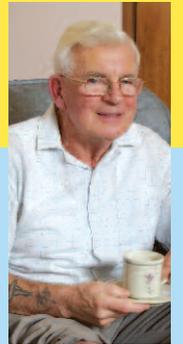
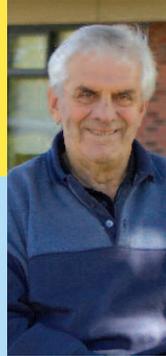


# Many things to many people

BARWON HEALTH ANNUAL REPORT 2005/06



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# HIGHLIGHTS FOR 2005/06

## August 2005:

Barwon Health took part in the first Smart Geelong Network Research and Learning Expo to showcase research and learning opportunities. A number of events were hosted including a Stem Cell Research Debate, Cancer Research Seminar, a Research Open Day and Research Poster Competition.

## October 2005:

Renal Services won a Victorian Healthcare Award for its Nocturnal Dialysis Program. Though their program, overnight home based treatment replaced the conventional daytime facility based treatment.



Professor John Agar, Secretary of DHS  
Patricia Faulkner and Barwon Health  
Chair, Claire Higgins

## December 2005:

The Gala Appeal Parade and Family Fun Day was held to raise \$3.4 million for the new Emergency Department over three years.

## February 2006:

Our Womens Our Childrens Appeal was launched by the Barwon Health Foundation to raise \$350,000 in support of paediatric services in the new Emergency Department.



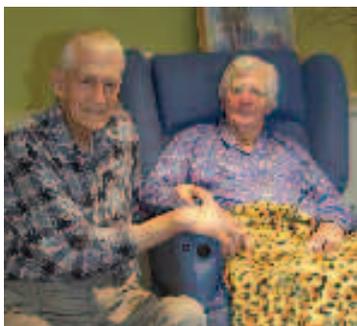
Having fun at the launch of the Appeal

## May 2006:

The Victorian Government announced \$25 million in funding for a second 108-bed nursing home, to be built on land adjacent to Surf Coast Highway, Grovedale.

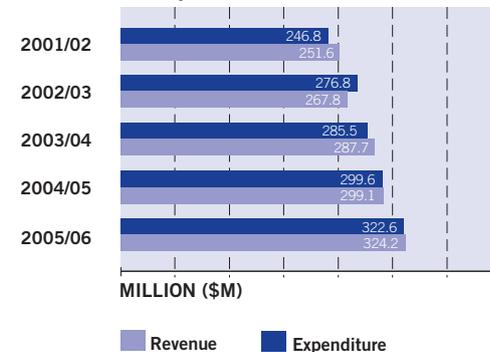
## June 2006:

McKellar Centre's Wallace Lodge welcomed residents into their new home. The 108 residential care bed unit is part of the second stage of the \$100 million McKellar Centre redevelopment.

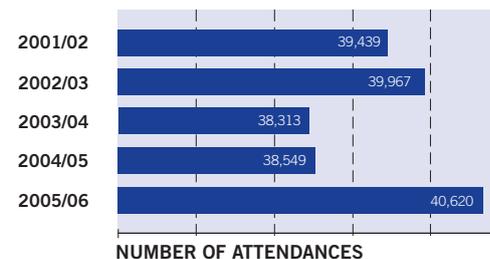


Residents of Wallace Lodge, Norm and  
Alma Wishart

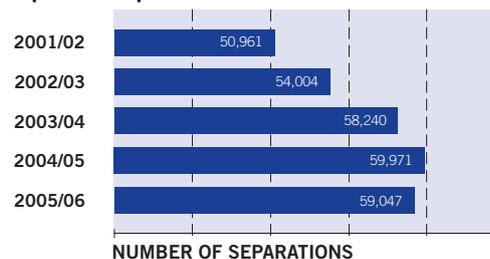
## Revenue and expenditure (\$m)



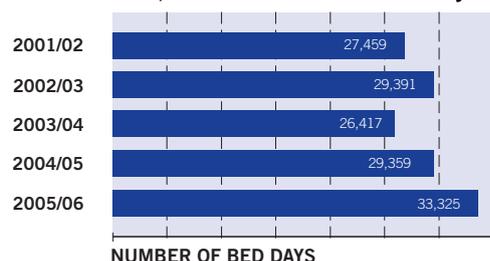
## ED attendances



## Inpatient separations



## Rehabilitation, Palliative and GEM bed days



## Dental contacts



# ABOUT BARWON HEALTH

## MISSION

To provide a sustainable and integrated service that ensures high quality, safe, people-focussed care that is responsive to the needs of our community.

## ASPIRATIONS

### 1. Quality and Safety

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

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

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

### 2. Access

Barwon Health will seek to ensure that:

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

### 3. Engagement

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

### 4. Population Health

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

### 5. Sustainability

Maintain viability through skilled resource and demand management.

### 6. Sound Knowledge Base

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

## HOW BARWON HEALTH WAS ESTABLISHED

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

- > Geelong Hospital
- > Grace McKellar Centre (now named McKellar Centre)
- > Surf Coast Community Health Centre
- > Geelong Community Health Centre and
- > Corio Community Health Centre.

## OBJECTIVES, FUNCTIONS, POWERS AND DUTIES

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

- > Operate nursing homes, hostels and independent living units for older people and people with disabilities ensuring that at all times these facilities comply with the Quality of Care and User Rights Principles pursuant to the *Aged Care Act 1997*.
- > Operate community and mental health services and provide primary and ancillary health care; including home-based care.
- > Do other business that may be conveniently done in connection with the business of services listed above or calculated to make any of Barwon Health's assets or activities more profitable.
- > Do all things that are incidental or conducive to the attainment of the objects of Barwon Health.

## MINISTER RESPONSIBLE

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

## SERVICE PROFILE

The primary catchment for Barwon Health services has a population of 350,000, extending to 500,000 for some tertiary services to the South Australian border. The catchment has some seven million visitors each year that impact on service demand. Peak traffic flows at weekends are an unusual characteristic compared with other areas.

Barwon Health serves a geographically dispersed population through two major sites with a total of 921 beds and a total of 21 sites overall stretching down the coast to Anglesea, Torquay and Lorne.

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

Analysis of admission patterns show that Geelong region is around 93% self-sufficient in health service availability through Barwon Health with only a very small number of referrals to hospitals outside the area.

Specialist services extend north to Werribee and south to the South Australian border for major specialties such as cancer, cardiology and cardio-thoracic surgery. With the exception of neurosurgery and transplantation, virtually all other specialties are available in Geelong.

BEDS	
Acute multi-day	307
Acute same day	63
Subacute	101
Aged residential care	381
Mental health acute	24
Mental health sub-acute	15
Mental health aged residential	30
<b>Total beds</b>	<b>921</b>



# REPORT FROM THE CHAIR AND CHIEF EXECUTIVE



**Claire Higgins**  
**Chair**  
**Board of Directors**



**Sue De Gilio**  
**Chief Executive**

We are very pleased to welcome you to Barwon Health's Annual Report for the twelve months ended 30 June 2006. Over the past year we have continued to be challenged to be able to provide the services that our community demands. Barwon Health staff and services are to be congratulated on their ability to go the extra mile and to succeed in many areas. Their innovative approach to caring for our community continues to be recognised as an example for others.

One of our most significant challenges this year occurred when the Commonwealth Government's Aged Care Standards and Accreditation Agency was highly critical of one of our aged care residential homes, Hilary Blakiston House with sanctions applied in February 2006. Services and staff across Barwon Health provided support to assist the improvements and as a result, Hilary Blakiston House not only maintained its Accreditation but met all the standards for renewal of Accreditation in August 2006.

Additional one-off funding from the Victorian Government enabled Barwon Health to make a substantial reduction in our elective surgery waiting list and times. The elective surgery waiting list reduced from 2,218 at the end of last year to 1,701 by 30 June 2006. We are very pleased with this result.

Unfortunately outpatient waiting numbers and times continue to be a challenge and the total number of people waiting has not improved since 2005. This will continue to remain a challenge for the region particularly with the effects of the ageing population, population growth and the acceleration of medical technologies making access to various types of surgery much more possible than in the past.

Of those attending the Emergency Department, over 25% are 65 years old and over, and 42% of people admitted to an inpatient bed from the Emergency Department have been over 65 years of age.

The Commonwealth Government Report on Hospitals stated that Geelong Hospital was the 8th busiest in Australia and the 3rd busiest in the State of Victoria. This statistic is consistent with our knowledge that we are a significant regional health service, bigger than many metropolitan health services and must treat all comers as there is no benefit of others close by to share the load.

Significant building work continues with the Andrew Love Cancer Centre expansion due to be completed in November 2006 and the rebuild of the kitchen at the McKellar site to enable the Emergency Department expansion to commence in December 2006. The McKellar Centre is also half way through a significant redevelopment with some \$70 million of building works completed or under construction at the end of July 2006.

Further funding has been made available by the Victorian Government for a 108-bed residential facility located in Grovedale with construction due to start in late 2006.

We are extremely appreciative of the Victorian Government's investment of some \$150 million in redevelopment and expansion of facilities for Barwon Health as outlined in our Master Plan. This takes us a good way towards meeting the demands of our community. Barwon Health will be conducting a significant review of its master plan in 2006/07 to inform the Governments of requirements into the future.

The announcement by the Prime Minister on 8th April 2006 of the establishment of a regional and rural medical school in Western Victoria through Deakin University heralds in the beginning of a new era for Barwon Health. Barwon Health has now commenced negotiations with both The University of Melbourne and Deakin University to ensure that there is a smooth transition. The Board and the Chief Executive are working in close consultation to establish the appropriate working parties to secure the transition. The Board is determined to ensure that Barwon Health becomes the pre-eminent Regional University Hospital in Australia and is working closely with the Executive and the Department of Human Services to achieve this.

The year-end financial result is a positive operating and entity result. Barwon Health achieved a net result from continuing operations before capital of \$1.6 million surplus and a net result of \$10.1 million surplus. This has come about through the hard work of all staff and their continuing focus on efficiency and working smarter.

The volunteer service has been exemplary in its support of staff and patients.

Our thanks to the Board of Directors and Executive Team who have shown strong leadership throughout the year and have led the drive to achieve greater efficiency whilst building and maintaining high quality services.

Barwon Health is a health service that continues to achieve and continues to drive forward to meet all its obligations to the community who in turn provide significant support.

Our thanks to you all.



**Claire Higgins**  
Chair - Board of Directors



**Sue De Gilio**  
Chief Executive

# STRATEGIC DIRECTION AND PRIORITIES 2004-2010

Cornerstones	Strategic direction	Key priorities 2004-2010	Key areas of focus for Business Plan 2006/07
<b>Quality and Safety</b>	To provide strong leadership and strategies to improve quality of service, promote safety and reduce risk to patients and staff	<ul style="list-style-type: none"> <li>&gt; Investing and maintaining a robust focus on clinical safety and quality of care through continuous quality improvement and risk management strategies</li> <li>&gt; Undertaking scrutiny of clinical practice through clinical audit and performance monitoring and responding to identified problems</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Management of:                             <ul style="list-style-type: none"> <li>• Falls</li> <li>• Pressure injuries</li> <li>• Medication errors</li> <li>• Hospital acquired infections</li> <li>• Credentialing</li> <li>• Performance monitoring</li> <li>• Accreditation</li> <li>• Open disclosure</li> </ul> </li> </ul>
<b>Access</b>	To ensure that the community is: <ul style="list-style-type: none"> <li>&gt; Informed about and assisted to access services</li> <li>&gt; Able to access information about services</li> <li>&gt; Able to receive healthcare and treatment in a timely manner and at a location close to home where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Strengthening access to health care, treatment and support in terms of timeliness and location</li> <li>&gt; Appropriate expansion or enhancement or decentralisation of facilities and services to deliver services either centrally or locally being cognisant of consideration for ageing in place</li> <li>&gt; Managing individual needs and expectation through identifying care and treatment parameters and managing the gap between expectation and deliverable service</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Access to care                             <ul style="list-style-type: none"> <li>• New models for ambulatory care &amp; early intervention</li> </ul> </li> <li>&gt; Managing elective waiting list &amp; outpatients                             <ul style="list-style-type: none"> <li>• Continuum of care revised approach</li> <li>• Improving patient information flow</li> </ul> </li> <li>&gt; Capital developments:                             <ul style="list-style-type: none"> <li>• Northern area health precinct (inc Lara &amp; Golden Plains)</li> <li>• Emergency Dept Geelong Hospital development</li> <li>• Andrew Love Cancer Centre</li> <li>• McKellar Centre</li> <li>• Theatres Geelong Hospital</li> </ul> </li> </ul>
<b>Population Health</b>	To work in partnership with staff, and local communities to build healthy communities through the promotion of lifelong health and through a commitment to providing services that meet the needs of the population at a level acceptable to the population, accessible at time of need and within the parameters of safe care	<ul style="list-style-type: none"> <li>&gt; Promoting a robust approach to population health needs by implementing practices that maximise &amp; promote well health</li> <li>&gt; Taking a strategic approach to secure broader public health outcomes in partnership with staff, local health providers, businesses and local people</li> <li>&gt; Strengthening in development terms the key external health outcome priority areas (cardiovascular, cancer, joint degeneration, cerebrovascular, mental health)</li> <li>&gt; Recognising and addressing future needs &amp; support for an ageing population</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Facilitate, assist, support G21 Health &amp; Well Being strategic planning specifically relating to the needs of the ageing population</li> <li>&gt; G21 Centre for Population Health</li> <li>&gt; Establishment of trial disease network in diabetes</li> <li>&gt; Prevention &amp; health promotion (Mental Health)</li> </ul>

Cornerstones	Strategic direction	Key priorities 2004-2010	Key areas of focus for Business Plan 2006/07
<b>Engagement</b>	<p>Working with local services to strengthen and develop communities:</p> <ul style="list-style-type: none"> <li>&gt; Improving and developing existing and new collaborative inter-agency approaches</li> <li>&gt; Developing partnerships that enable services to be more responsive</li> <li>&gt; Linking with the community through volunteers</li> <li>&gt; Involving consumers and the community in improving quality and safety and in service planning</li> <li>&gt; Focusing on communication with the community at large</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Fostering neighbourhood renewal &amp; neighbourhood capacity building through Communities in Action inter-agency initiatives</li> <li>&gt; Delivering responsive services for Aboriginal communities</li> <li>&gt; Recognising cultural diversity and working alongside the community to ensure services and staff are responsive to particular cultural needs</li> <li>&gt; Continuing to develop the strong volunteer base recognising both individual and collective needs</li> <li>&gt; Communicating with communities effectively through an annual plan of activity that engages communities in order to: <ul style="list-style-type: none"> <li>&gt; Inform</li> <li>&gt; Contribute to planning services &amp; facilities</li> <li>&gt; Contribute to consumer audit</li> <li>&gt; Assist services to be user-friendly</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>&gt; Integrating health development workers in neighbourhoods</li> <li>&gt; G21 Health and Well Being implementation plans plus development of Centre for Population Health</li> <li>&gt; Progressing the Deakin Medical School</li> <li>&gt; Publicity/PR</li> <li>&gt; Community Advisory Committee</li> </ul>
<b>Sound Knowledge Base</b>	<p>To develop a vibrant culture of education and research for all staff fostering clinical excellence, effective leadership and a solid foundation of continuous learning, quest for knowledge and scientific research</p>	<ul style="list-style-type: none"> <li>&gt; Actively encourage and facilitate clinical education and research through recruitment processes that seek staff with the right clinical skills and willingness to contribute to education and research, and, making available professional development opportunities to maximise contributions</li> <li>&gt; Developing and expanding the proportion of staff involved in research through recognition of research activity in workload planning, including research performance as part of overall clinical staff performance review and encouraging and promoting publications</li> <li>&gt; Strengthen partnerships with Deakin and Melbourne Universities to maximise opportunities for joint research, support and grants</li> <li>&gt; Actively work towards an independent research centre incorporating a wide range of services, agencies and educational establishments to maximise opportunities for securing grants, broader marketing and communication models</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Develop whole of Barwon Health approach to learning, teaching, training, postgraduate studies and continuing professional development</li> <li>&gt; Leadership training</li> <li>&gt; New research &amp; ethics approach with research review committee</li> <li>&gt; Establish of research office</li> <li>&gt; Continue to strengthen current partnerships &amp; develop new approaches</li> </ul>

Cornerstones	Strategic direction	Key priorities 2004-2010	Key areas of focus for Business Plan 2006/07
<p><b>Sustainability</b></p>	<p>To ensure the performance of Barwon Health clinically and in business practice:</p> <ul style="list-style-type: none"> <li>&gt; Meets the highest standards</li> <li>&gt; Remains viable through skilled resource and demand management</li> <li>&gt; Builds on strengths and opportunities within resources available</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Confirming and strengthening a multi-disciplinary, integrated service delivery model that ensures continuity and co-ordination of care, linked where appropriate with other health services and agencies</li> <li>&gt; Investing in care co-ordination and case management as a formal standard approach for all patients with complex needs</li> <li>&gt; Strengthening and developing Allied Health services redirecting focus from bed-based to home and ambulatory care</li> <li>&gt; Building a dynamic organisational culture that ensures the right people, in the right place with the right skills</li> <li>&gt; Commitment to a culture and environment where things happen for people, things get done and staff have a common goal and sense of direction</li> <li>&gt; Developing strong leadership and support systems that enhance decision-making and support the organisation efficiently and effectively</li> <li>&gt; Investing in and committing to appropriate information technology infrastructure to lead the organisation into the next decade</li> <li>&gt; Ensure organisation resources, (human, capital and financial) are managed efficiently and effectively, identifying and pursuing additional revenue opportunities, corporate and individual philanthropy and general financial improvements on an ongoing basis</li> <li>&gt; Ensuring the Facilities Master Plan and planning process for future developments maintains direction and rigour in meeting improvements and expansions at the right time to meet service changes and population growth and demand</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Building the GP interface</li> <li>&gt; Planning for future workforce needs</li> <li>&gt; Allied health review</li> <li>&gt; Outpatient services review</li> <li>&gt; Building &amp; engineering services review</li> <li>&gt; Improving &amp; understanding the organisational culture through a climate survey, identification of strengths &amp; vulnerabilities</li> <li>&gt; Developing leadership training &amp; support to enhance existing approaches</li> <li>&gt; Performance monitoring &amp; review</li> <li>&gt; Improving patient information flow through data warehouse developments in community health, Emergency Department and cardiology</li> <li>&gt; Review and update of Facilities Master Plan</li> </ul>



**BETTY DENNIS**  
**WALLACE LODGE RESIDENT**

*What Barwon Health means to me*

*Barwon Health gave me safety and security after I had a stroke at home seven years ago. Now I get to knit and socialise with my friends Norm and Alma in our lovely new home, Wallace Lodge.*

# FINANCIAL REPORT

## PROFITABILITY

The financial statements contain two separate measurements of profitability for the 2005/06 year:

	2005/06 \$'M	2004/05 \$'M
Net result from continuing operations before capital	1.6	(0.5)
Net result for the year	10.1	2.4

The first measurement, (Net Result from Continuing Operations Before Capital) provides the most realistic measurement of Barwon Health's financial performance in terms of day-to-day operations of the service. It reflects the financial success or otherwise of providing a range of services within the constraint of the operational income streams available to it. In particular, it recognises the fact that health services are not funded for the cost of depreciation. On this measure of profitability, Barwon Health has improved profitability, in each of the past three years.

Barwon Health's budget plan for 2005/06 aimed to achieve a break even operating result inclusive of funding for the depreciation expense in its vehicle fleet, which we regard as a routine expense to be funded from operating income. This required a surplus of approximately \$1m. We have achieved a bit better than this outcome with a surplus of \$1.6m.

The second measurement (Net Result For The Year) was a surplus of \$10.1 million. To understand what this result means, it is best to analyse it in two parts:

1. The result on continuing operations (surplus \$1.6m)
2. The result on the capital account (net surplus of \$8.5m), which is the excess of capital income over depreciation expense. The surplus on the capital account was largely attributable to the level of funding from Government for the construction of new buildings and the replacement of equipment, which are essential to meeting future needs. The surplus on the capital account does not provide funds to deploy to recurrent expenses associated with expansion of services to patients.

## CASH FLOW

Barwon Health recorded a net positive cash inflow for the year of \$18.7m, inclusive of an increase in funds on investment (refer to balance sheet section for explanation of contributing factors). During 2006/07, Barwon Health will be required to draw down reserves for the majority of its capital commitments. This will have a significant impact on cash holdings during the next fiscal year.

## BALANCE SHEET

There have been several significant movements in the balance sheet over the past year. Cash and investment holdings increased by \$18.7m, in part due to advance funding for some capital works projects of \$9.2m as well as payment by DHS (\$5.8m) to reduce their liability for funding increases in long service leave. Non current assets have increased by \$77m due to a revaluation of assets (\$38.6m), new investment in buildings (\$43.8m), as well as other asset replacement decisions (\$8.8m).

## CURRENT ASSET RATIO

The current asset ratio is still at a healthy ratio of 0.98, despite a significant change to the classification of current liabilities, to include the majority of long service leave liabilities in order to comply with changes in accounting standards. Had this change not occurred, the current asset ratio would have been approximately 1.27, which would have been an improvement on the ratio at 30 June 2005.

## Summary of Financial Result

Revenue	2005/06 \$'M	2004/05 \$'M	Change (%)
Grants	245.5	226.2	+8.5
Patient Fees	41.8	36.9	+13.3
Non Cash Contributions	5.6	5.8	-3.5
Other	31.3	30.2	+3.3
<b>Total Revenue</b>	<b>324.2</b>	<b>299.1</b>	<b>+8.2</b>
Expenditure			
Employment Costs	(231.1)	(218.7)	+5.6
Supplies & Consumables	(63.5)	(56.9)	+11.6
Other	(28.0)	(24.0)	+16.6
<b>Total Expenses</b>	<b>(322.6)</b>	<b>(299.6)</b>	<b>+7.6</b>
<b>Surplus/(Deficit) for the Year from Operations before Capital</b>			
	<b>1.6</b>	<b>(0.5)</b>	
Capital Income	19.8	13.8	
Specific Income	1.2		
Depreciation	(12.5)	(10.9)	
<b>NET RESULT</b>	<b>10.1</b>	<b>2.4</b>	

# FIVE YEAR FINANCIAL SUMMARY

	2005/06 \$'M	2004/05 \$'M	2003/04 \$'M	2002/03 \$'M	2001/02 \$'M
<b>Revenue &amp; Expenses</b>					
Operating Revenue	324.2	299.1	277.2	261.9	245.3
Operating Expenses	(322.6)	(299.6)	(278.0)	(267.3)	(240.5)
<b>Operating Result (before Capital Income and Depreciation)</b>	<b>1.6</b>	<b>(0.5)</b>	<b>(0.8)</b>	<b>(5.4)</b>	<b>4.8</b>
<b>Operating Result (inclusive of Capital Income and Depreciation)</b>	<b>10.1</b>	<b>2.4</b>	<b>2.2</b>	<b>(8.9)</b>	<b>4.8</b>
<b>Balance Sheet Statistics</b>					
Total Assets	358.0	260.3	242.4	223.4	206.8
Total Liabilities	86.5	73.5	67.4	67.0	58.4
Total Equity	271.5	186.8	175.0	156.4	148.4
<b>Financial Indicators</b>					
Surplus (deficit) of Net Current Assets (\$'m)	(1.2)	9.9	0.6	(0.9)	11.4
Current Asset Ratio (numeric value)	0.98	1.2	1.02	0.98	1.26
<b>Cash and Investments</b>	<b>57.8</b>	<b>40.85</b>	<b>34.5</b>	<b>32.9</b>	<b>43.8</b>
<b>Net Cash from Operating Activities (excluding Capital Income)</b>	<b>15.8</b>	<b>1.8</b>	<b>(1.3)</b>	<b>(6.9)</b>	<b>0.2</b>
<b>Capital Investment</b>	<b>52.6</b>	<b>20.2</b>	<b>17.8</b>	<b>14.0</b>	<b>12.4</b>

# FINANCIAL ANALYSIS OF OPERATING REVENUES AND EXPENSES

	2005/06 \$000	2004/05 \$000
<b>REVENUES</b>		
<b>SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>		
Government grants	261.2	226.2
Indirect contributions by Human Services	5.6	5.8
Patient fees	22.1	34.1
Recoupment from private practice for use of Hospital facilities	2.8	2.8
Interest	0.1	
Other revenue	18.9	18.1
	<b>310.7</b>	<b>287.0</b>
<b>SERVICES SUPPORTED BY HOSPITAL &amp; COMMUNITY INITIATIVES</b>		
Private Practice Fees	1.2	1.2
Interest	2.7	2.2
Linencare	5.4	5.0
Property Income	0.9	0.9
Other Revenue	3.3	2.8
	13.5	12.1
	<b>324.2</b>	<b>299.1</b>
<b>EXPENSES</b>		
<b>SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>		
Employee Entitlements	(223.9)	(212.2)
Supplies & Consumables	(58.4)	(56.8)
Other Expenses	(29.4)	(20.8)
	<b>(311.7)</b>	<b>(289.8)</b>
<b>SERVICES SUPPORTED BY HOSPITAL &amp; COMMUNITY INITIATIVES</b>		
Employee Entitlements	(7.2)	(6.5)
Supplies & Consumables	(0.2)	(0.2)
Other Expenses	(3.5)	(3.1)
<b>SURPLUS/ (DEFICIT) FOR THE YEAR BEFORE CAPITAL PURPOSE INCOME AND DEPRECIATION</b>		
	<b>1.6</b>	<b>(0.5)</b>
Capital Purpose Income	19.8	13.8
Specific Purpose Income	1.2	
Depreciation	(12.5)	(10.9)
<b>NET RESULT FOR THE YEAR</b>	<b>10.1</b>	<b>2.4</b>

# PERFORMANCE INDICATORS

## ADMITTED PATIENTS

Admitted patients	Acute	Mental health	Sub-acute/aged	Other	Total
<b>Separations</b>					
Same day	33,066	42	-	-	33,108
Multi day	25,981	726	1,434	-	28,141
Total separations	59,047	768	1,434	-	61,249
Emergency	22,172	-	-	-	22,172
Elective	11,089	-	-	-	11,089
Other inc maternity	25,786	768	1,434	-	27,988
Total separations	59,047	768	1,434	-	61,249
Public separations	50,521	-	-	-	50,521
Total WIES	42,239	-	-	-	-
<b>Total bed days</b>	<b>157,864</b>	<b>7,586</b>	<b>180,305</b>	<b>-</b>	<b>345,755</b>

## STAFF NUMBERS

Labour categories	EFT		Head count	
	05/06	04/05	05/06	04/05
Nursing	1,361	1,326	2,258	2,229
Admin	421	396	613	528
Medical Support	514	516	741	689
Hotel & Allied	477	448	677	684
Medical Officers	42	49	45	55
HMO	165	162	385	371
VMS	54	52	193	186
<b>Total</b>	<b>3,034</b>	<b>2,949</b>	<b>4,912</b>	<b>4,742</b>

## NON-ADMITTED PATIENTS

Non Admitted Patients	Acute	Mental health	Sub-acute/aged	Other	Total
Emergency department presentations	40,620	-	-	-	40,620
Outpatient services - occasions of services	64,118	-	-	-	64,118
Other services - occasions of services	25,860	113,112	28,930	-	167,902
Total occasions of service	130,598	113,112	28,930	-	272,640
Victorian Ambulatory Classification System - Number of weighted encounters	71,348	-	-	-	71,348

## ELECTIVE SURGERY

	2005/06	2004/05
<b>1. Elective surgery performance</b>		
Category 1 proportion of patients admitted within 30 days	100%	100%
Category 2 proportion of patients admitted within 90 days	70%	73%
Average waiting time of category 2 patients	122	145
Total waiting list	1,701	2,218
<b>2. Emergency department performance</b>		
2.a. Triage performance		
Category 1 patients receiving immediate attention	100%	100%
Category 2 patients receiving attention within 10 minutes	97%	98%
Category 3 patients receiving attention within 30 minutes	94%	95%
2.b. % of patients requiring admission who are admitted within 12 hours	77%	73%
2.c. % of time on hospital bypass	NA	NA
2.d. % of non-admitted patients with length of stay of less than 4 hours	60%	58%
2.e. Number of patients with an emergency department length of stay of greater than 24 hours	56	78
<b>3. Average available beds acute only</b>	<b>364</b>	<b>374</b>
<b>4. Critical care</b>		
4.a. Number of intensive care beds		
Total average open	12	12
Total average available	19	19
4.b. Number of coronary care beds		
Total average open	13	13
Total average available	18	18

# STATISTICS

	2005/06	2004/05	2003/04	2002/03	2001/02
<b>Surgical/Medical</b>					
Inpatient separations	59,047	59,971	58,240	54,004	50,961
Total operations	16,593	16,513	15,283	15,172	14,048
Births	1,844	1,764	1,678	1,703	1,887
Waiting list	1,701	2,217	2,457	2,065	2,318
Outpatients	64,118	63,903	60,455	61,105	60,709
ED attendances	40,620	38,549	38,313	39,967	39,439
Total bed days	157,864	166,746	159,340	162,314	156,876
<b>Aged Care/Rehabilitation</b>					
Nursing home bed days (inc hostel and Hilary Blakiston House)	146,980	148,843	148,174	148,576	147,402
Rehabilitation, palliative & GEM bed days	33,325	29,359	26,417	29,391	27,459
Sub-acute/rehab separation numbers	1,190	1,101	1,076	1,051	986
Community rehab centre attendances	28,355	26,440	23,242	22,842	22,350
Falls & mobility clinic attendances	575	545	589	514	619
<b>Community and Mental Health</b>					
Dental contacts	58,479	60,218	61,046	58,106	21,225
Alcohol & drug episodes of care	NA	1,268	1,450	1,513	1,357
Child & adolescent mental health contacts	5,578	6,268	NA*	15,252	14,592
Adult mental health contacts	96,928	111,892	NA*	91,603	72,169
Young adults	10,606	8,413	-	-	-
District nursing treatment hours	42,908	37,312	40,672	35,879	45,295
Primary care nursing & allied health hours	43,991	40,640	36,315	24,162	26,016
<b>Additional Statistics</b>					
Employees – EFT averaged over the year	3,034	2,949	2,824	2,773	2,633
Employees – head count	4,912	4,742	4,539	4,384	4,206
EFT nurses	1,361	1,326	1,292	1,283	1,219
EFT medical	261	263	248	238	220
EFT admin/clerical	421	396	373	370	349
EFT allied health	514	516	444	421	392
EFT hotel	477	448	467	460	453
Fundraising income/donations	\$3.97	\$4.47m	\$3.30m	\$1.12m	\$1.90m
FOI requests	428	434	447	425	391
Volunteer numbers	1,200	1,200	1,100	900	700
Compliments registered	836	897	950	1,097	1,102
Complaints registered	445	322	265	329	247

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

# KEY HIGHLIGHTS ACROSS BARWON HEALTH

## MEDICAL SERVICES

### Allied Health

#### Physiotherapy

The Allied Health in GP Practice pilot project was initiated in 2005/06 as a collaboration between Barwon Health and the Geelong GP Association to assist with care planning options. Three GP practices and over 350 patients have participated in the pilot project. The GP refers patients with chronic orthopaedic conditions to the physiotherapist for comprehensive assessment and needs identification. Over 450 referrals have been made to private, public and community services during this time. It has proven to be an effective way to manage demand for orthopaedic services and helps people avoid an unnecessary wait to see a specialist.

