer Liaison has built up a reputation of providing a service built on transparency, open communication and delivering timely resolutions to complaints. The number of registered compliments received for 2012/2013 is is 721, up from the 2011/2012 total of 382.

| Complaints Closure Rate | |
|----------------------------|-----|
| Acknowledged within 5 days | 413 |
| Closed within 35 days | 464 |

Note: Figures do not include June closure rate. At time of going to print June figures were not available.

Financial Year Quarterly complaints

| | 1st Q | 2nd Q | 3rd Q | 4th Q | YEAR TOTAL |
|---------|-------|-------|-------|-------|---------------|
| 2009-10 | 136 | 93 | 80 | 88 | 410 |
| 2010-11 | 89 | 87 | 89 | 128 | 393 |
| 2011-12 | 126 | 103 | 128 | 120 | 477 |
| 2012-13 | 121 | 116 | 142 | 166 | 545 |

Community Advisory Committee

Barwon Health's Community Advisory Committee provides direction and leadership in the integration of consumer, carer and community views into all levels of Barwon Health's operations, planning and policy development. The committee's members, including eight consumer and community representatives and three Board members, contribute specialist knowledge and expertise, are active in the community with strong community networks and possess a sound understanding of local and regional issues, and have the capacity to reflect on and present community issues.

It has been well recognised by the Community Advisory Committee that the success of consumer and community participation relies on fostering both an organisational and cultural change. This was recognised by the development and endorsement of the Consumer and Community Participation Framework, enabling a more structured and coordinated commitment to participation and a guide to the development and implementation of strategies which are open, inclusive and responsive to local needs.

Through the Community Advisory Committee and the development of the Consumer and Community Participation Framework, Barwon Health is viewed as a Victorian leader in its approach to consumer engagement in the provision of health care.



ETHNIC HEALTH SERVICES

The Refugee Health Nurse Program (RHNP) based at Corio Community Health Centre responds to the complex health issues of arriving refugees. It aims to:

- · Increase refugees' access to primary health services
- Improve the response of health services to refugees' needs
- Enable individuals, families and refugee communities to improve their health and wellbeing

The Program continues to assist newly arrived refugees who have settled into the Geelong region. These families have come from a variety of countries and cultures including Burma, Afghanistan, Liberia and the Congo. The majority of these people arrive having experienced significant trauma and conflict in their country of origin.

The RHNP seeks to optimise the long-term health of refugees by promoting accessible and culturally appropriate health care services that are innovative and responsive to the unique needs of refugees. The RHNP strives to build the capacity of individuals, families and refugee communities to improve their health through disease management and prevention, the development of referral networks and collaborative relationships with general practitioners and other health providers, and strengthen connections with social support programs.

Table 1: Total number of interpreters provided annually

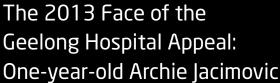
| TIME PERIOD | NUMBER OF INTERPRETERS REQUESTED | NUMBER OF VARIANCE ON PREVIOUS YEAR | % OF VARIANCE ON PREVIOUS YEAR |
|-----------------|--|---|--------------------------------------|
| Jul 08 - Jun 09 | 4,083 | +700 | 20% |
| Jul 09 - Jun 10 | 4,458 | +375 | 9% |
| Jul 10 - Jun 11 | 5,732 | +1,274 | 28% |
| Jul 11 - Jun 12 | 5,382 | -350 | 6% |
| Jul 12 - Jun 13 | 6302 | 920 | 17.2% |

Table 2: Number of interpreter bookings for new and emerging languages

| New Language | Interpreters Booked 12/13 | Interpreters Booked 11/12 | Interpreters Booked 10/11 | Interpreters Booked 09/10 | Interpreters Booked 08/09 |
|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Karen (or Burmese) | 912 | 1175 | 1077 | 1053 | 823 |
| Mandarin | 181 | 238 | 193 | 175 | 79 |
| Nuer | 217 | 101 | 200 | 144 | 174 |
| Arabic | 176 | 95 | 144 | 130 | 40 |
| Dinka | 84 | 72 | 66 | 81 | 129 |
| Albanian | 26 | 25 | 36 | 20 | 24 |



/ BARWON HEALTH FOUNDATION



When Claire was 19 weeks pregnant a complication in her pregnancy was detected. Claire, and Archie's Dad Stephen, were told that this condition might result in a Caesarean but they didn't realise that it would result in a premature birth.

The result was Archie being born 12 weeks early, weighing only 1,059 grams; the first three months of her life was spent in special care nurseries in Melbourne and here in Geelong.

According to Claire, the Barwon Health Special Care Nursery staff were "fantastic" and "made extra effort to care for the babies and ensure that time spent in the nursery was a happy one."

Archie's family are delighted to help raise awareness about the Special Care Nursery Redevelopment at Geelong Hospital.



MESSAGE FROM THE CHAIR OF BARWON HEALTH FOUNDATION

As the outgoing Chair of the Barwon Health Foundation Board and Geelong Hospital Appeal Committee it has been my pleasure to work with the dedicated staff of the Foundation and fellow Board and Committee members over the last six years to achieve positive infrastructure outcomes for the betterment of the community of the region. During this time we have delivered some wonderful achievements; naturally the highlight has been the three year \$7.8M redevelopment of the Cotton On Foundation Children's Ward which was officially opened in January 2013.

The Geelong Hospital Appeal has grown, with a number of businesses coming on board as Appeal Partners and the community embracing the concept that we can make a difference to the comfort and support of patients under the care of Barwon Health. This has been evident by the distribution this financial year of \$2 million dollars in donation funds to purchase vital pieces of medical equipment in addition to the funding support for the Cotton On Foundation Children's Ward.

I have been impressed with the Geelong community's support of our causes and the contribution to our events through sponsorship, attendance and the donation of many raffle and silent auction items by businesses and individuals. This generosity has ensured our events are of the highest quality providing successful outcomes socially and financially.

Chefs and food suppliers continue to support the World's Longest Lunch by giving of their time and produce ensuring this continues to be one of Geelong's premier annual events.

It has been a rewarding experience working with the numerous volunteers, Board and Appeal Committee members, not to mention our passionate Patron, Peter Hitchener, the supportive Ambassadors and the lovely young faces of our Appeal and their supportive families over the years. Thank you to all concerned who have contributed in so many ways to the Geelong Hospital Appeal and Barwon Health Foundation ensuring we give the gift of good health.

Please continue to provide that same level of support in 2013-14 and embrace the new project to redevelop the Special Care Nursery and improve our public health services for the benefit of our community.

Thank you one and all.

Helene J. Bonder

Helene Bender

OAM

/ GIVING THE GIFT OF GOOD HEALTH

WHERE THE MONEY GOES:

The Annual Geelong Hospital Appeal

The Barwon Health Foundation continued to work with the community and local business to support the services of Barwon Health. Under the fundraising banner of the annual Geelong Hospital Appeal more than \$2 million dollars was donated to provide medical equipment and items to support patients. The Andrew Love Cancer Centre, Community Health Centres, McKellar Centre and the Geelong Hospital were thankful recipients of items paid for by the generosity of donors. One item of note was a new CT scanner worth more than \$100,000 that provides significant reductions in radiation dosages, particularly suited for use for children and young adults; reducing the risk of cancer.

The Cotton On Foundation Children's Ward.

It was with immense pride and satisfaction that the Cotton On Foundation Children's Ward was officially opened in January 2013. The opening provided an opportunity to showcase the new features and improvements that are now making a huge difference to the experience of children and their families undergoing treatment. The completion of the ward was a celebration of community spirit and generosity. The Barwon Health Foundation has been extremely fortunate to have the enduring support of Cotton On combined with our Appeal Partners, Businesses and the Community over a four year period to raise the sum of \$8 million. The final component being a state of the art playground.

Our Supporters

The Barwon Health Foundation extends its appreciation and gratitude to our Patron Peter Hitchener, Appeal Ambassadors, Appeal Partners, support groups and donors for their contribution to Barwon Health and the community.

Patron:

Peter Hitchener

Geelong Hospital Appeal Ambassadors:

Denis Walter, Tom Lonergan, Daniel Menzel, Grant Sutherland, Mike Hirst, Nathan Deakes

THE FUNDRAISING YEAR

The Launch

The 2013 Geelong Hospital Appeal was launched at the Deakin University Waterfront Cafe in February. The event featured 3AW radio personality Denis Walter as master of ceremonies and Alisa Camplin OAM, Olympic Skier and Gold medallist as the guest speaker to launch the latest project the redevelopment of the Special care Nursery.

New Community Project – Redevelopment of the Special care Nursery

In conjunction with our project partners, the Cotton on Foundation, it was publicly announced that the Geelong Hospital Appeal would focus on the redevelopment of the Special care Nursery. Untouched for nearly 20 years and desperately in need of more space and amenities for the babies, mothers and the nursing staff a \$3.8 Million project has been offered to the community for support. If the support and generosity that was forthcoming for the Cotton On Foundation Children's ward is a guide, then the Special Care Nursery will be achievable.

Events

The Barwon Health Foundation events were well patronised and raised a record amount totalling almost \$400,000. Gala Day was a greater success than the previous year largely due to improved weather conditions. Gala day provides Barwon Health with the opportunity to give something

The Barwon Health
Foundation continued to
work with the community and
local business to support the
services of Barwon Health.



back to the community. The support of our major sponsors GForce Employment solutions and Morris Finance is instrumental in maintaining the viability of this iconic event. Catwalk for Cancer sold out quickly and was a popular fashion event for the Andrew Love Cancer Centre. Dry July, a new initiative for us, was an outstanding success raising more than \$84,000 for direct support of patients undergoing cancer treatment.

The Barwon Health Foundation acknowledges and thanks all our patrons, major and minor sponsors for their contribution to the Geelong Hospital Appeal through their support of our fundraising events.

The Geelong Hospital Appeal Giving Weekend

The proceeds continue to grow at an amazing rate thanks to increasing community support for the Appeal. \$61,000 was raised over the two days with a number of donations being sent at a later date due to the awareness the event created. The Barwon Health Foundation appreciate the support of the businesses and their employees who participate in the Friday morning tin shake at railway stations and intersections, together with the large number of volunteers who attend all the donation outlets on the Saturday.

Cotton On Foundation - Major Project Partner - Run Geelong.

Run Geelong continues to grow, resulting in another magnificent contribution of \$503,094 to support the final phase of the Children's Ward. The Run is now one of Geelong premium events, filling the streets with more than 11,000 people running for a cause.

The Media: The Barwon Health Foundation appreciates the support of our media partners the Geelong Advertiser, BayFM and K-Rock.

THERE ARE MANY WAYS TO MAKE A DIFFERENCE

Community Groups and Service Clubs

Service clubs and community groups continue to be proactive in raising funds to purchase vital pieces of medical equipment. To the service clubs throughout the region that represent Lions and Rotary, the Our Women Our Children Volunteers, the Cancer After Care Group, hospital auxilliaries and all other organisations, thank you for your continued support that make a significant difference to the quality of care provided by Barwon Health.

The Blue Ribbon Foundation Ball & Bronte's Ball, provided significant contributions to the Cotton On Foundation Children' Ward. Our Women Our Children Volunteers ran another successful Easter egg hunt and many smaller fundraising events to support women's and children's services. Individuals, businesses and community groups continue to adopt a clinical area within Barwon Health to support and raise funds for those services. These important fundraising relationships are all making a difference to the patient experience.

GIVING THE GIFT OF GOOD HEALTH

Barwon Health Foundation acknowledges all the support from our local community for the Geelong Hospital Appeal.

For all who have given we say thank you for continuing to give the "Gift of Good Health".

Gavin Seidel
Executive Director

MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD MEMBERS JULY 2012 - JUNE 2013

| BOARD MEMBERS | 01 AUG 12 | 03 OCT 12 | 05 DEC 12 | 06 FEB 13 | 03 APR 13 | 05 JUN 13 | % ATTENDED |
|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Helene Bender OAM (Chair) | 1 | ✓ | ✓ | ✓ | ✓ | + | 100% |
| Dr John Stekelenberg | ✓ | Α | ✓ | ✓ | А | ✓ | 75% |
| John Frame | ✓ | ✓ | ✓ | ✓ | ✓ | А | 83% |
| Tony McManus | ✓ | Α | ✓ | ✓ | ✓ | + | 83% |
| Pat Murnane | Α | ✓ | ✓ | А | ✓ | ✓ | 75% |
| Russell Malishev | ✓ | ✓ | 1 | А | 1 | 1 | 83% |
| Bob Eadie | А | ✓ | 1 | 1 | 1 | 1 | 83% |
| Diane Nelson | ✓ | Α | ✓ | ✓ | 1 | 1 | 83% |
| Dr David Mackay | ✓ | ✓ | А | 1 | 1 | 1 | 83% |
| Peter Temple | А | Α | ✓ | ✓ | Α | ✓ | 50% |
| Andrew Jones | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| Stephen Wight | * | • | А | ✓ | А | ✓ | 50% |
| | | | | | | | |
| IN ATTENDANCE | | | | | | | |
| ** Professor Dr David Ashbridge | ✓ | ✓ | Α | ✓ | Α | Α | |
| ** Gavin Seidel | 1 | ✓ | ✓ | ✓ | ✓ | ✓ | |

✓ In attendance A Apology ◆ Directors not on Board at time





MEMBER DETAILS Helene Bender / OAM

Chair, Barwon Health Foundation

Dr John Stekelenburg Chair, Barwon Health Board

John Frame

Pat Murnane

Bendigo Bank Regional Manager Southern Victoria & South Australia

Russell Malishev

Malishev Homes

Tony McManus

Consulting Services

Bob Eadie

Diane Nelson

Geelong Chamber of Commerce

Peter Temple

Wharf Shed/Le Parisien

Dr David Mackay

Board Member Barwon Health

Andrew Jones

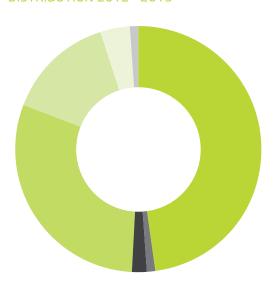
Nam Australia Pty Ltd

Stephen Wight

Board Member, Barwon Health

In attendance at meetings

- ** **Professor David Ashbridge** / Chief Executive Barwon Health
- ** **Gavin Seidel** / Executive Director Barwon Health Foundation



- Cotton On Foundation Children's Ward Redevelopment Clinical trial under CTN/CTX scheme
- Other Barwon Health Services
 - Andrew Love & Cancer Services
- Research
- Emergency department
- Community & Mental Health Services
- McKellar Centre & Aged Care Services

GEELONG HOSPITAL APPEAL PARTNERS 2012/2013

































Support Groups

Cancer after Care Group

Heartbeat Geelong

Our Women Our Children Volunteers

East Geelong Auxiliary

South Barwon Auxiliary

Bronte's Ball - The Russell Family

Shane O'Brien Asthma Foundation

NAB Staff Geelong

Victorian Police Blue Ribbon Foundation

Major Sponsors

Morris Finance

VECCI

Rotary Club of Geelong

Malishev Homes

GForce Employment Solutions

Cancer after Care Group

TAC

Momentum Energy

While it is not possible to list all who contributed in 2012/2013, the Barwon Health Foundation and Barwon Health services sincerely appreciate every donation. Collectively it makes a difference to the level of patient care for our community.

LIST OF DONATIONS RECEIVED OVER \$1,000

Access Mercantile Agency

Adams Print

Alan & Hannah Nettley

Alcoa Alie Schilt

All Saints Anglican Oportunity Shop Aust Machinery Wholesalers Barwon Grove Golf Club

Ben Kawa

Blue Ribbon Foundation

Brett Larkins Brownbill, John W Buffaloes Lodge Campbell Brumby

Cancer After Care Group Geelong Incorporated

Cancer Council of Victoria Chifley Hotel & Apartments Christian college Bellerine City of Greater Geelong Clifton Springs Golf Club Collier Charitable Fund Community Care Chemists

Coogan, R & C

Coulter Roache Lawyers Darriwill Farm Highton

Dawn Krig

Derksen J, Blakeborough D Harding J

Deslee Santic Devlin, Keith

Dimmick Charitable Trust
Douglas Kefford Capital Pty Ltd
Entertainment Publications
Estate Marta Dzierlega

Estate of Andrew Lachlan Dawson Estate of Betty Rosina Strachan

Estate of Doreen Mann

Estate of Dorothy May Eichenberger Estate of Frederik Van Oosten Estate of Gerald Stuart Strachan Estate of John Thomas Randall

Estate of Kazimiera Rosemary Downard

Estate of Lois Dorothy Menzel Estate of Maude Fanny Blunt Estate of Ron Kershaw Geelong Ballroom Dance Club

Geelong Bowls Region Geelong Central Fidelity Club Geelong Cross Country Club Geelong Grove Retirement Village

Geelong Picnic Fund

Geelong Regional Walking Group

Geelong Street Rodders Geelong's Gym Pty Ltd Going Nuts Committee Goodstart East Geelong Grazvna Panikov

Heartbeat Geelong Hilary Blakiston Hirst, Micheal Hopkins, Henry

Internation Harvester Male Chorus

Kaanta Bedi KANE Constructions Karen Knuckey

Knight Frank Australia Pty Ltd Lions Club of Clifton Springs

Lions Club of Inverleigh - Leigh Valley Inc

Lyons, Kevin & Margaret

McNeil, Jan

Mitchell Burke & Co. Lawyers Estate of Roy Lindsay Bockholt

Morris Finance NAB Staff

National Serviceman's Association Ocean Grove Primary School

Oceans 9 One Steel

Peter Stevens Motor Cycles

Petrel Hotel
Phonchone Family
Powercor Australia Limited
Qantas Avalon Check Shirt
Ronald & Mavis James
Ross, Vincent

Rotary Club of Drysdale Inc

Shane O'Brien Asthma Foundation

Sharp, Lyndsay Shell Geelong Refinery Skill Labour Service

South Barwon Hospital Auxiliary South Geelong Primary School

Stainforth, Rob Sutcliffe, M Sutherland, Susie

Tait, Ian

Tannoch Brae Retirement Village "Residents Committee"

The Barn Embroidery Group Tombstone Country Club

Trust Company Ltd - Oswald Hearne Trust

Tuckers Funerals Turner, Stuart Wilson, R Woolworths WECU

Work Health Work Safe



To all donors, sponsors and Appeal partners THANK YOU

/ BARWON HEALTH FINANCIAL STATEMENTS

FINANCIAL REPORT

Barwon Health recorded an operating surplus for the year of \$952,000 (2012, \$179,000), on total operating revenues of almost \$529 million. The capital result, including the expense of unfunded depreciation highlighted a net surplus for the year of more than \$2.7 million, compared with a loss for the previous year of almost \$9.7 million.