### Barwon Medical Imaging (BMI)

#### Consultant Review

Axten & Associates were appointed in early 2006 to undertake a comprehensive review of the BMI service. There will be several important components of the review, including assessment and benchmarking of current performance, advice on new technology acquisitions strategy, assessment of PACS readiness, advice regarding business practices and patient workloads, and assessment and advice around reporting structures and resourcing.

### Barwon South Western Regional Integrated Cancer Service (BSWRICS)

#### Funding

In late May 2006 DHS Cancer and Palliative Care announced that beginning next financial year (2006/07), integrated cancer services grant funding will be made recurrent. From 2006-2008 regional integrated cancer services will receive \$1,030,000 per annum from combined Victorian DHS and Commonwealth Government grants. From 2008 onwards, \$770,000 per annum has been allocated as recurrent funds.

#### BSWRICS Clinical Communication and Information Management Strategy

BSWRICS will implement an electronic medical oncology patient management solution at key cancer care sites across the Barwon South Western Region to support multidisciplinary care, care co-ordination, data collection and research and shared care between regional cancer services. The system will reduce many time consuming manual patient management processes and is an important quality improvement initiative.

### Cancer Services

#### HERA study

The HERA Study of Herceptin in the adjuvant treatment of high risk HER-2 positive breast cancer was published in the New England Journal of Medicine on 20 October 2005. This study, together with the combined analysis of the two US companion studies, has changed the treatment paradigm for this setting.

### Ministerial Task Force for Cancer

The Ministerial Task Force for Cancer commissioned a pilot cancer data project - The Victorian Cancer Outcomes Network (VCON). This pilot project with a budget of \$180,000 will attempt to collect comprehensive data on all cancer cases over one year. It is proposed to base the project in the Barwon South Western Region utilising the existing BSW Regional Integrated Cancer Services (RICS) structure. Barwon Health will be approached in regard to auspicing the project in the near future.

### Clinical Trials

The Haematology and Oncology Trials Team based at the Andrew Love Cancer Centre was once again successful in securing a \$70,000 grant from the Cancer Council Victoria to support the ongoing appointment of a Clinical Trial Coordinator who will contribute to the conduct of collaborative clinical research in 2006.

### Emergency

#### Patient Flow Project

During the year there has been considerable focus on patient flow with the appointment of a project officer and the examination of ED process. As a result there have been significant improvements in the system of bed request and the availability of real time information to wards and managers.

#### Emergency Nurse Practitioner project

This year has also seen the introduction of an Emergency Nurse Practitioner (ENP) into the ED. This has been very successful with high levels of patient and staff satisfaction. The ENP contributes significantly to the clinical care of selected groups of patients and there is strong support for the role to be expanded, particularly to cater for the changing work practices that have been built into the redeveloped ED.

### Medicine

#### Renal Services Public Healthcare Award

Congratulations to Renal Services for winning the Victorian Healthcare Award, Category 5: "Innovation in Models of Care" for the Barwon Health Nocturnal Dialysis Program. The Barwon Health Renal Unit has pioneered, developed protocols, publicised and led a national 'revolution' in dialysis management - nocturnal home haemodialysis (NHHD). NHHD has proven to be a quantum leap in dialysis care and has resulted in a level of clinical well-being, symptom resolution, patient autonomy, self esteem and a return-to-work rate previously not seen in dialysis populations. Other Australian and New Zealand units are now following the Geelong lead with all states now actively encouraging NHHD programs in most health networks.

## Neurosciences

### Technology advances

The Neuroscience Department has implemented encrypted email to referring doctors. The program allows the secretary to email an encrypted letter directly to the referring general practitioner where it is downloaded automatically into their medical director program. Wireless headsets have also been installed that allow the secretaries to be anywhere within the Department and answer telephone calls. All pathology and medical imaging results are downloaded electronically and filed in the patient relevant electronic record. The only paper retained in the patient record is the referral letter and any handwritten notes, thereby saving storage space.

## Pharmacy

### Victorian Medicines Advisory Committee (VMAC)

The Department of Human Services has established VMAC to play an important role as a peak expert advisory committee to lead the quality use of medicines agenda within Victorian hospitals and at the primary care interface. The multidisciplinary committee will advise DHS on strategic directions and policy development.

### Outpatient Pharmacy Reception

Building works have now been completed on improving privacy, security and workflow in the busy outpatient pharmacy area. An innovation has been the development, with our pharmacy software vendor of a plasma screen that scrolls to advise patients of the progress of their prescriptions through the dispensing process. The patient is informed if the prescription is queued, in progress, ready for pick up, and what the average waiting time is. This has reduced enquiries and patients who may leave the pharmacy area for a short while are able to track the availability of their prescription on their return. Several Melbourne hospitals have visited and shown significant interest in adopting the system.

## Women's & Children's Services

### Western Collaboration

Barwon Health is participating in a maternity collaboration with Werribee Mercy, Western Health and Royal Women's Hospital to undertake a systems improvement project within and between each health service to ensure optimal provision of maternity services in the Western region. All services have experienced an increase in birth numbers from 5-15% in the last year. The combined birth numbers of these services account for 25% of Victoria's births.

### CHIRP: Chronic Illness Readmission Program

The CHIRP program, which ensures that chronically ill children and adolescents receive the best possible medical and nursing attention targeted to their specific chronic illness, was a Finalist in the 2006 Victorian Healthcare Awards. It was also presented at this year's National Paediatric nursing conference and National Paediatric medical conference.

## AGED CARE SERVICES

### Residential Aged Care Services

In mid June 108 residents moved into their new home in Wallace Lodge. Thanks must go to those residents, the many relatives and volunteers who assisted and to the staff who all worked tirelessly to ensure the move happened in a safe and orderly manner. Also, the residents in Units 5 and 7 moved to their temporary accommodation in Units 11 and 12 whilst the 90-bed complex care facility is being built.

## SUB-ACUTE SERVICES

### Centre for Promoting Health Independence

Barwon Health has been actively involved in supporting the DHS policy of 'Improving Care for Older People' through the Centre Promoting Health Independence Project. This project has now been extended for a further 12 months, covering a 3 year period. A range of initiatives have been undertaken and Barwon Health has been actively contributing to the 'Community of Practice', established by the Department of Human Services to provide a forum for ideas and knowledge sharing across all Health Services. Within Barwon Health, the project has focused on implementing a dementia care education framework for staff working with people with memory and thinking difficulties, process mapping a range of services to assist in improving care, and utilising 'best practice' information regarding appropriate environments to support older people.

### Improving Access to Services at McKellar Centre

The Electronic (E) Referral project has been developed to support the transfer of patients between the Geelong Hospital and the McKellar Centre. Electronic data systems now enable the smooth transfer of patients, with 'real time access' to information regarding bed availability, being matched with consideration of patient needs. This process was previously managed through a manual, paper based system. The streamlining of this system supports the key objective of providing the 'right service, in the right place, at the right time' in order to best meet patient needs.

## SURGICAL SERVICES

### Orthopaedic Access Service

In 2005/06, the Orthopaedic Access Service (OAS) was established in the Outpatients Department to focus on enhancing patient access to our orthopaedic services. Under the OAS, orthopaedic patients are triaged by a consultant and senior physiotherapist for referral to a consultant, an OAS physiotherapy led clinic or direct treatment within Barwon Health and the community. The OAS offers suitable patients choices about their treatment by providing non-surgical options as well as the option of seeing a surgeon (if needed). This means that patients who don't necessarily need to see a surgeon can be seen in a shorter amount of time. It also allows surgeons to see patients who will most benefit from their expertise.

OAS clinics have been running alongside orthopaedic consultant clinics since July 2005 offering suitable patients conservative therapies (such as physiotherapy, podiatry and exercise) to help them manage their condition. A Back Clinic, Shoulder Clinic, Foot & Ankle Clinic and Knee Clinic have been established and staffed by physiotherapists, podiatrists and visiting GPs. To June 2006 the Clinics had booked appointments for 296 patients. Without this additional service many of these patients would still be awaiting their appointment.

#### **GP Reference Group**

The GP Reference Group was established to identify, discuss and develop solutions for managing the demand for orthopaedic outpatient services at Barwon Health. The Group comprises 5 local General Practitioners and representatives from Barwon Health and the GP Association of Geelong (GPAG). Positive and constructive discussions have led to the development of web-based information to assist GPs in the patient referral process, a new GP referral template for outpatients, the establishment of GP education sessions in orthopaedics and participation by GPs in Orthopaedic Access Service (OAS) Clinics.

#### **Full time Orthopaedic Surgeon**

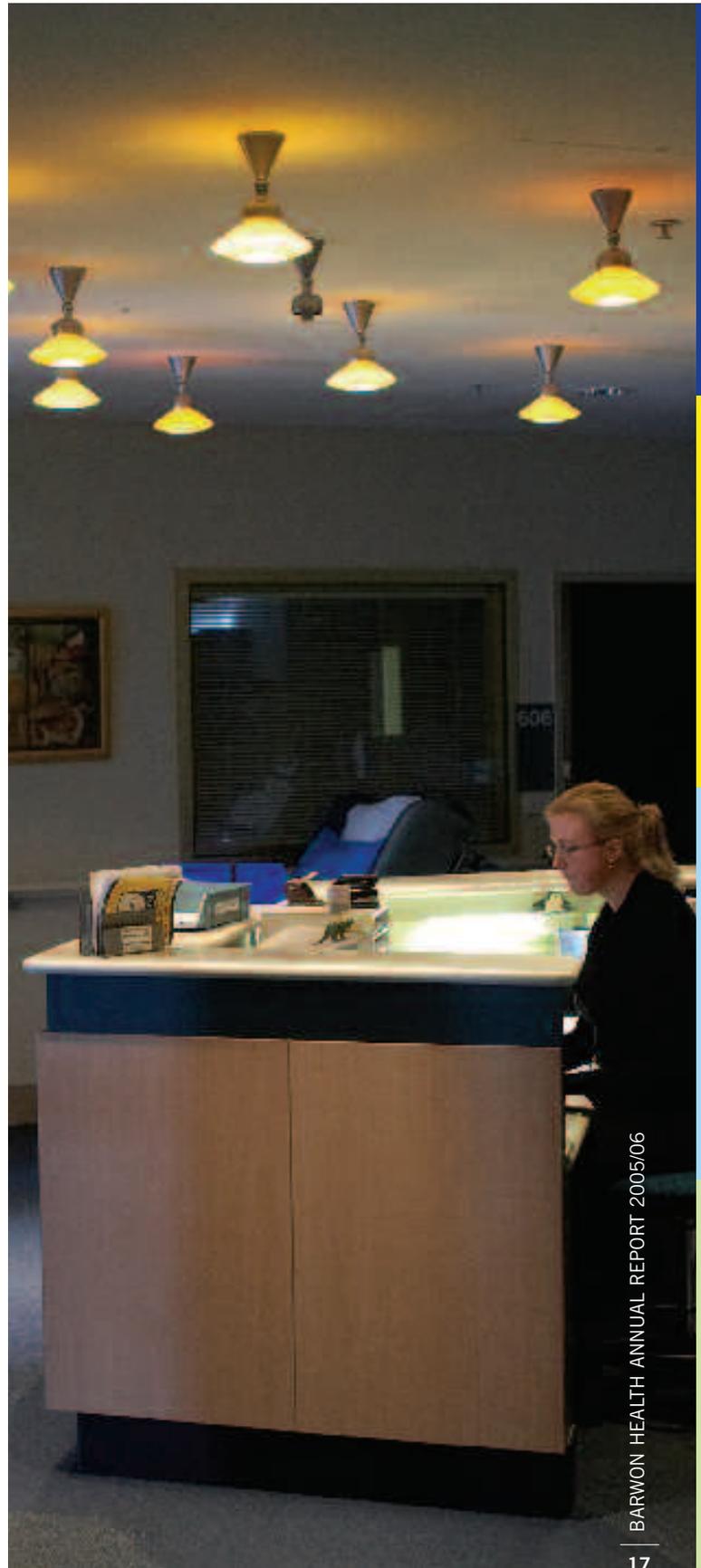
Mr David Bainbridge commenced as Full Time Orthopaedic Surgeon in October 2005. Mr Bainbridge's appointment was part of the elective surgery funding received for the 2005/06 financial year to treat additional patients seeking elective surgery and to reduce waiting list times.

#### **Elective Surgery Funding**

Barwon Health received in excess of \$2 million in 2005/06 to treat a number of additional patients seeking elective surgery. The majority of the funding was allocated to the Orthopaedic unit to treat long waiting patients. The funding was also allocated to provide additional outpatient clinics to service the extra elective workload and additional equipment. The initiative resulted in improved waiting times for patients waiting an Orthopaedic procedure at Barwon Health. Further improvement is required however and it is hoped that Barwon Health is able to sustain this improvement throughout 2006/07.

#### **Building Works**

As part of the Andrew Love Cancer Centre redevelopment a new extension to the Outpatients Department was constructed adjacent to the Department and helipad. Many of the services formerly occupying the Eastern Annex – the Pain Management Unit, Liver Clinic, Sexual Health Clinic and Home Referral Service – relocated to this new area in November 2005.



### **Safer Systems-Saving Lives Project**

Barwon Health was awarded \$50,000 funding to participate in the Safer Systems–Saving Lives project, a national collaborative of the Australian Council for Safety and Quality in Health Care, that employs six key interventions designed to improve patient outcomes:

- > Preventing ventilator-associated complications
- > Preventing surgical site infection
- > Preventing adverse drug events
- > Preventing central venous catheter-related infections
- > Improving medical emergency response
- > Improving care for acute myocardial infarction

The project is continuing with a Project Manager appointed in 2006.

### **Surgical Nurse Liaison Project**

The Surgical Liaison Nurse Project commenced in January 2006 on two surgical wards – Heath Wing 6 and Bellerine Centre 6 North – focusing on improving patient flow through improved discharge planning.

### **Pain Management Clinic**

In 2005/06, the Pain Management Service moved into new rooms adjacent to the Outpatients department and Hospital in the Home services bringing it onto the main clinical campus. This service was until recently the first and only in Victoria to be accredited for training Pain Fellows for the Faculty of Pain Medicine.

## **COMMUNITY AND MENTAL HEALTH SERVICES**

### **Respecting Patient Choices**

Respecting Patient Choices (RPC) is an Advance Care Planning program that provides a formal process for patients to document treatment options and end of life preferences.

The program trains nurses and allied health staff from target areas (community and acute) to facilitate patient understanding of advance care planning to complete both Advance Care Plans (ACP) and Medical Enduring Power of Attorney (MEPOA) documents. In 2005/06, 36 staff members have been trained as RPC Consultant/Clinicians from HARP, Renal Services, MC, BC6N, BW5 and BW7.

### **Jigsaw**

Jigsaw Young Person's Health Service celebrated its first birthday in June 2006. Jigsaw is an integrated youth service, which combines Barwon Health Mental Health, Early Intervention Services, Drug & Alcohol, Community Health, Counselling and Youth friendly GPs from Clockwork, based within the Corio Shopping Centre. This is an innovative and bold service model, which attempts to create a comprehensive and accessible health service for the 16 – 25 year old youth of the northern suburbs. In the first 12 months Jigsaw has seen over 312 clients which generated 4,373 individual contacts with clients, carers and other agencies who are supporting them. Jigsaw is now well positioned to consolidate its operations and Barwon Health will be considering how to use our experience over the last 12 months to explore new funding mechanisms and opportunities to enhance and expand Jigsaw with our partners.

### **Care Manager**

In September 2005 Barwon Health Community & Mental Health, in collaboration with Barwon Health Information Services, went live with a new clinical electronic care management system called Care Manager. This system was developed and modified to be relevant to the Community & Mental Health system of care with Database Consultants Australia.

In summary, the system uses the Barwon Health UR number to generate and confirm registration in Care Manager database after which all care, screening, assessment review and discharge requirements are entered. Care Manager also integrates the Outcome Measurement requirements within Mental Health and allows Mental Health, Drug & Alcohol and HARP to report back to the Department of Human Services. Another critical feature of this development was the partnership with Pathways Psychiatric Disability and Rehabilitation Services agency who are also using Care Manager, particularly with shared clients.

The development and implementation of Care Manager was a major and complex exercise and further consolidation and development will be required to maximise the benefits envisaged.

## **INFORMATION TECHNOLOGY**

### **PACS project**

Barwon Health is a lead member of the state-wide HealthSMART programme and is leading the project to implement a Picture Archive and Communications System (PACS) during the 2006/07 financial year. This project will see an end to traditional film X-rays and will replace them with digital equivalents. This project represents an important clinical development as films can no longer be lost or misplaced. The project commenced during May 2006 and will continue through to around March next year.

## BUILDING REDEVELOPMENTS

### McKellar Centre

The Victorian Government's commitment of over \$72 million to redevelop the first two stages of the McKellar Centre has turned the specialist rehabilitation and aged care site into a hive of activity. Last year Barwon Health reported on the completion of Stage 1, a new 100-bed Inpatient Rehabilitation Centre. In 2005/06, there was substantial progress with the completion of Stage 2 of the redevelopment.

A new 108-bed nursing home, Wallace Lodge, has been completed and is now providing much improved accommodation to residents previously accommodated in the 30 bed units spread across the Ballarat Road site. This new facility offers mainly single room accommodation with adjoining ensuites and has been very well received by residents, their relatives and staff. The Stage 2 project also includes a new Community Rehabilitation Centre that will be occupied by Barwon Health's many specialist rehabilitation clinics. The final component of Stage 2 involves a new 90-bed nursing home providing high level complex care to residents.

Barwon Health was also delighted to receive a commitment from the Government in the May State Budget for Stage 3 of the redevelopment, a second 108-bed nursing home, to be built on land adjacent to Surf Coast Highway in Grovedale. Construction of this facility is expected to commence later in 2006 with 78 of the initial residents transferring from Peter Street, Grovedale and John Robb House, Belmont, and the remaining 30 transferring from the McKellar Centre.

### Andrew Love Cancer Centre

The Ryrrie Street skyline of the Geelong Hospital changed earlier this year with the completion of the first stage of the \$20 million Andrew Love Cancer Centre expansion. The second stage is under construction and remains on time and within budget. The project is due to be completed by the end of 2006. The expanded facility will accommodate two new radiotherapy bunkers, one will accommodate a third linear accelerator for Geelong, while the second will see a new modality, brachytherapy, introduced to Geelong for the first time. This will aid many cancer patients who are forced to travel to Melbourne for this treatment at present. The initiative would not have been possible without the generous support of the Geelong Cancer After Care Group, which has been raising funds to support the centre from well before its commencement. Brachytherapy will be the latest contribution to the Geelong community by the members of that group.

### New Emergency Department and Kitchen

The other major capital project under construction is the new \$26.1 million Emergency Department at Geelong Hospital. While work on the main component of the project on Ryrrie Street won't commence until late in 2006, the enabling works are well underway, part of this being the construction of a new kitchen facility at McKellar Centre. The new \$9.6 million kitchen with latest cook/chill technology is to commence from the new site in August 2006.

The design of the new Emergency Department is complete, with the much-expanded facility to provide an environment far more conducive to the level of emergency demand that Barwon Health is now facing at the Geelong Hospital and is likely to face over the next 20 years. The new department will offer larger treatment areas as well as separate areas for the care of children and other patients groups. The present construction timetable sees the new department in operation early in 2008.

## PASTORAL CARE

### Review of Pastoral Care Services

As a result of a Review of Pastoral Care Services, a Pastoral Care Coordinator position was created due to Pastoral Care Services outgrowing its structure and requiring more explicit leadership.

### New Chaplaincy Team

Rhonda Dingle was appointed Cancer Services Pastoral Care worker in December 2005, The Reverend Rosemary Maries was appointed Anglican Chaplain in November 2005 and The Reverend Charles Gallacher was appointed Uniting Church Chaplain January 2006. Rhonda, Rosemary and Charles have formed a new chaplaincy team, with Sr. Brenda Grant and David Manks. Key focuses for 2006/07 are:

- > Restructuring the daily operations of the chaplaincy team, including working in a more integrated way with other health care professionals, and a chaplain being appointed as a primary contact for each in-patient ward/unit in Barwon Health.
- > Continuing the development of multi-faith spiritual care (as distinct from Christian Chaplaincy). This finds particular expression in the re-development of the Chapels at Geelong Hospital and McKellar Centre into places for multi-faith worship and prayer.
- > The development of a Strategic Plan for Pastoral Care and Chaplaincy in Barwon Health for the next 3 to 5 years.



**DR MORTEEZA MOHAJERI**  
**CARDIOTHORACIC SURGEON**

*What Barwon Health means to me*

*Barwon Health is more than a workplace for me. It's a place where I am part of a team who's mission is quality, safety, community and patient-focussed care. It's also a place where I have the opportunity to develop my skills, to educate myself and share my ideas and educate others.*

# EDUCATION

## NURSING EDUCATION

### Education Services

Nursing Education Services provides educational resources for nurses and other staff across Barwon Health. The purpose of Nursing Education Services is to provide innovative and evidence based continuing educational programs for Barwon Health and health agencies as well as support undergraduate and postgraduate programs. A primary role within the education department is the provision of facilitating approximately 1000 undergraduate and postgraduate students per year.

### Collaborative Partnerships

During 2005/06 Barwon Health has continued to strengthen partnerships in collaboration with Deakin University, the Gordon Institute of TAFE and The University of Melbourne. The department has agreements with many other universities within Victoria as well as other states. It has also continued to strengthen the collaborative relationship with the Department of Human Services and other health services across the southwest region.

One of the major initiatives this year has been the introduction of a 'pilot' model for undergraduate nursing students with Deakin University and Barwon Health. The model known as the Deakin and Barwon Health Model (DABHM) utilises experienced clinical staff from Barwon Health to act as Clinical Facilitators and Preceptors to provide a link between the Health Service and the University. The advantages of such a model is to enhance the orientation of students to the clinical environment, to strengthen relationships between students and the clinical areas, and to promote the inclusion of the preceptors in the formal and informal evaluation of students. The model evolved after feedback from clinical staff that indicated that there was a need for Barwon Health to have greater contribution in the fostering of clinical learning for undergraduate students.

### Communication of Educational Opportunities

Nursing Education Services are committed to providing opportunities for professional development through the provision of short courses, clinical support and encouraging staff to present and attend conferences relevant to their clinical areas. A newsletter known as the 'Education Hotline' was redesigned in 2006 and provides more comprehensive written and pictorial information.

### Skills training

Staff without formal qualifications, are given the opportunity to complete a Certificate III in their area of work. This opportunity has been well received this year.

### Future Developments

Nursing Education Services is working towards a new model of service delivery for all clinical staff across the organisation. Preliminary discussions have commenced and consultation forums are planned with key stakeholders in the latter part of 2006 in order to set a new strategic direction for education across Barwon Health.

## MEDICAL EDUCATION

Undergraduate and postgraduate specialist training is offered at Geelong Hospital, the State's major regional teaching hospital. Geelong Hospital is affiliated with The University of Melbourne for medical student training and has over 360 trainees per annum.

### Undergraduate medical education and training

Barwon Health is a partner in a joint Clinical School with St Vincent's Hospital Melbourne. Medical students rotate to Geelong for medical, surgical, obstetrics and gynaecology, paediatrics, psychiatry and rehab/aged care/pall care/psychology of old age. A recent change in curriculum involved the integration of students in their final semester of training into the general medical and surgical units as "junior interns".

### Graduate medical education and training

Barwon Health has a diverse program of post graduate medical training with a Director of Clinical Training supported by a Medical Education Officer. Training for medical staff commences with orientation of Internal Medical Officers with a unique modular training program to enhance clinical and procedural skills. Basic and advanced life support training has been recently added with a particular focus on interns and international medical graduates.

### Geelong Medical School

A new era for medical training at Barwon Health was heralded by the announcement on 8 April 2006 that a regional and rural medical school would be established by Deakin University in Western Victoria. Barwon Health has begun negotiations with both The University of Melbourne and Deakin University to ensure that there is a smooth transition.

### Advanced Trainee Applications

Barwon Health is now beginning to fuel its advanced trainee applications from within its own successful basic training program. For example, the Renal Registrar next year will be one of Barwon Health's 'home-grown' candidates. Support of these training programs within Barwon Health is vital to sustain a healthy, nurturing institution in the decades to come.

# RESEARCH

Barwon Health is well known for the excellent standard of clinical care and health services it provides to the people of Geelong and surrounding regions. Many people may however be less familiar with the fact that Barwon Health is also renowned for its excellence in medical research. Research is conducted across a number of areas including stem cell research, cancer research, clinical trials, nursing research, psychiatry research, osteoporosis research, orthopaedics research and epidemiology.

## Launch of Barwon Biomedical Research

In August 2005, Barwon Biomedical Research was launched as an integration of Douglas Hocking Research Institute and the Department of Clinical and Biomedical Sciences infrastructure support. This has already resulted in a number of efficiencies in support infrastructure, especially laboratories.

## Research Review Committee

In March 2006, the Research Review Committee was created to undertake technical reviews and deal with research governance issues. Membership is drawn from both clinical and non clinical areas. This has been a very successful initiative in not only reviewing the projects under applications but to encourage discussion on principles. 2006 will see the further development of this committee.

## Research and Learning Expo

In August 2005, Barwon Health took part in the first Smart Geelong Network Research and Learning Expo to showcase research and learning opportunities. A number of events were

hosted including a Stem Cell Research Debate, Cancer Research Seminar, a Research Open Day and Research Poster Competition. The poster competition was very well attended with a judging panel that included Professor Jack Martin (St. Vincents Institute of Medical Research), Dr Max Alexander, Peter Thomas and Dr Jane Redden-Hoare and Dr Tess Toop (Deakin University). The overall best poster was awarded to Julie Pasco for her poster titled "The association of highly sensitive C-Reactive Protein levels with fracture risk in postmenopausal women: Geelong Osteoporosis Study".

## Research and Ethics Advisory Committee

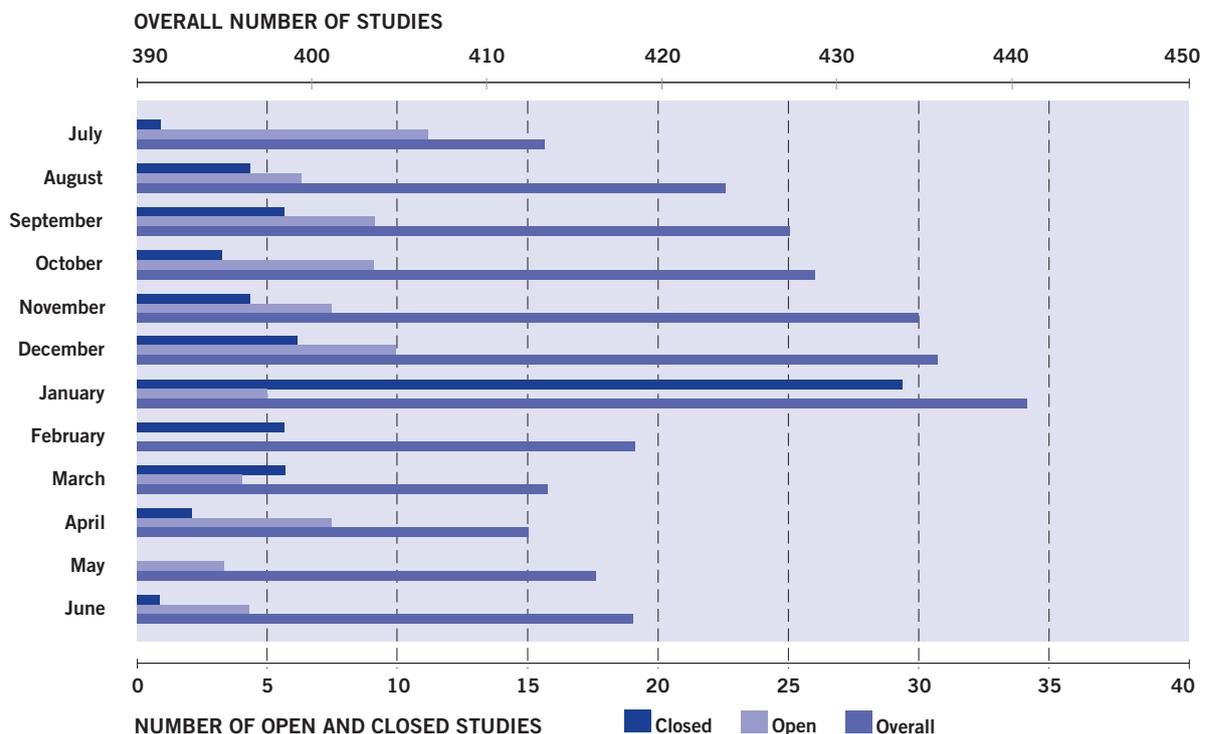
2005/06 was another very busy year for the Research and Ethics Advisory Committee. There were 101 submissions during this time with 3 of these being extensions of previously reviewed studies and 9 involved the same research study being undertaken at a second site.

## Types of studies reviewed during this period.

Research	Number of applications
Clinical research	54
Clinical trial	39
Public health	4
Social research	4

The numbers of open studies ranged between 418 to 447 during the year, taking into account the large number of closures in January that was probably administrative 'catch up'. There were 77 new studies opened with 68 closures.

## 2005/06 RESEARCH STUDIES



<b>Membership of Research and Ethics Advisory Committee</b>	
Current chair:	John Frame
Secretariat:	Bernice Davies
Board members:	Damian Gorman John Frame Christopher Burrell
Community members:	Anna Bleazby Christine De Boos David Dethridge Peter Ball
Researchers:	Dr Alastair Mander Dr Jane Redden-Hoare Richard Page A/Prof Mark Kotowicz
Professional care:	Dr Rod Fawcett (Deputy Chair) Greg Weeks Dr Neil Crompton Dr Lucy Cuddihy Reverend David Manks
The Committee thanks the following people who have resigned during the year:	David Kenwood Michelle Plane
The Committee welcomes the following new member:	Christopher Burrell

### **Animal Experimentation Ethics Committee**

During 2005/06, the long running project “The arthropod and vertebrate animal reservoirs of *Rickettsia honei* (Flinders Island Spotted Fever)” concluded with the resultant closure of the animal house.

<b>Membership of Animal Experimentation Ethics Committee</b>	
Current Chair:	Dr Jason Hodge
Deputy Chair:	Dr Rodney Fawcett
Secretariat:	Bernice Davies
<b>Members:</b>	
Category A (a person with qualifications in veterinary science)	Dr Jack Ayerbe
Category B (a person with substantial recent experience in scientific or teaching activities)	Dr Scott Lee
Category C (a person with demonstrable commitment to, and established experience in furthering the welfare of animals)	David Cecil
Category D (an independent person with no involvement with animal research)	Ian Inglis

# WORKING WITH OUR COMMUNITY

## CONSUMER LIAISON

In 2005/06, Barwon Health recorded 445 consumer reported incidents to the Consumer Liaison Office. The feedback that Barwon Health receives provides opportunities to review procedures and processes and look for ways of improving the way we do things, this in turn provides better health care to the community.

For the majority of the community accessing Barwon Health's services, it is a positive experience. Occasionally when something has not gone well and a consumer has had an unexpected outcome, the Barwon Health Consumer Liaison makes it easy for consumers to talk about their experience. The Consumer Liaison is available to consumers wanting to express their gratitude for care received, make a complaint, or suggest ways to improve the health care experience.

### Barwon Health's Consumer Liaison can be contacted:

Telephone: 5226 7986  
Email: clo@barwonhealth.org.au  
Address: Consumer Liaison Office  
Quality Unit  
Barwon Health  
P O Box 281  
Geelong Vic 3220

## Consumer Advisory Committee

The Community Advisory Committee membership is made up of consumer representatives who provide community views and preferences enabling Barwon Health to be more responsive to the community. The committee consists of eight consumer representatives and three Board members, who all have a strong links within the community and an interest in health issues. As a Board of Directors Sub-Committee, the consumer representatives provide two-way communication between the Board and the community. The committee meets regularly and has developed an Action Plan that will see them strengthen the relationship between the community and Barwon Health.

## Volunteers caring for our community

During 2005/06 Barwon Health continued to recruit new volunteers and was able to keep the number of volunteers steady at around 1,200.

New activities introduced throughout the year include:

- > Launching the Barwon Health Bereavement Support Booklet and intranet support
- > Expanding the Bereavement Support Volunteer Program to people living in our nursing homes and hostels
- > Receiving another 12 month grant from Percy Baxter Trust to continue volunteer support to people who have suffered a stroke
- > Expanding the voluntary transport service

- > Developing new volunteer activities in the Drug Treatment Service and Hilary Blakiston House
- > Establishing a concierge and information desk in the new nursing home, Wallace Lodge, located on the McKellar Centre site
- > Expanding Departure Lounges to now include Bellerine 5, Bellerine 6 North and Heath Wing 6. The volunteer's role within the Departure Lounge now includes escorting patients being discharged home or to another nursing facility
- > Redeveloping Patient Support Services (Day Ladies) role, to include companionship and support to assist the Diversional Therapist.

Key challenges identified for 2006/07 include:

- > Further development of volunteer activities in the mental health area including the establishment of a volunteer network with other mental health services in Geelong
- > Evaluation of all the volunteers services with feedback from clients, patients, residents, staff, management and volunteers
- > Establishment of new paid position Voluntary Transport Co-ordinator, to assist with the growing voluntary transport service
- > The recruitment of more people from diverse cultures who speak other languages.

## Ethnic health services

### Multi-lingual Library at McKellar

A Cultural Resource Library was introduced in 2005/06 that is based at the McKellar Centre. It aims to promote the use of cultural aids and mediums to assist with culturally appropriate care. The Library, available to all Barwon Health residential aged care services will provide opportunities for staff and clients to interact with culturally focused materials such as music, visual aids, books and games to enhance client care and recreation opportunities.

### Sudanese workshops

The Sudanese community represents one of the fastest growing communities in Australia. Many newly arrived Sudanese families have been granted visas under the Refugee and Special Humanitarian Program. Barwon Health has developed a training calendar to assist Barwon Health staff to communicate better with this growing community. Training seminars such as "Sudanese Cultural Awareness" and "Culture, Birth and Pregnancy" have been well attended by enthusiastic staff.

### Visiting Group to McKellar

For the past 6 years, the Italian Social Club of Geelong has graciously volunteered their time and effort to form and maintain a friendship group to support the Italian residents at the McKellar Centre. The Volunteers arrive regularly equipped

with afternoon tea, coffee, Italian music and often other “treats” to entertain and provide invaluable social support for participants. Barwon Health welcomes the ongoing facilitation of the Italian “friendship” and other cultural social support and friendship groups presence at the McKellar Centre, and recognises the positive effects of increased social connectedness on the health and wellbeing of our cultural and linguistically diverse residents.

**Cultural Diversity Committee**

A review of the Terms of Reference, membership recruitment and 2005/06 newly developed strategic plan are just some of what the Cultural Diversity Committee have been developing in 2006. The Committee’s key strategic target areas of focus will provide initiatives in the upcoming year aimed at strengthening networks and relationships in the Geelong CALD community, improving the physical environment of Barwon Health facilities to be more reflective of community diversity and encouraging the provision of cultural awareness/ sensitivity and communication training and resources for all Barwon Health staff.

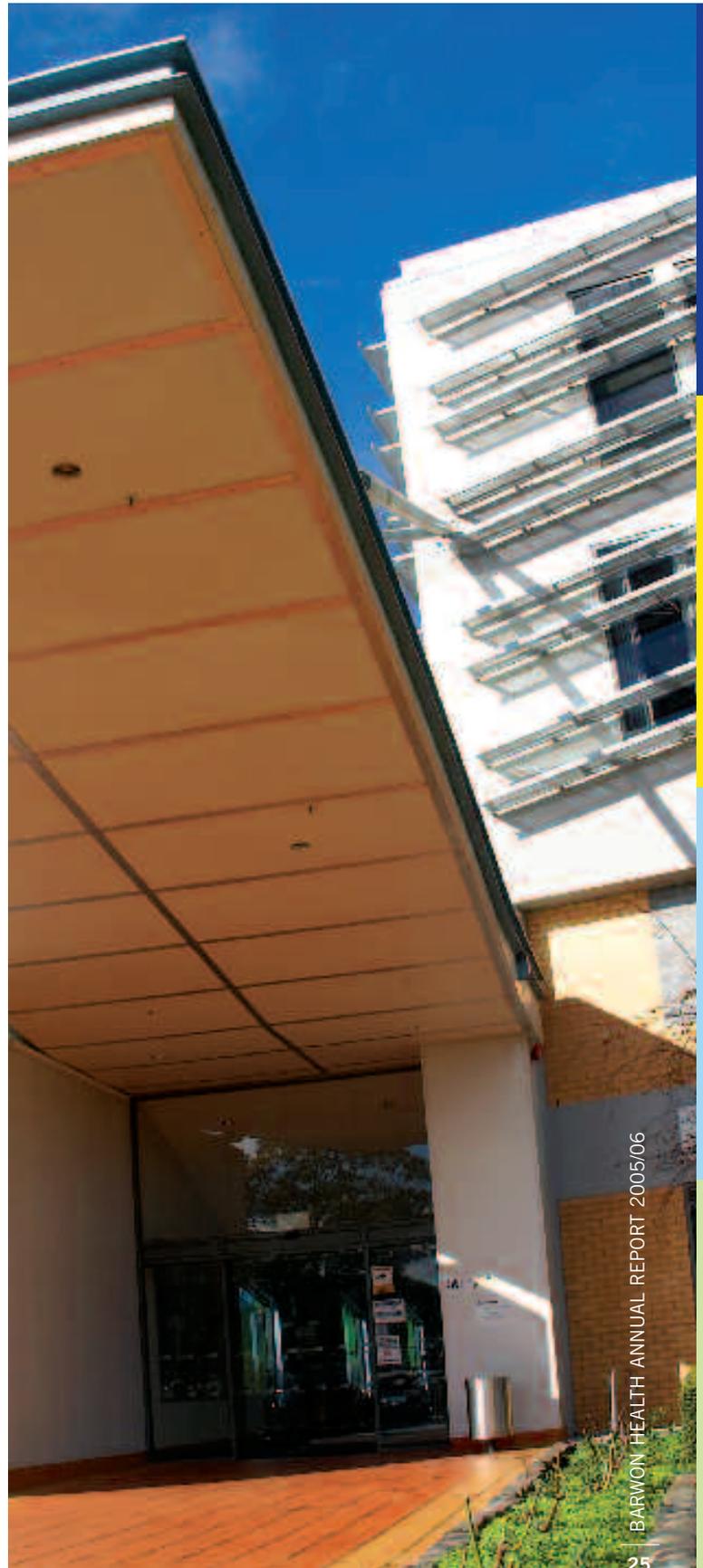
The strategic plan will focus on the delivery of projects such as:

- > User friendly Barwon Health Language services Policy
- > Implementation of quality measures to seek and review feedback on Barwon Health services from CALD clients
- > Report on the achievements to date under the CALD consultation report
- > Comprehensive staff training calendar on culturally appropriate care.

Over the past 18 months, a steady increase in the use of interpreters has been noticed

**Total occasions of service for interpreter services**

Time period	Occasions of service
January to June 2005	889
July to December 2005	1,087
January to June 2006	1,368



# BOARD OF DIRECTORS

## **Claire Higgins – Chair**

Claire Higgins is currently the Finance Manager and Company Secretary for two manufacturing sites in Geelong owned by OneSteel Limited and NV Bekaert SA - a Belgian Company. Claire has had over 20 years finance, governance and management experience with major corporates, OneSteel Limited and BHP Ltd. Claire is a member of the Victorian Government's Health Services Management Innovation Council. She has a commerce degree from Melbourne University and is a Fellow Certified Practising Accountant. Claire was appointed Chair in December 2002 and has been a Board member since 2000.

## **Peter Thomas – Deputy Chair**

Formerly a Board member with the Surfcoast Community Health Centre, Peter Thomas is a recently retired professional public relations/marketing consultant. He has had extensive public relations, community relations and staff communications experience within Australia and overseas spanning more than 40 years. He is a returned serviceman. Peter Thomas is well known in the Torquay community for his interest in community health matters and for his interest in community matters generally. This year, Peter was awarded an Order of Australia Medal for services to the community. He is President of the Torquay RSL. Peter was appointed Deputy Chair in December 2002.

## **Professor James Angus (absent)**

Professor James Angus has been Dean, Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne since July 2003. Previously he held the Chair of Pharmacology and was Head of Department since joining the University in 1993. Professor Angus has an extensive research record in cardiovascular and analytical pharmacology and was recently named a Thomson ISI citation Laureate, as one of the most cited researchers in pharmacology over the past 20 years. He currently serves on the Board of Melbourne Health, St Vincent's Institute of Medical Research, Centre for Eye Research Australia, Bionic Ear Institute, National Ageing Research Institute, Walter & Eliza Hall Institute and The Howard Florey Institute.

## **Michael Hirst**

Michael Hirst has over 25 years experience in finance and banking and is currently Chief Operating Officer for Bendigo Bank Limited. Michael is also a Director with Treasury Corporation of Victoria, Elders Rural Bank and a number of wholly owned Bendigo Bank subsidiaries including Sandhurst Trustees and Victorian Securities Limited, where he is Chairman.



**Janet Farrow**

**Peter Thomas -  
Deputy Chair**

**Claire Higgins -  
Chair**

**Christopher Burrell**

**Michael Hirst**

**Maree Markus**

Maree Markus has a strong background in nursing and midwifery. Her experience spans practice, education, administration and consultancy. She was a foundation member of staff at Deakin University's School of Nursing and the foundation co-ordinator for the Graduate Diploma of Midwifery at the University of Ballarat. In 1999 she was Clinical Educator for Women's & Children's Health at Barwon Health and then took up a position as Nurse Adviser with the Nurses Board of Victoria. Currently she is a midwifery consultant with a focus on policy development and curriculum review. Ms Markus has a Master of Nursing from Deakin University and has recently completed an Advanced Diploma of Business Management through the University of Ballarat.

**John Frame**

John Frame was former member of the Victoria Police and was appointed Deputy Commissioner (Operations) in 1988. In 1993 he was appointed the inaugural Director of Security and Loss Prevention for Coles Myer Ltd and is currently a member of the Metropolitan Ambulance Service Board and Deputy Chairperson of the Police Appeals Board. John has a BA (Criminal Justice Administration) and a Diploma in Criminology and has been awarded the Australia Police Medal, Centenary Medal and the National Medal and Clasp.

**Damian Gorman**

Damian is currently employed as a Strategic Planning Consultant, providing services to Local Councils throughout Australia in relation to their planning and management of leisure facilities. Damian has formal qualifications (BA) in Recreation Management. He has extensive experience in Health Promotion and was involved in establishing the Health and Well Being Unit at Deakin University. Damian has also spent several years working for local disability support agencies including Gateways, Bethany and Barwon Independent Living.

**Janet Farrow**

Janet Farrow was appointed to the Board in 2005. Janet has clinical experience in the drug treatment services, mental health, child and family welfare and disability sectors and has held senior clinical and management roles in forensic psychiatry and drug treatment services. Janet is currently appointed to the Multiple and Complex Needs Panel and to the Adult Parole Board of Victoria. Janet holds a range of volunteer directorships in community organisations in Welfare and the Arts sectors. For a two-year period she was a senior policy adviser in the Victorian Government's Department of Premier and Cabinet. In 1998 Janet graduated with a bachelor degree in Social Work from University of Melbourne and in 2000 graduated with a Master of Business Administration from RMIT and is currently enrolled in a Graduate Diploma in Law, Monash University. Janet is a Churchill Fellow and a Fellow of the Williamson Community Leadership Program.

**Christopher Burrell**

Chris is the General Counsel & National Manager, Workplace Relations & Risk for IPA Personnel where he provides commercial, corporate and workplace relations advice across all divisions of the organisation. Chris has a Bachelor of Laws, Graduate Diploma in Legal Studies and Certificates in Micro Mediation and OHS. Chris is a practising solicitor in Victoria and is admitted to the Supreme Courts of NSW, Victoria, SA and the High Court of Australia. Chris has previously worked for the University of New England, the SA Chamber of Commerce and Industry, the Master Builders Association of SA, and Coulter Roache Lawyers in Geelong.

**Damian Gorman****Maree Markus****John Frame**

# MEETINGS ATTENDED BY DIRECTORS

A = Apology and LOA = Leave of Absence. Shaded area indicates periods where attendance was not applicable.

## BOARD OF DIRECTORS MEETINGS 2005/06

	July	Aug	Sept	Oct	Dec	Jan	Feb	March	April	May	June	% Attended
Prof James Angus	✓	✓	LOA	LOA	✓	A	A	✓	A	✓	A	64%
Lou Brazier (Resigned Oct 05)	✓	A	A	A								25%
Christopher Burrell (App Nov 05)					✓	✓	✓	✓	✓	✓	✓	100%
Janet Farrow (App Nov 05)					✓	✓	✓	✓	✓	✓	✓	100%
John Frame	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Damian Gorman	✓	✓	✓	LOA	✓	✓	✓	✓	✓	A	✓	91%
Claire Higgins	✓	✓	LOA	✓	✓	✓	✓	✓	✓	✓	✓	100%
Michael Hirst	✓	✓	✓	✓	✓	LOA	✓	✓	✓	✓	✓	100%
David Kenwood (Resigned Oct 05)	✓	✓	✓	✓								100%
Maree Markus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Peter Thomas	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	LOA	91%

## BOARD REMUNERATION COMMITTEE 2005/06

	Jul	Aug	Oct	Nov	Feb	May	% Attended
Christopher Burrell (App Nov 05)					✓	A	50%
John Frame	✓	✓	✓	✓	✓	✓	100%
Damian Gorman					✓	✓	100%
Claire Higgins	✓	A	✓	✓	✓	✓	83%
Michael Hirst	✓	✓	✓	✓	✓	A	83%
David Kenwood (Resigned Oct 05)	A	✓	✓				66%

## RESEARCH & ETHICS COMMITTEE 2005/06

	July	Aug	Sept	Oct	Nov	Dec	Feb	March	April	May	June	% Attended
Christopher Burrell (App Nov 05)							A	✓	A	A	A	20%
John Frame	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Damian Gorman	A	✓	✓	✓	✓	✓	✓	A	✓	A	✓	73%
David Kenwood (Resigned Oct 05)	✓	✓	✓	✓								100%

## BOARD GOVERNANCE COMMITTEE 2005/06

	Sep	Dec	Mar	Jun	% Att
Christopher Burrell (App Nov 05)			A	✓	50%
John Frame	✓	✓	✓	✓	100%
Claire Higgins	✓	✓	✓	✓	100%
Michael Hirst	✓	✓	✓	✓	100%
Maree Markus	✓	✓	A	✓	75%

## FACILITIES MANAGEMENT COMMITTEE 2005/06

	Sep	Dec	Mar	Jun	% Att
Christopher Burrell (App Nov 05)			✓	A	50%
John Frame	✓	✓			100%
Damian Gorman		✓	✓	✓	100%
David Kenwood (Resigned Oct 05)	✓				100%
Peter Thomas	✓	✓	✓	A	75%

## COMMUNITY ADVISORY COMMITTEE 2005/06

	July	Aug	Sept	Oct	Nov	Nov	Feb	March	April	May	June	% Attended
Lou Brazier (Resigned Oct 05)	A	✓	A	✓								50%
Christopher Burrell (App Nov 05)							✓	A	A	A	A	20%
Janet Farrow (App Nov 05)							✓	✓	✓	✓	A	80%
Claire Higgins				A	✓	✓	✓	✓	A	✓	✓	75%
David Kenwood (Resigned Oct 05)	✓	A	✓	A								50%

## QUALITY COMMITTEE 2005/06

	July	Aug	Sept	Oct	Nov	Dec	Feb	March	April	May	% Attended
Janet Farrow (Appointed Nov 05)						✓	✓	✓	✓	✓	100%
Claire Higgins	✓	✓	✓	A	✓	✓	A	✓	✓	A	70%
David Kenwood (Resigned Oct 05)	A	✓	A	✓							50%
Maree Markus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%

## AUDIT COMMITTEE 2005/06

	Sep	Nov	Feb	Jun	% Att
John Frame	A	✓	✓	✓	75%
Claire Higgins	✓	✓	✓	✓	100%
Michael Hirst	✓	✓	✓	✓	100%
Maree Markus	✓	✓	✓	✓	100%

## PRIMARY CARE & POPULATION HEALTH 2005/06

	Oct	Feb	May	% Att
Damian Gorman	✓	✓	✓	100%
Maree Markus	✓	✓	✓	100%

## MCKELLAR REDEVELOPMENT PROJECT CONTROL GROUP 2005/06

	July	Aug	Sept	Oct	Nov	Dec	Feb	March	April	May	June	% Attended
Michael Hirst	A	✓	✓	A	A	✓	A	✓	✓	✓	A	55%
Peter Thomas	A	✓	A	✓	✓	A	✓	✓	A	✓	A	55%

## ANDREW LOVE CANCER CENTRE PROJECT CONTROL GROUP 2005/06

	July	Aug	Sept	Oct	Nov	Dec	Feb	March	April	May	% Attended
Lou Brazier (Resigned Oct 05)	✓	A	A	A							25%
Janet Farrow (Appointed Nov 05)						✓	✓	✓	✓	✓	100%
Peter Thomas	A	✓	✓	✓	✓	✓	✓	✓	✓	A	80%

## EMERGENCY DEPARTMENT PROJECT CONTROL GROUP 2005/06

	July	Aug	Sept	Oct	Nov	Dec	Feb	March	April	May	% Attended
Lou Brazier (Resigned Oct 05)	✓	A	A	A							25%
Janet Farrow (Appointed Nov 05)						✓	✓	✓	✓	✓	100%
Peter Thomas	A	✓	✓	✓	✓	✓	✓	✓	✓	A	80%

# EXECUTIVE TEAM AND CLINICAL DIRECTORS



*Standing from left: John Linke, Dr Max Alexander, Sandy Morrison, Damian Armour, Paul Cohen, Dr Tony Weaver, Dr Tom Callaly, Perry Muncaster. Seated from left: Dr Lucy Cuddihy, Sue De Gilio, John Mulder. Absent: Anna Fletcher and Dr Paul Talman.*

## CHIEF EXECUTIVE OFFICER

**Sue De Gilio**

NZROT, M Sc (Bristol), CHSM, AFCHSE, FAICD

## DEPUTY CEO AND EXECUTIVE DIRECTOR OPERATIONS

**John Mulder**

MBA (Monash), ASA, BHA (NSW), FCHSE, CHE

## GENERAL MANAGER SURGICAL SERVICES

**Damian Armour**

B Comm, ACA, MBA, MAICD

## EXECUTIVE DIRECTOR FINANCIAL SERVICES

**John Linke**

B Comm, FCPA, BHA, AHSFMA

## GENERAL MANAGER COMMUNITY AND MENTAL HEALTH

**Anna Fletcher**

RN, BHA, MHP, FAICD, AFCHSE, CHE

## GENERAL MANAGER MEDICAL SERVICES

**Sandy Morrison**

M Bus, BHA, AFCHSE, CHE

## EXECUTIVE DIRECTOR INFORMATION SERVICES

**Paul Cohen**

BA (Hons) Politics and Govt, HISA

## EXECUTIVE DIRECTOR HUMAN RESOURCES AND ORGANISATIONAL SAFETY

**Perry Muncaster**

## EXECUTIVE DIRECTOR NURSING

**Dr Lucy Cuddihy**

RN, RM, DN, MBA

## EXECUTIVE MEDICAL DIRECTOR AND AREA MEDICAL DIRECTOR

**Dr Max Alexander**

MBBS, FRACGP, MBA

## CLINICAL DIRECTOR COMMUNITY AND MENTAL HEALTH SERVICES

**Dr Tom Callaly**

FRANZCP, MRC Psych, MB, B Ch, B Sc, H Dip Ed, MBL

## CLINICAL DIRECTOR MEDICAL SERVICES

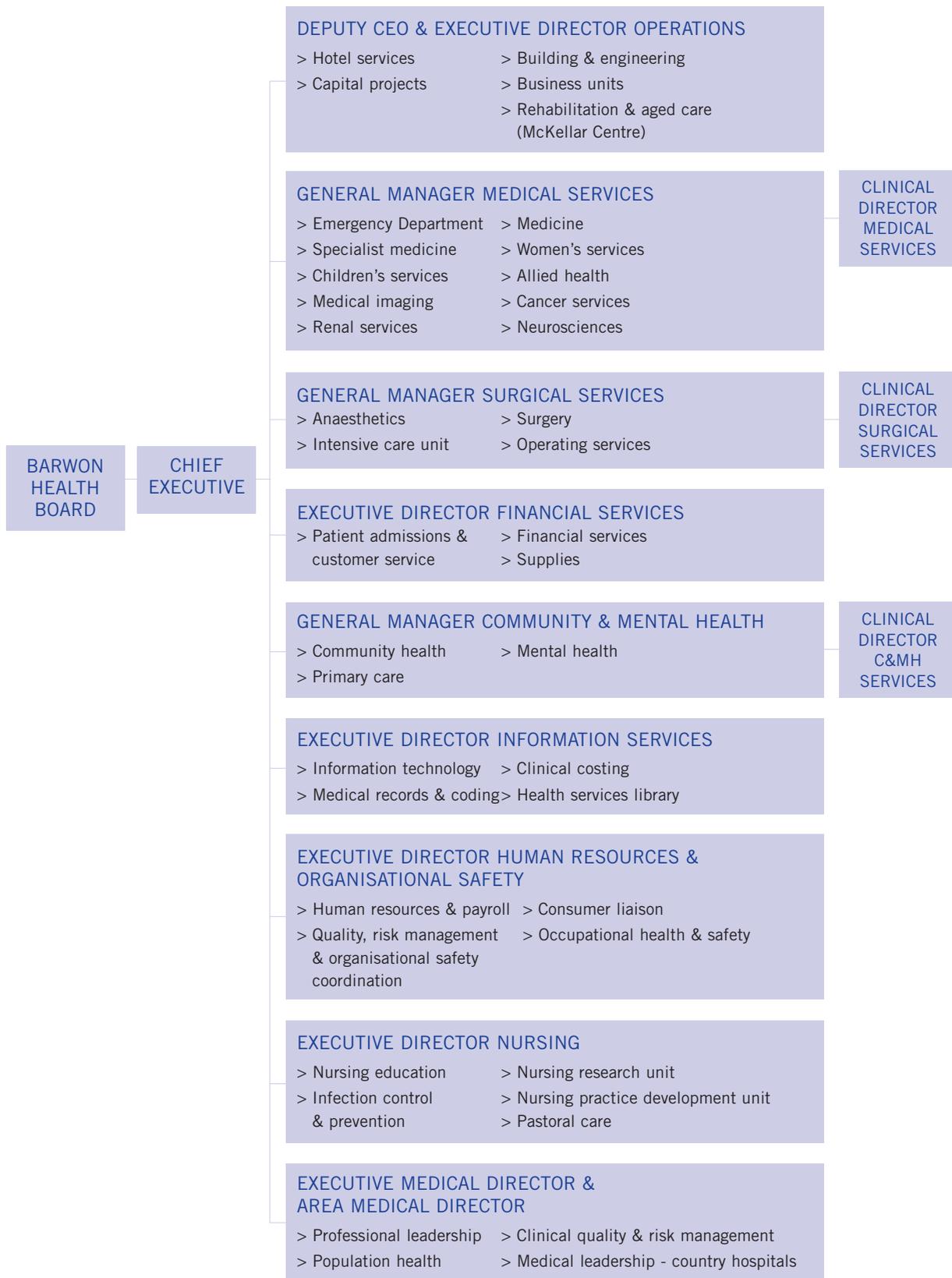
**Dr Paul Talman**

B Sc (Hons), MBBS, FRACP, PhD

## CLINICAL DIRECTOR SURGICAL SERVICES

**Dr Tony Weaver**

MBBS, FANZCA, FJFICM, FPPMANZCA, FIPP (WIP)



# BARWON HEALTH FOUNDATION



**Annmarie Faulkner**  
Executive Director



**Nicholas Carr**  
Chair

## 'ACTION AND INTERACTION'

During 2005/06, the Barwon Health Foundation continued to consolidate its role as a business unit and fundraising entity for Barwon Health. Both the Foundation Board and staff worked diligently to align the fundraising strategies to Barwon Health's health service objectives, and through specific campaigns, community partnerships, events and major appeals, has delivered financial outcomes in line with its desired performance.