The financial result is particularly pleasing given the uncertainty of funding commitments that arose during the year. Record levels of services were offered to the community over the year and the positive financial result would not have been achievable without an organisational-wide commitment to service improvement in areas of fiscal and clinical management.

Fundraising efforts have continued to play a role in the success of the organisation. The many generous supporters of Barwon Health contributed to the Barwon Health Foundation raising over \$3.4 million throughout the year, creating a valuable source of funding as demand for our services continues to grow. The continued support of Barwon Health, from the community, our volunteers, our donors and our staff has contributed significantly to the success of the organisation.

As demand for our services continue to grow, the organisation is well placed to meet the challenge to provide a comprehensive health service, for the community of Geelong and South West Victoria.

FIVE YEAR FINANCIAL SUMMARY

| | 2012/13 \$'M | 2011/12 \$'M | 2010/11 \$'M | 2009/10 \$'M | 2008/09 \$'M | 2007/08 \$'M |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Revenue and Expenses | | | | | | |
| Operating Revenue | 529.0 | 505.9 | 473.1 | 436.8 | 409.8 | 378.2 |
| Operating Expenses | 528.0 | 505.7 | 473.0 | 441.6 | 414.6 | 381.4 |
| Operating Result (before Capital Income and Depreciation) | 1.0 | 0.2 | 0.1 | (4.8) | (4.8) | (3.2) |
| Operating Result (inclusive of Capital Income and Depreciation) | 2.7 | (9.7) | (11.9) | (9.4) | 7.4 | 3.3 |
| Balance Sheet Statistics | | | | | | |
| Total Assets | 594.8 | 582.5 | 571.1 | 582.7 | 585.2 | 425.4 |
| Total Liabilities | 135.3 | 127.5 | 106.7 | 106.3 | 99.6 | 92.9 |
| Total Equity | 459.5 | 455.0 | 464.4 | 476.4 | 485.6 | 332.5 |
| Financial Indicators | | | | | | |
| Surplus/(Deficit) of Net Current Assets (\$'m) | (85.8) | (75.0) | (65.1) | (27.4) | (13.0) | (12.8) |
| Current Asset Ratio (numeric value) | 0.29 | 0.34 | 0.31 | 0.69 | 0.85 | 0.85 |
| Cash and Investments | 59.16 | 52.17 | 41.0 | 47.0 | 55.2 | 52.4 |
| Net Cash from Operating Activities (excluding Capital Income) | 7.4 | 14.2 | 0.2 | (0.9) | (0.1) | 7.0 |
| Capital Investment | 37.7 | 28.9 | 24.0 | 38.4 | 24.2 | 49.2 |

Payments for Non Financial Assets

| | 2011/12 | 2010/11 | 2009/10 | 2008/09 | 2007/08 |
|--------------------|---------|---------|---------|---------|---------|
| Depreciation | -33.69 | -31.97 | -30.94 | -15.76 | -14.61 |
| DoH Capital Grants | 20.60 | 16.17 | 24.49 | 17.90 | 18.42 |
| Revised Result | 3.39 | 3.93 | -2.95 | 5.25 | -0.50 |

in 2008/09 building depn increased \$16M

SUMMARY OF FINANCIAL RESULTS

| REVENUE | 2012/13 \$'M | 2011/12 \$'M | CHANGE % |
|---|-----------------|-----------------|-------------|
| Grants | 431.6 | 410.4 | 5.2 |
| Patient Fees | 41.6 | 39.0 | 6.6 |
| Non Cash Contributions | 1.7 | 3.9 | -56.9 |
| Other | 54.1 | 52.6 | 2.8 |
| Total Revenue | 529.0 | 505.9 | 4.6 |
| Expenditure | | | |
| Employment Costs | (382.1) | (367.5) | 4.0 |
| Supplies and Consumables | (82.8) | (81.6) | 1.5 |
| Other | (63.1) | (56.6) | 11.4 |
| Total Expenses | (528.0) | (505.7) | 4.4 |
| Surplus/(Deficit) for the Year Before Capital Income and Depreciation | 1.0 | 0.2 | |
| Capital Income | 38.3 | 25.9 | |
| Depreciation | -33.9 | (33.7) | |
| Finance Costs, Impairments, Other | -2.7 | (2.1) | |
| NET RESULT | 2.7 | (9.7) | |

DISCLOSURE INDEX

The annual report of Barwon Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Note: This Disclosure Index consists of 2 pages, and is not required to be completed by denominational hospitals.

| LEGISLATION | REQUIREMENT | PAGE |
|------------------------|--|-------|
| | MINISTERIAL DIRECTIONS | 11 |
| | REPORT OF OPERATIONS | 2-80 |
| | Charter and purpose | |
| FRD 22C | Manner of establishment and the relevant Ministers | 10-11 |
| FRD 22C | Objectives, functions, powers and duties | 10-11 |
| FRD 22C | Nature and range of services provided | 10-11 |
| | Management and structure | |
| FRD 22C | Organisational structure | 24-25 |
| | Financial and other information | |
| FRD 10 | Disclosure index | 83 |
| FRD 11 | Disclosure of ex gratia payments | 84 |
| FRD 15B | Executive officer disclosures | 86 |
| FRD 21B | Responsible person and executive officer disclosures | 86 |
| FRD 22C | Application and operation of Freedom of Information Act 1982 | 84 |
| FRD 22C | Compliance with building and maintenance provisions of Building Act 1993 | 85 |
| FRD 22C | Details of consultancies over \$10,000 | 84 |
| FRD 22C | Details of consultancies under \$10,000 | 84 |
| FRD 22C | Major changes or factors affecting performance | 81 |
| FRD 22C | Occupational health and safety | 29 |
| FRD 22C | Operational and budgetary objectives and performance against objectives | 14-21 |
| FRD 22C | Significant changes in financial position during the year | 81 |
| FRD 22C | Statement of availability of other information | 85 |
| FRD 22C | Statement on National Competition Policy | 85 |
| FRD 22C | Subsequent events | - |
| FRD 22C | Summary of the financial results for the year | 82 |
| FRD 22C | Workforce Data Disclosures including a statement on the application of employment and conduct principles | 28 |
| FRD 25A | Victorian Industry Participation Policy disclosures | 86 |
| SD 4.2(j) | Sign-off requirements | 86 |
| SD 3.4.13 | Attestation on data integrity | 86 |
| SD 4.5.5.1 | Attestation on data insurance | 86 |
| SD 4.5.5 | Attestation on Compliance with Australian/New Zealand Risk Management Standard | 86 |
| | FINANCIAL STATEMENTS | 87 |
| SD 4.2(a) | Financial statements required under Part 7 of the FMA | 90 |
| SD 4.2(a) | Statement of changes in equity | |
| SD 4.2(b) | Comprehensive operating statement Balance sheet | 88 |
| SD 4.2(b) SD 4.2(b) | Cash flow statement | 92 |
| 3D 4.2(b) | Other requirements under Standing Directions 4.2 | 32 |
| SD 4.2(a) | Compliance with Australian accounting standards and other authoritative pronouncements | 93 |
| SD 4.2(a) | Accountable officer's declaration | 143 |
| SD 4.2(c) | Compliance with Ministerial Directions | 143 |
| | | 94 |
| SD 4.2(d) | Rounding of amounts | 94 |
| | Legislation Freedom of Information Act 1982 | 85 |
| | Freedom of Information Act 1982 Victorian Industry Participation Policy Act 2003 | |
| | Victorian Industry Participation Policy Act 2003 | 86 |
| | Building Act 1993 | 85 |
| | Financial Management Act 1994 | 86 |

STATUTORY REQUIREMENTS

FREEDOM OF INFORMATION REQUESTS

| FINANCIAL YEAR | 2012/13 | 2012/11 | 2011/10 | 2010/09 |
|----------------|---------|---------|---------|---------|
| No of requests | 975 | 275 | 800 | 671 |

AVERAGE COLLECTION DAYS

| FINANCIAL YEAR | 2012/13 | 2012/11 | 2011/10 | 2010/09 |
|------------------------------|---------|---------|---------|---------|
| Acute | 53.05 | 59.36 | 46.80 | 49.40 |
| Rehabilitation and Aged Care | 60.03 | 59.66 | 54.44 | 54.58 |

Note: Slightly different composition making up balances as the above ratio includes inpatient fee debtors only.

CONSULTANT SPEND

| Consultant | Project Particulars | Project Fees Approved | Incurred | Future Commitments |
|-------------------------------------|--|--------------------------|----------|-----------------------|
| APPLIED AGED CARE SOLUTIONS PTY LTD | Aged Care Funding Systems and Operations Review Services Project | 275,175 | 275,175 | - |
| HEALTH-e WORKFORCE SOLUTIONS | Junior Medical Staff & Aged Care Roster Review | 90,900 | 90,900 | - |
| | Aged Care Funding Instrument Revenue Review | 63,236 | 63,236 | - |
| THE LONSDALE GROUP | Sustainable Hospital Initiative | 25,340 | 25,340 | |
| Total | | 454,651 | 454,651 | - |

^{*}Consultancies Disclosure (Ex GST)

OUTSTANDING DEBTORS

| | TOTAL | CURRENT | 30-59 DAYS | 60-89 DAYS | +90 DAYS |
|---------|-------|---------|------------|------------|----------|
| 2012/13 | 10.74 | 6.85 | 1.84 | 0.69 | 1.36 |
| | 100% | 63.81% | 17.10% | 6.42% | 12.67% |
| 2011/12 | 9.59 | 5.15 | 3.06 | 0.46 | 0.92 |
| | 100% | 53.7% | 31.9% | 4.8% | 9.57% |
| 2010/11 | 10.49 | 6.1 | 3.2 | 0.4 | 0.8 |
| | | 57.95% | 30.13% | 3.98% | 7.94% |
| 2009/10 | 11.6 | 7.2 | 2.9 | 0.5 | 0.9 |
| | | 62.4% | 25.0% | 4.5% | 8.1% |

EX-GRATIA PAYMENTS

| | 2012/13 | 2011/12 | 2010/11 | 2009/10 |
|---|---------|---------|---------|---------|
| | \$'000 | \$'000 | \$'000 | \$'000 |
| Barwon Health has made the following ex-gratia payment to employees | - | - | - | 64 |

COMPLIANCE WITH THE BUILDING ACT

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

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 legislated fee of \$23.90 per application and access charges and \$5.00 per quarter hour for supervision charges apply.

COMPETITIVE NEUTRALITY

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

ADDITIONAL INFORMATION (FRD 22B APPENDIX REFERS)

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Barwon Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information Act if applicable):

- Pecuniary Interest
- Details of shares held by senior officers as nominee or held beneficially
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service
- Details of any major external reviews carried out on the Health Service
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services
- Details of assessments and measures undertaken to improve the occupational health and safety of employees
- General statement on industrial relations within Barwon Health and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations; and
- A list of major committees sponsored by Barwon Health, the purposes of each committee and the extent to which those purposes have been achieved.

FRD 25A VIPP DISCLOSURE - CONTRACTS

Barwon Health abides by the Victorian participation Policy Act 2003. In 2012/13 there were no contracts which require disclosure under the Victorian Industry Participation Policy.

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 2013.

Dr John Stekelenburg / Chair Barwon Health Board

John Repelenting

Geelong, 26 July 2013

ATTESTATION FOR COMPLIANCE WITH AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD

I, Dr John Stekelenburg certify that Barwon Heath 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.

Dr John Stekelenburg / Chair Barwon Health Board

John Repetenbery

Geelong, 26 July 2013

ATTESTATION ON DATA ACCURACY

I, Professor David Ashbridge, 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.

Professor David Ashbridge / Accountable Officer

Geelong, 26 July 2013

ATTESTATION ON DATA INSURANCE

I, Professor David Ashbridge, certify that Barwon Health has complied with Ministerial Direction 4.5.5.1 – Insurance.

Professor David Ashbridge / Accountable Officer

Geelong, 26 July 2013



/ FINANCIAL REPORT

| 00 | for the year ended 30 June 2013 |
|----|---|
| 87 | BALANCE SHEET as at 30 June 2013 |
| 88 | STATEMENT OF CHANGES IN EQUITY for the year ended 30 June 2013 |
| 90 | CASH FLOW STATEMENT for the year ended 30 June 2013 |
| 91 | NOTES TO THE FINANCIAL STATEMENTS for the year ended 30 June 2013 |
| 41 | BARWON HEALTH DECLARATION for the year ended 30 June 2013 |

COMPREHENSIVE OPERATING STATEMENT

FOR THE YEAR ENDED 30 JUNE 2013

| | Note | 2013 \$'000 | 2012 \$'000 |
|--|------|----------------|----------------|
| Revenue from Operating Activities | 2 | 525,589 | 502,483 |
| Revenue from Non-Operating Activities | 2 | 3,347 | 3,455 |
| Employee Benefits | 4 | (373,519) | (358,535) |
| Non Salary Labour Costs | 4 | (8,565) | (8,928) |
| Supplies and Consumables | 4 | (82,777) | (81,581) |
| Other Expenses from Continuing Operations | 4 | (63,123) | (56,715) |
| Net Result before Capital and Specific Items | | 952 | 179 |
| Capital Purpose Income | 2 | 36,978 | 25,676 |
| Gain on Revaluation of Investment Property | 2 | 1,345 | 202 |
| Depreciation and Amortisation | 4 | (33,897) | (33,688) |
| Expenditure Using Capital Purpose Income | 4 | (1,548) | (1,727) |
| Linen Asset Write Off | 4 | (1,022) | - |
| Finance Costs | 4 | (32) | (166) |
| Impairment of Financial Assets | 4 | (63) | (174) |
| NET RESULT FOR THE YEAR | | 2,713 | (9,698) |
| Other Comprehensive income | | | |
| Items that will not be reclassified subsequently to net result | | | |
| Changes in physical asset revaluation surplus | | 281 | |
| Items that may be reclassified subsequently to net result | | | |
| Net fair value gains on Available for Sale Financial Investments | 22 | 1,213 | 605 |
| Total Other Comprehensive Income | | 1,494 | 605 |
| COMPREHENSIVE RESULT FOR THE YEAR | | 4,207 | (9,093) |

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

BALANCE SHEET

AS AT 30 JUNE 2013

| | Note | 2013 \$'000 | 2012 \$'000 |
|---|----------|-------------------------------|-------------------------------|
| ASSETS | | | |
| Current Assets | | | |
| Cash and Cash Equivalents | 23 | 11,189 | 13,111 |
| Receivables | 10 | 17,401 | 16,679 |
| Investments and Other Financial Assets | 11 | 2,556 | 3,779 |
| Inventories | 12 | 3,586 | 3,582 |
| Property Held for Sale | 13 | - | 527 |
| Total Current Assets | | 34,732 | 37,678 |
| Non-Current Assets | | | |
| Receivables | 10 | 14,741 | 13,636 |
| Investments and Other Financial Assets | 11 | 45,411 | 35,294 |
| Property, Plant and Equipment | 14 | 483,204 | 481,392 |
| Intangible Assets | 15 | 1,038 | 1,190 |
| Investment Properties | 16 | 15,634 | 12,760 |
| Total Non-Current Assets | | 560,028 | 544,272 |
| TOTAL ASSETS | | 594,760 | 581,950 |
| LIABILITIES | | | |
| Current Liabilities | | | |
| Payables | 17 | 30,885 | 25,783 |
| Monies Held in Trust | 18 | 6,469 | 6,580 |
| Interest Bearing Liabilities | 19 | 101 | 162 |
| Employee Benefits and related on-cost Provisions | 20 | 83,294 | 80,162 |
| Total Current Liabilities | | 120,749 | 112,687 |
| Non-Current Liabilities | | | |
| Interest Bearing Liabilities | 19 | 13 | 98 |
| Employee Benefits and related on-cost Provisions | 20 | 14,530 | 14,155 |
| Total Non-Current Liabilities | | 14,543 | 14,253 |
| TOTAL LIABILITIES | | 135,292 | 126,940 |
| | | | |
| NET ASSETS | | 459,468 | 455,010 |
| EQUITY | | | |
| Land and Buildings Revaluation Reserve | 22 | 209,273 | 208,992 |
| Available for Sale Revaluation Reserve | 22 | 2,459 | 1,139 |
| Restricted Specific Purpose Reserve | | 00.040 | 01.010 |
| · | 22 | 23,049 | 21,016 |
| Internally Managed Reserves | 22 22 | 23,049 21,914 | 24,436 |
| Internally Managed Reserves Contributed Capital | | | |
| | 22 | 21,914 | 24,436 |
| Contributed Capital | 22 22 | 21,914 215,405 | 24,436 215,405 (15,978) |
| Contributed Capital Accumulated Surplus / (Deficit) | 22 22 | 21,914 215,405 (12,632) | 24,436 215,405 |