During the year the Foundation announced the appointment of Alicia Peardon, to the role of Development Manager, and Gavin Siedel to the role of Business Manager. Both join the Foundation with a wealth of experience and knowledge in the not-for-profit sector, and have applied this to improving the Foundation's fundraising strategy.

The Foundation, and indeed the Geelong and Barwon Region communities, were also thrilled by the tireless attendance at events by Foundation Patron Peter Hitchener. The Nine Network News Presenter was also welcomed into the hearts of staff and patients on the many occasions he visited the Geelong Hospital and the McKellar Centre.

The Foundation proudly introduced the Our Women Our Children Appeal to raise funds for the collective women's and children's services of Barwon Health. This inaugural Appeal launched by Peter Hitchener, successfully focused on raising awareness of the health needs of women and children in the community. The Appeal also fostered successful partnerships with both Westfield Bay City and the Geelong Advertiser GT Magazine, which prompted a range of fundraising events from local community groups.

The Andrew Love Cancer Centre continued to attract support from the community from those who have either directly or indirectly used its services. We have now run a specific cancer services Appeal for the last 2 years and have met the targets set. Whilst cancer services will continue to be a focus, it will not be a specific Appeal in 2007.

The Gala Appeal continues to be the major fundraising Appeal for Barwon Health Foundation with a current focus of raising \$3.4 million for the Emergency Department over three years. The Gala Appeal has so far raised \$1.7 million over two years and the Foundation is confident that with the right support from community, business and specific events, the balance of \$1.7 million will be able to be raised in the next 12 months.

The Foundation would also like to extend its thanks to the Blue Ribbon Foundation for its outstanding support of the Gala Appeal through its event, the Gala CSI Ball, and all the ongoing support it provides. The Blue Ribbon Foundation is committed to raising funds for the Emergency Department of the Geelong Hospital.

The Foundation has also been active within Barwon Health, establishing a Team of Champions committee focusing on fundraising from staff within Barwon Health. This initiative gives staff the opportunity to identify ways in which funds and awareness can be raised on behalf of Barwon Health.

Barwon Health is grateful for the increase in the number and level of bequests received this year and sees this as an area that will continue to grow in the future. The profile that the Foundation is developing in the community through its associations and activities will enhance this as an area of giving.

In order to generate creative opportunities for people, community groups and businesses to participate with Barwon Health, the Barwon Health Foundation this year focused on engaging the community with its activities and events. Underlying this has been the establishment and management of quality relationships, which proved to be effective in encouraging the businesses, community groups and individuals to raise funds for Barwon Health. This has resulted in the Foundation continuing to keep the costs of fundraising well below the Australian Standard.



**Annmarie Faulkner**  
Executive Director



**Nicholas Carr**  
Chair

## BARWON HEALTH FOUNDATION BOARD MEMBER DETAILS

### Nicholas Carr

Managing Director  
Harwood Andrews Lawyers

### Claire Higgins

Chair - Board of Directors  
Barwon Health

### Sue De Gilio

Chief Executive  
Barwon Health

### Pat Murnane

Bendigo Bank Regional Manager  
Southern Victoria and South Australia

### Councillor Barbara Abley D.S.J (resigned)

City of Greater Geelong

### John Frame

Board Member  
Barwon Health

## BARWON HEALTH FOUNDATION BOARD MEETINGS

	July	Sept	Sept	Nov	Feb	March	April	June	% Attended
Nicholas Carr (Chair)	✓	✓	✓	A	✓	✓	✓	A	80%
Claire Higgins	✓	✓	A	✓	✓	✓	✓	✓	90%
Sue De Gilio	✓	✓		✓	✓	✓	A	✓	90%
Pat Murnane	✓	A	✓	A	✓	✓	✓	✓	80%
John Frame (Appointed Nov 05)				✓	✓	✓	✓	✓	100%
Barbara Abley (Resigned Nov 05)	✓	✓	✓	✓					100%





**TRISH KONIDARIS**  
**BELLERINE CENTRE NEW PARENT**

*What Barwon Health means to me*

*My experience with Barwon Health during the birth of my daughter, Alexandra Faye, was exceptional. The midwives who attended to my needs in the birthing unit were very caring and gave me all the support and encouragement I needed.*

**Donations received by  
the Barwon Health  
Foundation over \$300  
– received 2005/06**

**A**

All Saints Anglican Church  
Alliance Wealth Management  
Amersham Health P/L  
Australian Sewing Guild  
Asthma Foundation Victoria

**B**

Baker, H  
Baldwin, SE  
Banks, J  
Barwon Heads Golf Club  
Barwon Timber & Hardware  
Bassell  
Bauer, Mr  
Bayside Social Club  
Beckworth  
Betts, K  
Bunnings Warehouse - Corio  
Bunnings Warehouse -  
Wauron Ponds

**C**

Cancer After Care Group  
Geelong Inc  
Centrelink Call Centre Geelong  
Chamands  
Clarke, Mr & Mrs  
Clatworthy, P  
Cole, L  
Colling, T  
Costa, R  
Country Women's Association –  
Meredith  
Cumming, L

**D**

Diabaise, S  
Diabetes Victoria  
Di Hockley Memorial Charity  
Golf Day  
Dimmick, EF & W  
Dobbie, AC & DM  
Dodgshun, D  
Downey, I & J  
Drieberg, K  
Drumcondra Bowling Club Inc

**E**

Estate of Stephen Elliott  
Hawkesworth  
Estate of Oswald Charles Hearne  
Estate of Alexander Evett  
Murdoch  
Estate of Archibald Norman  
Shannon  
Estate of Emily S Shannon

**F**

Fagg, H  
Farstad  
Feetham, I

**G**

Geelong Ballroom Dance Club  
Geelong Bowling Lanes  
Geelong Carousel  
Geelong Chapter, Harley Owners  
Group  
Geelong Central Fidelity Club  
Geelong Combined Building  
Industry  
Geelong Ethnic Communities  
Council  
Geelong Football Club  
Geelong Ladies & Men's Darts  
Assoc.  
Geelong Medical Research  
Foundation  
Geelong Patchwork and  
Quilters Assoc.  
Geelong Regional Walking  
Group Inc  
George Scott Charitable Trust  
Gough, H  
Great Southern Destination  
Marketing  
Green, Mr  
G-Force Recruitment

**H**

Hall, PE  
Heartbeat Geelong  
HW Greenham & Sons  
Holiday Makers Fishing  
Competition  
Hoskens, L  
Hoskens, S  
Hutson, M

**I**

Inner Wheel Club of Geelong  
Irwin, A  
Ivory, D

**J**

Jack Brockhoff Foundation  
Jeffelan Pty Ltd  
Jenkins Peake & Co  
Johnston, Mr  
Jungle Junior

**K**

Kammerer, W  
Karczmarek, Z  
Kendall, GF

**L**

Latwon Sequence Dance Club  
Leopold Dance Club Committee  
Leopold Primary School  
Leopold Probuss Club  
Lions Club of Geelong  
Lions Club of Grovedale  
-Wauron Ponds  
Lions Club Hamlyn Heights  
Lions Club of Lara  
Lions Club of Leopold  
Lions Club of Portarlington  
-Drysdale  
Lions Club of South Barwon  
Liotta, Mr  
Lodge of the Great Ocean Road  
Lyon, WA

**M**

MacKenzie, Mrs  
Manganelli, G  
Marking, M  
Mather, DA  
Matheson, IM & ME  
McConnell, IE  
McFarlane, M  
McGill, RM  
McNeil, JH  
Medicare Corio Village  
Medicare Market Square  
Medicare Wauron Ponds  
Merck, Sharp & Dohme Aust P/L  
Moore, R  
Moylan, BF & CA  
Mt Moriac Hotel  
Munroe, Dr B

**N**

Neighbourhood Watch  
– Reg 2, Div 2

**O**

Ocean Grove Bowling Club –  
Fundraising Committee  
Ocean Grove Golf Club 'Ladies'  
Orbus Neich

**P**

Pace Secretarial  
Parmar, A & P  
Plumbers Trade Union  
Point of Care Systems  
Preston, L  
Price, GM

**Q**

Queens Park Golf Club  
Quota International

**R**

Riley, D  
Rotary Club Of Belmont  
Rotary Club of Geelong Central  
Rotary Club of Grovedale

**S**

Sail 4 Cancer  
S & S Bird Electrical  
Secen, O  
Shell Club  
Sinclair, Knight Mertz  
SLAP Committee  
South Barwon Hospital Auxiliary  
Standby Security  
Stoganoski, P

**T**

Tabak, Z  
Tannoch Brae Senior Living  
Termuo Corporation  
Tombstone Country Club  
Torquay Golf Club –  
Ladies Committee  
TSCO P/L

**U**

United Way Geelong

**V**

Veenstra, A  
Victoria Park Committee

**W**

Wallace, B  
Wasik, T  
Weatherley, R  
Westlyn Evening Fellowship  
Wilson, P  
Winiacki, M  
Wunhoven, Mr & Mrs

**Z**

Zonta Club

# SUPPORTING OUR STAFF

## APPLICATION OF MERIT AND EQUITY PRINCIPLES

Barwon Health has a policy of employing applicants with the most merit for the position and follows the Office of Public Employment Guidelines in doing so. It is an Equal Opportunity employer and has established policies and procedures in place.

## OCCUPATIONAL HEALTH AND SAFETY

Emphasis was placed on employee safety in the workplace in 2005/06 with the implementation of policies for workplace violence and aggression (client and visitor instigated), bullying and violence (staff instigated) and the provision of home based care (physical and environmental safety). Training and information sessions were implemented to support the policies. In addition, the ongoing promotion and training in support of the "no-lift" policy continues to reduce the severity of manual handling injuries.

Implementation of the first round of recommended changes from the 2005 Security Review were completed with significant upgrades of security alarm systems, monitoring equipment and a complete audit of the management and allocation of keys. In compliance with changes to the *Occupational Health & Safety Act 2004*, a comprehensive training program for all OH&S Representatives was provided during 2005/06.

## WORKCOVER CLAIMS

While there was a slight increase in assessable WorkCover claims from 45 in 2004/05 to 47 in 2005/06, Barwon Health has improved the WorkCover premium rate to 69% of the industry rate compared with 76% in 2004/05.

## RISK MANAGEMENT

The Board has set clinical and corporate governance at the centre of its operations and has invested in the resources required to ensure that best practice is assimilated throughout its activities. Barwon Health has identified an Executive Director to lead on all risk related matters and has reviewed its risk management capacity and developed an assurance framework to reflect all areas of organisational activity. The risk management system is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives.

### The Risk Management Framework

The risk management strategy provides Barwon Health with a uniform approach to the identification, rating and treatment of risk (in all areas of its activity), through the application of an organisational wide risk register and standardised risk-rating matrix.

The balanced score card (key performance indicators) reflects Barwon Health's key operational risks and levels of tolerance in regard to management performance. Risks are also identified from a range of sources including, but not limited to, executive planning days, incident reporting, consumer feedback and external audit recommendations.

Barwon Health has put in place management and committee structures that ensure all aspects of risks are efficiently and effectively managed across all areas of service. This robust framework provides the Board with a summary of those key risks that have the potential to prevent the organisation from achieving its corporate objectives. Regular review of performance indicators, risk register reports and risk reduction action plans provides assurance that the organisation's risk exposure is known and being managed. This framework is reviewed regularly by Executive and Non Executive Directors.

### WorkCover claims

	2005/06	2004/05	2003/04
WorkCover premium	\$2.2m	\$2.2m	\$1.9m
Total claims cost (inc actuarial)	\$4.5m	\$4.7m	\$6.3m
Premium sensitive remuneration	\$199m	\$187.5m	\$172m
Barwon Health premium rate	1.12%	1.02%	1.33%
Health industry premium rate	1.63%	1.49%	1.49%

### Risk Management Committees

The Board has been actively engaged in the oversight of risk management systems throughout the organisation. It receives regular reports from its standing committees. The Audit Committee ensures that the organisation's financial systems are systematically monitored to identify potential risks relating to fraud and corporate risk. The Quality and Clinical Risk Management Committee monitors all areas of clinical safety and compliance with national quality standards.

### Registered Risks

There were fifty-three new risk registered for 2005/06. Of these, ten were governance risks, eleven were business and thirty-two were clinical risks. This represents a 35% reduction in the number of risks registered for the previous financial year.

### Registered risks 2005/06

Risk Type	Total	Open	Closed	% Total Risk
Governance	10	2	8	19%
Business	11	4	7	21%
Clinical	32	15	17	60%
Total	53	21	32	

### Registered risks by financial year

Risk Type	2004/05	2005/06
Governance	13	10
Business	40	11
Clinical	29	32
Total	82	53

# RECOGNISING OUR STAFF

## VALE – JOANNE WALTERS

Joanne Walters, Manager of Regional Programs died in a car accident on 20 July 2005 returning to Geelong from a meeting in Camperdown. Barwon Health celebrated a wonderful life and deeply felt this tragic loss.

## ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS (FRACP)

Five medical registrars sat clinical exams for fellowship in the Royal Australasian College of Physicians. Tina Noustsos, Thomas Kraemar, Carolyn Clarke, Tim Walker and Alistair Miller all passed, the first time Barwon Health has had a 100% pass rate for physician training.

## AUSTRALIAN PODIATRY AWARD

Lisa Edwards, Podiatrist at McKellar Centre was awarded the prestigious Australian Podiatry Association Award for Clinical Excellence. This award is presented to the final year student at Latrobe University School of Podiatry who demonstrated the most outstanding clinical skills.

## VICTORIAN HEALTHCARE AWARD

Assoc Prof John Agar and his team won the Victorian Healthcare Award, Category: "Innovation in Models of Care" for the Barwon Health Nocturnal Dialysis Program. The Barwon Health Renal Unit has pioneered, developed protocols, publicised and led a national 'revolution' in dialysis management - nocturnal home haemodialysis.

## FRANZCR RESULTS

Dr Yuan Ling passed part 1 FRANZCR exams. Dr John Eng passed part 2 FRANZCR exams, being the first Barwon Health Registrar in Medical Imaging to do so.

## NURSING AWARDS

Heather Hart, Pamela Jones and Trish Streitberger received commendations for nursing excellence in improving the patient/client experience for their work in Diabetes Education.

## OCCUPATIONAL THERAPY AWARD

The Barwon Health Occupational Therapy Award formally recognises an OT who has made a significant contribution to their profession. There were 12 nominations and the 2005 winner was Kate Sherwell.

## NATIONAL COMMENDATION FOR BRAVERY

Jodie Bourke RN Div 1 ED and Jerome Matters Nursing Attendant ED were given national commendations for bravery for helping to disarm a woman wielding a knife in the hospital's Emergency Department in November 2004.

## VALE – DR JOHN KIFFER

Dr John Kiffer, a senior Radiation Oncologist died from cancer on 1 March 2006. John was one of our senior Radiation Oncologists who had given tremendous service to Barwon Health and to the people of the region over many years. He was very much respected and his untimely passing is deeply felt.

## CHAMBER OF COMMERCE

CEO, Sue De Gilio has been elected President of the Geelong Chamber of Commerce.

## FELLOW OF ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS (FRACP) RESULTS

Barwon Health had five successful candidates in the FRACP written examinations: Chris Hair, Kimberly Cukier, Katherine Kibby, Talib Tahir and Haji Kareem. Congratulations to all and special thanks to Assoc Prof Peter Gates for his support of these candidates.

## DVA GOLD CARD PROGRAM – AWARD TO VETERANS' LIAISON OFFICER

Barwon Health's Veterans' Liaison Officer, Stephen Hartle, was presented with a plaque by the Vietnam Veterans' Federation in Geelong acknowledging "his continual compassion and support to all Veterans and their families". Stephen's dedication to the Veteran community in Geelong is untiring and Barwon Health appreciates the high standard he has maintained in serving this program.

## LESLIE OLIVER DOWNER NURSING EXCELLENCE AWARD

Libby Ellis was the recipient of this year's Award in recognition of her contribution to improving patient care in her role as the first Emergency Nurse Practitioner at Barwon Health.

## RESIGNATION, DIRECTOR OF BMI

Dr Colin Styles tendered his resignation as Director of BMI, effective 7 July 2006, to take up an appointment at Peter MacCallum Cancer Centre as their Director of Radiology. This comes after 16 years of dedicated and loyal service from which BMI, Barwon Health and the broader community have greatly benefited.

## REHABILITATION QUALITY PRIZE

Sharon Hakkennes' project on an evidenced based strength-training program won the Rehabilitation Quality prize for 2005. Sharon will also present at the upcoming national Neurology Physiotherapy conference to be held in Melbourne.

## CLINICAL STUDIES

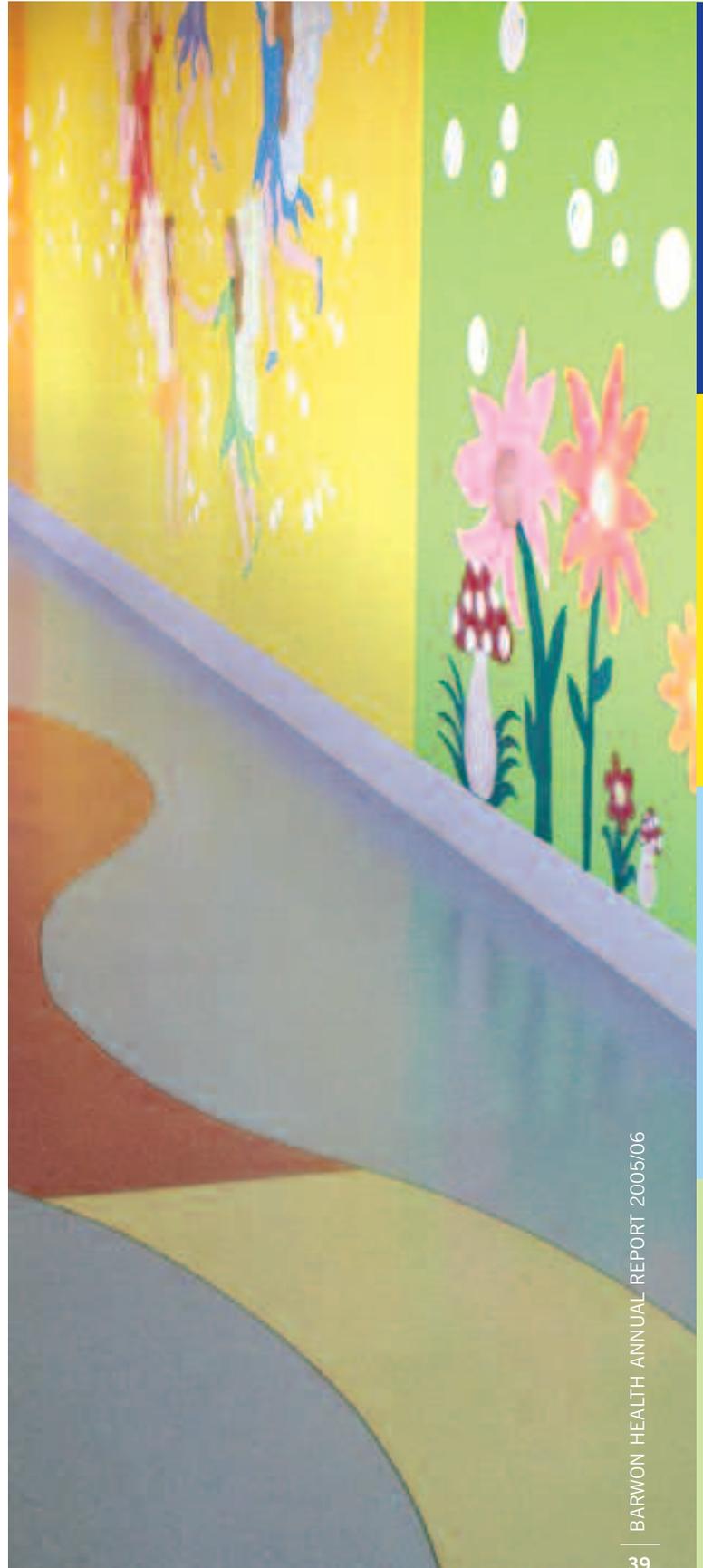
The HERA Study of Herceptin in the adjuvant treatment of high risk HER-2 positive breast cancer was published in the New England Journal of Medicine on 20 October 2005. This study, together with the combined analysis of the two US companion studies, has changed the treatment paradigm for this setting. A/Prof Richard Bell led the Asia Pacific investigators who accrued 12% of the 5092 patients. He also served on the Study Executive and Steering Committee and was an author of the New England Journal paper.

## PHARMACY REGISTRATION EXAMS

After 12 months of pre-registration training, five pharmacy students passed their registration exams in November 2005. Congratulations to pre-registrant Nick Salkeld who was awarded the Pharmaceutical Society of Australia prize for the best pre-registration student in Victoria.

## PAIN FELLOWSHIP

Dr Michael Vagg was the first formal trainee to pass his Pain Fellowship to add to his Rehabilitation Degree. Michael has now joined the four other Pain Medicine Specialists, Drs Melissa Viney, Diarmuid McCoy, Andrew Muir and Tony Weaver in the provision of consultative services.



# BARWON HEALTH ANNUAL QUALITY AND RISK MANAGEMENT AWARDS

Nominations were considered using the principles of customer focus, safety, leadership, continuous improvement, evidence of outcomes (particularly measurable outcomes), striving for best practice, quality of life, interdisciplinary teamwork, spread and sustainability.

Twenty-five projects were nominated for this year's awards. There were eight "Award" winners, nine "Commendation" and three "Special Achievement" certificates awarded. The Selection Panel comprised of: Maree Markus, Dr Max Alexander, Dr Lucy Cuddihy, Perry Muncaster, Pam Dolley, Jo Bourke, Gayle Dougherty, Rebecca Smith and Mary Hyland.

*Congratulations to all 2006 Annual Quality and Risk Management award recipients.*

## AWARD WINNERS

### **Barwon Health Liverpool Care Pathway for the Dying – pilot project**

The Barwon Health Palliative Care Practice Improvement Group identified the palliative care pathway as a key priority for revision and development. In July 2004 the Regional Palliative Care Program reviewed the book *Care of the dying: a pathway to excellence* (Ellershaw & Wilkinson 2003).

A decision was made to implement the Liverpool Care Pathway pilot project. Practitioners from community and inpatient palliative care sectors met to discuss the opportunities for implementation across Barwon Health. It was recognised that the pathway would empower staff to deliver optimal care within an evidence-based framework, by incorporating outcome measures and variance analysis, which support improvements in the quality of end of life care. An application to become a Collaborating Centre with the United Kingdom was forwarded and a project plan written.

A comparison of retrospective medical records with completed pathways has demonstrated improvements in end of life care for patients and carers. Staff enthusiasm continues to drive the project forward.

### **Respecting Patient Choices**

Respecting Patient Choices addresses a gap in the current health care system that is often overlooked in a culture of advanced medical technology. It is a quality initiative embracing the ethical principles of patient autonomy, consent, dignity and the prevention of suffering. Without clear documentation of the patient's wishes, the legal and ethical constraints on health institutions often results in employing aggressive life support measures or medical interventions for patients, who may have chosen otherwise, had they been given the opportunity prior to a crisis occurring. Through the Advanced Care Plan process of understanding, reflection and discussion of goals and values, a plan for treatment and end of life is formulated, allowing patient preferences to be respected and followed in a thoughtful way.

Patients and their families have expressed a feeling of great relief that they have a say over their treatment and end of life care. For those patients who have died with an Advanced Care Plan in place, the change of focus from treatment to comfort measures have been less burdensome for the treating physicians, families and patients alike.

### **Shades**

MindlinX Primary Mental Health Team developed this cognitive-behavioural therapy based group program for the treatment of anxiety and depression. It is conducted for two hours weekly over eight weeks. Referrals come via general practitioners or health care workers. Written feedback on assessment and completion of the course is provided to the referrer. Psychometric measures are collected throughout the course and followed on two years post completion.

After 18 months, ten SHADES programs are now running yearly across Barwon Health sites. Responding to requests from program graduates, a longer-term maintenance group has been established and meets every six weeks for cognitive behavioural therapy skills refreshers.

The group has proven very successful, with demand exceeding supply. Participants gain relief from often longstanding symptoms and lead happier, more productive lives. Improvement is maintained on follow up. Many other services in the region are now keen to run their own SHADES courses and are training facilitators.

### **Bombs, Bushfires and Big Bingles**

Community and Government expectations are that hospitals are well prepared to deal with disasters. That is, a system of preparedness needs to be in place every day. A widely acknowledged aspect of this preparedness is hospital-wide staff education. It was identified that an instructional video would be a relatively inexpensive, convenient and effective option.

A simulated mass casualty incident was conducted in Geelong, Victoria, in October 2004. The incident was scripted by local State Emergency Service officers and involved the simulation of a train accident at North Geelong in which 45 people were injured. The "patients" were taken to the Emergency Department where they were triaged and received mock treatment. Footage obtained during the simulation formed the basis for a 15-minute instructional video on external disaster management. The video is entitled "Bombs, Bushfires and Big Bingles - are you ready for the next big one?"

A comparison of the results from pre-video and post-video surveys has shown this instructional video is very effective in raising the profile of disaster preparedness amongst Geelong Hospital registrars. Group viewings were particularly effective in stimulating independent thought and discussion. It provided the additional benefit of raising the profile of disaster preparedness hospital wide.

### **Pharmacist-Initiated Electronic Discharge Prescribing for Cardiology Patients**

A cardiology project team comprising doctors, nurses and pharmacists developed a new approach enabling a more efficient and timely way to discharge patients.

As a result of the project, cardiology patients are both happy with their standard of care and their timely discharge. In the past patients were waiting to have their discharge medications arranged prior to going. The new system where the pharmacist does the prescribing allows for early dispensing of the discharge drugs.

Patients can have confidence in the system as the pharmacist is an experienced cardiology pharmacist who prescribes according to agreed evidence-based guidelines. Each patient's script is checked with the doctor and the pharmacist discusses the drugs and any changes with the patient.

The outcome of the trial was a two-hour reduction from the time the decision is made to send the patient home to the patient receiving their drugs. Patients are now discharged before 2.00pm. The accuracy of prescribing by the pharmacist was measured against the guidelines and found to be excellent. The results are so pleasing that there is support for this pharmacist role occurring in other areas of the hospital such as the stroke unit.

### **Access to General Surgery Outpatient Clinics**

In early 2005 Outpatients at Geelong Hospital received approximately 400 referrals per month for appointments in surgical specialty clinics such as orthopaedics, plastic surgery and general surgery. The waiting time to be seen in the general surgery clinics had extended to well beyond 30 days for urgent new patients and up to 16 months for non-urgent new patients. This presented an opportunity for us to make some improvements in waiting times and in patient outcomes.

In public hospitals, patients usually have to wait for procedures or surgery after their initial outpatients appointment. We decided that it was safer for patients to 'be seen and wait, rather than wait to be seen'. A project was commenced to ensure that our general surgical patients would be seen quickly in Outpatients and assessed prior to waiting for surgery.

Within four months of starting the project, we were able to see all of our new urgent patients within four weeks and our non-urgent patients within three months. As a result of the new clinic model, we have improved the Outpatients experience for patients and staff alike. Doctors now have more time to spend with new patients, nurses have increased responsibilities and patients are seen more quickly.

### **Colorectal Audit Improves Outcomes**

Colorectal audit was established in 2003, which collected data retrospectively to the commencement of 2002 and this has been prospective from the end of 2003 onwards.

Results have been fed back to the General Surgical group and currently over 600 patients are included in the database. Mortality fell from 7.41 per cent to 2.15 per cent and anastomotic leak rates halved. In the past 12 months, the anastomotic leak rate has dropped to 3.77 per cent for all patients. The introduction of the surgical audit has led to significantly improved colorectal outcomes.

### **When enough is enough**

The Geelong Hospital's Intensive Care Unit is providing innovative training program to hospital medical officers to assist them to communicate well when they are faced with major life threatening illnesses in patients reaching the end of their lives.

The training program offered by Barwon Health teaches doctors a simple approach that encourages the patient (with their relatives) to express their wishes. By better understanding the patient's wishes the doctor is more able to make a thoughtful treatment recommendation that will hopefully reflect the patient's best interest.

This innovative course uses local actors who come into the hospital and take on the patient role in a number of difficult medical scenarios.

### **Commendations for Quality and Risk Management awarded to:**

- > Chronic Condition Self-Management in Community Health Model
- > Introduction to Respite
- > Young carers "at risk" program
- > My World through Art
- > No Falls Exercise Program
- > Virtual Mobility Program
- > Post Stroke Gym Group
- > The Back to Fitness Program
- > Promoting health and women-centred care in the acute setting: A partnership approach

### **Special Achievements for Quality and Risk Management awarded to:**

- > Consumables Outsourcing
- > Management of Chronic Pain Patients
- > SLIC – The Geelong ICU Clinical Information System

# LIST OF SERVICES

Service	Location	Program
Aboriginal Health	Geelong Hospital Kardinia House, Level 2	Corporate Services
Admission Risk Team	Barwon Health Newcomb - annexe	Community & Mental Health
Aged Care Assessment Service	McKellar Centre	Medical Services
Aids & Equipment Program	McKellar Centre	Medical Services
Anaesthetics	Geelong Hospital Central Core Level 4	Surgical Services
Apheresis Services	Geelong Hospital – Andrew Love Cancer Centre	Medical Services
Audiology	Geelong Hospital Heath Wing Level 2	Medical Services
Birthing Suite	Geelong Hospital Bellerine Centre Level 4	Medical Services
Bone Bank	Geelong Hospital Douglas Hocking Wing Level 4	Corporate Services
Cancer Services	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Cardiac Rehabilitation	Geelong Hospital Bellerine Centre Level 5	Medical Services
Cardiac Services	Geelong Hospital Kardinia House Level 4	Medical Services
Cardiothoracic Unit	Geelong Hospital Kardinia House Level 4	Surgical Services
Carer Respite and Carelink Services	Barwon Health Newcomb and Warrnambool	Community & Mental Health
Central Sterilizing Unit	Geelong Hospital South Wing Level 5	Surgical Services
Chemical Dependency Unit - Antenatal & Postnatal	Geelong Hospital Bellerine Centre, Level 4	Medical Services
Chronic Heart Failure & COPD Disease Mgt Service (HARP)	Barwon Health, Church Street	Community & Mental Health
Chronic and Complex Case Management (HARP)	Barwon Health, Church Street	Community & Mental Health
Clinical Health Psychology	McKellar Centre	Medical Services
Clinical Nursing Reseach Unit	Douglas Hocking Research Institute, Level 4	Corporate Services
Community Health Centres	See Primary Care	Community & Mental Health
Continence Management (incl Children, Adults & Disabled)	Barwon Health Newcomb (McKellar Centre from Aug 06)	Community Health
Continence Service	Belmont Community Rehabilitation Service 120 Settlement Rd Belmont	Medical Services
Cord Blood Bank	Geelong Hospital - Douglas Hocking Research Institute Level 4	Corporate Services
Day Program Centre	Barwon Health Surf Coast – Torquay & Anglesea	Community & Mental Health
Day Program Centre	Belmont Day Centre, 120 Settlement Rd Belmont	Community & Mental Health
Day Program Centre	Dorothy Thompson Day Centre, 2 Wendover Ave., Norlane	Community & Mental Health
Day Surgery Centre	Geelong Hospital Gretta Volum Centre, Bellerine Street	Surgical Services
Dementia Specific High Level Care	McKellar Centre	Medical Services
Dental Services	Barwon Health Corio Barwon Health Newcomb Barwon Health Belmont	Community & Mental Health
Diabetes Referral Centre	Geelong Hospital Bellerine Centre Level 3	Medical Services
Diabetes Research	Geelong Hospital Myers House, Cnr Bellerine & Myers Street	Corporate Services
Dietetics	Geelong Hospital Heath Wing Level 2	Medical Services
Dietetics	McKellar Centre	Medical Services



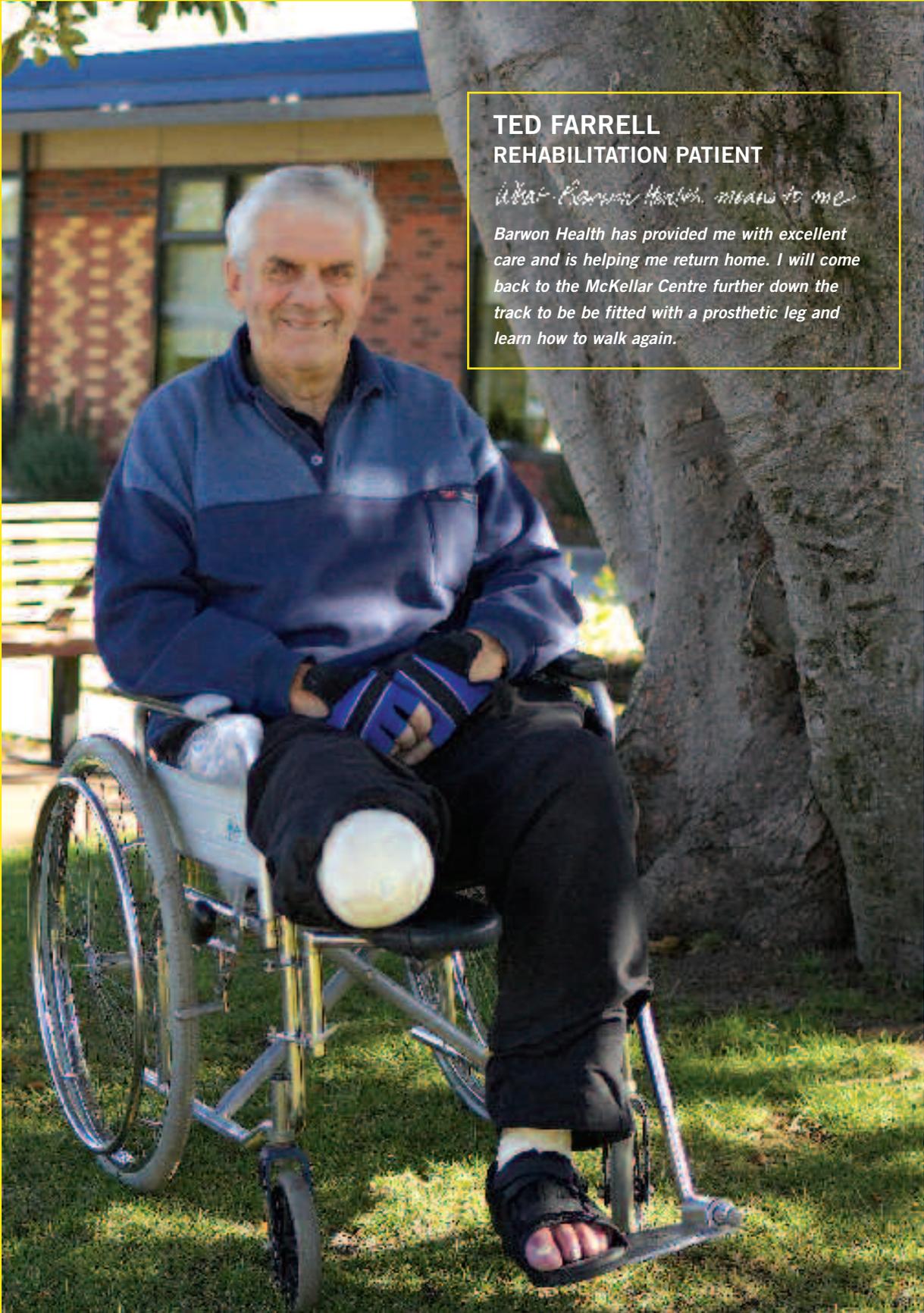
**PETER DALTON**  
**STROKE SERVICES PATIENT**

*What Barwon Health means to me*

*Barwon Health has been marvellous to me. I really appreciate how the staff worked as a team to diagnose that I had suffered a stroke. The treatment I have received has been great and I am now well on the road to recovery.*

Service	Location	Program
District Nursing (incl Midwifery, Hospital in the Home, Palliative Care)	Barwon Health Corio Barwon Health Belmont Barwon Health Newcomb	Community & Mental Health
Domiciliary Midwifery Service	Geelong Hospital Bellerine Centre Level 6	Medical Services
Drug Treatment Services (including Pharmacotherapy Clinic, Dual Diagnosis and Needle & Syringe Exchange and outreach)	Barwon Health, 228 Pakington Street, Geelong West	Community & Mental Health
Ear, Nose & Throat Surgery	Geelong Hospital	Surgical Services
Early Intervention in Chronic Disease Team	Barwon Health Corio	Community & Mental Health
Early Parenting Day Stay	Corio Village Centre	Medical Services
Emergency Dept	Geelong Hospital Heath Wing Level 1	Medical Services
Endocrinology	Geelong Hospital Myers House Cnr Bellerine & Myers Streets	Medical Services
Ethnic Services	Geelong Hospital Bellerine Centre Level 3	Corporate Services
Ethnic Services	McKellar Centre	Corporate Services
Falls & Mobility Service	McKellar Centre	Medical Services
Family Planning	Barwon Health Corio Barwon Health Newcomb	Community & Mental Health
Family Planning	Geelong Hospital Bellerine Centre Level 3	Medical Services
Gastroenterology	Geelong Hospital	Medical Services
General Medicine	Geelong Hospital	Medical Services
General Surgery	Geelong Hospital	Surgical Services
Genetic Clinic	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Geriatric Evaluation and Management (GEM) • Inpatient • In the Home	McKellar Centre	Medical Services
Geriatric Medicine	McKellar Centre	Medical Services
Gynaecology Services	Geelong Hospital Bellerine Centre Level 6	Medical Services
Health Promotion & Community Development	Barwon Health Corio	Community & Mental Health
Health Promotion & Community Development	Barwon Health Newcomb	Community & Mental Health
Health Promotion & Community Development	Barwon Health Surf Coast	Community & Mental Health
Health Promotion & Community Development	Barwon Health Belmont	Community & Mental Health
Home and Community Care (HACC) Regional Training Service	Barwon Health Newcomb	Community & Mental Health
Home Referral Service (incl Hospital in the Home and Post Acute Care)	Geelong Hospital Eastern Annex	Community & Mental Health
Hydrotherapy	McKellar Centre	Medical Services
Immunisation	Barwon Health East Geelong Barwon Health Corio Barwon Health Newcomb	Community & Mental Health
Infection Control	Geelong Hospital Central Core Level 6	
McKellar Centre	Corporate Services	
Infection Control	McKellar Centre	Corporate Services
Infectious Diseases	Geelong Hospital	Corporate Services
Intensive Care Unit	Geelong Hospital Birdsey Wing Level 4	Surgical Services
Liver Clinic	Geelong Hospital Bellerine Centre Level 3	Corporate Services
Lymphoedema Service	Andrew Love Cancer Service	Medical Services

Service	Location	Program
Maternity Day Assessment Unit	Geelong Hospital Bellerine Centre Level 4	Medical Services
Medical Imaging	Geelong Hospital Heath Wing Level 1	Medical Services
Medical Imaging	Geelong Private Hospital	Medical Services
Medical Imaging	McKellar Centre	Medical Services
Memory Clinic	McKellar Centre	Medical Services
Mental Health • 24 bed acute psychiatric facility	Geelong Hospital Swanston Centre – Cnr Swanston & Myers Streets	Community & Mental Health
Mental Health • Aged Psychiatry Team	Geelong Hospital Swanston Centre – Cnr Swanston & Myers Sts, Geelong	Community & Mental Health
Mental Health • 30 bed Aged Care Residential Psychiatric Facility	McKellar Centre Hilary Blakiston House	Community & Mental Health
Mental Health • Adult Community Rehabilitation Residential Facility	Community Rehabilitation Facility, 58 Barwon Heads Road, Belmont	Community & Mental Health
Mental Health • Children's Mental Health Team	Barwon Health Belmont	Community & Mental Health
Mental Health • Adult Community Mental Health Teams	Barwon Health Belmont Barwon Health Corio Barwon Health Newcomb Barwon Health Surfcoast – Torquay Barwon Health Colac, 13 Dennis St, Colac	Community & Mental Health
Mental Health • Children of Parents with a Mental Illness	Glastonbury Child & Family Services, Geelong	Community & Mental Health
Mental Health • Court Liaison	Geelong Magistrate's Court	Community & Mental Health
Mental Health • Early Intervention Service	Early Intervention Service psychiatrists & Clinicians are located at the following Mental Health Teams: • West Geelong • Colac • Bellarine • Surfcoast • Corio • Pathways, West Geelong	Community & Mental Health
Mental Health • Homeless Outreach Psychiatric Services	Barwon Health West Geelong	Community & Mental Health
Mental Health • Jigsaw Young Person's Health Service	Corio Village Shopping Centre, Corio	Community & Mental Health
Mental Health • Primary Mental Health Team	Barwon Health West Geelong	Community & Mental Health
Mental Health • Triage and Consultation Liaison	Geelong Hospital	Community & Mental Health
Midwifery Service – Koori	Geelong Hospital Bellerine Centre Level 4	Medical Services
Midwives - Community	Corio Community Health Service	Medical Services
Mortuary Services	Geelong Hospital Douglas Hocking Wing	Corporate Services
Neurological Services	Geelong Hospital	Medical Services
Neuropsychology	McKellar Centre	Medical Services
Neurosurgery (Outpatients only)	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Nursing Education Unit	Geelong Hospital, Kitchener House	Corporate Services



**TED FARRELL**  
**REHABILITATION PATIENT**

*What Barwon Health means to me*

*Barwon Health has provided me with excellent care and is helping me return home. I will come back to the McKellar Centre further down the track to be fitted with a prosthetic leg and learn how to walk again.*

Service	Location	Program
Obstetrics Services	Geelong Hospital Bellerine Centre Level 4	Medical Services
Occupational Therapy	Geelong Hospital Heath Wing Level 2	Medical Services
Occupational Therapy	McKellar Centre	Medical Services
Oncology/Haematology	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Operating Services	Geelong Hospital South Wing Level 4	Surgical Services
Ophthalmology	Geelong Hospital	Surgical Services
Oral/Maxillofacial Surgery	Geelong Hospital	Surgical Services
Orthopaedic Surgery	Geelong Hospital	Surgical Services
Orthotics	Geelong Hospital South Wing Level 2	Surgical Services
Outpatients Department	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Paediatric & Adolescent Support Service	Barwon Health East Geelong	Community & Mental Health
Paediatric Bereavement Programme	Geelong Hospital	Medical Services
Paediatric Home & Community Care	Geelong Hospital	Medical Services
Paediatric Services	Geelong Hospital Heath Wing Level 3	Medical Services
Paediatric Specialist Clinics	Geelong Hospital – Clinic Rooms Heath Wing 3	Medical Services
Paediatric Surgery	Geelong Hospital	Surgical Services
Pain Management	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Palliative Care • Inpatient	McKellar Centre	Medical Services
Palliative Care – Home	Barwon Health Corio Barwon Health Newcomb Barwon Health Belmont	Community & Mental Health
Palliative Care – Sub-Regional Consultancy Service	Barwon Health Belmont	Community & Mental Health
Parenting Program – Young Approach	Geelong Hospital Bellerine Centre Level 4	Medical Services
Pastoral Care	Geelong Hospital Ryrie Centre Level 3	Corporate Services
Pathology Services	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Perioperative Service	Geelong Hospital South Wing Level 4	Surgical Services
Pharmacy Services	McKellar Centre	Medical Services
Pharmacy Services	Geelong Hospital Bellerine Centre Level 3	Medical Services
Physiotherapy	McKellar Centre	Medical Services
Physiotherapy	Geelong Hospital Heath Wing Level 2	Medical Services
Plastic Surgery	Geelong Hospital	Surgical Services
Podiatry	Geelong Hospital Heath Wing Level 2	Medical Services
Podiatry	McKellar Centre	Medical Services
Post Acute Care	Geelong Hospital Kardinia 2 North	Community & Mental Health
Postnatal & Gynae Services	Geelong Hospital Bellerine Level 6	Medical Services
Postnatal Depression Service	Geelong Hospital Bellerine Centre Level 3	Medical Services
Pregnancy Risk Assessment	Geelong Hospital Bellerine Centre Level 3	Medical Services
Pregnancy Care Clinic	Geelong Hospital Bellerine Level 3	Medical Services
Primary Care Teams – incl Nursing, Physio, Occ Ther, Podiatry, Counselling, Social Work, Psychology, Nutrition, Speech Path,	Barwon Health Surfcoast – Torquay & Anglesea Barwon Health Newcomb Barwon Health Corio Barwon Health Belmont	Community & Mental Health
Prosthetics & orthotics	McKellar Centre	Corporate Services
Radiation Therapy	Geelong Hospital Andrew Love Cancer Centre	Medical Services

Service	Location	Program
Rehabilitation • Inpatient	McKellar Centre	Medical Services
Rehabilitation • Outpatient	McKellar Centre Rehabilitation Centre	Medical Services
Rehabilitation • Outpatient	Belmont Community Rehabilitation Centre, 120 Settlement Road, Belmont	Medical Services
Rehabilitation • Home Based Program	McKellar Centre	Medical Services
Renal Services	Rotary House Cnr Swanston & Ryrie Streets	Medical Services
Renal Services	Geelong Hospital Kardinia House Levels 2&3	Medical Services
Renal Services	42 Lt Fyans Street, Geelong	Medical Services
Renal Services – Satellite Dialysis	104 Bellarine Highway, Newcomb	Medical Services
Residential Aged Care Nursing Care – low level	McKellar Centre – Hostels	Medical Services
Residential Aged Care Nursing care – high level	McKellar Centre	Medical Services
Residential Aged Care Nursing Care – high level	John Robb House Colac Grove, Belmont	Medical Services
Residential Aged Care Nursing Care – high level	Peter Street Nursing Home, Peter Street, Grovedale	Medical Services
Respiratory Function	Geelong Hospital Kardinia House Level 2	Medical Services
Respiratory Medicine	Geelong Hospital	Medical Services
Respite Care	McKellar Centre	Community & Mental Health
Rheumatology	Geelong Hospital	Medical Services
Rickettsial Reference Laboratory	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Sexual Health Clinic	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Social Work	McKellar Centre	Medical Services
Social Work Dept	Geelong Hospital Kardinia House Level 2	Medical Services
Special Care Nurser	Geelong Hospital Bellerine Centre	Medical Services
Speech Pathology	Geelong Hospital Heath Wing Level 2	Medical Services
Speech Pathology	McKellar Centre	Medical Services
Staffcare Clinic	Geelong Hospital Ryrie Centre Level 3	Corporate Services
Staffcare Clinic	McKellar Centre	Corporate Services
Stem Cell Laboratory	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Stemcell Service	Andrew Love Cancer Service	Medical Services
Stomal Therapy/Breast Cancer Support Service	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Urology	Geelong Hospital	Surgical Services
Vascular & Endovascular Surgery	Geelong Hospital	Surgical Services
Veterans Services	Geelong Hospital Bellerine Centre Level 4	Corporate Services
Women's Health Sub-Regional	Barwon Health Belmont	Community & Mental Health
Youth Counselling & Support	Barwon Health Central	Community & Mental Health
Youth Drug Treatment	Barwon Health Central	Community & Mental Health
Youth Mental Health	Barwon Health Central	Community & Mental Health

# SENIOR STAFF LIST

This list is of Barwon Health senior staff employed by the organisation as at 30 June 2006.

## EXECUTIVE TEAM

### Chief Executive

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

### Deputy CEO and Executive Director Operations

J Mulder, MBA (Monash), ASA, BHA (NSW), FCHSE, CHE, MAICD

### Executive Medical Director

M Alexander, MBBS, FRACGP, MBA

### Executive Director Nursing

L Cuddihy, DN, RN, RM, MBA

### Executive Director Financial Services

J Linke, B Comm, FCPA, BHA, AHSFMA

### Executive Director Human Resources and Organisational Safety

P Muncaster

### Executive Director Information Services

P Cohen, BA (Hons)

### General Manager Community and Mental Health

A Fletcher, RN, BHA, MHP, FAICD, AFCHSE, CHE

### General Manager Medical Services

A Morrison, M Bus, BHA, AFCHSE, CHE

### General Manager Surgical Services

D Armour, B Comm, ACA, MBA, MAICD

## CORPORATE SERVICES

### Executive Officer

D Curwood

### Public Relations Officer

A Bavin, BA, B Bus (Marketing)

## BARWON HEALTH FOUNDATION

### Executive Director

A Faulkner, Postgraduate Diploma Management (MBS), B Ed, Dip Ed (Melb)

## OPERATIONS

### Director Building and Engineering

J Bowler, AG Inst (Mech Eng), MIE (Aust), MIHEA, CP Eng, Reg. (Mechanical), Reg. Build Pract (Commercial Builder – Unlimited; Mechanical Engineer); Member of College of Mechanical Engineers of IE Aust

### Manager Clinical Engineering and Communications

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

### Manager Food Services

B Daniels, B Bus (CHM), B Bus (Acc), IHC

### Manager Environmental Services

A Sharp

### Manager Volunteer Services

N Hulme, AAVA

### Linencare Manager

G Nimmo

## FINANCIAL SERVICES

### Manager Financial Information & Systems

G Gray, CPA

### Finance Manager

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

### Manager Financial Accounting

M Toulmin, B Comm, CPA

### Supply Manager

N Daffy

### Manager Customer Services

B Jobling, BA, Grad Dip Business Management

### Contracts Manager

T Lane, BA (Hons)

## HUMAN RESOURCE SERVICES

### Occupational Health & Safety Manager

N Tonkin

### Occupational Health Physician

R Gasser, MD

### Payroll and Benefits Manager

D Armstrong

## QUALITY AND RISK MANAGEMENT

### Quality Manager

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

### Risk Manager

J Bourke, RN, HDN, GDCM

### Consumer Engagement Manager

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

## INFORMATION SERVICES

### Infrastructure and Technology Services Manager

F Emanuele, BSc (Hons), MBA

### Manager Health Information Services

J Trethowan, BHIM, GCHI, HIMMA

### Chief Librarian

S Due, BA (Hons) Grad Dip Lib

### PACS Project Manager

T Conway

## MEDICAL STAFF GROUP

### Chairman

N Munro, MBBS, DO (Lond), FRACS, FRANZCO, FRC Opth (UK)

### Secretary

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

### Treasurer

A Hughes, MBBS, FRACP (Infec Dis)

## MEDICAL EDUCATION AND TRAINING

### Director Medical Education and Training

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

## HOSPITAL MEDICAL OFFICERS:

### Registrars

M Abdullah

N Africa

A Al-Amin

S Al-Daher

M Anderson-Hunt

W Au

M Baker

R Bauer

J Beer

J Beltz

L Berkeley

K Bertram

C Bishop

L Borland

R Brachold

L Broad

D Brouwer

N Brown

F Busch

M Cahue-Urrutia

B Carne

C Cattigan

H Chan

C Chang

C Chia

Y Chow

C Clark

C Coates

B Coleman

T Connolly

M Conroy

M Cooney

D Crosbie

K Cukier

B Dagge

P De Cruz

D Deshmukh

B Devitt

B Freeman

P Georgius

S Gower

A Graham

I Grant

C Hair

N Harrison

E Hassan

G Hayden

A Henry

O Hew

S Hewagama

J Hiller

J Howell

Z Hrabovszky

R Janovic

K Jayasinghe

A Kakos

G Kalogerakis

J Kara-Brightwell  
 M Kasim  
 A Khan  
 K Kibbey  
 A Kleinitz  
 A Ko  
 E Koo  
 T Kraemer  
 M Kulik  
 P Kulkarni  
 L Lam  
 M Law  
 N Lawrentschuk  
 M Le Guen  
 A Lee  
 F Lin  
 Y Ling  
 F Ma  
 M Maiden  
 D Mak  
 S Malcolm  
 H McKenzie  
 M Micallef  
 V Mirmelstein  
 S Mitchell  
 A Moaveni  
 M Mok  
 J Morahan  
 S Mossenson  
 A Munib  
 R Nair  
 S Nath  
 S Nath  
 F Ng  
 B Nguyen  
 T Nguyen  
 A Okedara  
 E Ong  
 K Paice  
 J Pollard  
 C Quigg  
 J Ragg  
 R Reddy  
 L Roberts  
 J Rophael  
 M Samuel  
 A Shah  
 M Shanmuganathan  
 D Shilson  
 M Shulman  
 A Stark  
 Z Stark  
 A Subramanian  
 J Sycamniis  
 T Tahir  
 V Tan  
 S Tawasu  
 M Theilhaber  
 E Tweddle  
 A Vandoemoere  
 C Vuillermin  
 P Vuillermin  
 B Wai  
 T Walker  
 T Wei

K Wheadon  
 F Wilde  
 T Wilton  
 K Wong  
 R Wood  
 A Yeo  
 D Ying

**Hospital Medical Officers**

R Abbas  
 S Alford  
 L Allardyce  
 B Allen  
 Z Asher  
 C Audish  
 G Berra  
 S Brownell  
 R Bunwaree  
 K Carison  
 J Charles  
 A Chiu  
 P Codoceo  
 P Collyer  
 G Craig  
 A Crowe  
 T Crowe  
 A Dao  
 J Dikiciyan  
 C Donaldson  
 E Donelan  
 A Du Guesclin  
 F Enkelmann  
 J Fernando  
 A Friebe  
 S Frost  
 M Goh  
 A Hasan  
 S Hueneke  
 C Jackson  
 Seamus Jones  
 Steven Jones  
 B Juol-Thor  
 G Kantianis  
 A Kelly  
 S Khan  
 M Kluger  
 L Ku  
 H Lakey  
 M Lycett  
 H Marcus  
 B Marginson  
 C McFarlane  
 L Mitchell  
 B Munzel  
 S Ng  
 V Nguyen  
 J Pak  
 R Phair  
 H Richards  
 Z Rochford  
 A Sachdev  
 K Saunders  
 D Sepetavc  
 S Sivayoganathan  
 N Zannat

M Zhang

**Interns**

A Andreou  
 D Clarke  
 B Crinall  
 L Dwyer  
 A Gauden  
 J Hall  
 S Hallamore  
 C Hand  
 E Hingston  
 P Iser  
 S Johnston  
 S Kwok  
 S Latreille  
 S Low  
 N Mason  
 A McGuane  
 B Milner  
 M O'Brien  
 I Rossiter  
 S Slattery  
 K Strunk  
 C Stutterd  
 E Vergara  
 R Walsh  
 B White  
 C Wilson  
 J Woo  
 N Young

**UNIVERSITY OF MELBOURNE**

**Department of Clinical and Biomedical Sciences: Barwon Health**

**Head of Department**

G Nicholson, MBBS (WA), PhD (Melb), FRACP, FRCP (Lond)

**Professor of Surgery**

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

**Professor of Psychiatry**

M Berk, MB BCh (Witw), MMed (Psych) (Witw), FF (Psych) (S.Af), PhD (Pret)

**Associate Professor of Medicine**

M Kotowicz, MBBS (Syd), FRACP

**Associate Professor**

M Kirkland, BmedSci (Adel), MBBS, PhD (Flin), FRCPA

**Senior Lecturer in Medicine**

JV Amerena, MBBS (Melb), FRACP

**Senior Lecturer in Surgery**

G Guest, MBBS, BSc, FRACS

**Research Fellows**

K Sanders, BSc, GradDipDiet, MHN (Deakin), PhD (Melb)  
 M Henry, BSc (Hons) Deakin, PhD (Melb)