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

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2013

| 2013 | Note | Land Reval Reserve \$'000 | Building Reval Reserve \$'000 | Available for Sale Financial Assets Reserve \$'000 |
|--|------|---------------------------------|-------------------------------------|--|
| Balance at Beginning of Reporting Period | | 35,113 | 173,879 | 1,139 |
| Net Result for the Year | 22 | - | - | - |
| Transfer to Reserves | 22 | - | - | - |
| Movement in Reserves | 22 | 1,600 | (1,319) | 1,320 |
| | | | | |
| BALANCE AT END OF REPORTING PERIOD | | 36,713 | 172,560 | 2,459 |

| 2012 | Note | Land Reval Reserve \$'000 | Building Revaluation Reserve \$'000 | Available for Sale Financial Assets Reserve \$'000 |
|--|------|---------------------------------|---|--|
| Balance at Beginning of Reporting Period | | 35,113 | 173,879 | 760 |
| Net Result for the Year | | - | - | - |
| Transfer to Reserves | 22 | - | - | - |
| Movement in Reserves | 22 | - | - | 379 |
| | | | | |
| BALANCE AT END OF REPORTING PERIOD | | 35,113 | 173,879 | 1,139 |



| Restricted Specific Purpose Reserve \$'000 | Internally Managed Specific Purpose Reserve \$'000 | Contributed Capital \$'000 | Accumulated Surpluses/ (Deficits) \$'000 | Total \$'000 |
|--|--|----------------------------------|---|-----------------|
| 21,016 | 24,436 | 215,405 | (15,978) | 455,010 |
| - | - | - | 2,713 | 2,713 |
| 2,033 | (2,667) | - | 634 | - |
| - | 145 | - | - | 1,746 |
| | | | | |
| 23,049 | 21,914 | 215,405 | (12,632) | 459,468 |

| Restricted Specific Purpose Reserve \$'000 | Internally Managed Specific Purpose Reserve \$'000 | Contributed Capital \$'000 | Accumulated Surpluses/ (Deficits) \$'000 | Total \$'000 |
|--|--|----------------------------------|---|-----------------|
| 19,037 | 40,795 | 215,405 | (20,660) | 464,329 |
| - | - | - | (9,698) | (9,698) |
| 1,979 | (16,359) | - | 14,380 | - |
| - | - | - | - | 379 |
| 21,016 | 24,436 | 215,405 | (15,978) | 455,010 |

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2013

| | Note | 2013 \$'000 | 2012 \$'000 |
|---|-------------------------|---|--|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Operating Grants from Government | | 433,188 | 413,500 |
| Patient and Resident Fees Received | | 40,442 | 39,292 |
| GST Received from ATO | | 10,128 | 9,668 |
| Pharmaceutical Sales | | 7,179 | 7,531 |
| Linencare Fees | | 5,688 | 5,967 |
| Pharmaceutical Benefits Scheme | | 4,841 | 5,079 |
| Recoupment from Private Practice for use at hospital facilities | | 4,854 | 4,811 |
| Investment Income Receipts | | 3,184 | 3,379 |
| Other Receipts | | 37,191 | 32,340 |
| Total Receipts | | 546,695 | 521,565 |
| Employee Benefits Paid | | (379,682) | (356,431) |
| Payments for Supplies, Consumables and Purchased Services | | (92,581) | (91,780) |
| IT Services and Software | | (16,789) | (13,538) |
| Repairs and Maintenance | | (9,084) | (8,636) |
| Fuel, Light, Power and Water | | (7,654) | (6,418) |
| Maintenance Contracts | | (4,185) | (5,651) |
| Operating Lease Payments | | (1,669) | (1,614) |
| Other Payments | | (27,607) | (23,294) |
| Total Payments | | (539,251) | (507,361) |
| Cash Generated from Operations | | 7,444 | 14,204 |
| | | | |
| Canital Grants from Government | | 32 001 | 21 7/10 |
| Capital Grants from Government | | 32,001 | 21,749 |
| Capital Donation and Bequests Received | 23(b) | 3,415 | 3,775 |
| | 23(b) | | 3,775 39,728 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES | 23(b) | 3,415 | 3,775 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES | 23(b) | 3,415 42,952 | 3,775 39,728 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments | 23(b) | 3,415 42,952 (37,653) | 3,775 39,728 (28,869) |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets | 23(b) | 3,415 42,952 (37,653) 811 | 3,775 39,728 (28,869) 354 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments | 23(b) | 3,415 42,952 (37,653) 811 (32,450) | 3,775 39,728 (28,869) 354 (47,606) |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments | 23(b) | 3,415 42,952 (37,653) 811 (32,450) 24,572 | 3,775 39,728 (28,869) 354 (47,606) 45,339 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES | 23(b) | 3,415 42,952 (37,653) 811 (32,450) 24,572 | 3,775 39,728 (28,869) 354 (47,606) 45,339 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES CASH FLOWS FROM FINANCING ACTIVITIES | 23(b) | 3,415 42,952 (37,653) 811 (32,450) 24,572 (44,720) | 3,775 39,728 (28,869) 354 (47,606) 45,339 (30,782) |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES CASH FLOWS FROM FINANCING ACTIVITIES Finance Costs NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES | 23(b) | 3,415 42,952 (37,653) 811 (32,450) 24,572 (44,720) (178) | 3,775 39,728 (28,869) 354 (47,606) 45,339 (30,782) (363) |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES CASH FLOWS FROM FINANCING ACTIVITIES Finance Costs NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES | 23(b) | 3,415 42,952 (37,653) 811 (32,450) 24,572 (44,720) (178) (178) (2,038) | 3,775 39,728 (28,869) 354 (47,606) 45,339 (30,782) (363) (363) |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES CASH FLOWS FROM FINANCING ACTIVITIES Finance Costs NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES NET INCREASE / (DECREASE) IN CASH HELD CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD | | 3,415 42,952 (37,653) 811 (32,450) 24,572 (44,720) (178) (178) (2,038) 12,381 | 3,775 39,728 (28,869) 354 (47,606) 45,339 (30,782) (363) (363) 8,583 3,798 |
| Capital Donation and Bequests Received NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES CASH FLOWS FROM INVESTING ACTIVITIES Payments for Non Financial Assets Proceeds from Sale of Non Financial Assets Purchase of Investments Proceeds from Sale of Investments NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES CASH FLOWS FROM FINANCING ACTIVITIES Finance Costs NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES NET CASH INFLOW / (OUTFLOW) FROM FINANCING ACTIVITIES | 23(b) 23(a) 23(c) | 3,415 42,952 (37,653) 811 (32,450) 24,572 (44,720) (178) (178) (2,038) | 3,775 39,728 (28,869) 354 (47,606) 45,339 (30,782) (363) (363) |

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2013

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

1.1 Statement of Compliance

These annual financial statements represent the audited general purpose financial statements for Barwon Health for the period ending 30 June 2013. The purpose of the report is to provide users with information about Barwon Health's stewardship of resources entrusted to it.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister of Finance.

Barwon Health is a not-for-profit entity and therefore applies the additional Australian paragraphs applicable to "not-forprofit" entities under the AAS's.

The annual financial statements were authorised for issue by the Board of Barwon Health on 26 July 2013.

1.2 Basis of Preparation

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2013, and the comparative information presented in these financial statements for the year ended 30 June 2012.

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 going concern basis was used to prepare the financial statements. 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.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial statements are prepared in accordance with the historical cost convention, except for the revaluation of certain non-financial assets and financial instruments, as noted. Particularly, exceptions to the historical cost convention include:

- Non-current physical assets, which subsequent to acquisition, are measured at valuation and are reassessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values;
- Investment properties after initial recognition, which are measured at fair value through profit and loss;
- Available for sale investments which are measured at fair value with movements reflected in equity until the asset is derecognised; and
- The fair value of assets other than land is generally based on their depreciated replacement value.

Historical 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 judgment, 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 judgments. Actual results may differ from these estimates.

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

1.3 Reporting Entity

The Financial Report includes all the controlled activities of Barwon Health.

Its principal address is: Bellarine Street, Geelong Victoria 3220

A description of the nature of Barwon Health's operations and its principal activities is included in the report of operations, which does not form part of these financial statements.

1.4 Rounding of Amounts

All amounts shown in the Financial Report are rounded off to the nearest thousand dollars unless otherwise stated.

Minor discrepancies in tables between totals and sum of components are due to rounding.

1.5 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.

1.6 Scope and Presentation of financial statements

Intersegment Transactions

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

Joint Ventures

Interests in jointly controlled operations and assets are accounted for by recognising in Barwon Health's financial statements, its share of assets, liabilities and any revenue and expenses of such joint ventures. Details of the joint venture are set out in Note 25.

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.

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 Health, 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 (H & CI) are funded by Barwon Health's own activities or local initiatives and/or the Commonwealth.

Residential Aged Care Service

The aged care service 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 in Notes 3 and 5 to the financial statements.

Comprehensive Operating Statement

The sub total entitled 'Net Result before Capital and Specific Items' is included in the Comprehensive Operating Statement to enhance the understanding of the financial performance of Barwon Health. This sub total reports the result excluding items such as capital grants, depreciation and items of an unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net Result before Capital and Specific Items' is used by the management of Barwon Health, the Department of Health, 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.
- Expenditure using capital purpose income comprises expenditure which either falls below the asset capitalisation threshold, 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 comprising the revaluation increments/decrements of investment properties owned by Barwon Health, as described in Note 16 as well as voluntary departures.
- Impairment of financial and non-financial assets, includes all impairment losses (and reversal of previous impairment losses), which have been recognised in accordance with Note 1.29 and 1.32.

Statement of Changes in Equity

The statement of changes in equity presents reconciliations of each non-owner and owner equity opening balance at the beginning of the reporting period to the closing balance at the end of the reporting period. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income related to other non-owner changes in equity.

Cash Flow Statement

Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements under AASB 107 Statement of Cash Flows.

1.7 Income Recognition

Income is recognised in accordance with AASB 118 *Revenue*. Revenue is recognised to the extent that it is probable that the economic benefits will flow to Barwon Health and the income can be reliably measured. Unearned income at reporting date is reported as income received in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

1.8 Government Grants

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

Contributions are deferred as income in advance when the health service has a present obligation to repay them and the present obligation can be reliably measured.

1.9 Indirect Contributions from the Department of Health

Insurance is recognised as revenue following advice from the Department of Health. Long Service Leave is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 05/2013.

1.10 Patient and Resident Fees

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

1.11 Private Practice Fees

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

1.12 Donations and Other Bequests

Donations and bequests are recognised as revenue when received. Donations from the community and estate bequests are included in the Comprehensive Operating Statement. Unspent donations which are for a specific purpose may be appropriated to a specific purpose reserve.

1.13 Dividend Revenue

Dividend revenue is recognised when the right to receive payment is established.

1.14 Interest Revenue

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

1.15 Sale of Investments

The gain/loss on the sale of investments is recognised when the investment is realised.

1.16 Expense Recognition

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

1.17 Employee Expenses

Employee expenses include;

- Wages and salaries;
- Annual leave;
- Sick leave;
- Long service leave; and
- Superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

Defined Contribution Superannuation Plans

Contributions to defined contribution superannuation plans are expensed when incurred.

Defined Benefit Superannuation Plans

The amount charged to the Comprehensive 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 plans provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by Barwon Health are disclosed in Note 21: Superannuation.

1.18 Depreciation

Assets with a cost in excess of \$2,000 (2012: \$2,000) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their useful lives. The exception is IT assets which are capitalised if in excess of \$5,000 (2012: \$5,000). Depreciation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value over its estimated useful life. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Health.

Depreciation is provided on property, plant and equipment, including freehold buildings, but excluding land and investment properties. Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

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

| | 2013 | 2012 |
|------------------------|--------------|--------------|
| Buildings and Fit Out | 5 - 50 years | 5 - 50 years |
| Plant and Equipment | 5 - 10 years | 5 - 10 years |
| Furniture and Fittings | 5 - 10 years | 5 - 10 years |
| Linen | 3 - 5 years | 3 - 5 years |
| Leased Assets | 1 - 3 years | 1 - 3 years |
| Intangible Assets | 4 - 5 years | 4 - 5 years |
| Motor Vehicles | 4 - 6 years | 4 - 6 years |

Building works currently in progress are not depreciated until the completion of the building project.

As part of the buildings valuation, building values were componentised and each component assessed for its useful life which is represented in the above table.

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 AASB 117 Leases.

1.20 Financial Instruments

Financial instruments arise out of the contractual agreements that give rise to financial assets, financial liabilities or equity instruments of Barwon Health. Due to the nature of Barwon Health's activities, certain financial assets and financial liabilities, such as taxes, arise under statute rather than a contract and therefore do not meet the definition of financial instruments in AASB 132 Financial Instruments: Presentation.

Loans and Receivables

Loans and receivables category includes cash and deposits, term deposits with maturity greater than three months, trade receivables, loans and other receivables, but not statutory receivables.

Available for Sale Financial Assets

Shares and fixed and floating debt obligations held by Barwon Health are classified as being available for sale and measured at fair value. Gains and losses arising from changes in fair value are recognised directly in other comprehensive income until the investment is disposed of or is determined to be impaired, at which time the cumulative gain or loss previously recognised in equity is included in profit or loss for the period. Fair value is determined in the manner described in Note 24.

Financial Liabilities at Amortised Cost

Financial instrument liabilities include all of Barwon Health's contractual payables and deposits held and advances received. They are initially measured at fair value plus any directly attributable transaction costs.

1.21 Cash and Cash Equivalents

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

1.22 Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

1.23 Prepayments

Receivables include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

1.24 Investments and Other Financial Assets

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

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

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

1.25 Impairment of Financial Assets

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 2013 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 (ASX) or Over the Counter (OTC) market.

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.

1.26 Net Gain / (Loss) on Financial Instruments

Net gain / (Loss) on financial instruments includes the disposals of financial assets.

1.27 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.

1.28 Non-financial Physical Assets Classified as Held for Sale

Non-financial physical assets and disposal groups and related liabilities are treated as current and are classified as held for sale if their carrying amount will be recovered through a sale transaction rather than through continuing use. The condition is regarded as met only when the sale is highly probable, the asset's sale (or disposal group) is expected to be completed within 12 months from the date of classification, and the asset is available for immediate use in the current condition.

Non-financial physical assets (including disposal groups) classified as held for sale are treated as current and are measured at the lower of carrying amount and fair value less costs to sell, and are not subject to depreciation.

1.29 Property, Plant and Equipment

All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition.

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

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. Depreciated historical cost is generally a reasonable proxy for depreciated replacement cost because of the short lives of the assets concerned.

1.30 Revaluations of Non-current Physical Assets

Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103D *Non-current physical assets*. This revaluation process normally occurs at least 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. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRDs. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

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

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surpluses are not transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103D, Barwon Health's noncurrent physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

1.31 Intangible Assets

Intangible Assets represent identifiable non-monetary assets without physical substance such as computer software.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to Barwon Health.

Amortisation is allocated to intangible assets with finite useful lives on a straight-line basis over the asset's useful life. They are amortised over a 4 year period (2012: 4 years).

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. Any excess of the carrying amount over the recoverable amount is recognised as an impairment loss.

1.32 Investment Properties

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.

Subsequent to initial recognition at cost, investment properties are revalued to fair value, determined annually by independent valuers or assessed for indication of material movements. Changes in the fair value are recognised as income or expenses in the period that they arise. Investment properties are neither depreciated nor tested for impairment.

Rental revenue from leasing of investment properties is recognised in the Comprehensive Operating Statement in the periods in which it is receivable on a straight line basis over the lease term.

1.33 Net Gain / (Loss) on Non-Financial Assets

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

Disposal of Non-Financial Assets

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

Impairment of Non-Financial Assets

All assets are assessed annually for indications of impairment, except for inventories.

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

1.34 Payables

Payables include trade creditors, other creditors and accrued expenses and are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the entity prior to the end of the financial year that are unpaid, and arise when the entity becomes obliged to make future payments in respect of the purchase of these goods and services.

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.

1.35 Interest Bearing Liabilities

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition.

Subsequent to initial recognition, interest bearing liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability using the effective interest method. Fair value is determined in the manner described in Note 24.

1.36 Employee Benefits

Wages and Salaries, Annual Leave and Accrued Days Off

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

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

Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current Liability

Unconditional LSL (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements 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 component that Barwon Health does not expect to settle within 12 months; and
- nominal value component that Barwon Health expects to settle within 12 months.

Non-Current Liability

Conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

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

Superannuation

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 statements.

On-Costs

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

1.37 Leases

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership. Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Finance leases

Finance leases are recognised as assets and liabilities at amounts equal to the fair value of the lease property or, if lower, the present value of the minimum lease payment, each determined at the inception of the lease. The lease asset is depreciated over the shorter of the estimated useful life of the asset or the term of the lease. Minimum lease payments are apportioned between reduction of the outstanding lease liability, and the periodic finance expense which is calculated using the interest rate implicit in the lease, and charged directly to the Comprehensive Operating Statement.

Operating Leases

Rental income from operating leases are recognised on a straight-line basis over the term of the relevant lease.

Operating lease payments are recognised as an expense in the Comprehensive Operating Statement over the lease term 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 leased asset is not recorded in the balance sheet.

Leasehold Improvement

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.

1.38 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. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

1.39 Land and Buildings Revaluation Reserve

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

1.40 Available for Sale Revaluation Reserve

The available for sale revaluation reserve arises on the revaluation of the available for sale financial assets. Where a revalued financial asset is sold that portion of the reserve which relates to that financial asset, is effectively realised,

and is recognised in the Comprehensive Operating Statement. Where a revalued financial asset is impaired that portion of the reserve, which relates to that financial asset, is recognised in the Comprehensive Operating Statement.

1.41 Restricted Specific Purpose Funds

Barwon Health's Restricted Purpose Funds comprise funds for which Barwon Health exercises control over the use of those 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.

1.42 Commitments

Commitments are not recognised on the Balance Sheet. Commitments are disclosed at their nominal value and are inclusive of the GST payable.

1.43 Goods and Services Tax (GST)

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

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

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

Commitments are presented on a gross basis.

1.44 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, hearing and ophthalmic aids.

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 ophthalmic 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 Department of Health 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.

1.45 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2013 reporting period. As at 30 June 2013, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2013. Barwon Health has not and does not intend to adopt these standards early.

| Standard / Interpretation | Summary | Applicable for Annual Reporting periods beginning on | Impact on Barwon Health Financial Statements |
|--|--|--|--|
| AASB 9 Financial instruments | This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 Financial Instruments: Recognition and Measurement (AASB 139 Financial Instruments: Recognition and Measurement). | 1 Jan 2015 | Subject to AASB's further modifications to AASB 9, together with the anticipated changes resulting from the staged projects on impairments and hedge accounting, details of impacts will be assessed. |
| AASB 10 Consolidated Financial Statements | This Standard forms the basis for determining which entities should be consolidated into an entity's financial statements. AASB 10 defines 'control' as requiring exposure or rights to variable returns and the ability to affect those returns through power over an investee, which may broaden the concept of control for public sector entities. The AASB has issued an exposure draft ED 238 Consolidated Financial Statements – Australian Implementation Guidance for Not- for-Profit Entities that explains and illustrates how the principles in the Standard apply from the perspective of not-for-profit entities in the private and public sectors. | 1 Jan 2014 | Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Subject to AASB's final deliberations on ED 238 and any modifications made to AASB 10 for not-for-profit entities, the entity will need to re-assess the nature of its relationships with other entities, including those that are currently not consolidated. |
| AASB 11 Joint Arrangements | This Standard deals with the concept of joint control, and sets out a new principles-based approach for determining the type of joint arrangement that exists and the corresponding accounting treatment. The new categories of joint arrangements under AASB 11 are more aligned to the actual rights and obligations of the parties to the arrangement. | 1 Jan 2014 | Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Subject to AASB's final deliberations and any modifications made to AASB 11 for not-for-profit entities, the entity will need to assess the nature of arrangements with other entities in determining whether a joint arrangement exists in light of AASB 11. |
| AASB 12 Disclosure of Interests in OtherEntities | This Standard requires disclosure of information that enables users of financial statements to evaluate the nature of, and risks associated with, interests in other entities and the effects of those interests on the financial statements. This Standard replaces the disclosure requirements in AASB 127 Separate Financial Statements and AASB 131 Interests in Joint Ventures. The exposure draft ED 238 proposes to add some implementation guidance to AASB 12, explaining and illustrating the definition of a 'structured entity' from a not-for-profit perspective. | 1 Jan 2014 | Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. Impacts on the level and nature of the disclosures will be assessed based on the eventual implications arising from AASB 10, AASB 11 and AASB 128 Investments in Associates and Joint Ventures. |
| AASB 13 Fair Value Measurement | This Standard outlines the requirements for measuring the fair value of assets and liabilities and replaces the existing fair value definition and guidance in other Australian accounting standards. AASB 13 includes a 'fair value hierarchy' which ranks the valuation technique inputs into three levels using unadjusted quoted prices in active markets for identical assets or liabilities; other observable inputs; and unobservable inputs | 1 Jan 2013 | Disclosure for fair value measurements using unobservable inputs are relatively detailed compared to disclosure for fair value measurements using observable inputs. Consequently, the Standard may increase the disclosures required assets measured using depreciated replacement cost for fair value |

| Standard / Interpretation | Summary | Applicable for Annual Reporting periods beginning on | Impact on Barwon Health Financial Statements |
|--|---|--|---|
| AASB 119 Employee Benefits | In this revised Standard for defined benefit superannuation plans, there is a change to the methodology in the calculation of superannuation expenses, in particular there is now a change in the split between superannuation interest expense (classified as transactions) and actuarial gains and losses (classified as 'Other economic flows – other movements in equity') reported on the comprehensive operating statement. | 1 Jan 2013 | Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. While the total superannuation expense is unchanged, the revised methodology is expected to have a negative impact on the net result from transactions a few Victorian public sector entities that report superannuation defined benefit plans. |
| AASB 127 Separate Financial Statements | This revised Standard prescribes the accounting and disclosure requirements for investments in subsidiaries, joint ventures and associates when an entity prepares separate financial statements | 1 Jan 2014 | Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 127 in a not-for-profit context. As such, the impact will be assessed after the AASB's deliberation. |
| AASB 128 Investments in Associates and Joint Ventures | This revised Standard sets out the requirements for the application of the equity method when accounting for investments in associates and joint ventures. | 1 Jan 2014 | Not-for-profit entities are not permitted to apply this Standard prior to the mandatory application date. The AASB is assessing the applicability of principles in AASB 128 in a not-for-profit context. As such, the impact will be assessed after the AASB's deliberation. |

NOTE 2 REVENUE

| | Note | HSA 2013 \$'000 | HSA 2012 \$'000 | H and Cl 2013 \$'000 | H and Cl 2012 \$'000 | Total 2013 \$'000 | Total 2012 \$'000 |
|--|------|-----------------------|-----------------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Revenue from Operating Activities | | | | | | | |
| Government Grants | | | | | | | |
| - Department of Health | | 127,535 | 365,169 | - | - | 127,535 | 365,169 |
| - Victorian Health Funding Pool | | 252,444 | - | | - | 252,444 | - |
| - Dental Health Services Victoria | | 5,474 | 5,247 | - | - | 5,474 | 5,247 |
| - Equipment and Infrastructure Maintenance | | 1,719 | 1,702 | - | - | 1,719 | 1,702 |
| - Commonwealth Government | | | | | | | |
| - Residential Aged Care Subsidy | | 17,394 | 18,141 | - | - | 17,394 | 18,141 |
| - PBS Income | | 16,157 | 14,693 | - | - | 16,157 | 14,693 |
| - Commonwealth Grant - Health Network Funding Adjustment | | 4,878 | - | | - | 4,878 | - |
| - Other | | 5,936 | 5,408 | - | - | 5,936 | 5,408 |
| Total Government Grants | | 431,537 | 410,360 | - | - | 431,537 | 410,360 |
| Indirect Contributions by Department of Health | | | | | | | |
| - Insurance | | 576 | 545 | - | - | 576 | 545 |
| - Long Service Leave | | 1,105 | 3,395 | - | - | 1,105 | 3,395 |
| Total Indirect Contributions by Department of Health | | 1,681 | 3,940 | - | - | 1,681 | 3,940 |
| Patient and Resident Fees | | | | | | | |
| - Patient and Resident Fee | | 35,784 | 32,836 | - | - | 35,784 | 32,836 |
| - Residential Aged Care | | 5,847 | 6,213 | - | - | 5,847 | 6,213 |
| Total Patient and Resident Fees | 6 | 41,631 | 39,049 | - | - | 41,631 | 39,049 |
| Business Units and Specific Purpose Funds | | | | | | | |
| - Pharmacy Services | | - | - | 10,456 | 11,085 | 10,456 | 11,085 |
| - Laundry | | - | - | 4,250 | 4,254 | 4,250 | 4,254 |
| - Laboratory Medicine | | - | - | 2,214 | 2,381 | 2,214 | 2,381 |
| - Private Practice Fees | | - | - | 2,634 | 2,140 | 2,634 | 2,140 |
| - Salary Packaging Admin Recoveries | | - | - | 1,713 | 1,520 | 1,713 | 1,520 |
| - Property Income | | - | - | 1,591 | 1,444 | 1,591 | 1,444 |
| - Other Revenue from Non-Operating Activities | | | - | 3,002 | 3,907 | 3,002 | 3,907 |
| Total Business Units and Specific Purpose Funds | | - | - | 25,860 | 26,731 | 25,860 | 26,731 |

| | Note | HSA 2013 \$'000 | HSA 2012 \$'000 | H and Cl 2013 \$'000 | H and CI 2012 \$'000 | Total 2013 \$'000 | Total 2012 \$'000 |
|---|------|-----------------------|-----------------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Recoupment from Private Practice for use of Hospital Facilities | | 4,095 | 4,005 | - | - | 4,095 | 4,005 |
| Other Revenue | | 20,785 | 18,398 | - | - | 20,785 | 18,398 |
| Sub-Total Revenue from Operating Activities | | 499,729 | 475,752 | 25,860 | 26,731 | 525,589 | 502,483 |
| Revenue from Non-Operating Activities | | | | | | | |
| Interest - Investments Held to Maturity | | - | - | 2,706 | 3,068 | 2,706 | 3,068 |
| Dividends - Available for Sale Investments | | - | - | 470 | 387 | 470 | 387 |
| Profit on Sale of Available for Sale Investments | | - | - | 171 | - | 171 | - |
| Sub-Total Revenue from Non-Operating Activities | | - | - | 3,347 | 3,455 | 3,347 | 3,455 |
| Revenue from Capital Purpose Income | | | | | | | |
| State Government Capital Grants | | | | | | | |
| - Targeted Capital Works and Equipment | | 2,483 | 2,879 | - | - | 2,483 | 2,879 |
| - Masterplan Capital | | 28,599 | 17,722 | - | - | 28,599 | 17,722 |
| Commonwealth Government Capital Grants | | - | - | 919 | 1,148 | 919 | 1,148 |
| Residential Accommodation Payments | | - | - | 1,516 | 266 | 1,516 | 266 |
| Donations and Bequests | | - | - | 3,415 | 3,775 | 3,415 | 3,775 |
| Net Gain/(Loss) on Disposal of Non-Current Assets | 7 | - | - | 46 | (114) | 46 | (114) |
| Sub-Total Revenue from Capital Purpose Income | | 31,082 | 20,601 | 5,896 | 5,075 | 36,978 | 25,676 |
| Gain on Revaluation of Investment Property | 16 | - | - | 1,345 | 202 | 1,345 | 202 |
| Total Revenue from Ordinary Activities | 3 | 530,811 | 496,353 | 36,448 | 35,463 | 567,259 | 531,816 |

Indirect contribution by Department of Health: Department of Health makes certain payments on behalf of Barwon Health.

These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

NOTE 3 ANALYSIS OF REVENUE BY SOURCE

| 2013 | Note | Admitted Patients \$'000 | Outpatients \$'000 | EDS \$'000 |
|---|------|--------------------------------|-----------------------|---------------|
| | | | | |
| Revenue from Services Supported by Health Services Agreement | | | | |
| Government Grants | | 245,556 | 22,257 | 26,867 |
| Patient and Resident Fees | 6 | 26,168 | 605 | 108 |
| Capital Purpose Income | | - | - | - |
| Indirect Contributions by Department of Health | | 979 | 81 | 91 |
| Recoupment from Private Practice for use of Hospital Facilities | | 1,084 | 2,876 | 105 |
| Other | | 4,665 | 464 | 775 |
| Total Revenue from Services Supported by Health Services Agreement | | 278,452 | 26,283 | 27,946 |

| TOTAL REVENUE FROM OPERATIONS | | 278,452 | 26,283 | 27,946 |
|---|----|---------|--------|--------|
| Total Revenue from Services Supported by Hospital and Community Initiatives | | - | - | - |
| Net Gain/(Loss) on Revaluation of Non-Current Assets | 16 | | | |
| Net Gain/(Loss) from Disposal of Non-Current Assets | 7 | | | |
| Private Practice Fees | | | | |
| Capital Purpose Income | | | | |
| Donations and Bequests | | | | |
| Business Units and Specific Purpose Funds | | | | |
| Dividends and Profit on Sale of Available for Sale Investments | | | | |
| Interest | | | | |
| Revenue from Services Supported by Hospital and Community Initiatives | | | | |

| Ambulatory \$'000 | Mental Health \$'000 | RAC incl. Mental Health \$'000 | Aged Care \$'000 | Primary Health \$'000 | Other \$'000 | Total \$'000 |
|----------------------|-------------------------|--------------------------------------|---------------------|-----------------------------|-----------------|-----------------|
| | | | | | | |
| 44,747 | 35,299 | 28,535 | 14,169 | 6,289 | 7,818 | 431,537 |
| 7,365 | 400 | 6,012 | 366 | 84 | 523 | 41,631 |
| - | - | - | - | - | 31,082 | 31,082 |
| 145 | 128 | 126 | 62 | 37 | 32 | 1,681 |
| 7 | - | - | - | 23 | - | 4,095 |
| 915 | 2,616 | 531 | 440 | 1,292 | 9,087 | 20,785 |
| 53,179 | 38,443 | 35,204 | 15,037 | 7,725 | 48,542 | 530,811 |
| | | | | | | |
| | | | | | | |
| | | | | | 2,706 | 2,706 |
| | | | | | 641 | 641 |
| | | | | | 23,226 | 23,226 |
| | | | | | 3,415 | 3,415 |
| | | | | | 2,435 | 2,435 |
| | | | | | 2,634 | 2,634 |
| | | | | | 46 | 46 |
| | | | | | 1,345 | 1,345 |
| - | - | - | - | - | 36,448 | 36,448 |
| 53,179 | 38,443 | 35,204 | 15,037 | 7,725 | 84,990 | 567,259 |

NOTE 3 ANALYSIS OF REVENUE BY SOURCE continued

| 2012 | Note | Admitted Patients \$'000 | Outpatients \$'000 | EDS \$'000 |
|--|------|--------------------------------|-----------------------|---------------|
| Revenue from Services Supported by Health Services Agreement | | | | |
| Government Grants | | 235,024 | 23,221 | 17,279 |
| Patient and Resident Fees | 6 | 23,986 | 733 | - |
| Capital Purpose Income | | - | - | - |
| Indirect Contributions by Department of Health | | 2,362 | 187 | 183 |
| Recoupment from Private Practice for use of Hospital Facilities | | 1,008 | 2,932 | 42 |
| Other | | 4,126 | 524 | 478 |
| Sub-Total Revenue from Services Supported by Health Services Agreement | | 266,506 | 27,597 | 17,982 |
| Agreement | | | | |

| Revenue from | Services | Supported | by | Hospital | and | Community |
|--------------|----------|-----------|----|----------|-----|-----------|
| Initiatives | | | | | | |

Interest

Dividends and Profit on Sale of Available-for-Sale Investments

Business Units and Specific Purpose Funds

Donations and Bequests

Capital Purpose Income

Private Practice Fees

Net Gain / (Loss) from Disposal of Non-Current Assets

Gain on Revaluation of Investment Property 16

Sub-Total Revenue from Services Supported by Hospital and Community Initiatives

| TOTAL REVENUE FROM OPERATIONS | 266,506 | 27,597 | 17,982 |
|-------------------------------|---------|--------|--------|
| | , | , | , |

| Tot \$'00 | Other \$'000 | Primary Health \$'000 | Aged Care \$'000 | RAC incl. Mental Health \$'000 | Mental Health \$'000 | Ambulatory \$'000 |
|--------------|-----------------|-----------------------------|---------------------|--------------------------------------|-------------------------|----------------------|
| | | | | | | |
| 410,3 | 7,769 | 6,764 | 13,512 | 29,237 | 35,028 | 42,526 |
| 39,0 | 577 | 106 | 333 | 6,213 | 351 | 6,751 |
| 20,6 | 20,601 | - | - | - | - | - |
| 3,9 | 78 | 88 | 141 | 303 | 292 | 306 |
| 4,0 | 0 | 17 | - | - | - | 7 |
| 18,3 | 7,506 | 1,446 | 408 | 477 | 2,548 | 885 |
| 496,3 | 36,531 | 8,421 | 14,394 | 36,230 | 38,219 | 50,475 |
| | | | | | | |
| 3,0 | 3,068 | | | | | |
| 3 | 387 | | | | | |
| 24,5 | 24,591 | | | | | |
| | | | | | | |
| 3,7 | 3,775 | | | | | |
| 1,4 | 1,414 | | | | | |
| 2,1 | 2,140 | | | | | |
| (11 | (114) | | | | | |
| 2 | 202 | | | | | |
| | | - | - | - | - | - |
| 35,4 | 35,463 | | | | | |