**Honorary Appointments**

**Principal Fellows with the title of Associate Professor**

E Athan, MBBS, FRACP  
 R Bell, MBBS, FRACP, FRCPA  
 A Black, MBBS, FRACP  
 S Bolsin, BSc, MBBS, FRCA(Lon), FANZCA, MRACMA, MHM, D Litt(Hon)  
 P Gates, MBBS, FRACP  
 S Graves, BSc (Hons), DipEd, MBBS, PhD, FRCPA, FASN, FACTN  
 R Harvey, MBBS, CCST, MD, MRCPsych  
 P Hewson, MD, MBBS, FRACP  
 J Pasco, BSc (Hons), PhD

**Senior Fellows**

T Callaly, FRANZCP, MRC (Psych), MBL, MBBCh, BSc, HDipEd  
 S Dodd, PhD, MSc, BSc, DipEd, MRACI, C.Chem  
 I Schapkaitz, MB BCh (Wits)

**Fellows**

M Anderson-Hunt, MBBS, APPA, ARCS  
 J Blacket, MBBS, FRANZCP, FACHAM  
 O Dean BSc (Hons)  
 M Geertsema, M Psych (Clinical), M Crim  
 D Goodman, BA, Grad Dip, Cert  
 App Sc  
 S Lauder, MA (Clin Psych), BAppSc (Hons), BSc, DipAppSc  
 R Lewis, BA (Hons), M Psych (Clinical & Health)  
 K Lu, BSc (Hons)  
 F Ng MBBS  
 B Sarah, BSc (Hons)  
 P Vuillermin, MBBS



**JASON MOTT**  
**CHILDREN'S WARD PATIENT**

*What Barwon Health means to me*

*Barwon Health is fixing my ankle and foot so I can go motorcycling again. I was leading the Club Junior Championship until I fell off my bike and injured myself. While I am in hospital, I also get to play on a Starlight Foundation game machine from my bedside.*

## DOUGLAS HOCKING RESEARCH INSTITUTE

### Director

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

## CONSULTANT PATHOLOGISTS

### Haematologists

G Davey, MB BS FRCPA  
G Swinton, MB BS FRCPA

### Histopathologists

H Armstrong, MB BS FRCPA  
A Jones, MB BS FRCPA  
M Robson MB BS FRCPA  
R Spokes MB BS FRCPA  
D Trethewie MB BS FRCPA

### General Pathologist

O Harris MB BS FRCPA

### Clinical Biochemist

I Farrance BSc MCB FAACB FRCPath

## CONSULTING MEDICAL STAFF

W Armstrong, MBBS, FRCS, FRACS  
I Backwell MBBS, DLO (Lond.)  
T Banks, OAM, FACHPM, MBBS, BD  
M Benjamin, MBBS, DPM, FRACP, FRANZCP, FRC, Psych  
M Benson, MBBS, MRACR  
A Bothroyd, MBBS, MRCOG, FRAGO  
L Champness, MBBS, DCH, DTM&H, FRACP, FACMA  
O Coltman, MBBS, FRCOG, FRACOG  
G Darby, MBBS, FFRACS  
J Doncaster, MBBS, FFRACS, FANZCA  
G Duigan, MBBS, DTR, MRACR, Dip Dietetics  
B Guaran, MBBS  
H Hardy, MBBS, FRACR  
J Henderson, MBBS, FRCS(Eng.), FRACS, FRCS (Edin.)  
W Holloway, MB, Ch B (ZN), MRACR, FRACR  
W Huffam, MBBS, FRCS(Edin.), FRACS  
R Leggatt, MBBS, FRCS (Edin.), FRACS  
I Lyall, MBBS, FRACP, FCCP, FCSANZ, MACLM  
D Maclean, MBBS, FRACR  
R McArthur, FRACS  
W McKellar, MBBS, FRACP, DCH  
B McKie, MBBS, FRARACS  
P Mestitz, MBBS, FRCP (London), FRACP  
M Morton, MBBS, DTM&H, FRC Ophth (UK), FRACO  
P Motteram, MBBS, DDU, FRACR  
D Nam, MBBS, FRACS  
D Nye, MBBS, FRACS  
V Plueckhahn, OBE, ED, MD, BS, FRACP, FRCPA, FRC Path, FCAP, FAACB, AMA, MIAC

E Rossiter, FRCP (Ed), FRACP, MRCS (Eng), MMSA, DCH, D Obst, RCOG, LRCP (Lond)

J Scudamore, MB ChB, Dobs RCOG, FRCOG

I Seward, MBBS

A Waterhouse, MBBS, FRACS

I Wood, MBBS, DCH

## PROFESSORIAL NURSING RESEARCH UNIT

**Associate Professor Contemporary Nursing Practice**  
Vacant

## PRACTICE DEVELOPMENT UNIT

**Practice Development Co-ordinator**  
J Redden-Hoare, PhD BN (Hons), Dip App Sc (Maternal & Child Hth & Comm Hlth), RM, RN, FRCNA

## NURSING EDUCATION SERVICES

### CNE Cardiac Services

S Smith, RN, Cert IV Assessment & Workplace Training, CCRN, Grad Cert Adult Education

### CNE Critical Care Services

T Elderkin, RN, CCRN, B App Sc (Adv Nsg), Grad Dip Crit Care Nsg, MHlth Sc(Nurs), Cert IV Assess & Wplce Trng, MRCNA

### CNE - Emergency Department

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

### CNE Critical Care Services

A Bone, RN (Hons), Grad Dip in Adult Acute Care (Critical Care)

### CNE Night Duty

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

### Clinical Nurse Educator

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

### CNE Perioperative Services

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

### CNE Rehab & Aged Care

C Carr, RN, Dip Training & Assessment Systems, MRCNA

### CNE Rehab & Aged Care

B Charles, RN, MN, Grad Dip Geront Nsg, MRCNA

### CNE Rehab & Aged Care

J Kluppels, RN, RM, Grad Dip Gerontology, MRCNA

## CNE Women's Services

A Jacobs, RN, RM, IBCLC, Cert Ed (FAHE), Cert S&R Health, MPH, Dip Bus, Master of Public Health, Cert IV Assessment & Workplace Training

## CNE Paediatrics

J Bryce, RN, Dip Business

## Clinical Nurse Educator

H Smith, RN, BN (Hons), RM, Renal Cert, Dip Bus, Cert IV Assessment & Workplace Training, MRCNA

## Clinical Nurse Educator

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

## Grad Nurse Program Facilitator

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

## Grad Nurse Program Clinical Support Nurse

J Kemp, RGON, BHSc

## Project Nurse

R Naphthine, RN, BN, Dip App Sci, Grad Dip Bioeth

## Psychiatric Nurse Consultant (Educator)

F Humble, RN, Dip App Sci (Ad Psych Nur), BN, MN

## Psychiatric Nurse Consultant (Educator)

J Reid, RN, BN, Psych Endorse, Rehab Cert, Dip Couns, Grad Cert in Health (Drug & Alcohol), Dip in Business

## Psychiatric Nurse Educator

J Willet, RPN

## Psychiatric Nurse Educator

P Glare, RN, RPN, Grad Dip Adv Clinical Nsg (Psychiatric)

## Community Health Clinical Educator

R Neilson, RN, RM, Grad Dip Community Health & Development, Cert Palliative Care, Cert Wound Care, Immunisation Accreditation, Cert IV Training Systems & Assessment, Dip of Business, MRCNA

## INFECTIO PREVENTION SERVICE

### Infectious Diseases Director

E Athan, MBBS, FRACP (Infec Dis)

### Infections Diseases Physicians

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

A Hughes, MBBS, FRACP (Infec Dis)

A Cheng, MBBS, FRACP, (Infec Dis), Grad Dip Clin Epid

### Sexual Health Physician

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

## Clinical Nurse Consultants

J Low, RN, Grad Dip InfCont, Cert Sterilisation & InfCont, Cert in Mgmt, Cert IV Wplce Assess & Trng

K Styles, RN, BN, Cert Sterilisation & InfContl, Acc HIV Counsellor, Cert IV Workplace Assess & Trng  
 M Wardrop, RN, BN, Cert Sterilisation & Inf Cont, Acc HIV & HCV Counsellor, Reg Sick Children's Nurse (UK), Cert IV Workplace Assess & Trng  
 M Randall, RN, Grad Dip Health Sciences Education & Promotion  
 K Kendall, RN, Cert Sterilisation & Inf Cont, Acc HIV Counsellor, Dip, Workplace & Assess Trng  
 J Heath, RN, BN, Cert Sterilisation & Inf Cont, Cert of Intensive Care, Dip in Public Health, Cert IV Workplace Assess & Trng  
 E Marcucci, BN, Cert Continence Nurse Advisor, Cert Wound Management, Cert Sterilisation and Inf Cont, Acc HIV Counsellor, Cert IV Workplace Assess & Trng  
 K Heard, RN, BN, Cert. Critical Care Nursing

#### PASTORAL CARE SERVICES

##### Pastoral Care Coordinator

D Manks, B Theol, Dip Past.Stud, Grad Dip Psych.Stud, MMin, Clinical Supervisor ASPEA Inc.

#### MEDICAL SERVICES PROGRAM

##### Clinical Director

P Talman, B.Sc(Hons), MBBS, FRACP, PhD

##### Business Manager

W Fawkes, B Com, CPA,

##### Business Support Officer

P Eltringham, RN, B Ed.

#### DIVISION OF MEDICINE

##### Divisional Medical Director - Medicine

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

##### Divisional Nursing Director – Medicine and Specialist Medicine

R Blackman, RN, BN, Grad Dip HSM, MHM, AFCHSE,

#### CARDIOLOGY SERVICES

##### Director

A Black, Assoc Prof, MBBS, FRACP

##### Specialists

J Amerena, MBBS, FRACP  
 A Appelbe, MBBS, FRACP  
 C Murdock, MBBS, FRACP  
 M Sebastian, MBBS, FRACP  
 E Ryan, MBBS, FRACP  
 T Yip, MBBS, FRACP  
 D Ridley, MBBS,

##### Chief Cardiology Technologist

R Fowler, MSc(Med), BEd, BEc.

#### Radiographer

M Drane, B App Sc (Medical Radiation)  
 T Duplessis, BRad (Radiography) BRad Hons (Oncology)

#### Cardiac Services Manager (BC5)

M Preusker, RN, Bapp Sci, Grad Cert CC (Maternity Leave)  
 M Miller, RN, CCRN (Acting Manager)

#### Unit Nurse Manager Cath Lab

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

#### DERMATOLOGY

##### Specialists

T J O'Brien, MBBS, FACD  
 T Hall, MBBS, FACD  
 D McColl, MBBS, FACD

#### DIABETES

##### Manager Diabetes Referral Centre

P Jones, RN, RM, BNsg, Dip Mgt, Grad Cert DE, CDE,

##### Senior Clinicians

H Hart, RN, RM CCC, B Nsg, Grad Cert DE, CDE

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

#### GASTROENTEROLOGY

##### Specialists

R Knight, MBBS, FRACP (Gastroenterology/General) (Head of Unit)  
 P Dabkowski, MBBS, FRACP (Gastroenterology/General)  
 E Prewett, MBBS, FRACP (Gastroenterology/General)  
 D Dowling, MBBS, FRACP (Gastroenterology/General)

#### GENERAL MEDICAL UNITS

##### Specialists

##### UNIT 1

C Steinfort, MBBS, FRACP (Respiratory Medicine/General), FCCP  
 J Cailles, MBBS, FRACP (Respiratory Medicine/Sleep Physician/General)  
 J Malone, MBBS, FRACP

##### UNIT 2

E Athan, MBBS, FRACP (Inf.Dis)  
 D O'Brien, MBBS, FRACP (Inf.Dis), Dip Anat.  
 A Hughes, MBBS, FRACP (Inf.Dis)  
 A Cheng, MBBS, FRACP (Inf.Dis), Grad Dip Clin Epid. (Locum for D O'Brien 05/06)

##### UNIT 3

R Clark, MBBS, FRACP (General)  
 A Mander, MBBS, FRACP, B Med Sci  
 V Makkada, MBBS, MD, FRACP

#### UNIT 4

M Kotowicz, MBBS, FRACP (Endocrinology/General)  
 G Nicholson, MBBS, PhD, MRCP (UK), FRACP (Endocrinology/General)  
 S Worboys, MBBS, FRACP  
 M Yeo, MBBS, FRACP

#### UNIT 5

H Griffiths, MBBS, FRACP (Rheumatology/General)  
 C Somerville, MBBS, FRACP, PhD (Nephrology/General)  
 N Wood, MBBS, FRACP (Rheumatology/General)  
 V D'Intini, MBBS, FRACP (Nephrology/General)

#### NURSE UNIT MANAGERS

##### Birdsey Wing 5

##### ACE (Acute Care of the Elderly) Unit

S Whitehand, BSN, Cert DE, Dip.Mgt

##### Birdsey Wing 6

##### Medical (Oncology, Haematology)

E Jacobs, M Nsg, BN, Grad Dip Cancer Nsg, Grad Dip Mgt.

##### Birdsey Wing 7

##### Medical (Renal, Gastro, Gen Med)

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

##### Heath Wing 7

##### Medical 1 (Neuro/Stroke, Resp, Inf.Dis, Gen Med)

J Burgoine, Post Grad Resp Medicine, Grad Dip Mgt.

#### NEUROLOGY

##### Director/Head of Stroke Service

P Gates, MBBS, FRACP

##### Neurologists

J Balla, MBBS, FRACP, FRCPE  
 P Batchelor, MBBS, FRACP, PhD, BMedSci  
 R Carne, MBBS, FRACP  
 P Talman, BSc(Hons), MBBS, FRACP, PhD

##### Paediatric Neurologist

M Mackay, MBBS, FRACP

##### Ausimmune Centre

C Chapman, MBBS FRACP  
 Z Dunlop (Research Assistant)

##### Stroke Service Co-ordinator

P Hocking, RN, M.HSc

#### COMPLEX PATIENT CARE

##### CO-ORDINATORS

A Friend, RN, Cert Gerontology  
 A Cooper, RN, Cert Inf Control  
 K Folwell, BApp Sci(Occ Therapy), Ac.OT, Dip B

M Bennett, RN, BN, Grad Cert Palliative Care, MN

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

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

M Isom, RN, Dip App Sci (CHN), BEd, MBA (Monash)

#### VETERANS LIAISON OFFICER

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

### DIVISION OF SPECIALIST MEDICINE

#### CANCER SERVICES

##### Director

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

#### MEDICAL ONCOLOGY

##### Consultant Medical Oncologists

R McLennan, MBBS, FRCP (Lond), FRACP

K White, MBBS, FRACP

S Sewak, MBBS, FRCP

A Broad, MBBS, FRACP

C Lee, MBBS, FRCP

##### Consultant Clinical Haematologist

P Campbell, MB, ChB, MRCP, FRCPath, FRACP, FRCPA

##### Palliative Care Specialist

D Kerr, BSc, MBBS, DGM, MpaIIcare, Mmed, FACHPM

##### Genetics Clinic

D Dowling, MBBS, FRACP (Gastroenterology/General)

##### Genetics Counsellors

I Winship, S Devery

Lymphodema Clinic

D Harley, MBBS, Dip Obs

Paediatric Clinic

P K Anderson, MBBS, FRACP

##### Gynaecologic Clinic

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

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

D Neesham, MBBS, DCH, FRCOG, CGO

##### Clinical Nurse Consultant

H Campbell, RN Cert Onc, Cert Mgt

#### RADIATION ONCOLOGY

##### Director

R Lynch, BMed Sc, MBBS, FRACR, MRACMA

##### Consultant Radiation Oncologists

M Francis, MBBS, FRACR

J Kiffer, MBBS, FRACR, FACHPM

I Porter, MBBS, FRANZCR

#### APHERESIS

##### Clinical Nurse Consultants

S Burt, RN

##### Transfusion Nurse Consultant

L Stevenson

#### EMERGENCY MEDICINE

##### Director

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

##### Deputy Director

J Pasco, MBBS, BSc (Hons), Dip Ed, DipRACOG, DA (UK), FACEM

##### Senior Principal Specialist

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

##### Specialists

M Ryan, MBBS, DRANZCOG, Grad Dip Forens Med, FACLM, FACEM

J Stella, MBBS, FACEM

B Bartley, MBBS, FACEM, FRCSE

M White, MBBS (Hons), FACEM

##### Unit Nurse Manager

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

#### MEDICAL IMAGING

##### Director

C Styles, MBBS, FRACP, FRANZCR

##### Specialists

D Boldt, MBChB, FRANZCR

P Brotchie, MBBS, PhD, FRANZCR

P J Carman, MBBS, FRANZCR

D Lun, MBBS, FRANZCR, CR

D Ma, MBBS, FRACP

P Morris, MBBS, FRANZCR

D Robertson, MBBS, DRACR, FRANZCR

L West, MBBS (Hons), FRANZCR

A Whan, MBBS, FRANZCR

T Dunshea, MBBS, FRANZCR

##### Chief Radiographer

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

##### Tutor Radiographer

B Harvey, FIR, Grad.Dip.Ed.

##### Chief Nuclear Medicine Scientist

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

##### Unit Nurse Manager

M Fredericks, RN

#### PHARMACY SERVICES

##### Director of Pharmacy

G Weeks, M Pharm, MHA, FSHP

##### Deputy Director of Pharmacy

S CuelI, B Pharm, MHA, FACPP,

##### Chief Pharmacist McKellar Centre

G Robson, B Pharm

#### RENAL SERVICES

##### Director

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

##### Specialists

C Somerville, MBBS, FRACP, Ph D (Nephrology)

V D'Intini, MBBS, FRACP

(Nephrology/General)

##### Unit Nurse Manager

R Knight, RN, Dip Teach/Assessing, Cert Renal Nsg, Cert Hlth Econ.

### DIVISION OF WOMEN'S SERVICES

##### Divisional Medical Director

A Hotchin, MBBS, FRANZCOG

##### Divisional Nursing Director

T Cotter, RN, RM, Grad Dip Bus Man.

#### OBSTETRICS AND GYNAECOLOGY

##### Specialists

G Barker, MBBS, MRCOG, FRANZCOG

M Koutsoukis, MBBS, FRANZCOG, FRCOG

T Mason, MBBS, FRANZCOG, FRCOG

B McCully, MBBS, FRANZCOG

P Mayall, BA, MBBS, FRANZCOG, FRCOG

M Shembrey, MBBS, Dip RACOG, FRANZCOG

J Swan, MBBS, FRANZCOG, MRCOG

J Viggers, MBBS, D Obst & RCOG, FRANZCOG

### DIVISION OF CHILDREN'S SERVICES

##### Divisional Medical Director

B Jenner, MBBS, FRACP, Dip Child Psych (NSW), Grad Dip Family Therapy

##### Divisional Nursing Director

T Cotter, RN, RM, Grad Dip Bus Man.

#### PAEDIATRICS

##### Specialists

K Anderson, MBBS, FRACP

D Fuller, MBBS, MPH, FRACP

C Cooper, MBBS, FRACP

P Hewson, MBBS, FRACP, MD

C Sanderson, BSc, (Hons) MBBS, FRACP

P Quinn, MB, BCh, FRACP, MRCPCH, DCH

#### NURSE UNIT MANAGERS

##### Baxter Maternity Services:

##### Birth Suite/FBU

M Dell, RN, BN, Mid Cert, Dip Management

##### Bellerine Centre Level 6 South -

##### Antenatal/Post Natal/Gynae/Domiciliary

H Tucker, RN, BN, Mid Cert, Dip Management

### Special Care Nursery

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

### Heath Wing 3 - Paediatric Ward

K Morison, RN, BN, Mid Cert, Grad Dip  
Mid, Management Cert.

### Paediatric Home & Community Care Co-ordinator

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

## ALLIED HEALTH DIVISION

### Divisional Director (Part Time)

D Schulz, B App Sci (Physio) Mgeron

### AUDIOLOGY

#### Chief Audiologist

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

### NUTRITION AND DIETETICS

#### Chief Dietitian

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

#### Senior Dietitians

D Wynd, BSc, Grad Dip ND, APD  
C Wiggett, BSc(Biol), MND, APD

### OCCUPATIONAL THERAPY

#### Chief Occupational Therapist

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

#### Senior Clinicians

J Irvin, B App Sci (Occ Ther), Dip Mgt,  
ACCOT  
S Hibberd, B App Sci (Occ Ther), ACCOT

### PHYSIOTHERAPY

#### Chief Physiotherapist

D Schulz, B App Sci (Physio) Mgeron  
Senior Clinicians

Y McNeel, B App Sci (Physio), Grad  
Dip(Cardiothoracic), Grad Cert  
(Incontinence, Pelvic Floor Rehab),  
S Hakkennes, B.Physio, Grad Cert  
Evidence Based Practice

### PODIATRY

#### Chief Podiatrist

C Mioduchowski, B Sc, Bapp.Sci, P.Grad  
Dip Pod.

#### Senior Clinician

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

### PSYCHOLOGY

#### Chief Psychologist

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

### SOCIAL WORK

#### Chief Social Worker

R Van Ingen, BA, BSW (Vic Uni)

#### Senior Clinicians

J Crisp, BA, Dip Soc Studs (Melb Uni.)  
D Billing, BSW (University of Missouri at  
Columbia)

### SPEECH PATHOLOGY

#### Chief Speech Pathologist

M McCall-White, B App Sci (Speech  
Path)

#### Senior Clinician Acute

R Janes, B App.Sci (Speech Path)

#### Senior Clinicians Rehab & Aged Care

N Devery, B App Sci (Speech Path) Hons  
N Anderson, B App Sci (Speech Path),  
Dip Mgt  
K Thomas, B App Sci (Speech Path)

#### Senior Clinician Community

M Walton, B App Sci (Speech Path)

### DIVISION OF AGED CARE

#### Director Aged Care

A Hague, RN, BN, Grad Dip Busi (Health  
Services Mgmt), M Bus, FCHSE

#### Hostels Manager

S Lam, RN Div 1, Midwifery, Grad Dip in  
Comm Hlth; Dip in Mgmt

#### Redevelopment Project Officer

M Townsend, RN RM, BA HSC, Nursing  
Post Registration

### UNIT NURSE MANAGERS

#### Ward 6

J Brasher, RN Div 1, DC, Clinical Tutor, B  
Soc Sci, Grad Dip ASM

#### Ward 11

M Lubczenko, RN Div 1, BA Adv Nursing  
/ Nursing Admin

#### Ward 12

L Whitla, RN Div 1, BA Nursing, Cert  
Gerontology

#### Wallace Lodge

D Cayzer, RN Div 1, Cert Gerontology,  
Cert Diabetes Mgt, MRCNA  
C Lunardelli, BA Nursing, Grad Dip Aged  
Services Management  
R Koenig, RN Div 1, Cert Aged Care  
Studies, Cert Dementia Specific, Cert  
Preceptorship, Dip Bus Mgmt

#### Peter Street

L Marsh, RN Div 1, Cert Continence Mgt

#### John Robb House

C Robinson, RN Div 1, Grad Dip Mgt  
(UTS-NSW), FACHSE, JP, Cert IV  
Workplace Assessment & Training, Aged  
Care Quality Assessor Out of Hours

### Nurse Coordinators

L Finch, RN Div 1, BN, Cert Rehab, Grad  
Dip Rehab Studies (Clinical Practice and  
Mgmt), MRCNA

A Flanagan Smith, RN Div 1, BNSC, RM,  
Cert Nursing Rehab

K Quinton, RN Div 1, Cert Geriatrics,  
Grad Dip Aged Services Mgmt

J Fisher, RN Div 1

L Herrin, RN Div 1, BAppSci (Adv N),  
BappSci (NEduc), M(NEduc), ASM

### DIVISION OF REHABILITATION SERVICES

#### Director Sub Acute Services

F McKinnon, B App Sc (Physiotherapy),  
MHA

#### Divisional Medical Director

R Malon, MB, BS, BHA, FRACMA,  
AFCHSE

#### Project Coordinator (Centre Promoting Healthy Independence)

K Heseltine, RN Div 1

### Rehabilitation Medicine

#### Specialists

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

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

J Teh, MB, BS, FAFRM (RACP)

R Nunan, MBBS (Hons), FAFRM (RACP)

D Micheletto, MBBS, FAFRM (RACP)

M Vagg, MBBS(Hons) FAFRM(RACP)

### Geriatric Medicine

#### Specialists

A Mander, MBBS, B Med Sci, FRACP

V Makkada, MBBS, M.D., FRACP

#### Palliative Care Specialist

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

#### Visiting Medical Officers

N Crompton, MB, BS, DGM, M Bioethics

S Watson, MB, BS, DGM

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

#### Orthopaedic Surgeon

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

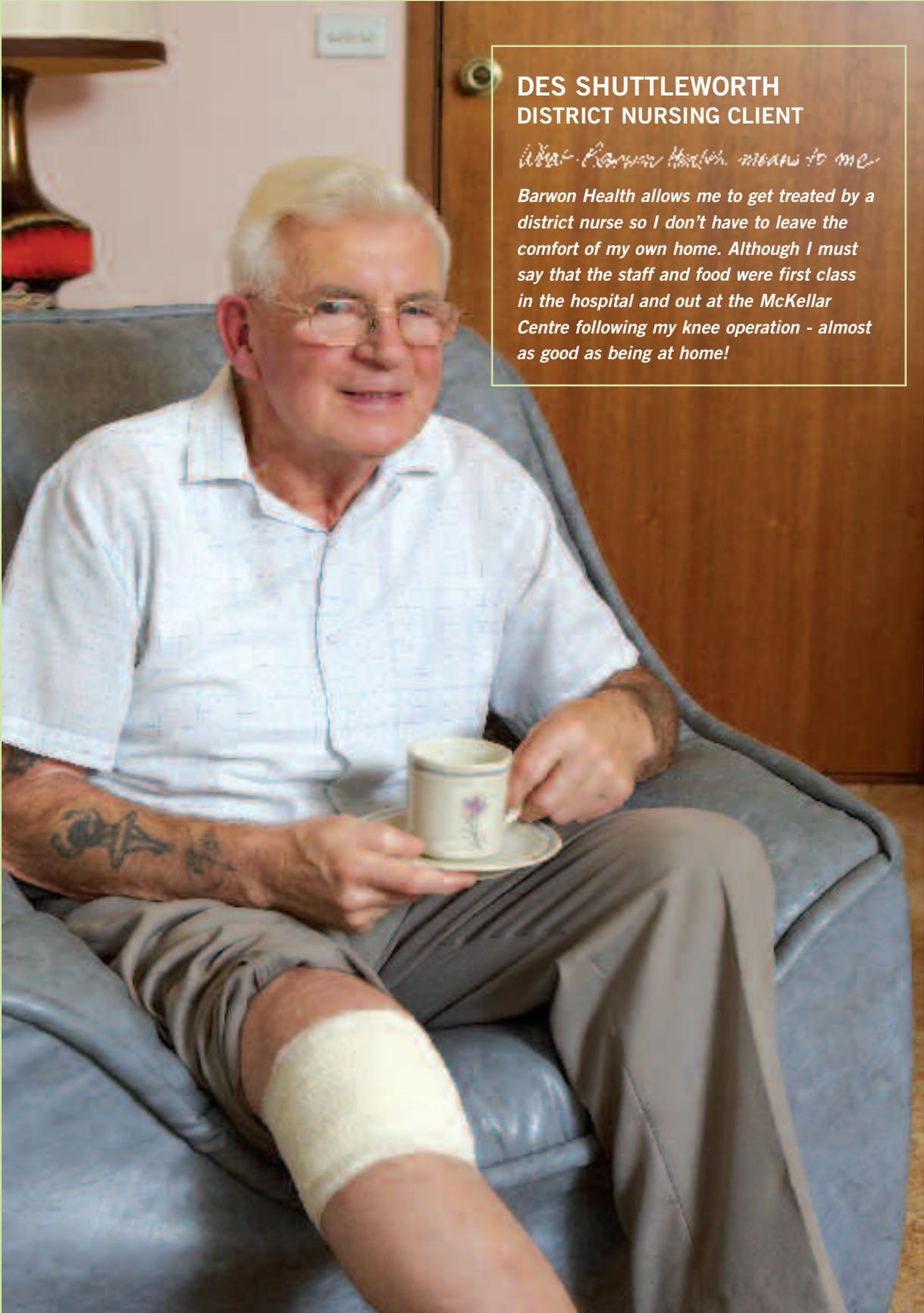
### UNIT NURSE MANAGERS

#### Central Wing (Neuro Rehabilitation)

A Renshaw, RN Div 1, Cert Rehab  
Nursing

#### South Wing (Ortho Rehabilitation)

J Stevens, BN , BA , Cert Rehab Nursing.