NOTE 4 EXPENSES

| | Note HSA 2013 \$'000 | HSA 2012 \$'000 | H and CI 2013 \$'000 | H and Cl 2012 \$'000 | Total 2013 \$'000 | Total 2012 \$'000 |
|---|-------------------------|-----------------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Employee Benefits | | | | | | |
| - Salaries and Wages | 320,014 | 306,209 | 10,384 | 10,414 | 330,398 | 316,623 |
| - Superannuation | 28,216 | 26,497 | 973 | 908 | 29,189 | 27,405 |
| - Long Service Leave | 8,957 | 10,631 | 286 | 253 | 9,243 | 10,884 |
| - Workcover | 4,342 | 3,302 | 149 | 169 | 4,491 | 3,471 |
| - Departure Packages | 196 | 149 | 2 | 3 | 198 | 152 |
| Total Employee Benefits | 361,725 | 346,788 | 11,794 | 11,747 | 373,519 | 358,535 |
| Non Salary Labour Costs | | | | | | |
| - Fee for Service | 3,636 | 3,376 | - | - | 3,636 | 3,376 |
| - Contract Labour | 3,804 | 4,348 | 48 | 104 | 3,852 | 4,452 |
| - Agency Costs - Nursing | 893 | 969 | - | - | 893 | 969 |
| - Agency Costs - Other | 184 | 131 | - | - | 184 | 131 |
| Total Non Salary Labour Costs | 8,517 | 8,824 | 48 | 104 | 8,565 | 8,928 |
| Supplies, Consumables and Purchased Services | | | | | | |
| - Medical, Surgical Supplies and Prostheses | 34,742 | 33,770 | 180 | 131 | 34,922 | 33,901 |
| - Drug Supplies | 24,784 | 23,781 | 6,873 | 7,634 | 31,657 | 31,415 |
| - Pathology Services | 6,351 | 6,941 | 29 | 35 | 6,380 | 6,976 |
| - Food Supplies | 4,875 | 5,070 | 44 | 39 | 4,919 | 5,109 |
| - Purchased Services | 4,511 | 4,065 | 388 | 115 | 4,899 | 4,180 |
| Total Supplies, Consumables and Purchased Services | 75,263 | 73,627 | 7,514 | 7,954 | 82,777 | 81,581 |
| Other Expenses from Continuing Operations | | | | | | |
| - I.T. Services and Software | 13,973 | 10,861 | 1,039 | 1,207 | 15,012 | 12,068 |
| - Administrative Expenses | 5,004 | 5,244 | 1,360 | 1,189 | 6,364 | 6,433 |
| - Repairs and Maintenance | 7,102 | 6,787 | 1,021 | 970 | 8,123 | 7,757 |
| - Heat, Light and Power | 6,700 | 5,603 | 144 | 118 | 6,844 | 5,721 |
| - Maintenance Contracts | 3,679 | 3,649 | 63 | 30 | 3,742 | 3,679 |
| - Insurance Costs | 7,111 | 5,469 | 30 | - | 7,141 | 5,469 |
| - Domestic Services and Supplies | 2,856 | 2,861 | 261 | 436 | 3,117 | 3,297 |
| - Printing and Stationery | 2,147 | 2,027 | 108 | 106 | 2,255 | 2,133 |
| - Continuing Medical Education costs | 1,441 | 1,267 | 487 | 690 | 1,928 | 1,957 |
| - Patient Transport | 1,814 | 1,787 | 9 | 14 | 1,823 | 1,801 |
| - Lease Expenses | 1,660 | 1,584 | 9 | 30 | 1,669 | 1,614 |
| - Communication Expenses | 1,211 | 984 | 31 | 16 | 1,242 | 1,000 |
| - Rent Expenses | 1,114 | 971 | 12 | 22 | 1,126 | 993 |
| - Motor Vehicle Expenses | 799 | 869 | 6 | 11 | 805 | 880 |
| - Audit Fees | 398 | 332 | - | - | 398 | 332 |
| - Bad and Doubtful Debts | 432 | 108 | - | - | 432 | 108 |
| - Other Expenses | 669 | 670 | 433 | 803 | 1,102 | 1,473 |
| Total Other Expenses from Continuing Operations | 58,110 | 51,073 | 5,013 | 5,642 | 63,123 | 56,715 |

Continued over page...

| | Note | HSA 2013 \$'000 | HSA 2012 \$'000 | H and Cl 2013 \$'000 | H and CI 2012 \$'000 | Total 2013 \$'000 | Total 2012 \$'000 |
|---|--------|-----------------------|-----------------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Expenditure using Capital Purpose Income | | | | | | | |
| Employee Benefits (inc. termination benefits) | | - | - | 721 | 538 | 721 | 538 |
| Other Expenses | | - | - | 697 | 1,109 | 697 | 1,109 |
| Non Salary Labour Costs | | - | - | 130 | 80 | 130 | 80 |
| Total Expenditure using Capital Purpose Income | | - | - | 1,548 | 1,727 | 1,548 | 1,727 |
| Depreciation and Amortisation | 14, 15 | 33,445 | 33,099 | 452 | 589 | 33,897 | 33,688 |
| Non Current Asset Write Off | 14 | - | - | 1,022 | - | 1,022 | - |
| Finance Costs – borrowings at amortised costs | 9 | 32 | 166 | - | - | 32 | 166 |
| Impairment of Available for Sale Financial Assets | | - | - | 63 | 174 | 63 | 174 |
| | | 33,477 | 33,265 | 1,537 | 763 | 35,014 | 34,028 |
| Total Expenses | 5 | 537,092 | 513,577 | 27,454 | 27,937 | 564,546 | 541,514 |



NOTE 5 ANALYSIS OF EXPENSES BY SOURCE

| 2013 N | lote Admitted Patients \$'000 | Outpatients \$'000 | EDS \$'000 |
|--|-------------------------------------|-----------------------|---------------|
| Services Supported by Health Service Agreement | | | |
| Employee Benefits | 213,052 | 16,702 | 18,196 |
| Supplies, Consumables and Purchased Services | 49,629 | 2,200 | 4,117 |
| Other Expenses | 37,410 | 2,647 | 2,645 |
| Depreciation and Amortisation | 10,442 | 4,568 | 3,143 |
| Non Salary Labour Costs | 5,980 | 151 | 201 |
| Finance Costs | 9 | 1 | 1 |
| Total Expenses from Services Supported by Health Services Agreement | 316,522 | 26,269 | 28,303 |
| Services Supported by Hospital and Community Initiatives | | | |
| Employee Benefits | - | - | - |
| Other Expenses | - | - | - |
| Depreciation and Amortisation | - | - | - |
| Supplies and Consumables | - | - | - |
| Non Salary Labour Costs | - | - | - |
| Impairment of Available for Sale Financial Assets | - | - | - |
| Non Current Asset Write Off | - | - | - |
| Total Expenses from Services Supported by Hospital and Community Initiatives | 8 - | - | - |
| Comitions Commented by Comital Commen | | | |
| Services Supported by Capital Sources | | | |
| Employee Benefits Other Expenses | - | - | - |
| Non Salary Labour Costs | - | - | - |
| Total Expenses from Services Supported By Capital Sources | | | |
| Total Exponess it still delivious supported by suprial sources | | | |
| Total Expenses from Ordinary Activities | 316,522 | 26,269 | 28,303 |

| Ambulatory \$'000 | Mental Health \$'000 | RAC incl. Mental Health \$'000 | Aged Care \$'000 | Primary Health \$'000 | Other \$'000 | Total \$'000 |
|----------------------|-------------------------|--------------------------------------|---------------------|-----------------------------|-----------------|-----------------|
| | | | | | | |
| 27,821 | 26,513 | 28,902 | 14,056 | 9,305 | 7,178 | 361,725 |
| 6,974 | 3,079 | 3,442 | 1,053 | 2,048 | 1,921 | 74,463 |
| 4,644 | 1,988 | 3,956 | 2,033 | 1,931 | 1,655 | 58,909 |
| 1,985 | 2,823 | 8,705 | 377 | 1,307 | 95 | 33,445 |
| 720 | 519 | 600 | 127 | 87 | 132 | 8,517 |
| 3 | 6 | 3 | 4 | 4 | 1 | 32 |
| 42,147 | 34,928 | 45,608 | 17,650 | 14,682 | 10,982 | 537,091 |
| | | | | | | |
| - | - | - | - | - | 11,794 | 11,794 |
| - | - | - | - | - | 5,013 | 5,013 |
| - | - | - | - | - | 452 | 452 |
| - | - | - | - | - | 7,514 | 7,514 |
| - | - | - | - | - | 48 | 48 |
| - | - | - | - | - | 63 | 63 |
| - | - | - | - | - | 1,022 | 1,022 |
| - | - | - | - | - | 25,906 | 25,906 |
| | | | | | | |
| - | - | - | - | - | 721 | 721 |
| - | - | - | - | - | 697 | 697 |
| - | - | - | - | - | 130 | 130 |
| | - | - | - | - | 1,548 | 1,548 |
| | | | | | | |
| 42,147 | 34,928 | 45,608 | 17,650 | 14,682 | 38,436 | 564,545 |

NOTE 5 ANALYSIS OF EXPENSES BY SOURCE continued

| 2012 | Note | Admitted Patients \$'000 | Outpatients \$'000 | EDS \$'000 |
|--|------|--------------------------------|-----------------------|---------------|
| Services Supported by Health Service Agreement | | | | |
| Employee Benefits | | 209,428 | 15,911 | 16,366 |
| Supplies and Consumables | | 49,366 | 2,617 | 3,980 |
| Other Expenses | | 32,423 | 2,131 | 2,301 |
| Depreciation and Amortisation | | 10,334 | 4,520 | 3,110 |
| Non Salary Labour Costs | | 6,198 | 107 | 186 |
| Finance Costs | | 45 | 6 | 4 |
| Sub-Total Expenses from Services Supported by Health Services Agreement | | 307,794 | 25,292 | 25,948 |
| Services Supported by Hospital and Community Initiatives | | | | |
| Employee Benefits | | - | - | - |
| Other Expenses | | - | - | - |
| Depreciation and Amortisation | | - | - | - |
| Supplies and Consumables | | - | - | - |
| Non Salary Labour Costs | | - | - | - |
| Impairment of Available for Sale Financial Assets | | - | - | - |
| Finance Costs | | - | - | - |
| Sub-Total Expenses from Services Supported by Hospital and Community Initiatives | 8 | - | - | - |
| Services Supported by Capital Sources | | | | |
| Employee Benefits | | - | - | - |
| Other Expenses | | - | - | - |
| Non Salary Labour Costs | | - | - | - |
| Sub-Total Expenses from Services Supported By Capital Sources | | - | - | - |
| Total Expenses from Ordinary Activities | | 307,794 | 25,292 | 25,948 |

| Ambulatory \$'000 | Mental Health \$'000 | RAC incl. Mental Health \$'000 | Aged Care \$'000 | Primary Health \$'000 | Other \$'000 | Total \$'000 |
|----------------------|-------------------------|--------------------------------------|---------------------|-----------------------------|-----------------|-----------------|
| | | | | | | |
| 25,520 | 25,046 | 26,971 | 12,598 | 8,024 | 6,924 | 346,788 |
| 5,868 | 3,138 | 3,416 | 1,046 | 2,237 | 1,959 | 73,627 |
| 4,414 | 1,994 | 3,551 | 1,624 | 1,763 | 872 | 51,073 |
| 1,965 | 2,794 | 8,615 | 373 | 1,293 | 94 | 33,099 |
| 1,025 | 534 | 477 | 86 | 48 | 163 | 8,824 |
| 16 | 32 | 16 | 19 | 22 | 6 | 166 |
| 38,808 | 33,538 | 43,046 | 15,747 | 13,387 | 10,018 | 513,577 |
| | | | | | | |
| - | - | - | - | - | 11,747 | 11,747 |
| - | - | - | - | - | 5,642 | 5,642 |
| - | - | - | - | - | 589 | 589 |
| - | - | - | - | - | 7,954 | 7,954 |
| - | - | - | - | - | 104 | 104 |
| - | - | - | - | - | 174 | 174 |
| - | - | - | - | - | - | - |
| - | - | - | - | - | 26,210 | 26,210 |
| | | | | | | |
| - | - | - | - | - | 538 | 538 |
| - | - | - | - | - | 1,109 | 1,109 |
| - | - | - | - | - | 80 | 80 |
| | - | - | - | - | 1,727 | 1,727 |
| 38,808 | 33,538 | 43,046 | 15,747 | 13,387 | 37,955 | 541,514 |

NOTE 6 PATIENT AND RESIDENT FEES

| | 2013 \$'000 | 2012 \$'000 |
|----------------------------------|----------------|----------------|
| Patient and Resident Fees Raised | | |
| Inpatients | | |
| - Acute | 25,236 | 22,845 |
| - Sub Acute | 6,535 | 6,187 |
| - Other | 4,014 | 3,805 |
| Residential Aged Care | | |
| - Geriatric | | |
| - Mental Health | 5,170 | 5,525 |
| Other | 676 | 687 |
| | | |
| TOTAL | 41,631 | 39,049 |

NOTE 7 NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS

| | 2013 \$'000 | 2012 \$'000 |
|---|----------------|----------------|
| Proceeds from Property, Plant and Equipment | | |
| - Motor Vehicles | 110 | 96 |
| - Leased Motor Vehicles | 63 | 111 |
| - Equipment | 34 | - |
| - Medical equipment | 15 | 34 |
| - Building | - | - |
| Total Proceeds from Property, Plant and Equipment | 222 | 241 |
| Less: Written Down Value of Property, Plant and Equipment Sold | | |
| - Motor Vehicles | 89 | 47 |
| - Leased Motor Vehicles | 75 | 71 |
| - Equipment | 116 | - |
| - Medical equipment | 21 | 56 |
| - Building | - | 181 |
| Total Written Down Value of Property, Plant and Equipment Sold | 301 | 355 |
| Net (Loss) of Property, Plant and Equipment Sold | (79) | (114) |
| Proceeds from Disposal of Property Held for Sale | | |
| - Building | 110 | - |
| - Land | 533 | - |
| Total Proceeds from Disposal of Property Held for Sale | 643 | - |

NOTE 7 NET GAIN/(LOSS) ON DISPOSAL OF NON-FINANCIAL ASSETS CONTINUED

| | 2013 \$'000 | 2012 \$'000 |
|---|----------------|----------------|
| Less: Written Down Value of Property Held for Sale | | |
| - Building | 108 | - |
| - Land | 410 | - |
| Total Written Down Value of Property Held for Sale | 518 | - |
| Net Gain on disposal of Property Held for Sale | 125 | - |
| Total Net Gain | 46 | (114) |

NOTE 8 ANALYSIS OF EXPENSES BY INTERNAL AND RESTRICTED SPECIFIC PURPOSE FUNDS FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

| 2013 \$'000 | 2012 \$'000 |
|----------------|---|
| 7,739 | 8,466 |
| 6,900 | 6,874 |
| 2,250 | 1,754 |
| 1,549 | 1,796 |
| 889 | 766 |
| 828 | 663 |
| 636 | 805 |
| 452 | 589 |
| 436 | 317 |
| 426 | 373 |
| 3,801 | 3,807 |
| 25,906 | 26,210 |
| | \$'000 7,739 6,900 2,250 1,549 889 828 636 452 436 426 3,801 |

NOTE 9 FINANCE COSTS

| Finance Charges on Finance | 2013 \$'000 | 2012 \$'000 |
|----------------------------|----------------|----------------|
| Leases | 32 | 166 |

NOTE 10 RECEIVABLES

| | \$'000 | \$'000 |
|---|--------|--------|
| CURRENT | | |
| Contractual | | |
| Patient Fees | 5,522 | 4,576 |
| Sundry Debtors | 6,281 | 6,215 |
| Less: Allowance for Doubtful Debts | (404) | (215) |
| Accrued Investment Income | 647 | 655 |
| Accrued Revenue - Other | 1,745 | 2,238 |
| Prepayments | 1,065 | 846 |
| | 14,856 | 14,315 |
| Statutory | | |
| GST Receivable | 998 | 847 |
| Accrued Revenue - Department of Health | 1,547 | 1,517 |
| | | |
| TOTAL CURRENT RECEIVABLES | 17,401 | 16,679 |
| | | |
| NON CURRENT | | |
| Statutory | | |
| Long Service Leave - Department of Health | 14,741 | 13,636 |
| | | |
| TOTAL NON CURRENT RECEIVABLES | 14,741 | 13,636 |
| | | |
| TOTAL RECEIVABLES | 32,142 | 30,315 |
| | | |
| (a) Movement in allowance for patient fee doubtful debts: | | |
| Balance at beginning of year | (215) | (345) |
| Amounts written off during year | 242 | 236 |
| (Increase) / decrease in allowance recognised through profit and loss | (431) | (106) |
| Balance at end of the year | (404) | (215) |

(b) Ageing analysis of receivables.

Please refer to Note 24 for the ageing analysis of receivables.

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

Please refer to Note 24 for the nature and extent of credit risk arising from receivables.

NOTE 11 INVESTMENTS AND OTHER FINANCIAL ASSETS

| | Special Purp | Special Purpose Fund | | Fund | Total | |
|--|----------------|----------------------|----------------|----------------|----------------|----------------|
| | 2013 \$'000 | 2012 \$'000 | 2013 \$'000 | 2012 \$'000 | 2013 \$'000 | 2012 \$'000 |
| Current | | | | | | |
| - Australian Dollar Term Deposits > 3 months | 1,045 | 2,034 | - | - | 1,045 | 2,034 |
| - Fixed Bonds and Floating Rate Notes | 603 | 800 | 908 | 945 | 1,511 | 1,745 |
| TOTAL CURRENT | 1,648 | 2,834 | 908 | 945 | 2,556 | 3,779 |
| Non- Current | | | | | | |
| - Australian Dollar Term Deposits | - | 1,000 | - | - | - | 1,000 |
| - Equities at Fair Value | 8,194 | 4,414 | - | - | 8,194 | 4,414 |
| - Fixed Bonds and Floating Rate Notes | 32,502 | 24,975 | 4,715 | 4,905 | 37,217 | 29,880 |
| TOTAL NON CURRENT | 40,696 | 30,389 | 4,715 | 4,905 | 45,411 | 35,294 |
| TOTAL | 42,344 | 33,223 | 5,623 | 5,850 | 47,967 | 39,073 |
| Represented by: | | | | | | |
| Health Service Investments | | | | | 42,344 | 33,223 |
| Monies Held in Trust | | | | | | |
| - Refundable Entrance Fees | | | | | 5,623 | 5,850 |
| TOTAL | | | | | 47,967 | 39,073 |

(a) Ageing analysis of investments - term deposits.

Please refer to Note 24 for the ageing analysis of investments and other financial assets.

(b) Nature and extent of risk arising from investments - term deposits.

Please refer to Note 24 for the nature and extent of creditor risk arising from investments - term deposits.

NOTE 12 INVENTORIES

| | 2013 \$'000 | 2012 \$'000 |
|------------------------------------|----------------|----------------|
| Pharmaceuticals at cost | 1,778 | 1,921 |
| Medical and Surgical Lines at cost | 1,482 | 1,292 |
| Bulk Store at cost | 327 | 369 |
| | | |
| TOTAL INVENTORIES | 3,587 | 3,582 |

NOTE 13 PROPERTY HELD FOR SALE

| 2013 | Net Assets 2013 \$'000 |
|------------------------------------|------------------------------|
| Land and Buildings - Held for Sale | |
| Land | - |
| Buildings | - |
| | - |

| 2012 | Net Assets 2013 \$'000 |
|--|------------------------------|
| Land and Buildings - Held for Sale | |
| Land at revaluation on 30 June 2009 | 410 |
| Buildings at valuation on 30 June 2009 at depreciated replacement cost | 117 |
| | 527 |

Please refer to Note 1.28 for more details on Non-financial Physical Assets classified as Held for Sale.