**DES SHUTTLEWORTH  
DISTRICT NURSING CLIENT**

*What Barwon Health means to me*

*Barwon Health allows me to get treated by a district nurse so I don't have to leave the comfort of my own home. Although I must say that the staff and food were first class in the hospital and out at the McKellar Centre following my knee operation - almost as good as being at home!*

**North Wing (GEM / Palliative Care)**

M Arnold, RN Div 1, BN, Grad Cert Bus Admin, Cert Pall, Cert Geriatrics  
S Anderson (Act) RN Div 1

**Aged Care Assessment Service (ACAS) Manager**

R Thompson, DSJ, Bachelor of Applied Science, Occupational Therapy, Adv Dip Bus

**CRC North Geelong Manager**

L Hirst, RN, Grad Dip Rehab Studies, Cert Nursing Rehab

**CRC Belmont Manager**

H Ashcroft, RN, BN, Grad Dip Rehab Studies

**Falls & Mobility Clinic**

N Crompton, MB, BS, DGM, M Bioethics

**Home Based Rehabilitation Program Co-ordinator**

J Kerr, MA, Dip Ed, B.App Sci (Communication Disorders), Grad Dip Neurosciences

L Pye, Diploma of Physiotherapy

N Shaw, BA, B.App Sci (Occupational Therapy)

**Cognitive, Dementia And Memory Service Co-ordinator**

V George, RN Div1 RPN Grad Dip Gerontology

**Management Accountant**

H Wood, B Comm, ACA  
S D'Andrea, B Comm, CPA

**SURGICAL SERVICES****Clinical Director**

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

**Business Manager**

G Ellis, B Comm, MBA

**Divisional Nursing Director**

S Brereton, RN, BAppSc (Adv Nsg-Nsg Ed), Grad Dip Hlth Ser M'ment, FRCNA

**DIVISION OF SURGERY****Director**

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

**CARDIOTHORACIC****Specialists**

M Mohajeri, MD, FRACS  
X-B Zhang, MD, MS, FRACS

**EAR, NOSE & THROAT SURGERY****Specialists**

R Calder, MBBS, FRACS  
D Connelly, MBBS, FRACS (ENT), FRACS (Gen Surg)  
R Nicholson, BSc, MB, ChB, FAmAChNS, FRACS

N Russell, MBBS, FRACS  
J Vorrath, MBBS, FRCS (Edin), FRACS

**NEUROSURGERY****Specialist**

P McNeill, MBBS, FRACS, LL.B

**OPHTHALMOLOGY****Specialists**

J Clark, MBBS, FRANZCO  
B Lansdell, MBBS (Hons), DO (Lond), FRANZCO  
P Lockie, MBBS, FRANZCO  
B Munro, MBBS, DO (Lond), FRACS, FRANZCO, FRC Ophth (UK)  
A Narita, MBBS, FRANZCO, FRACS  
L Riddington, MBBS, FRANZCO  
I Routley, MBBS, FRANZCO  
M Whiting, MBBS, FRANZCO

**ORAL/MAXILLOFACIAL SURGERY****Specialists**

D Hewson, MDSc, LDS, FRACDS  
C McGrath, BDSc, Cert OMS, FFDRCSI (Oral Surg) FRACDS (OMS), FACOMS

**ORTHOPAEDIC SURGERY****Specialists**

R Angliss, MBBS, FRACS, FA Ortho A  
D Bainbridge, MBBS, FRACS, FRCS Ed (Orth)  
G Brown, MBBS, FRACS  
J Skelley, MB, ChB, FRACS  
S Williams, MBBS, Dip Anat, FRACS  
R Wood, MBBS, FRACS  
R Page, BMedSci, MBBS, FRACS (Orth), F.A. Orth. A

**PAEDIATRIC SURGERY****Specialists**

A Auldlist, MBBS, FRACS  
P Dewan, PhD, MD, MS, MMedSc, MRACMA, FRCS, FRACS

**PLASTIC SURGERY****Specialists**

P Callan, MBBS, FRACS, MBA  
N Corduff, MBBS (Lon), FRACS  
I Holten, MBBS, MD, FRACS, FRCS (Plast Surg)  
A McDonald, MBBS, FRACS

**GENERAL SURGERY****Specialists**

SURGICAL UNIT 1  
G Kiroff, MBBS, MS, FRACS  
J Hurley, MBBS, FRACS  
K Chao, MBBS, FRACS

**SURGICAL UNIT 2**

G Mitchell, MBBS, FRACS  
R White, MB, MS, FRACS (Breast/Colorectal/Endoscopy/General)  
A Lawler, MBBS, FRCS(Edin), FRACS  
C Brandt, MBBS, FRACS (Locum)

**SURGICAL UNIT 3**

E Heffernan, MBBS, FRACS, FRCS (Eng), FACS (Colorectal/General)  
M Thorne, MBBS, FRACS (Colorectal/General)  
D Watters, BSc, MB, ChB, FRCSEd, ChM, FRACS  
G Guest, MBBS, B.Sc (Hons), FRACS

**SURGICAL UNIT 4**

S Crowley, MBBS, FRACS (Colorectal/General/Breast/Laposcopic Surgery)  
D Kidman, MBBS, FRACS (General/Breast, Varicose Veins, Colorectal)  
K Prince, BSc (Hons), MBBS, FRACS

**VASCULAR & ENDOVASCULAR SURGICAL UNIT**

D North, MBBS, FRACS (Vasc), FRACS (Gen)  
D McClure, MBBS, MS, FRACS, FRACS (Vascular)  
D Holdaway, MBBS, FRACS (Vascular), FRACS (General)

**UROLOGY****Specialists**

K Braslis, MBBS, MS, FRACS (Urol)  
D Murphy, MBBS, FRACS (Urol)  
G Neerhut, MBBS, FRACS (Urol)  
R Grills, MBBS, FRACS  
P Kearns, MBBS, FRACS

**OPERATING SERVICES****Operating Services Manager**

V Gibson, RN

**OPERATING SUITE****NURSE UNIT MANAGERS**

S Edwards, RN  
R Cockayne, RN  
K Sennett, RN, CPN

**Gretta Volum Centre**

E Gillett, RN

**PERIOPERATIVE SERVICE****Nurse Unit Manager**

E Hocking, RN, CCC

**CENTRAL STERILISING UNIT****Manager**

A Williams, RNDiv2, CSSD Cert, Cert

Sterilisation & Infection Control  
Position vacant from May 06

#### **DIVISION OF ANAESTHESIA**

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

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

##### **Acting Deputy Director**

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

##### **STAFF ANAESTHETISTS**

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

T Chatterjee, MBBS, FANZCA

M Colson, MBBS, FANZCA, Dip Comp Tech

D Dimovski, MBBS, FANZCA

C Lee, MBBS, FANZCA

D McCoy, MB BCh BAO(NUI), FFARCSI, FFPMANZCA, DPM(CARCSI)

A Plowman, MBBS, FFARACS, FANZCA

A Samuel, MBBS, FANZCA

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

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

##### **VISITING SPECIALISTS**

D Allen, MBBS, FANZCA

J Barson, MBBS, DRCOG, FFARACS, FANZCA

E Bashford, MBBS, FFARACS, FANZCA

M Bowman, MBBS, FANZCA

A Burton, MBBS, FFARACS, FANZCA

K Carlike, MBBS, FFARACS, FANZCA

P Champion, MBBS, FFARACS, FFICANZCA, FANZCA

B Creati, MBBS, FANZCA

W Dennis, MBBS, FFARACS, FANZCA

G Dixon, MBBS, FFARACS, FANZCA

E Fehsenfeld, MB ChB, FFARACS, FANZCA

L Gibbs, B.ChB, FFARACS

P Hanson, MBBS, FFARACS, FANZCA

P Heenan, MBBS, FFARACS, FANZCA

R Martin, MBBS, FANZCA, Dip Obs RACOG/RACGP

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

G Murrell, MBBS, FFARACSI, FFARACS, FANZCA

R Neerhut, MBBS, FANZCA

A Patrick, MBBS, FANZCA

D Serle, MBBS, FFARACS, FANZCA

W Sloss, MBBS, FFARACS, FANZCA

R Solly, MBBS, FANZCA

B Stringer, MBBS, FFARACS

M Tisdall, MBBS, FRCA, FANZCA

P Tolley, MB ChB, FRCA, FANZCA

A Van Leeuwen, MBBS, Mmed, FFARACS, FANZCA

B Webster, MBBS, FANZCA

S Worboys, MBBS, FANZCA

#### **PAIN MANAGEMENT CLINIC**

##### **Service Director**

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

##### **Pain Specialists**

A Muir, MBBS, FANZCA, FFPMANZCA

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

D McCoy, MBCh, BAO(NUI), FFARCSI, FFPMANZCA, DPM(CARCSI)

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

##### **Pain Fellow**

M Conroy, MBBS, DRANZCOG

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

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

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

J Hunt, B.Sc (Nursing), Grad Dip (Pain Management)

##### **Psychiatrist**

J Black, BSc, MBBS, MPhil MRCPsych, FRANZCP

##### **Clinical Psychologists**

M Sui, D.Psych (Health Psychology), PhD

V O'Loughlan, Grad Dip App Sc (Prof Psychology)

##### **Physiotherapists**

S Strachan, BAppSc (Physio)

S Monaghan, BSc Hons (Physio)

#### **INTENSIVE CARE UNIT**

##### **Director**

C Corke, MBBS, MRCP, BSc, FFARACS, FJFICM, FANZCA

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

J Lamb-Jenkins, RN, CCC, SCM B.APP Sc, Grad Dip Ed, Masters (Nsg), FRCNA, Dip Mgt

##### **Staff Intensivists**

P Stow, MBBS, FRCA, FJFICM

D Green, MB, BCh, BSc(Hons), FFARCSI, FJFICM

N Orford, MBBS, FANZCA, FJFICM

#### **SURGICAL WARDS**

##### **BELLERINE CENTRE 6 NORTH**

##### **Nurse Unit Manager (Acting) – Surgical (Plastics, ENT, Vascular, Ophthalmology, Oral Surgery)**

K Sayers, RN

#### **HEATH WING 5**

##### **Nurse Unit Manager – Surgical (Orthopaedics)**

L Mithen, RN, BSN, Grad Dip Crit Care, Dip Mgt, MSN

#### **HEATH WING 6**

##### **Nurse Unit Manager – Surgical (General Surgery, Urology)**

V Wall RN, BA, Grad Dip Bus & Communication

#### **STOMAL THERAPY/BREAST CANCER SUPPORT SERVICE**

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

Position vacant

#### **OUTPATIENTS DEPARTMENT**

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

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

#### **SEXUAL HEALTH CLINIC**

##### **Nurse Counsellor**

M Randall, RN, Grad Dip Hlth Sc

##### **Medical Officer**

R Milner, MBBS, Dip Ven

#### **BED MANAGEMENT**

G Lowe, RN, BN, Dip N Admin, MHA(UNSW), MRCNA

#### **NURSING ALLOCATIONS**

C Brook, RN, CCC, BAppSc (Nsg), MHA, MRCNA

#### **AFTER HOURS COORDINATION**

L Bryant, RN, RM, Grad Dip Loss & Grief, B.Nsg, Cert of Stomal Therapy Nsg

K Gow, BNsg, Cert Emerg Nsg, Dip Bus

K Harrison, RN, RM, BNsg

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

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

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

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

#### **COMMUNITY AND MENTAL HEALTH**

##### **Clinical Director, Community and Mental Health**

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

##### **Business Manager**

R Humphreys, B Comm, BSc, CPA

## COMMUNITY HEALTH DIVISION

### Director Community Health

M Lee, Grad Dip (Health Admin), MHA, AFCHSE

### Manager Multi-Area Health Teams

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

### Manager Local Area Teams

K Smith, RN, B Nsg, Grad Dip Comm Health, M Nursing, MRCNA

### Manager Planning and Services

M Dertien, RN, BN, Grad Dip Comm Hlth Nurs, Dip Mgmt, MHS

### Director of Dentistry

M Smith, BDSc

### Quality Coordinator

R Smith, RN, B Soc Sc (Human Service Mgt), Grad Dip HRD

## CARER RESPITE & CARELINK SERVICES & DAY PROGRAMS

### Regional Co-ordinator

R Beavis, Dip Bus Mgmt

## COMMUNITY DENTAL SERVICE

### Dentists

N Youssef, BDSc

H Youssef, BDSc

K Wong, BDSc

E Adamczyk, BDSc

G Joseph, BDSc

L Thai, BDSc

S Leong, BDSc

L Bourke, BDSc

A Pham, BDSc

A Yong, BDSc

H Huang, BDSc

A Aijaz, BDSc

W Khoo, BDSc

M Mansour, Oral Surgery Registrar – BLT 1  
BDSc BMed/Surg

R Wood, Oral Surgery Registrar – BLT 1  
BDSc BMed/Surg

S Huang, BDSc

T Lo, BDSc

R Fan, B Stomatology Doct of Med (China) PhD (Uni of Melb)

T Muthuhetti, BDSc

S Chong, BDSc

W Saunders, BDSc

### Prosthetists

M Fryc, DD (Canada)

S Howard, Adv Dip of Dental Prosthetics

## Dental Therapists

J Dandy, Dip App Sc (Dental Therapy)

V Hope, Dip App Sc (Dental Therapy)

J Lamb, Dip App Sc (Dental Therapy)

## COMMUNITY PALLIATIVE CARE

### Palliative Care Nurse Consultant

J Hall, RN, Cert IV Assessment & Workplace Training, Dip Bus, Grad Cert Hlth Mgmt

### Palliative Care Clinical Co-ordinator

D Parkinson, B Nsg, Grad Dip Cancer Nsg, Dip Mgmt

## DISTRICT NURSING

### Clinical Co-ordinators

K McConchie, B Nsg, Dip Bus Mgmt, MRCNA

A Caulfield, RN

S Johnson, RN, Dip Mgmt

## IMMUNISATION

### Co-ordinator

E Hutchinson, RN

### Medical Consultant

E Athan, MBBS (Hons), FRACP

## PAEDIATRIC & ADOLESCENT SUPPORT SERVICE

### Co-ordinator

J Fry, BSW, Dip Educ, Grad Dip Counselling

## PRIMARY CARE SERVICES

### Clinical Co-ordinators

C Mioduchowski, BSc, BAppSc, Grad Dip Pod

R Rittinger, B App Sc (OT), Dip Mgmt

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

C Clarke, B Physio, Dip Mgmt

## ADMISSION RISK PROGRAMS

### Program Manager – Admission Risk Program

A Leonard, RN, BN, Grad Dip CD, CMVAFT, MHSM

### Team Leader

G Kotz, RN, RPN, CCRN, BN, Dip Mgt

### Home Referral Service Coordinator

A Redden, RN, Grad Dip Community Health

### Home Referral Service Medical Consultant

E Athan, MBBS(Hons), FRACP

## MENTAL HEALTH DIVISION

### Director Mental Health

P Dunn, RN, RPN, Grad Dip Gerontic Nsg

### Clinical Director

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

### Professor of Psychiatry

M Berk, MBBCh, MMed (Psych), FC (Psych) SA, FRANZCP, PhD

### Director of ECT

R Harvey, FRANZCP, MRC Psych

### Consultant Psychiatrists

P O'Keefe, MBBS, FRANZCP

P Hantz, MBBS, FRANZCP

E van Ammers, MBBS, FRANZCP

Y Khozouei, MBBS, MRC Psych, FRANZCP

M Van der Linden, MBBS, FRANZCP

R Kefford, MBBS, FRANZCP, Cert. Adv. Training in Child & Adolescent Psychiatry  
J Black, BSc, MBBS, Mphil, MRCPsych, FRANZCP

E White, MBBS, FRANZCP

S McConnell, MBBS, FRANZCP, Mpsych

A Thampi, MRCPsych, FRANZCP

### Senior Psychiatric Nurse

S Jennings, RN Dip Nsg Educ, BEd & Counselling

### HBH Review & Recovery Project Manager

M Hyland, RN, BSocSc

### Acting Quality Coordinator

J Black, BappSc (OT), MHM (Masters in Health Mgt)

### Program Manager, Community Services and Early Intervention Service

T Van Hammond, P.S.M. RN Grad Dip Psych Nsg

### Acting Program Manager, Inpatient, Triage, Residential and Children's & Adolescent Services

S Pope, RPN Div 3

### Program Manager, Rehabilitation Services

P Moran, RN, Grad Dip Coun Psych

### Program Manager, Drug & Alcohol Services

M Geertsema, M. Clin Psych, M. Crim

### Psychiatric Nurse Consultant

F Humble, RN, Dip App Sci (Ad Psych Nur), MN

# PUBLICATIONS

This section lists publications of Barwon Health and affiliated University of Melbourne staff. Theses and conference presentations are not listed unless separately published.

DEPARTMENT	PUBLICATION
Allied Health	Hakkennes S, Keating JL. Constraint-induced movement therapy following stroke: a systematic review of randomised controlled trials. <i>Aust J Physiother</i> 2005;51(4):221-31.
	Rance G, Roper R, Symons L, Moody LJ, Poulis C, Dourlay M, et al. Hearing threshold estimation in infants using auditory steady-state responses. <i>J Am Acad Audiol</i> 2005 May; 16(5):291-300.
Anaesthesia	Bolsin S, Personal digital assistants (PDAs) - improving patients' safety. <i>BMJ Career Focus</i> 2005;331(7512):57-58.
	Bolsin S, Risk 2005 Conference Report. <i>Expert Rev Pharmacoeconomics Outcomes Res</i> 2006;5:673-676.
	Bolsin S, Colson M. Beta-blockers for patients at risk of cardiac events during non-cardiac surgery. <i>BMJ</i> 2005;331:919-920.
	Bolsin S, Faunce T, Oakley J. Practical virtue ethics: healthcare whistleblowing and portable digital technology. <i>J Med Ethics</i> 2005;31(10):612-618.
	Bolsin S, Fraser B. Use of a PDA programme to improve patient safety. <i>Health Care Risk Rep</i> 2005;12(4): 18-19.
	Bolsin S, Patrick A, Colson M, Creatie B, Freestone L. New technology to enable personal monitoring and incident reporting can transform professional culture. <i>J Eval Clin Pract</i> 2005;11(5):499-506.
	Bolsin S, Time for hard decisions on patient-centred professionalism. <i>Med J Aust</i> 2005;182(3):139.
	Bolsin S, Faunce T, Colson M. Using portable digital technology for clinical care and critical incidents: a new model. <i>Aust Health Rev</i> 2005;29:297-305.
	Faunce T, Bolsin S. Fiduciary disclosure of medical mistakes: the duty to promptly notify patients of adverse health care events. <i>J Law Med</i> 2005;12(4): 478-82.
	Kelly JD, McCoy D, Rosenbaum SH, Brull SJ. Haemodynamic changes induced by hyperbaric bupivacaine during lateral decubitus or supine spinal anaesthesia. <i>Eur J Anaesthesiol</i> 2005 Sep;22(9):717-22.
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**DAWN SHAW**  
**KIOSK VOLUNTEER**

*What Barwon Health means to me...*

As well as getting me out of the house, being a volunteer gives me great satisfaction by helping and meeting lots of nice people and contributing in a small way to Barwon Health

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# COMPLIANCE INDEX DISCLOSURE REQUIREMENTS

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

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# STATUTORY REQUIREMENTS

The information listed here is available to the Minister, members of Parliament and the public on request to the Chief Executive. This includes information listed in Part 9.1.3 (iv) of the *Financial Management Act 1994*.

## COMPETITIVE NEUTRALITY

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

## FEES

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

## FREEDOM OF INFORMATION REQUESTS

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

Financial year	05/06	04/05	03/04	02/03	01/02
No of requests	428	434	447	425	391

## AVERAGE COLLECTION DAYS

**Average collection days for Barwon Health patient and commercial fees**

2005/06	41.27 days
2004/05	40.28 days

## CONSULTANCIES

**Consultancies costing less than \$100,000 per consultancy**

Total number of consultancies	10
Total value of consultancies	\$66,697

**Consultancies costing more than \$100,000 per consultancy**

NIL	\$-
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## OUTSTANDING DEBTORS

	Total	Current	30 days	60 days	+60 days
2005/06	8.46	4.7 (55.6%)	1.59 (18.9%)	0.55 (6.5%)	1.6 (19%)
2004/05	7.76	4.36 (56.2%)	1.36 (17.5%)	0.62 (8.0%)	1.42 (18.3%)
2003/04	6.47	3.94 (60.9%)	0.87 (13.4%)	0.39 (6%)	1.27 (19.7%)

## COMPLIANCE WITH BUILDING ACT

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

## WHISTLEBLOWERS PROTECTION ACT

This policy statement is made in accordance with the *Victorian Whistleblowers Protection Act 2002*.

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

Any staff member or a member of the public who has reasonable grounds to believe improper or corrupt conduct has occurred, is occurring or is about to occur in the management or conduct of Barwon Health, (including apprehension of detriment) is encouraged to disclose this.

Barwon Health will establish and maintain an objective system to encourage and provide support to persons making disclosures (“whistleblowers”), to investigate disclosed allegations of improper conduct, or detrimental action against the person making the disclosure and to enable appropriate action to be taken.

Barwon Health is committed to the highest standards of ethics and probity in its performance of its duties and the delivery of its services to the community. Disclosures made under this policy will be investigated swiftly, professionally and discretely.

A copy of the Act and a summary of its provisions are available for inspection at the office of the Protected Disclosure Coordinator.

The Ombudsman has published a set of model procedures and Barwon Health will follow these in dealing with disclosure.

For further information contact:

Executive Director Human Resources

Corporate Office

Barwon Health

Ryrie Street

Geelong Vic 3220

Phone: 03 5226 7235

Fax: 03 5226 7672

Email: [perry@m@barwonhealth.org.au](mailto:perry@m@barwonhealth.org.au)

No disclosures under the Act were received during 2005/06.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

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**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**OPERATING STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

	Note	2006 \$000	2005 \$000
Revenue from Operating Activities	2,3	310,653	286,115
Revenue from Non-Operating Activities	2,3	13,556	12,118
Employee Benefits	4	(228,549)	(217,050)
Non Salary Labour Costs	4	(2,586)	(1,674)
Supplies & Consumables	4	(63,543)	(56,949)
Other Expenses from Continuing Operations	4	(27,792)	(22,542)
Share of Net Result of Joint Venture	14	(28)	69
Finance Costs	8	(115)	(131)
<b>Net Result from Operations before Capital</b>		<b>1,596</b>	<b>(44)</b>
Capital Purpose Income	2,3	19,779	13,380
Specific Income	2	1,239	-
Depreciation and Amortisation	15	(12,495)	(10,675)
<b>NET RESULT FOR THE YEAR</b>		<b>10,119</b>	<b>2,661</b>
<i>This statement should be read in conjunction with the accompanying notes.</i>			

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

## BALANCE SHEET

AS AT 30 JUNE 2006

	Note	2006 \$000	2005 \$000
<b>ASSETS</b>			
<i>Current Assets</i>			
Cash and Cash Equivalents	22	18,394	9,676
Receivables	9	16,924	14,502
Prepayments	11	183	275
Inventories	12	2,733	2,445
Other Financial Assets	10	39,455	29,456
<b>Total Current Assets</b>		<b>77,689</b>	<b>56,354</b>
<i>Non-Current Assets</i>			
Receivables	9	6,438	10,358
Investment Properties	17	5,418	4,179
Non-Current Other Financial Asset	13	2,178	1,720
Investments Accounted for using the Equity Method	14	610	260
Intangible Assets	16	290	388
Property, Plant & Equipment	15	265,375	187,759
<b>Total Non-Current Assets</b>		<b>280,309</b>	<b>204,664</b>
<b>TOTAL ASSETS</b>		<b>357,998</b>	<b>261,018</b>
<b>LIABILITIES</b>			
<i>Current Liabilities</i>			
Payables	18	31,086	22,746
Employee Benefits	20	47,275	43,261
Interest Bearing Liabilities	19	551	367
<b>Total Current Liabilities</b>		<b>78,912</b>	<b>66,374</b>
<i>Non-Current Liabilities</i>			
Employee Benefits	20	6,470	6,355
Interest Bearing Liabilities	19	1,121	1,514
<b>Total Non-Current Liabilities</b>		<b>7,591</b>	<b>7,869</b>
<b>TOTAL LIABILITIES</b>		<b>86,503</b>	<b>74,243</b>
<b>NET ASSETS</b>		<b>271,495</b>	<b>186,775</b>
<b>EQUITY</b>			
Asset Revaluation Reserve	21	59,264	20,565
Available for Sale Revaluation Reserve	21	491	-
Linencare Business Unit Reserve	21	6,895	5,728
Restricted Specific Purpose Reserve	21	22,153	21,151
Internally Managed Reserves	21	30,429	23,395
Contributed Capital	21	163,238	128,464
Accumulated Surplus / (Deficits)	21	(10,975)	(12,528)
<b>TOTAL EQUITY</b>		<b>271,495</b>	<b>186,775</b>
<i>This statement should be read in conjunction with the accompanying notes</i>			

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**STATEMENT OF RECOGNISED INCOME AND EXPENSE**  
**FOR THE YEAR ENDED 30 JUNE 2006**

	Note	2006 \$000	2005 \$000
Gain /(Loss) on Asset Revaluations		38,699	234
Gain /(Loss) on Available for Sale Financial Assets		491	-
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>		<b>39,190</b>	<b>234</b>
<b>NET RESULT FOR THE YEAR</b>		<b>10,119</b>	<b>2,661</b>
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		<b>49,309</b>	<b>2,895</b>
<i>This statement should be read in conjunction with the accompanying notes.</i>			

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

## CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2006

	Note	2006 \$000	2005 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		284,296	266,595
Patient and Resident Fees Received		21,971	19,081
GST Received from/ (paid to) ATO		(19,942)	(18,258)
Recoupment from Private Practice for use at hospital facilities		3,967	4,015
Drug Income		5,186	4,767
Linencare Fees		5,392	4,944
Pharmaceutical Benefits Scheme		3,633	3,528
Other Receipts		25,180	15,125
Interest Received		2,887	2,280
Employee Benefits Paid		(227,057)	(213,643)
Payments for Supplies & Consumables		(75,787)	(65,747)
Finance Costs		(115)	(131)
Fuel, Light, Power and Water		(4,698)	(3,169)
Maintenance Contracts		(3,111)	(2,783)
Repairs and Maintenance		(5,400)	(5,546)
Other Expenses		(578)	(9,211)
Cash Generated from Operations		15,824	1,847
Capital Grants from Government		17,124	9,754
Capital Donation and Bequests Received		3,973	4,123
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	<b>22(b)</b>	<b>36,921</b>	<b>15,724</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from Sale of Property, Plant & Equipment		1,121	778
Purchases of Property, Plant & Equipment		(53,891)	(20,185)
Purchase of Investments		(10,000)	(8,222)
<b>NET CASH (OUTFLOW) FROM INVESTING ACITIVITIES</b>		<b>(62,770)</b>	<b>(27,629)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of Borrowings		(64)	(211)
Proceeds from Borrowings		-	1,090
Contributed Capital from Government		34,774	9,091
Repayments of Finance Leases		(143)	-
<b>NET CASH INFLOW FROM FINANCING ACTIVITIES</b>		<b>34,567</b>	<b>9,970</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>8,718</b>	<b>(1,935)</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		<b>9,676</b>	<b>11,611</b>
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	<b>22(a)</b>	<b>18,394</b>	<b>9,676</b>
<i>This Statement should be read in conjunction with the accompanying notes.</i>			

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The general purpose Financial Report of Barwon Health has been prepared in accordance with the provisions of the Financial Management Act 1994, Accounting Standards issued by the Australian Accounting Standards Board and Urgent Issues Group Interpretations. Accounting Standards include Australian equivalents to International Financial Reporting Standards (A-IFRS).

The Financial Reports were authorised for issue by Mrs. Sue De Gilio, Chief Executive Officer, Barwon Health on 31 August 2006.

**Basis of Preparation**

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

In the application of A-IFRS management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgements. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Judgments made by management in the application of A-IFRS that have significant effects on the financial report and estimates with a significant risk of material adjustments in the next year are disclosed throughout the notes in the financial report.

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.

Barwon Health changed its accounting policies on 1 July 2005 to comply with A-IFRS. The transition to A-IFRS is accounted for in accordance with the Accounting Standards AASB 1 *First-time Adoption of Australian Equivalents to International Financial Reporting Standards*, with 1 July 2004 as the date of transition. An explanation of how the transition from superseded policies to A-IFRS has affected Barwon Health's operating statement, balance sheet and cash flows is discussed in note 31.

Barwon Health has elected to apply Accounting Standard AASB 2005-04 *Amendments to Accounting Standards (June 2005)*, even though the Standard is not required to be adopted until annual reporting periods beginning on or after 1 January 2006.