NOTE 14 PROPERTY, PLANT AND EQUIPMENT

| 2013 | At Cost / Valuation \$'000 | Accumulated Depreciation / Amortisation \$'000 | Net Assets 2013 \$'000 |
|--|----------------------------------|--|------------------------------|
| Plant and Equipment at Fair Value | | | |
| - Plant at depreciated replacement cost | 8,171 | 4,421 | 3,750 |
| - Motor Vehicles at depreciated replacement cost | 5,737 | 4,627 | 1,110 |
| - Other at depreciated replacement cost | 27,641 | 16,504 | 11,137 |
| | 41,549 | 25,552 | 15,997 |
| Medical equipment at depreciated replacement cost | 53,148 | 32,925 | 20,223 |
| Furniture and Fittings at Cost | 490 | 337 | 153 |
| Linen at Cost | 3,477 | 2,317 | 1,160 |
| Land and Buildings | | | |
| At Fair Value | | | |
| Land at revaluation on 30 June 2009 | 40,294 | - | 40,294 |
| Land at revaluation on 30 June 2013 | 5,341 | - | 5,341 |
| Crown Land at revaluation on 30 June 2009 | 4,747 | - | 4,747 |
| Buildings at valuation on 30 June 2009 at depreciated replacement cost | 385,888 | 68,949 | 316,939 |
| Buildings at valuation on 30 June 2013 at depreciated replacement cost | 1,960 | - | 1,960 |
| At Cost | | | |
| Land at cost | 1,808 | - | 1,808 |
| Buildings at cost | 56,536 | 26,910 | 29,626 |
| Buildings Under Construction at cost | 43,584 | - | 43,584 |
| Leasehold Improvements at cost | 1,201 | - | 1,201 |
| | 541,359 | 95,859 | 445,500 |
| Leased Motor Vehicles at Cost | 390 | 219 | 171 |
| Total Non-Current Assets | 640,413 | 157,209 | 483,204 |

Please refer to Note 1.29 for more details on revaluation of property, plant and equipment.

| 2012 | At Cost / Valuation \$'000 | Accumulated Depreciation / Amortisation \$'000 | Net Assets 2013 \$'000 |
|--|----------------------------------|---|------------------------------|
| Plant and Equipment at Fair Value | | | |
| - Plant at depreciated replacement cost | 9,461 | 5,592 | 3,869 |
| - Motor Vehicles at depreciated replacement cost | 5,827 | 4,554 | 1,273 |
| - Other at depreciated replacement cost | 27,488 | 16,350 | 11,138 |
| | 42,776 | 26,496 | 16,280 |
| Medical equipment at depreciated replacement cost | 51,819 | 31,298 | 20,521 |
| Furniture and Fittings at Cost | 437 | 317 | 120 |
| Linen at Cost | 4,751 | 2,526 | 2,225 |
| Land and Buildings at Fair Value | | | |
| Land at revaluation on 30 June 2009 | 44,035 | - | 44,035 |
| Crown Land at revaluation on 30 June 2009 | 4,747 | - | 4,747 |
| Buildings at valuation on 30 June 2009 at depreciated replacement cost | 389,167 | 68,949 | 320,218 |
| At Cost | | | |
| Land at cost | 2,744 | - | 2,744 |
| Buildings at cost | 51,823 | 2,063 | 49,760 |
| Buildings Under Construction at cost | 19,739 | - | 19,739 |
| Leasehold Improvements at cost | 854 | 158 | 696 |
| | 513,109 | 71,170 | 441,939 |
| Leased Motor Vehicles at Cost | 532 | 225 | 307 |
| Total Non-Current Assets | 613,424 | 132,032 | 481,392 |

Please refer to note 1.29 for more details on revaluation of property, plant and equipment.

NOTE 14 PROPERTY, PLANT AND EQUIPMENT continued

Reconciliations of the carrying amounts of each class of asset at the beginning and end of the previous and current year are set out below:

| 2013 | Land \$'000 | Buildings and Leasehold \$'000 | Plant and Equipment \$'000 |
|-------------------------------------|----------------|--------------------------------------|----------------------------------|
| Carrying amount at start of year | 51,526 | 390,413 | 16,280 |
| Additions | - | 29,520 | 2,871 |
| Revaluations | 1,600 | (1,319) | - |
| Asset write off | - | - | - |
| Transfer to Investment Properties | (936) | (593) | - |
| Disposals | - | - | (206) |
| Depreciation / Amortisation Expense | - | (24,711) | (2,947) |
| | | | |
| Carrying amount at end of year | 52,190 | 393,309 | 15,998 |

| 2012 | Land \$'000 | Buildings and Leasehold \$'000 | Plant and Equipment \$'000 |
|-------------------------------------|----------------|--------------------------------------|----------------------------------|
| Carrying amount at start of year | 51,526 | 392,647 | 17,316 |
| Additions | - | 22,281 | 2,050 |
| Revaluations / Increments | - | - | - |
| Impairment of Assets | - | - | - |
| Disposals | - | (181) | (47) |
| Depreciation / Amortisation Expense | - | (24,334) | (3,039) |
| | | | |
| Carrying amount at end of year | 51,526 | 390,413 | 16,280 |

Land and Buildings carried at Valuation

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.

| Medical \$'000 | Furniture and Fittings \$'000 | Linen \$'000 | Leased Motor Vehicles \$'000 | Total \$'000 |
|-------------------|-------------------------------------|-----------------|------------------------------------|-----------------|
| 20,521 | 120 | 2,225 | 307 | 481,392 |
| 4,800 | 53 | 409 | - | 37,678 |
| - | - | - | - | 281 |
| - | - | (1,022) | - | (1,022) |
| - | - | - | - | (1,529) |
| (21) | - | - | (75) | (302) |
| (5,077) | (20) | (452) | (61) | (33,293) |
| | | | | |
| 20,223 | 153 | 1,160 | 171 | 483,204 |

| Medical \$'000 | Furniture and Fittings \$'000 | Linen \$'000 | Leased Motor Vehicles \$'000 | Total \$'000 |
|-------------------|-------------------------------------|-----------------|------------------------------------|-----------------|
| 21,169 | 135 | 1,863 | 476 | 495,861 |
| 5,970 | 12 | 345 | 317 | 22,602 |
| - | - | - | - | - |
| - | - | - | - | - |
| (158) | (2) | - | (205) | (468) |
| (4,582) | (18) | (100) | (139) | (32,962) |
| | | | | |
| 22,399 | 127 | 2,108 | 449 | 481,392 |

NOTE 15 INTANGIBLE ASSETS

| | 2013 \$'000 | 2012 \$'000 |
|-----------------------------|----------------|----------------|
| Resource Management Systems | 1,038 | 1,190 |
| Total Written Down Value | 1,038 | 1,190 |

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

Resource Management Systems

| Balance at beginning of financial year | 1,190 | 1,297 |
|--|-------|-------|
| Additions | 477 | 619 |
| Amortisation | (629) | (726) |
| Balance at end of financial year | 1,038 | 1,190 |
| | | |
| TOTALS | 1,038 | 1,190 |

NOTE 17 PAYABLES

| | 2013 \$'000 | 2012 \$'000 |
|----------------------------|----------------|----------------|
| Current | | |
| Contractual | | |
| Trade Creditors | 12,001 | 12,983 |
| Accrued Expenses | 7,822 | 4,708 |
| Australian Taxation Office | 2,333 | 621 |
| Superannuation | 2,589 | 2,553 |
| Salary Packaging | 3,256 | 2,360 |
| Other | 2,884 | 2,558 |
| Total | 30,885 | 25,783 |

(a) Maturity analysis of payables.

Please refer to Note 24 for the ageing analysis of payables.

(b) Nature and extent of risk arising from payables.

Please refer to Note 24 for the nature and extent of risks arising from payables.

NOTE 16 INVESTMENT PROPERTIES

| | 2013 \$'000 | 2012 \$'000 |
|---|----------------|----------------|
| Balance at Beginning of the Period | 12,760 | 12,558 |
| Net Gain on Revaluation to fair value | 1,345 | 202 |
| Transfer from Property, Plant & Equipment | 1,529 | |
| Balance at the end of the Period | 15,634 | 12,760 |

Investment properties were revalued at 30 June 2013 by the Victorian Valuer General's Office, to determine the fair value of the properties.

Rental income from Investment Properties for the year was \$622,565 (2012: \$613,696). Related operating expenses were \$9,400 (2012: \$10,000).

NOTE 18 MONIES HELD IN TRUST

| | Note | 2013 \$'000 | 2012 \$'000 |
|--|------|----------------|----------------|
| Current | | | |
| Contractual | | | |
| Refundable Entrance Fees | | 5,252 | 5,425 |
| Residential Patient Monies held in Trust | | 1,217 | 1,155 |
| Total | | 6,469 | 6,580 |
| Total Monies Held in Trust | | | |
| Represented by the following assets: | | | |
| Cash held - monies held in trust | 23 | 846 | 730 |
| Investments and other financial assets | 11 | 5,623 | 5,850 |
| | | 6,469 | 6,580 |

NOTE 19 INTEREST BEARING LIABILITIES

| | Note | 2013 \$'000 | 2012 \$'000 |
|------------------------------------|------|----------------|----------------|
| Current | | | |
| Lease Liabilities | 26 | 101 | 162 |
| Total Current | | 101 | 162 |
| | | | |
| Non-Current | | | |
| Lease Liabilities | 26 | 13 | 98 |
| Total Non-Current | | 13 | 98 |
| Total Interest Bearing Liabilities | 26 | 114 | 260 |

Barwon Health has 13 unsecured Finance Leases for Motor Vehicles. The facilities vary from 15 to 36 months, with interest rates between 6.25 and 7.62%.

(a) Maturity analysis of interest bearing liabilities.

Please refer to Note 24 for the ageing analysis of interest bearing liabilities.

(b) Nature and extent of risk arising from interest bearing liabilities.

Please refer to Note 24 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

| | 2013 \$'000 | 2012 \$'000 |
|--|----------------|----------------|
| Current | | |
| - Unconditional Annual Leave expected to be settled within 12 months | 22,077 | 21,305 |
| - Unconditional Annual Leave not expected to be settled within 12 months (present value) | 3,960 | 3,665 |
| - Accrued Salaries and Wages | 12,084 | 12,947 |
| - Accrued Days Off | 659 | 663 |
| - Unconditional Long Service Leave Entitlements | 37,497 | 34,986 |
| | 76,277 | 73,566 |
| Provisions related to employee benefit on-costs | | |
| - Annual Leave | 2,754 | 2,717 |
| - Accrued Days Off | 79 | 72 |
| - Unconditional Long Service Leave Entitlements | 4,184 | 3,807 |
| | 7,017 | 6,596 |
| Total Current | 83,294 | 80,162 |
| Non Current | | |
| - Conditional Long Service Leave Entitlements (present value) | 13,104 | 12,766 |
| - Employee benefit on-costs for Long Service Leave | 1,426 | 1,389 |
| Total Non Current | 14,530 | 14,155 |
| | | |
| Total Provisions | 97,824 | 94,317 |
| a) Employee Benefits and Related On-Costs | | |
| Current | | |
| Unconditional Annual Leave | 28,791 | 27,687 |
| Unconditional Long Service Leave Entitlements | 41,681 | 38,793 |
| Accrued Salaries and Wages | 12,084 | 12,947 |
| Accrued Days Off | 738 | 735 |
| Non Current | | |
| Conditional Long Service Leave Entitlements | 14,530 | 14,155 |
| Total Employee Benefits and Related On-Costs | 97,824 | 94,317 |
| b) Movement in Long Service Leave | | |
| Balance at start of year | 52,948 | 46,768 |
| Provision made during the year | 9,220 | 11,041 |
| Settlement made during the year | (5,957) | (4,860) |
| Balance at end of year | 56,211 | 52,948 |
| | | |

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 4.3125% 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 and Finance.

NOTE 21 SUPERANNUATION

Employees of Barwon Health are entitled to receive superannuation benefits and Barwon Health contributes to both defined benefits and defined contribution plans. The defined benefit plan provides benefits based on years of service and final average salary.

Barwon Health does not recognise any defined benefit liability in respect of the plans because the entity has no legal or contractive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

However superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the comprehensive operating statement of Barwon Health. The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by Barwon Health are as follows:

| | Paid Contribution for the Year | | Contribution Outstanding at Year End | |
|--|--------------------------------|----------------|---|----------------|
| | 2013 \$'000 | 2012 \$'000 | 2013 \$'000 | 2012 \$'000 |
| Defined contribution plans: | | | | |
| - Health Super | 18,020 | 17,193 | 1,613 | 1,484 |
| - Hesta | 6,719 | 6,002 | 607 | 540 |
| - Other compliant superannuation funds as selected by employee | 838 | 745 | 78 | 52 |
| Defined benefit plans: | | | | |
| - Health Super | 883 | 913 | 72 | 76 |
| - GSO | 209 | 220 | 17 | 18 |
| Total | 26,669 | 25,073 | 2,387 | 2,170 |

NOTE 22 RESERVES

| | 2013 \$'000 | 2012 \$'000 |
|--|----------------|----------------|
| a) Reserves | | |
| Land and Building Revaluation Reserve | | |
| - Building Revaluation Reserve | | |
| Balance at start of year | 173,879 | 173,879 |
| Movements | (1,319) | - |
| Balance at end of year | 172,560 | 173,879 |
| - Land Revaluation Reserve | | |
| Balance at start of year | 35,113 | 35,113 |
| Movements | 1,600 | - |
| Balance at end of year | 36,713 | 35,113 |
| Total Land and Building Revaluation Reserve | 209,273 | 208,992 |
| | | |
| Available for sale Revaluation Reserve | | |
| Balance at start of year | 1,139 | 760 |
| Movement for Sale of AFS Investments | 170 | (52) |
| Valuation Gain recognised | 1,213 | 605 |
| Impairment of Financial Assets | (63) | (174) |
| Balance at end of year | 2,459 | 1,139 |
| Restricted Specific Purpose Reserve | | |
| Balance at start of year | 21,016 | 19,037 |
| Transfer (to)/from Accumulated Surplus/(Deficit) | 2,033 | 1,979 |
| Balance at end of year | 23,049 | 21,016 |
| Internally Managed Reserve | | |
| Balance at start of year | 24,436 | 40,795 |
| Transfer (to)/from Accumulated Surplus/(Deficit) | (2,667) | (16,359) |
| Movements | 145 | - |
| Balance at end of year | 21,914 | 24,436 |
| b) Contributed Capital | | |
| Balance at start of year | 215,405 | 215,405 |
| Transfer from Internally Managed Reserve | - | - |
| Balance at end of year | 215,405 | 215,405 |
| c) Accumulated Surplus/(Deficit) | | |
| Balance at start of year | (15,978) | (20,660) |
| Net result for the year | 2,713 | (9,698) |
| Transfer (to)/from Restricted Specific Purpose Reserve | (2,033) | (1,979) |
| Transfer (to)/from Internally Managed Reserve | 2,667 | 16,359 |
| Balance at end of year | (12,632) | (15,978) |
| Total Equity at the end of the financial year | 459,469 | 455,010 |

NOTE 23 CASH AND CASH EQUIVALENTS AND CASH FLOW RECONCILIATION

Note 22(a) Cash and Cash Equivalents

| | 2013 \$'000 | 2012 \$'000 |
|---|----------------|----------------|
| Cash at Bank | 11,159 | 13,090 |
| Cash on Hand | 30 | 21 |
| Total | 11,189 | 13,111 |
| Represented by: | | |
| Cash for Health Service Operations (as per Cash Flow Statement) | 10,343 | 12,381 |
| Cash held for residential patient monies held in trust | 846 | 730 |
| Total | 11,189 | 13,111 |

Refer to note 18 for monies held in trust disclosure.

NOTE 23 CASH AND CASH EQUIVALENTS AND CASH FLOW RECONCILIATION continued

Note 23(b) Reconciliation of Net Result for the Year to Net Cash Inflow / (Outflow) from Operating Activities

| | 2013 \$'000 | 2012 \$'000 |
|---|----------------|----------------|
| Net Result for the Year | 2,713 | (9,698) |
| | | |
| Non-cash movements: | | |
| Depreciation and Impairment | 33,897 | 33,688 |
| Linen Asset Write Off | 1,022 | - |
| Impairment of Available for Sale Investments | 63 | 174 |
| Provision for Doubtful Debts | 189 | (130) |
| | | |
| Movements included in investing and financing activities: | | |
| Gain on Revaluation of Investment Property | (1,345) | (202) |
| Profit on sale of AFS Shares | (170) | 114 |
| Monies Held in Trust non Cash Transfer | 1,000 | 500 |
| Gain on Sale of Property, Plant & Equipment | 46 | 0 |
| Movement in Leases | 178 | 166 |
| Movements in assets and liabilities: | | |
| Increase / (Decrease) in Employee Benefits | 2,402 | 11,032 |
| Increase / (Decrease) in Trade Creditors | 1,443 | 6,427 |
| Decrease / (Increase) in Patient Fees Receivable | (946) | 481 |
| Decrease / (Increase) in Inventories | (7) | (262) |
| Increase / (Decrease) in Monies Held in Trust | (1,227) | (842) |
| Increase / (Decrease) in Other Payables | 3,440 | 7 |
| Decrease / (Increase) in Other Receivables | 254 | (1,727) |
| Net Cash Inflow / (Outflow) from Operating Activities | 42,952 | 39,728 |

Note 23(c) Non-cash Financing and Investing Activities

| | 2013 \$'000 | 2012 \$'000 |
|---|----------------|----------------|
| Acquisition of Plant and Equipment by means of finance leases | - | 37 |
| TOTAL | - | 37 |

NOTE 24 FINANCIAL INSTRUMENTS

Note 24(a) Financial risk management objectives and 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.

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

Note 24(b) Categorisation of Financial Instruments

| | Note | Category | Carrying Amount 2013 \$'000 | Carrying Amount 2012 \$'000 |
|--|------|---|--------------------------------------|--------------------------------------|
| Financial Assets | | | | |
| Cash and cash equivalents | 23 | Cash and cash equivalents | 11,189 | 13,111 |
| Receivables | 10 | Loans and Receivables | 12,046 | 11,305 |
| Investments and Other Financial Assets | 11 | Available for Sale Financial Assets (at fair value) | 46,922 | 36,039 |
| Investments and Other Financial Assets | 11 | Loans and Receivables | 1,045 | 3,034 |
| | | | | |
| Total Financial Assets | | | 71,202 | 63,489 |
| | | | | |
| Financial Liabilities | | | | |
| Trade Creditors and Other Payables | 17 | Financial liabilities measured at amortised cost | 20,934 | 19,538 |
| Refundable Entrance Fees | 18 | Financial liabilities measured at amortised cost | 5,252 | 5,425 |
| Interest Bearing Liabilities | 19 | Financial liabilities measured at amortised cost | 114 | 260 |
| | | | | |
| Total Financial Liabilities | | | 26,300 | 25,223 |

The above carrying amounts exclude statutory financial assets and liabilities (i.e. GST payable and receivable).

Note 23(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 contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is Barwon Health's policy to deal with entities with high credit ratings. Barwon Health does not engage in hedging for its financial assets and Baron Health's policy is to only deal with banks with high credit ratings. Except where otherwise detailed, the carrying amount of financial assets, net of any allowances for losses, represents the maximum exposure to credit risk.

NOTE 24 FINANCIAL INSTRUMENTS continued

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 of the financial assets that are past due but not impaired.

Ageing analysis of Financial Assets as at 30 June

| | | | | Past Di | ue but Not Im | paired | | |
|--|------------------------------|--|--------------------------------|---------------------------|--------------------------------|-----------------------|---------------------------|---|
| | Carrying Amount \$'000 | Not Past Due and Not Impaired \$'000 | Less than 1 month \$'000 | 1 - 3 months \$'000 | 3 months - 1 year \$'000 | 1 - 5 years \$'000 | Over 5 years \$'000 | Impaired Financial Assets \$'000 |
| 2013 | | | | | | | | |
| Financial Assets | | | | | | | | |
| Cash and Cash Equivalents | 11,189 | 11,189 | - | - | - | - | - | - |
| Receivables | 12,046 | 9,014 | 1,387 | 1,137 | 912 | - | - | 404 |
| Investments and Other financial Assets | 47,967 | 47,967 | - | - | - | - | - | - |
| Total Financial Assets | 71,202 | 68,170 | 1,387 | 1,137 | 912 | - | - | 404 |
| 2012 | | | | | | | | |
| Financial Assets | | | | | | | | |
| Cash and Cash Equivalents | 13,111 | 13,111 | - | - | - | - | - | - |
| Receivables | 11,305 | 7,077 | 3,065 | 821 | 557 | - | - | 215 |
| Investments and Other financial Assets | 39,073 | 39,073 | - | - | - | - | - | - |
| Total Financial Assets | 63,489 | 59,261 | 3,065 | 821 | 557 | - | - | 215 |

There are no material financial assets which are individually determined to be impaired. Currently Barwon Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets. There are no financial assets that have had their terms renogotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated.

Note 24(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.

The following table discloses the contractual maturity analysis for Barwon Health's financial liabilities.

Maturity analysis of Financial Liabilities as at 30 June

| | | | | N | Maturity Dates | | |
|------------------------------------|------------------------------|-------------------------------------|--------------------------------|---------------------------|--------------------------------|-----------------------|---------------------------|
| | Carrying Amount \$'000 | Contractual Cash flows \$'000 | Less than 1 month \$'000 | 1 - 3 months \$'000 | 3 months - 1 year \$'000 | 1 - 5 years \$'000 | Over 5 years \$'000 |
| 2013 | | | | | | | |
| Financial Liabilities: | | | | | | | |
| Trade Creditors and Other Payables | 20,934 | 20,934 | 16,796 | 3,956 | 182 | - | - |
| Refundable Entrance Fees | 5,252 | 5,252 | 71 | 122 | 466 | 4,766 | - |
| Interest Bearing Liabilities | 114 | 114 | 96 | 10 | 57 | 97 | - |
| Total Financial Liabilities | 26,300 | 26,300 | 16,963 | 4,088 | 705 | 4,863 | - |
| 2012 | | | | | | | |
| Financial Liabilities: | | | | | | | |
| Trade Creditors and Other Payables | 19,538 | 19,538 | 17,360 | 2,178 | - | - | - |
| Refundable Entrance Fees | 5,425 | 5,425 | 71 | 122 | 466 | 4,766 | - |
| Interest Bearing Liabilities | 260 | 260 | 96 | 10 | 57 | 97 | |
| Total Financial Liabilities | 25,223 | 25,223 | 17,527 | 2,310 | 523 | 4,863 | - |

Note 24(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.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through Barwon Health's interest bearing liabilities. Minimisation of risk is achieved by holding a large amount of 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 Health's excess funds are predominantly invested in term deposits or bonds. Price risk is managed by reviewing the prices of all these listed equity investments on an regular 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.

NOTE 24 FINANCIAL INSTRUMENTS continued

Interest Rate exposure of Financial Assets and Liabilities as at 30 June

| and Liabilites as at 30 June | | | | Interest Rate Expos | ure |
|-----------------------------------|---|---------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| | Weighted Average Effective Interest Rates % | Carrying Amount \$'000 | Fixed Interest Rate \$'000 | Variable Interest Rate \$'000 | Non Interest Bearing \$'000 |
| 2013 | | | | | |
| Financial Assets | | | | | |
| Cash and Cash Equivalents | 3.66 | 11,189 | - | 11,189 | - |
| Receivables | - | 12,046 | - | - | 12,046 |
| Other Financial Assets - Equities | - | 8,194 | - | - | 8,194 |
| Investments | 6.54 | 39,773 | 14,846 | 24,927 | - |
| Total Financial Assets | | 71,202 | 14,846 | 36,116 | 20,240 |
| 2012 | | | | | |
| Financial Assets | | | | | |
| Cash and Cash Equivalents | 3.50 | 13,111 | - | 13,111 | - |
| Receivables | - | 11,305 | - | - | 11,305 |
| Other Financial Assets - Equities | - | 4,414 | - | - | 4,414 |
| Investments | 6.42 | 34,659 | 15,506 | 16,461 | - |
| Total Financial Assets | | 63,489 | 15,506 | 29,572 | 15,719 |

| | | | lr | nterest Rate Exposure | |
|---------------------------------------|---|------------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| | Weighted Average Effective Interest Rates % | Carrying Amount \$'000 | Fixed Interest Rate \$'000 | Variable Interest Rate \$'000 | Non Interest Bearing \$'000 |
| 2013 | | | | | |
| Financial Liabilities: | | | | | |
| Trade Creditors and Other Payables | - | 20,934 | - | - | 20,934 |
| Refundable Entrance Fees | - | 5,252 | - | - | 5,252 |
| Interest Bearing Liabilities | 6.90 | 114 | 114 | - | - |
| Total Financial Liabilities | | 26,300 | 114 | - | 26,186 |
| 2012 | | | | | |
| Financial Liabilities: | | | | | |
| Trade Creditors and Other Payables | - | 19,538 | - | - | 19,538 |
| Refundable Entrance Fees | - | 5,425 | - | - | 5,425 |
| Interest Bearing Liabilities | 6.85 | 260 | 260 | - | - |
| Total Financial Liabilities | | 25,223 | 260 | - | 24,963 |

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, in 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 +0.25% (25 basis points) and -0.75% (75 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.

| | | | Interest F | Rate Risk | | | Price | e Risk | |
|--------------------------------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | | -0.75 | 5% | 0.2 | 5% | -10 | 0% | 10 |)% |
| 2013 | Carrying Amount | Profit \$'000 | Equity \$'000 | Profit \$'000 | Equity \$'000 | Profit \$'000 | Equity \$'000 | Profit \$'000 | Equity \$'000 |
| Financial Assets | | | | | | | | | |
| Cash and cash equivalents | 11,189 | (84) | (84) | 28 | 28 | - | - | - | - |
| Receivables | 12,046 | - | - | - | - | - | - | - | - |
| Other Financial Assets - Equities | 8,194 | - | - | - | - | - | (463) | - | 463 |
| Investments | 39,773 | (298) | (298) | 99 | 99 | - | - | - | - |
| | 71,202 | (382) | (382) | 127 | 127 | - | (463) | - | 463 |
| Financial Liabilities | | | | | | | | | |
| Trade Creditors and Other Payables | 20,934 | - | - | - | - | - | - | - | - |
| Refundable Entrance Fees | 5,252 | - | - | - | - | - | - | - | - |
| Interest Bearing Liabilities | 114 | (1) | (1) | - | - | - | - | - | - |
| | 26,300 | (1) | (1) | 0 | 0 | - | - | - | - |
| Total | | (383) | (383) | 127 | 127 | - | (463) | - | 463 |

| | | | Interest F | Rate Risk | | | Price | e Risk | |
|---------------------------------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | | -0.7 | 5% | 0.2 | 5% | -10 |)% | 10 |)% |
| 2012 | Carrying Amount | Profit \$'000 | Equity \$'000 | Profit \$'000 | Equity \$'000 | Profit \$'000 | Equity \$'000 | Profit \$'000 | Equity \$'000 |
| Financial Assets | | | | | | | | | |
| Cash and Cash Equivalents | 13,111 | (98) | (98) | (33) | (33) | - | - | - | - |
| Receivables | 11,305 | - | - | - | - | - | - | - | - |
| Other Financial Assets - Equities | 4,414 | - | - | - | - | - | (463) | - | 463 |
| Investments | 34,659 | (260) | (260) | (87) | (87) | - | - | - | - |
| | 63,489 | (358) | (358) | (120) | (120) | - | (463) | - | 463 |
| Financial Liabilities | | | | | | | | | |
| Trade Creditors and Other Payables | 19,538 | - | - | - | - | - | - | - | - |
| Refundable Entrance Fees | 5,425 | - | - | - | - | - | - | - | - |
| Interest Bearing Liabilities | 260 | (2) | (2) | (1) | (1) | _ | - | - | |
| | 25,223 | (2) | (2) | (1) | (1) | - | - | - | - |
| Total | | (360) | (360) | (121) | (121) | - | (463) | - | 463 |

NOTE 24 FINANCIAL INSTRUMENTS continued

Note 24(f) Fair Value

The fair values and net fair values of financial instrument assets and liabilities are measured as the fair value of financial instrument assets and liabilities with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices.

Barwon Health considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which the fair value is observable.

- Level 1 fair value measurements are those derived from quoted proves (unadjusted) in active markets for identical assets or liabilities.
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

| | | | Hierarchy | |
|---|-------------------|-------------------|-------------------|-----------------|
| 2013 | Level 1 \$'000 | Level 2 \$'000 | Level 3 \$'000 | Total \$'000 |
| Available for Sale Financial Assets (at fair value) | | | | |
| Other Financial Assets | 46,922 | - | - | 46,922 |
| | 46,922 | - | - | 46,922 |

| | | | Hierarchy | |
|---|-------------------|-------------------|-------------------|-----------------|
| 2012 | Level 1 \$'000 | Level 2 \$'000 | Level 3 \$'000 | Total \$'000 |
| Available for Sale Financial Assets (at fair value) | | | | |
| Other Financial Assets | 36,039 | - | - | 36,039 |
| | 36,039 | - | - | 36,039 |

NOTE 25 JOINTLY CONTROLLED OPERATIONS AND ASSETS

| Name of Entity | Principle Activity | Ownership Interest 2013% | Ownership Interest 2012% |
|---|---------------------|-----------------------------|-----------------------------|
| South West Alliance of Rural Health (Vic) | Information Systems | 24 | 24 |

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

| | 2013 \$'000 | 2012 \$'000 |
|--|----------------|----------------|
| Current Assets | | |
| Cash and Cash Equivalents | 248 | 394 |
| Inventories | 6 | - |
| Receivables | 483 | 453 |
| Prepayments | 63 | 38 |
| Total Current Assets | 800 | 885 |
| Non Current Assets | | |
| Property, Plant and Equipment | 77 | 32 |
| Total Non Current Assets | 77 | 32 |
| Total Assets | 877 | 916 |
| Current Liabilities | | |
| Payables | 308 | 327 |
| Employee Benefits and Related On-Cost Provisions | 388 | 367 |
| Total Current Liabilities | 696 | 694 |
| Non Current Liabilities | | |
| Employee Benefits and Related On-Cost Provisions | 64 | 59 |
| Total Non Current Liabilities | 64 | 59 |
| Total Liabilities | 760 | 753 |
| Net Assets | 117 | 163 |
| Equity | 117 | 163 |

Barwon Health's interest in revenues and expenses resulting from jointly controlled operations and assets is detailed below:

| | 2013 | 2012 |
|--|---------|---------------------------------------|
| | \$'000 | \$'000 |
| Revenues | | |
| Operating Payanus | 7.051 | 6,524 |
| Operating Revenue | 7,651 | · · · · · · · · · · · · · · · · · · · |
| Total Revenue | 7,651 | 6,524 |
| Expenses | | |
| Operating Expenses | (7,692) | (6,526) |
| Total Expenses | (7,692) | (6,526) |
| Net Result Before Capital and Specific Items | (41) | (2) |
| Depreciation | (6) | (7) |
| Net Result | (47) | (8) |

NOTE 26 COMMITMENTS FOR EXPENDITURE

| | Note | 2013 \$'000 | 2012 \$'000 |
|---|------|---|---|
| (a) Capital Commitments Under Contract | | | |
| Building Projects | | 104,733 | 33,390 |
| Equipment Upgrades | | 2,570 | 1,907 |
| | | 107,303 | 35,297 |
| Not later than one year | | 6,816 | 23,863 |
| Later than 1 year and not later than 5 years | | 100,487 | 11,434 |
| Total | | 107,303 | 35,297 |
| (b) Operating Leases | | | |
| Equipment | | | |
| - Not later than one year | | 1,125 | 1,084 |
| - Later than one year and not later than 5 years | | 2,565 | 3,472 |
| | | 3,690 | 4,556 |
| There are 2 MRI systems, a dialysis machine and 78 Photocopiers on non-cancellable operating leases. | | | |
| Motor Vehicles | | | |
| - Not later than one year | | 275 | 26 |
| - Later than one year and not later than 5 years | | 79 | 205 |
| | | 354 | 460 |
| There are 22 Motor Vehicles on non-cancellable operating leases. | | | |
| (c) Finance Leases | | | |
| Commitments in relation to finance leases are payable as follows: | | | |
| | | | |
| Equipment and Motor Vehicles | | | |
| | | 101 | 162 |
| Not later than one year | | 101 13 | 162 98 |
| - Not later than one year | 19 | | 98 |
| Equipment and Motor Vehicles - Not later than one year - Later than one year and not later than 5 years Minimum lease payments | 19 | 13 | 98 |
| - Not later than one year - Later than one year and not later than 5 years Minimum lease payments | 19 | 13 114 | 98 260 278 |
| - Not later than one year - Later than one year and not later than 5 years Minimum lease payments Less future finance charges | 19 | 13 114 | 98 26 0 278 |
| - Not later than one year - Later than one year and not later than 5 years | 19 | 13 114 117 3 | 98 26 0 278 18 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. | 19 | 13 114 117 3 | 98 26 0 278 18 |
| - Not later than one year - Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL | 19 | 13 114 117 3 | 98 26 0 278 18 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. | 19 | 13 114 117 3 | 98 26 0 278 18 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture | 19 | 13 114 117 3 | 98 26 0 278 18 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations | 19 | 13 114 117 3 | 96 266 276 18 266 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year | 19 | 13 114 117 3 114 | 266 274 18 266 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year - Later than one year and not later than 5 years | 19 | 13 114 117 3 114 | 266 278 18 266 2,152 3,108 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year | 19 | 13 114 117 3 114 1,754 3,966 | 2,152 3,108 710 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year - Later than one year and not later than 5 years | 19 | 13 114 117 3 114 1,754 3,966 509 | 2,15: 3,100 |
| Not later than one year Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year - Later than one year and not later than 5 years - Later than 5 years The service agreements provide support for communication networks and are non-cancellable. | 19 | 13 114 117 3 114 1,754 3,966 509 | 2,15 3,10 71 |
| Not later than one year - Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year - Later than one year and not later than 5 years - Later than 5 years The service agreements provide support for communication networks and are non-cancellable. All amounts are shown inclusive of GST. | 19 | 13 114 117 3 114 1,754 3,966 509 | 2,15; 3,108 710 5,970 |
| Later than one year and not later than 5 years Minimum lease payments Less future finance charges TOTAL There are 13 non-cancellable finance leases for the purchase of motor vehicles. The weighted average interest rate implicit in leases is 6.9% (2012 6.85%) All motor vehicles are returned to the Lessor for resale at the completion of the agreed lease term. (d) Commitments from SWARH Joint Venture Maintenance and Agreement Obligations - Not later than one year - Later than one year and not later than 5 years - Later than 5 years | 19 | 13 114 117 3 114 1,754 3,966 509 6,229 | |

NOTE 27 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no known material contingent assets or contingent liabilities for Barwon Health.

NOTE 28 SEGMENT REPORTING

| 2013 | Hospital \$'000 | RACS \$'000 | Linen \$'000 | Community and Mental Health \$'000 | Other \$'000 | Total \$'000 |
|--|--------------------|----------------|-----------------|---|-----------------|-----------------|
| REVENUE | | | | | | |
| External Segment Revenue | 383,973 | 49,562 | 4,237 | 45,631 | 80,509 | 563,912 |
| Total Revenue | 383,973 | 49,562 | 4,237 | 45,631 | 80,509 | 563,912 |
| EXPENSES | | | | | | |
| External Segment Expenses | 413,223 | 63,252 | 6,900 | 49,605 | 31,535 | 564,514 |
| Total Expenses | 413,223 | 63,252 | 6,900 | 49,605 | 31,535 | 564,514 |
| Net Result from Ordinary Activities | (29,250) | (13,690) | (2,663) | (3,974) | 48,974 | (602) |
| | | | | | | |
| Interest Expense | (18) | (6) | - | (5) | (2) | (32) |
| Interest Income | 1,887 | 679 | 13 | 537 | 231 | 3,347 |
| Net Result for Year | (27,381) | (13,017) | (2,650) | (3,442) | 49,203 | 2,713 |
| OTHER INFORMATION | | | | | | |
| Segment Assets | 335,340 | 120,589 | 2,272 | 95,353 | 41,205 | 594,757 |
| Total Assets | 335,340 | 120,589 | 2,272 | 95,353 | 41,205 | 594,757 |
| Segment Liabilities | 85,071 | 17,182 | 1,629 | 24,045 | 7,365 | 135,292 |
| Total Liabilities | 85,071 | 17,182 | 1,629 | 24,045 | 7,365 | 135,292 |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | |
| Acquisition of property, plant and equipment and intangible assets | 21,244 | 7,639 | 144 | 6,041 | 2,610 | 37,653 |
| Depreciation and Amortisation expense | 20,138 | 9,082 | 452 | 4,130 | 95 | 33,897 |
| Non cash expenses other than depreciation | 421 | 65 | 7 | 51 | 32 | 576 |

NOTE 28 SEGMENT REPORTING continued

| 2012 | Hospital \$'000 | RACS \$'000 | Linen \$'000 | Community and Mental Health \$'000 | Other \$'000 | Total \$'000 |
|--|--------------------|----------------|-----------------|---|-----------------|-----------------|
| REVENUE | | | | | | |
| External Segment Revenue | 360,612 | 49,923 | 4,241 | 46,086 | 67,501 | 528,363 |
| Total Revenue | 360,612 | 49,923 | 4,241 | 46,086 | 67,501 | 528,363 |
| EXPENSES | | | | | | |
| External Segment Expenses | 397,748 | 58,760 | 6,873 | 46,898 | 31,070 | 541,349 |
| Total Expenses | 397,748 | 58,760 | 6,873 | 46,898 | 31,070 | 541,349 |
| Net Result from Ordinary Activities | (37,136) | (8,837) | (2,632) | (812) | 36,431 | (12,986) |
| | | | | | | |
| Interest Expense | (94) | (34) | (1) | (27) | (12) | (168) |
| Interest Income | 1,848 | 665 | 13 | 526 | 227 | 3,278 |
| Net Result for Year | (35,382) | (8,206) | (2,620) | (313) | 36,646 | (9,876) |
| OTHER INFORMATION | | | | | | |
| Segment Assets | 328,424 | 118,102 | 2,225 | 93,387 | 40,357 | 582,495 |
| Total Assets | 328,424 | 118,102 | 2,225 | 93,387 | 40,357 | 582,495 |
| Segment Liabilities | 80,162 | 16,191 | 1,535 | 22,657 | 6,940 | 127,485 |
| Total Liabilities | 80,162 | 16,191 | 1,535 | 22,657 | 6,940 | 127,485 |
| Acquisition of property, plant and equipment and intangible assets | 16,335 | 5,874 | 111 | 4,645 | 2,007 | 28,971 |
| Depreciation and Amortisation expense | 18,991 | 6,829 | 129 | 5,400 | 2,334 | 33,683 |
| Non cash expenses other than depreciation | 307 | 110 | 2 | 87 | 38 | 544 |

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

| Business Segments | |
|---|---|
| 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 |
| Other | All other services and activities |

Geographical Segments

Services are provided in the Barwon region of Victoria.

NOTE 29 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.

Note 29(a)

| | | Period | |
|---|-----------------|-------------|----------|
| Responsible Ministers | | | |
| The Honourable David Davis, MLC, Minister for Health and Ageing | 1/07/12 | - | 30/06/13 |
| The Honourable Mary Woodridge, MLA, Minister for Mental Health | 1/07/12 | - | 30/06/13 |
| Governing Board | | | |
| Dr John Stekelenburg * | 1/07/12 | - | 30/06/13 |
| Dr Sarah Leach * | 1/07/12 | - | 30/06/13 |
| Mr Damian Gorman | 1/07/12 | - | 30/06/13 |
| Dr David Mackay* | 1/07/12 | - | 30/06/13 |
| Mr Marcus Dripps* | 1/07/12 | - | 30/06/13 |
| Mr Stephen Wight* | 1/07/12 | - | 30/06/13 |
| Ms Barbara Dennis* | 1/07/12 | - | 30/06/13 |
| Ms Daniela Pavlovic * | 1/08/12 | - | 30/06/13 |
| * Board members who are in Financial Report | office as at da | ate of sign | ning the |
| Accountable Officers | | | |
| Professor David Ashbridge | 1/07/12 | - | 30/06/13 |

Note 29(b) Remuneration for Responsible Person

Number of Responsible Persons are shown in their relevant income bands:

| | Salary | / Rai | nge \$ | 2013 No. | 2012 No. |
|--|---------|-------|---------|-----------|-----------|
| | 20,000 | - | 29,999 | 7 | 8 |
| | 40,000 | - | 49,999 | 1 | 1 |
| | 360,000 | - | 369,999 | - | 1 |
| | 380,000 | - | 389,999 | 1 | - |
| Total Number | | | | 9 | 10 |
| Income received or due and receivable by Responsible Persons from Barwon Health amounted to: | | | | \$577,257 | \$566,723 |

Amounts relating to Responsible Ministers are reported in the financial statements of the Department of Premier and Cabinet.

Note 29(c) Other Transactions of Responsible Persons and their Related Parties

Dr David Mackay is a Director of the Geelong Chamber of Commerce Ltd and Smart Geelong Network Inc. which provided services to Barwon Health on normal commercial terms and conditions. Total payments made to Geelong Chamber of Commerce Ltd and Smart Geelong Network Inc. in the financial year were \$16,671 (2012, \$5,335) and \$14,650 (2012, \$8,970).

Daniela Pavlovic is an employee of Harwood Andrews, which provided legal services to Barwon Health on normal commercial terms and conditions. Total payments made to Harwood Andrews for the financial year were \$22,917.

Marcus Dripps is the owner of Geelong West Physiotherapy, which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Geelong West Physiotherapy for the financial year were \$nil (2012, \$269).

Barbara Dennis, is an associate consultant with the Nous Group which provided services to Barwon Health on normal commercial terms and conditions. Total payments made to the Nous Group in the financial year were \$45,100 (2012, \$Nil).

Professor David Ashbridge is an executive member of the SWARH Regional ICT Joint Venture during the reporting period. Total payments made to SWARH for the financial year were \$9,441,972 (2012, \$6,974,351) and total payments received from SWARH for the financial year were \$144,507 (2012, \$256,145). Professor Ashbridge is also a Director of Deakin University which provide services to and receive services from Barwon Health. Total payments made to Deakin University in the financial year were \$1,340,211 (2012, \$1,496,313), and total receipts were \$3,154,624 (2012, \$2,430,252). Professor Ashbridge is also a Director of Health Roundtable P/L, which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to Health Roundtable P/L in the financial year were \$55,099 (2012, \$67,078).

Note 29(d) Executive Officers Disclosure

The number of executive officers, other than Ministers and Accountable 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 | |
|-----------------|-------|----------|--------------------|-------------|-------------------|-------------|
| Salary Ran | ige S | 5 | 2013 No. | 2012 No. | 2013 No. | 2012 No. |
| 190,000 | - | 199,999 | - | - | - | 1 |
| 200,000 | - | 209,999 | 1 | 1 | 4 | 2 |
| 210,000 | - | 219,999 | 3 | 2 | - | - |
| 230,000 | - | 239,999 | - | 1 | 1 | 2 |
| 240,000 | - | 249,999 | 1 | 1 | 1 | 1 |
| 250,000 | - | 259,999 | 1 | 1 | - | - |
| 370,000 | - | 379,999 | - | 1 | - | 1 |
| 390,000 | - | 399,999 | 1 | - | 1 | - |
| Total Number | | | 7 | 7 | 7 | 7 |
| Total Rei | mun | eration | \$1,753,687 | \$1,748,106 | \$1,701,687 | \$1,694,106 |

NOTE 30 REMUNERATION OF AUDITORS

| | 2013 \$'000 | 2012 \$'000 |
|------------------------------------|----------------|----------------|
| Victorian Auditor-General's Office | | |
| Audit of Financial Statements | 164 | 156 |
| | | |
| TOTAL | 164 | 156 |

NOTE 31 EVENTS OCCURRING AFTER REPORTING DATE

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

BARWON HEALTH

Board Members, Accountable Officers, Chief Executive and Chief Financial Officer 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 Direction*, 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 Comprehensive 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 2013 and financial position of Barwon Health as at 30 June 2013.

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 John Stekelenburg / Chairperson

John Repetenting

Geelong, 26 July 2013

Professor David Ashbridge / Chief Executive Officer

Geelong, 26 July 2013

Dale Fraser / Chief Financial Officer

Geelong, 26 July 2013



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

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Barwon Health

The Financial Report

The accompanying financial report for the year ended 30 June 2013 of Barwon Health which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a statement of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Executive and Chief Financial Officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

The Board Members of Barwon Health are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

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. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about 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 Board Members, 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.

Independent Auditor's Report (continued)

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.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Barwon Health as at 30 June 2013 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of Barwon Health for the year ended 30 June 2013 included both in Barwon Health's annual report and on the website. The Board Members of Barwon Health are responsible for the integrity of Barwon Health's website. I have not been engaged to report on the integrity of Barwon Health's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE 27 August 2013 for John Doyle Auditor-General

1. Seffino.

/ GLOSSARY OF TERMS

A

ACAA

Aged Care Association Australia

ACC

Acute Care Certificates

ACHS

Australian Council on Healthcare Standards

ACP

Advance Care Planning

ACSAG

Aged Care Services Group

ACSSA

Aged Care Standards and Accreditation Agency

AHA

Australian Healthcare Associates

В

Best Practice

The way leading edge organisations deliver world class performance

BMI

Barwon Medical Imaging

BSWRICS

Barwon South Western Regional Integrated Cancer Service

C

CEO

Chief Executive Officer

CNC

Clinical Nurse Consultant

CRAFT

Casemix Rehabilitation and Funding Tree

D

DBT

Dialectical Behaviour Therapy

DHS

Department of Human Services

DoH

Department of Health

DON

Director of Nursing

DVA

Department of Veterans Affairs

E

ED

Emergency Department

EquiP

Evaluation and Quality Improvement Program

F

FOI

Freedom of Information

FRD

Financial Reporting Directions

FTE

Full Time Equivalent

G

GEM

Geriatric Evaluation and

Management

GP

General Practitioner

Н

HACC

Home and Community Care

HARP

Hospital Admission Risk Program

HiPs

Hospital Initiated Postponements

HITH

Hospital in the Home

НМО

Hospital Medical Officer

HR

Human Resources

ICU

Intensive Care Unit

ΙT

Information Technology

K

KPI

Key Performance Indicator

Μ

МН

Mental Health

MHDAS

Mental Health Drug and Alcohol Services

MRI

Magnetic Resonance Imaging

Ν

NEAT

National Emergency Access Target

NEST

National Elective Surgery Target

NHMRC

National Health and Medical Research Council

NICU

Neonatal Intensive Care Unit

0

OBD

Occupied Bed Days

OH&S

Occupational Health and Safety

P

PBL

Percy Baxter Lodge

PCI

Percutaneous Intervention

PERM

Palliative Care Electronic Management system

PET CT

Positron Emission Tomography - Computed Tomography

PICU

Paediatric Intensive Care Unit

Q

QI

Quality Improvement

QoC

Quality of Care report

R

RACS

Residential Aged Care Service

RHNP

Refugee Health Nurse Program

RMO

Resident Medical Officer

S

SAB

Staphylococcus aureus bacteraemia

SACS

Sub Acute Classification System

SCA

Swanston Centre Acute

Separation

Process by which a patient is discharged from care

SR&I

Service Reform and Innovation

Standard

A statement of a level of performance to be achieved

SWARH

South West Alliance of Rural Health

Τ

TAC

Transport Accident Commission

TORCH

Tool for Organisations to Reveal Constraints in Healthcare

V

VACS

Victorian Ambulatory Classification System

VAED

Victorian Admitted Episodes Dataset

VEMD

Victorian Emergency Minimum Dataset

VICNISS

Hospital Acquired Infection Surveillance System

VMIA

Victorian Managed Insurance Authority

VMO

Visiting Medical Officer

VPRS

Victorian Paediatric Rehabilitation Service

VPSM

Victorian Patient Satisfaction Monitor

W

WIES

Weighted Inlier Equivalent Separations; allocated resource weight for a patient's episode of care. A formula is applied to the resource weight to determine the WIES for recovery of funding.

/ INDEX

C G **Aboriginal** 24 Carers 7, 28, 34, 48 **Graduate Nurse Program** 51 **Access and Patient Flow 25 CEO** 2, 3 Access performance 16, 17 Community health 69, 72, 99 Highlights 2, 34-41 Accreditation 3, 18, 29, 35, 51 **Community Health and** Rehabilitation Services 24, 35 Acute care 39 Complaints 7, 68 Infectious Disease 3, 61 Aged care 43, 48, 51, 63, 75, 82, 92, 93, 97, 99, 102, 111, 113, 114, 138, Consumer liaison 24, 68 Intensive Care Unit 24, 37 145 Critical care 17 Alan David Lodge 11, 35 Μ Allied Health 7, 24, 26, 34, 48, 99 Maternity 18, 24 Ambulatory 24, 99, 105, 107, 111, Deakin University 3, 10, 13, 14, 30, Medical Services 23, 24, 39 113 34, 40, 42, 72, 140 Melbourne University 10, 36 Awards 2, 30, 35, 37, 38, 39, 41, 43, Dental 5, 7, 21, 35, 36, 97, 99, 103 Mental health 7, 11, 14, 19, 21, 23, **Disclosure index** 81 25, 30, 34, 58, 75, 99, 105, 107, 111, 113, 114, 115, 137, 138, 139 В E Minister 3, 11, 34, 66, 67, 81, 83, 91, Barwon Health Foundation 2, 25, 97, 139 Education 10, 11, 14, 25, 37, 38, 39, 71, 72, 73, 75, 79 42, 43, 44, 48, 51 Mission 9, 12, 29, 68 **Barwon Health locations** 148 Elective surgery 2, 17, 38 **Monash University** 10 Births 6, 39, 48, 70 Emergency Department 5, 6, 16, 35, Blakiston Lodge 11, 35 37, 39, 67, 75, 99 **Board committees** 26 Ethnic health services 69 **NEAT** 16 Board of Directors 22, 25, 42 Events 2, 48, 53, 71, 73 **NEST** 17 **Building and Support Services 25, Executive team 23** Number of beds 11 31 F 0 Financials 87-143 **OH&S** 29 Foundation 2, 25, 39, 71, 73, 75, Oral Health Service 24, 35 77, 85 Organisational structure 24-25

Framework priority areas 14, 15

Fundraising 7, 72, 73, 85, 92

Orthopaedics 62

P

Palliative Care 6, 21, 24, 31, 36, 63, 64, 67, 99

Percy Baxter Lodge 11, 31, 35

Performance, Planning and Resources 23, 37

Pharmacy 24, 64, 102, 114

Priorities 12, 13, 14, 15, 16, 17, 18, 19, 20, 38

Q

Quality awards 30, 36, 38, 40

R

Research 3, 10, 12, 13, 25, 33, 34, 35, 37, 39, 40, 41, 43, 46-64

Research Week 40, 48, 49

Risk management 25, 29, 84

S

Service performance 14-21

Service Reform and Innovation 23

StaffCare 29, 41

Statement of priorities 14-21, 38

Strategic direction 12-13

Surgical Services 23, 33, 38

Surplus 2, 79, 80, 86, 87, 89, 96, 126

Т

Transition Care 21, 25

The Gordon 2, 10, 13, 14, 44

V

Values 9, 12, 29, 40, 67, 91, 94, 97, 134

Vision 2, 3, 9, 12, 13, 29, 30, 35

Volunteers 2, 3, 7, 66, 67, 72, 73, 79

W

Wallace Lodge 11, 35

WIES 15, 16, 21

Our Women Our Children 73, 76

Workforce breakdown 28

U

 $\textbf{Urology}\ 24,\,33,\,35,\,64$



/ BARWON HEALTH LOCATIONS

GEELONG HOSPITAL

Bellerine Street, Geelong T 03 4215 0000

CORIO COMMUNITY HEALTH CENTRE

Gellibrand Street, Corio T 03 4215 7100

BELMONT COMMUNITY HEALTH CENTRE

1-17 Reynolds Road, Belmont T 03 4215 6800

TORQUAY COMMUNITY HEALTH CENTRE

100 Surfcoast Highway, Torquay T 03 4215 7800

MCKELLAR CENTRE

45-95 Ballarat Road, North Geelong T 03 4215 5200

NEWCOMB COMMUNITY HEALTH CENTRE

104-108 Bellerine Highway, Newcomb T 03 4215 7520

ANGLESEA COMMUNITY HEALTH CENTRE

McMillan Street, Anglesea T 03 4215 6700

Please note: this is not a complete listing of Barwon Health sites.





OUR VALUES

RESPECT
COMPASSION
COMMITMENT
ACCOUNTABILITY
INNOVATION

grindstone

Concept and design / Grindstone Creative
Photography / Katrina Lawrence and Grindstone Creative

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