The accounting policies set out below have been applied in preparing the Financial Report for the year ended 30 June 2006, the comparative information presented in this Financial Report for the year ended 30 June 2005, and in the preparation of the opening A-IFRS balance sheet at 1 July 2004, Barwon Health's date of transition, except for the accounting policies in respect of financial instruments. Barwon Health has not restated comparative information for financial instruments, including derivatives, as permitted under the first-time adoption transitional provisions. The accounting policies for financial instruments applicable to the comparative information and the impact of the changes in these accounting policies is discussed further in note 1.34 .

**1.1 Reporting Entity**

The Financial Report includes all the controlled activities of Barwon Health. Barwon Health is a not for profit entity and therefore applies the additional Australian paragraphs applicable to "not for profit" entities under the Australian Equivalents to IFRS

**1.2 Accrual Basis**

Except where otherwise stated, this Financial Report has been prepared on an accrual basis whereby revenues and expenses are recognised when they are earned or incurred, and are brought to account in the period to which they relate.

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**1.3 Receivables**

Trade debtors are carried at amortised cost less impairment due and are due for settlement within 30 days from the date of recognition. The collectability of debts is assessed on an individual item basis at regular intervals and specific provision is made for any impairment when the assessment is made. Debts, which are known to be uncollectable, are written off.

**1.4 Financial Assets**

Cash and Cash Equivalents

Cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash and cash equivalents are measured at fair value.

**Other Financial Assets**

Bank term deposits and debentures are valued at cost and are classified between current and non-current assets based on the Board of Director's intentions at balance date with respect to the timing of disposal of each investment with any resultant gain or loss recognised in profit or loss.

Shares held by Barwon Health are classified as being available for sale and stated at fair value. Gains and losses arising from changes in fair value are recognised directly in equity, until the investment is disposed of or is determined to be impaired, at which time to the extent appropriate, the cumulative gain or loss previously recognised in equity is included in profit or loss for the period. Interest revenue and dividends from investments are brought to account when earned.

**1.5 Depreciation**

Depreciable assets with a cost in excess of \$2,000 are capitalised and depreciation has been provided so as to allocate their value over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and residual values for other assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2006	2005
Buildings	Up to 50 years	Up to 50 years
Plant & Equipment	Up to 15 years	Up to 15 years
Furniture & Fittings	Up to 7 years	Up to 7 years
Linen	Up to 5 years	Up to 5 years
Leased Assets	Up to 5 years	Up to 5 years
Intangible Assets	Up to 5 years	Up to 5 years
Motor Vehicles	Up to 5 years	-

**1.6 Inventories**

Inventories include pharmaceutical, medical, surgical and other bulk purchases. Inventories are valued at the lower of cost and net realisable value. Cost is determined by the average purchase price of items. Pharmaceuticals held for distribution are measured at the lower of cost and current replacement cost.

**1.7 Payables**

Trade creditors, other creditors and accrued expenses represent liabilities for goods and services provided to the entity prior to balance date and which are unpaid. Amounts are unsecured and the normal credit terms are usually net 30 days.

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**1.8 Employee Benefits**

Provision is made for benefits accruing to employees in respect of wages, salaries, annual leave, accrued days off and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Provisions made in respect of employee benefits expected to be settled within 12 months, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement, and are recognised as a current liability.

Provisions made in respect of employee benefits which are not expected to be settled within 12 months are measured as the present value of the estimated future cash outflows to be made by Barwon Health in respect of services provided by employees up to reporting date.

**Long Service Leave**

The provision for long service leave is determined in accordance with AASB 119 *Employee Benefits*. The unconditional long service leave entitlements are recognised in the provision for employee benefits as a current liability. The balance of the long service leave, including non vested long service leave are recognised as a non current liability and are measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates on national Government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

**Superannuation**

The amount charged to the Operating Statement in respect of superannuation represents the contributions made by Barwon Health to the superannuation funds for both defined contribution and defined benefit plans. Barwon Health does not recognize any defined benefit liability in respect of the superannuation plan because Barwon Health has no legal or constructive obligation to pay future benefits relating to employees; it's only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial report.

**On-Costs**

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

**1.9 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.

**1.10 Donations and Bequests**

Donations and bequests are recognised as revenue when received. Donations from the community and estate bequests are included in the Operating Statement under Capital Purpose Income, and as part of either the Restricted Specific Purpose Reserve or Internally Managed Reserves in the Balance Sheet.

**1.11 Principles of Consolidation**

The assets, liabilities, revenues and expenses of all business units of Barwon Health have been included at the values shown in their business unit ledgers. Any inter-unit transactions have been eliminated on consolidation.

**1.12 Restricted Purpose Funds and Internally Managed Reserves**

Barwon Health's Restricted Purpose Funds comprise unspent donations, the net surplus from private practice arrangements and receipts from fundraising activities conducted solely in respect of these funds. Separation of these funds from the Operating Fund is required under Hospital Funding Guidelines. Internally Managed Reserves refers to funds over which Barwon Health has management control, as well as the discretion, on the ultimate disposition of these funds.

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**1.13 Leased Property and Equipment**

A distinction is made between finance leases, which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to the ownership of leased non current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Finance leases are recognised as assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at the inception of the lease. This balance is amortised on a straight-line basis over its expected economic life. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense. Operating lease payments are recognised on a straight line basis which is representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

**1.14 Private Practice Fees**

In relation to full time medical staff, all the private practice fees are donated to Barwon Health in accordance with agreements reached with medical practitioners. Barwon Health uses a percentage of these funds for the professional development of practitioners and for the replacement of medical equipment. Other arrangements apply to sessional medical staff in the conduct of private practice on site using Barwon Health facilities and equipment. The facility charges for these services are specified in individual contracts between the practitioner and Barwon Health.

**1.15 Revenue Recognition**

Revenue is recognised in accordance with AASB 118 *Revenue*. Revenue is recognised to the extent that it is earned. Should there be unearned revenue at reporting date, it is reported as revenue received in advance.

**Patient Fees**

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

**Private Practice Fees**

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

**Indirect Contributions**

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

**Government Grants**

Grants are recognised when Barwon Health gains control of the underlying assets. Where grants are reciprocal, they are recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grants are received or receivable.

**1.16 Comparative Information**

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

**1.17 Research Funds**

As Barwon Health does not have ownership of funds received by researchers from outside bodies for research, they are treated as trust funds, and as such are brought to account as liabilities in the Balance Sheet.

**1.18 Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives**

The Activities classified as Services Supported by Health Services Agreement are substantially funded by the Department of Human Services while Services supported by Hospital and Community Initiatives (non HSA) are funded by Barwon Health's own activities or local initiatives.

**1.19 SWARH Joint Venture**

Interest in the joint venture operation is recognised by including in the respective classifications, the share of individual assets, liabilities, revenue, expenses and commitments. Details of the Joint venture are set out in note 14.

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**1.20 Rounding Off**

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

**1.21 Fund Accounting**

Barwon Health operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital funds. The Capital and Specific Purpose funds include unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds.

**1.22 Economic Dependency**

Barwon Health is dependent upon the State and to a lesser extent, the Federal Government, continuing to purchase or contract for the delivery of health services.

**1.23 Property, Plant and Equipment, and Revaluation of Non-Current Assets**

Land and buildings are measured at the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. Plant, equipment and vehicles are measured at cost.

Subsequent to their initial recognition as assets, Barwon Health adopts the fair value basis for measuring Land and Buildings and the cost basis for measuring all Plant and Equipment.

Several of the Aged Care Buildings (The McKellar Centre) are presently undergoing redevelopment and therefore will not be reassessed until the end of Stage 2, which is expected to be completed by 30 June 2007. The remaining Barwon Health Land and Buildings have been revalued to independent valuations obtained in June 2006.

Revaluations will be made with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at the reporting date. Revaluations are assessed annually and supplemented by independent assessments based on the useful lives as listed in note 1.5. Assets with useful lives up to 30 years are to be revalued every 3 to 4 years. Assets with useful lives of over 30 years are to be revalued every 6 to 8 years.

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

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

Revaluation increments and decrements are offset against one another within a class of non-current assets.

**1.24 Contributed Capital**

Consistent with UIG Interpretation 1038 "Contributions by Owners Made to Wholly-Owned Public Sector Entities" and Financial Reporting Direction 2A "Contribution by Owners", transfers that are in the nature of contributions or distributions, have been designated as contributed capital.

**1.25 Asset Revaluation Reserve**

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

**1.26 Goods and Services Tax**

Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense. The net amount of GST recoverable from, or payable to, the Australian Taxation Office (ATO) is included as part of receivables or payables in the Balance Sheet. The GST component of a receipt or payment is recognised on a gross basis in the Cash Flow Statement in accordance with AASB 107 Cash Flow Statements.

**1.27 Interest Bearing Liabilities**

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition all financial liabilities are recognised at amortised cost, using the effective interest method.

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**1.28 Residential Aged Care Services**

The McKellar Centre is substantially funded from Commonwealth bed-day subsidies. The Nursing Home operations are an integral part of the Hospital and share its resources. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

**1.29 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.

**1.30 Intangible Assets**

Intangible Assets represent identifiable non-monetary assets without the physical substance such as patents, trademarks, goodwill and computer software. Intangible Assets are recognised at cost. Amortisation is allocated to intangible assets on a systematic basis over the assets finite useful life.

The amortisation period and the amortisation method for an intangible asset are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount.

**1.31 Investment Property**

Investment properties represent properties held to earn rentals or 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. When investment properties are re-valued to fair values, the change in fair value is recognised as revenue or expenses in the period that they arise. The properties are not depreciated. Rental revenue from the leasing of investment properties is recognised in the Income Statement in the periods in which it is receivable.

**1.32 Impairment of Assets**

Intangible Assets with indefinite useful lives are tested annually as to whether their carrying value exceeds their recoverable amount. All other assets are assessed annually for indications of impairment, except for inventories, financial assets, non current assets held for sale and investment property that are measured at fair value. If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Where the assets carrying value exceeds its recoverable amount, the difference is written off by a charge to Operating Statement except to the extent that the write down can be debited to an asset revaluation reserve amount applicable to that class of asset. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair values less costs to sell.

**1.33 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, and is effectively realised, is recognised in profit and loss. Where a revalued financial asset is impaired that portion of the reserve, which relates to that financial asset, is recognised in profit and loss.

**1.34 Financial Instruments - Adoption of AASB 132 and AASB 139**

Barwon Health has elected not to restate comparative information for financial instruments within scope of *AASB 132 Financial Instrument: Presentation and Disclosure and Financial Instruments: Recognition and Measurement*, as permitted on the first time adoption of A-IFRS.

The accounting policies applied to accounting for financial instruments in the current financial year detailed in notes 1.3, 1.4, 1.7 and 1.27. The accounting policies applied with respect to those items in the previous year are not materially different to those in the current year.

**BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2006**

**1.35 Net Result from Continuing Operations before Capital and Specific items**

A-IFRS allows the inclusion of additional subtotals on the face of the operating statement when such presentation is relevant to an understanding of an entity's financial performance. This financial report includes an additional subtotal entitled "Net result from Operations before Capital".

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

- > Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment. Consequently, the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- > Specific income relates to the increase in value of the two investment properties owned by Barwon Health following the valuation performed at 30 June 2006.
- > Depreciation and amortisation as described in note 1.5.

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 2 REVENUE**

	Note	HSA 2006 \$000	HSA 2005 \$000	Non-HSA 2006 \$000	Non-HSA 2005 \$000	Total 2006 \$000	Total 2005 \$000
<b>Revenue from Operating Activities</b>							
<b>Recurrent</b>							
Government Grants							
- Department of Human Services		240,729	220,485	-	-	240,729	220,485
- Dental Health Services Victoria		3,362	2,986	-	-	3,362	2,986
- State Gov Equipment and Infrastructure Maintenance		1,377	1,377	-	-	1,377	1,377
- Commonwealth Government		15,720	15,092	-	-	15,720	15,092
Indirect Contributions by Human Services		5,598	5,771	-	-	5,598	5,771
Recoupment from Private Practice for use of Hospital Facilities		2,770	2,801	-	-	2,770	2,801
Patient and Resident Fees	5	22,095	20,418	-	-	22,095	20,418
Other		19,002	17,185	-	-	19,002	17,185
<b>Sub-Total Revenue from Operating Activities</b>		<b>310,653</b>	<b>286,115</b>	<b>-</b>	<b>-</b>	<b>310,653</b>	<b>286,115</b>
<b>Revenue from Non- Operating Activities</b>							
Interest		-	-	2,745	2,233	2,745	2,233
Dividends		-	-	67	-	67	-
Property Income		-	-	907	904	907	904
Private Practice Fees Donated		-	-	1,197	1,213	1,197	1,213
Other Revenue from Non-Operating Activities		-	-	8,640	7,768	8,640	7,768
<b>Sub Total Revenue from Non-Operating Activities</b>		<b>-</b>	<b>-</b>	<b>13,556</b>	<b>12,118</b>	<b>13,556</b>	<b>12,118</b>
<b>Revenue from Capital Purpose Income</b>							
Revenue from State Government Capital Grants							
- Targeted Capital Works & Equipment		13,579	6,719	-	-	13,579	6,719
- Other		-	128	-	-	-	128
Commonwealth Government Capital Grants		1,561	2,081	-	-	1,561	2,081
Residential Accommodation Payments		-	-	746	658	746	658
Donations & Bequests		-	-	3,973	4,123	3,973	4,123
Net Gain/(Loss) on Disposal of Non Current Assets	6	(80)	-	-	(497)	(80)	(497)
Other Capital Purpose Income		-	-	-	168	-	168
<b>Sub-Total Revenue from Capital Purpose Income</b>		<b>15,060</b>	<b>8,928</b>	<b>4,719</b>	<b>4,452</b>	<b>19,779</b>	<b>13,380</b>
Share of net profits/(losses) of joint venture using the equity method		-	-	(28)	69	(28)	69
<b>Specific Income</b>							
Revaluation of Investment Property		1,239	-	-	-	1,239	-
<b>Total Revenue from Operations</b>		<b>326,952</b>	<b>295,043</b>	<b>18,247</b>	<b>16,639</b>	<b>345,199</b>	<b>311,682</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 3 ANALYSIS OF REVENUE BY SOURCE**

	Note	Acute Health		Mental Health		RAC	
		2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
<b>Revenue from Services Supported by Health Services Agreement</b>							
Government Grants							
- Department of Human Services		176,748	161,735	20,864	18,963	28,603	25,404
- Dental Health Services Victoria		-	-	-	-	-	-
- Commonwealth Government		-	-	-	-	12,860	12,531
Indirect Contributions by Department of Human Services							
- Insurance		4,115	3,516	-	-	-	-
- Long Service Leave		1,483	2,255	-	-	-	-
Recoupment from Private Practice for use of Hospital Facilities							
Patient and Resident Fees	5	12,398	15,506	-	-	8,524	4,132
Interest & Dividends		75	47	-	-	-	-
Other		15,263	16,957	464	337	32	46
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>		<b>212,852</b>	<b>202,817</b>	<b>21,328</b>	<b>19,300</b>	<b>50,019</b>	<b>42,113</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>							
<b>Internal and Restricted Specific Purpose Fund</b>							
Pharmacy Services		-	-	-	-	-	-
Linencare		-	-	-	-	-	-
Salary Package Admin Charges		-	-	-	-	-	-
Bone Densitometry		-	-	-	-	-	-
Laboratory Research Medicine		-	-	-	-	-	-
Hydrotherapy		-	-	-	-	-	-
Cardiac Equipment		-	-	-	-	-	-
Other		-	-	-	-	-	-

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

RAC Mental Health		Aged Care		Primary Health		Other		Total	
2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2,703	3,132	1,654	1,188	2,782	2,589	8,752	8,851	242,106	221,862
-	-	-	-	-	-	3,362	2,986	3,362	2,986
1,146	1,185	-	-	-	-	1,714	1,376	15,720	15,092
-	-	-	-	-	-	-	-	4,115	3,516
-	-	-	-	-	-	-	-	1,483	2,255
-	-	-	-	-	-	-	-	2,770	2,801
357	337	108	94	130	132	578	217	22,095	20,418
-	-	-	-	-	-	-	-	75	47
-	-	12	9	76	81	3,080	555	18,927	17,985
<b>4,206</b>	<b>4,654</b>	<b>1,774</b>	<b>1,291</b>	<b>2,988</b>	<b>2,802</b>	<b>17,486</b>	<b>13,985</b>	<b>310,653</b>	<b>286,962</b>
-	-	-	-	-	-	142	119	142	119
-	-	-	-	-	-	5,392	4,944	5,392	4,944
-	-	-	-	-	-	795	751	795	751
-	-	-	-	-	-	308	300	308	300
-	-	-	-	-	-	634	187	634	187
-	-	-	-	-	-	136	355	136	355
-	-	-	-	-	-	212	99	212	99
-	-	-	-	-	-	903	353	903	353

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 3 ANALYSIS OF REVENUE BY SOURCE (CONTINUED)**

	Note	Acute Health		Mental Health		RAC	
		2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
<b>Other Activities</b>							
Interest		-	-	-	-	-	-
Dividends		-	-	-	-	-	-
Property Income		-	-	-	-	-	-
Donations & Bequests		-	2,389	-	-	-	515
Residential Accommodation Payments		-	-	-	-	746	658
Capital Purpose Income		13,518	4,044	-	-	1,595	5,052
Share of net profits/(losses) of joint venture using the equity method		-	-	-	-	-	-
Revaluation of Investment Property		1,239	-	-	-	-	-
Private Practice Fees Donated		-	-	-	-	-	-
Net Gain / (Loss) from Disposal of Non Current assets		(80)	(497)	-	-	-	-
Other		-	-	-	-	-	-
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>							
		<b>14,677</b>	<b>5,936</b>	<b>-</b>	<b>-</b>	<b>2,341</b>	<b>6,225</b>
<b>TOTAL REVENUE FROM OPERATIONS</b>							
		<b>227,529</b>	<b>208,753</b>	<b>21,328</b>	<b>19,300</b>	<b>52,360</b>	<b>48,338</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

RAC Mental Health		Aged Care		Primary Health		Other		Total	
2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
-	-	-	-	-	-	2,745	2,233	2,745	2,233
-	-	-	-	-	-	67	-	67	-
-	-	-	-	-	-	907	717	907	717
-	-	-	-	-	-	3,972	1,219	3,972	4,123
-	-	-	-	-	-	-	-	746	658
-	-	-	-	-	-	28	-	15,141	9,096
-	-	-	-	-	-	(28)	69	(28)	69
-	-	-	-	-	-	-	-	1,239	-
-	-	-	-	-	-	1,197	1,213	1,197	1,213
-	-	-	-	-	-	-	-	(80)	(497)
-	-	-	-	-	-	118	-	118	-
-	-	-	-	-	-	<b>17,528</b>	<b>12,559</b>	<b>34,546</b>	<b>24,720</b>
<b>4,206</b>	<b>4,654</b>	<b>1,774</b>	<b>1,291</b>	<b>2,988</b>	<b>2,802</b>	<b>35,014</b>	<b>26,544</b>	<b>345,199</b>	<b>311,682</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 4 ANALYSIS OF EXPENSES BY SOURCE**

	Note	Acute Health		Mental Health		RAC	
		2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
<b>Services Supported by Health Service Agreement</b>							
Employee Benefits							
- Salaries & Wages		148,095	136,859	13,834	12,775	14,267	13,678
- Workcover		1,418	1,303	131	117	138	130
- Departure Packages		190	103	-	-	-	-
- Long Service Leave		3,166	3,406	397	395	336	494
- Superannuation		13,132	12,291	1,216	1,125	1,281	1,367
Non Salary Labour Costs							
- Agency Costs - Nursing		476	260	87	59	241	137
- Agency Costs - Other		1,025	464	306	116	-	-
Supplies & Consumables							
- S100 Drugs		4,977	4,825	-	-	-	-
- Medical & Surgical Supplies & Prosthesis		44,977	35,720	411	355	407	376
- Pathology Supplies		5,509	5,102	6	16	2	1
- Food Supplies		3,370	3,187	45	41	241	97
Other Expenses							
- Domestic Services & Supplies		1,054	956	56	33	160	120
- Fuel, Light, Power & Water		4,390	2,273	24	26	45	554
- Insurance costs funded by DHS		4,115	3,516	-	-	-	-
- Motor Vehicle Expenses		190	112	163	166	-	-
- Lease Expenses		47	52	20	29	-	-
- Maintenance Contracts		3,013	2,728	9	7	16	21
- Bad & Doubtful Debts		9	156	-	-	175	-
- Other Administrative Expenses		577	419	656	256	157	43
- Repairs & Maintenance		4,083	3,706	283	570	92	62
- Patient Transport		411	495	67	52	2	3
- Other		367	1,190	230	34	9	51
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>							
		<b>244,591</b>	<b>219,123</b>	<b>17,941</b>	<b>16,172</b>	<b>17,569</b>	<b>17,134</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

RAC Mental Health		Aged Care		Primary Health		Other		Total	
2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
3,360	3,048	7,003	7,416	2,181	9,577	8,439	3,432	197,179	186,785
29	29	65	67	22	89	97	34	1,900	1,769
-	-	38	3	-	-	-	-	228	106
81	99	148	247	62	197	177	99	4,367	4,937
305	275	642	785	188	886	951	286	17,715	17,015
5	6	183	4	-	-	-	-	992	466
75	47	13	12	-	-	103	452	1,522	1,091
-	-	-	-	-	-	-	-	4,977	4,825
42	26	700	6	127	42	2,468	6,845	49,132	43,370
-	-	-	-	-	-	1	26	5,518	5,145
24	15	38	87	1	30	33	3	3,752	3,460
25	37	25	131	3	7	83	16	1,406	1,300
7	7	7	52	-	3	225	11	4,698	2,926
-	-	-	-	-	-	-	-	4,115	3,516
30	29	23	31	26	23	203	115	635	476
-	-	4	-	6	10	26	10	103	101
1	1	61	1	3	1	8	9	3,111	2,768
-	-	-	-	-	-	-	-	184	156
65	21	113	20	84	19	613	384	2,265	1,162
91	81	95	25	69	13	687	414	5,400	4,871
2	2	204	29	1	-	33	33	720	614
4	1	1	1	4	2	810	64	1,425	1,343
<b>4,146</b>	<b>3,724</b>	<b>9,363</b>	<b>8,917</b>	<b>2,777</b>	<b>10,899</b>	<b>14,957</b>	<b>12,233</b>	<b>311,344</b>	<b>288,202</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 4 ANALYSIS OF EXPENSES BY SOURCE (CONTINUED)**

	Note	Acute Health		Mental Health		RAC	
		2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
<b>Services Supported by Hospital and Community Initiatives</b>							
Employee Benefits							
- Salaries & Wages		-	-	-	-	-	-
- Workcover		-	-	-	-	-	-
- Departure Packages		-	-	-	-	-	-
- Long Service Leave		-	-	-	-	-	-
- Superannuation		-	-	-	-	-	-
Non Salary Labour Costs							
- Agency costs - Other		-	-	-	-	-	-
Supplies & Consumables							
- Medical, Surgical Supplies and Prosthesis		-	-	-	-	-	-
- Pathology Supplies		-	-	-	-	-	-
- Food Supplies		-	-	-	-	-	-
Other Expenses							
- Domestic Services & Supplies		-	-	-	-	-	-
- Fuel, Light, Power & Water		-	-	-	-	-	-
- Motor Vehicle Expenses		-	-	-	-	-	-
- Lease Expenses		-	-	-	-	-	-
- Maintenance Contracts		-	-	-	-	-	-
- Administrative Expenses		-	-	-	-	-	-
- Repairs & Maintenance		-	-	-	-	-	-
- Patient Transport		-	-	-	-	-	-
- Bad & Doubtful Debts		-	-	-	-	-	-
Other		-	-	-	-	-	-
<b>Sub-total Expenses from Services Supported by Hospital and Community Initiatives</b>		-	-	-	-	-	-
Depreciation and Amortisation		5,873	7,558	4,088	190	1,761	2,208
Audit Fees							
- Auditor General		119	114	-	-	-	-
- Other		-	-	-	-	-	-
Finance Costs		96	124	-	-	-	-
		6,088	7,796	4,088	190	1,761	2,208
<b>Total Expenses from Continuing Operations</b>		<b>250,679</b>	<b>226,919</b>	<b>22,029</b>	<b>16,362</b>	<b>19,330</b>	<b>19,342</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

RAC Mental Health		Aged Care		Primary Health		Other		Total	
2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
-	-	-	-	-	-	6,239	5,586	6,239	5,586
-	-	-	-	-	-	217	135	217	135
-	-	-	-	-	-	-	56	-	56
-	-	-	-	-	-	153	151	153	151
-	-	-	-	-	-	551	510	551	510
-	-	-	-	-	-	73	117	73	117
-	-	-	-	-	-	126	121	126	121
-	-	-	-	-	-	6	15	6	15
-	-	-	-	-	-	32	13	32	13
-	-	-	-	-	-	679	599	679	599
-	-	-	-	-	-	255	243	255	243
-	-	-	-	-	-	198	169	198	169
-	-	-	-	-	-	97	108	97	108
-	-	-	-	-	-	80	15	80	15
-	-	-	-	-	-	1,285	1,162	1,285	1,162
-	-	-	-	-	-	682	675	682	675
-	-	-	-	-	-	7	1	7	1
-	-	-	-	-	-	-	4	-	4
-	-	-	-	-	-	209	162	209	162
-	-	-	-	-	-	<b>10,889</b>	<b>9,842</b>	<b>10,889</b>	<b>9,842</b>
86	81	29	26	2	2	656	610	12,495	10,675
-	-	-	-	-	-	6	-	125	114
-	-	-	-	-	-	112	57	112	57
-	-	-	-	-	-	19	7	115	131
86	81	29	26	2	2	793	674	12,847	10,977
<b>4,232</b>	<b>3,805</b>	<b>9,392</b>	<b>8,943</b>	<b>2,779</b>	<b>10,901</b>	<b>26,639</b>	<b>22,749</b>	<b>335,080</b>	<b>309,021</b>

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 5 PATIENT AND RESIDENT FEES**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
<b>Patient and Residential Fees Raised</b>		
Acute		
- Inpatients	5,993	5,873
- Other	6,405	7,127
Residential Aged Care and Sub Acute		
- Generic	8,633	6,619
- Mental Health	357	337
- Other	707	462
<b>Total Patient Fees Raised</b>	<b>22,095</b>	<b>20,418</b>

**NOTE 6 NET GAIN / (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
<b>Proceeds from Disposal of Non current Assets</b>		
- Other Equipment	32	1
- Motor Vehicles	1,089	777
<b>Total Proceeds from Disposal of Non Current Assets</b>	<b>1,121</b>	<b>778</b>
Less: Written Down Value of Non Current Assets Sold		
- Land	8	67
- Buildings	275	-
- Other Equipment	313	2
- Motor Vehicles	605	1,206
<b>Total Written Down Value of Non Current Assets Sold</b>	<b>1,201</b>	<b>1,275</b>
<b>Net Gains/ (Losses) on disposal of Non Current Assets</b>	<b>(80)</b>	<b>(497)</b>

**NOTE 7 ANALYSIS OF EXPENSES BY INTERNAL AND RESTRICTED SPECIFIC PURPOSE FUNDS FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
Pharmacy Services	98	80
Linencare	6,760	6,345
Salary Packaging	439	459
Property Income & Car Parking	139	84
Bone Densitometry	291	186
Hydrotherapy	305	189
Barwon Health Foundation	1,124	1,167
Laboratory Research Medicine	1,263	759
Staff Health Clinic	522	535
Other	741	672
<b>TOTAL</b>	<b>11,682</b>	<b>10,476</b>

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**NOTE 8 FINANCE COSTS**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
Finance Charges on Finance Leases	49	34
Interest on Long Term Borrowings	66	97
<b>TOTAL</b>	<b>115</b>	<b>131</b>

**NOTE 9 RECEIVABLES**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
<b>CURRENT</b>		
Patient Fees	5,616	5,611
Accrued Revenue - DHS	154	-
Accrued Investment Income	309	223
Sundry Debtors	2,453	3,424
Accrued Revenue- Other	2,514	1,816
Refundable Entrance Fees	4,699	2,981
GST Receivable	1,705	845
<b>LESS Provision for Impairment</b>		
Patient Fees	(526)	(398)
	16,924	14,502
<b>NON CURRENT</b>		
DHS - Long Service Leave	6,438	10,358
<b>NET DEBTORS AND ACCRUED REVENUE</b>	<b>23,362</b>	<b>24,860</b>
<b>BAD AND DOUBTFUL DEBTS</b>		
Inpatient	175	5
Diagnostic	-	65
Sundry Debtors	-	63
Other	9	27
	184	160

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**NOTE 10 OTHER FINANCIAL ASSETS**

	Operating \$000	Special Purpose Fund \$000	Capital Fund \$000	2006 \$000	2005 \$000
<b>Current</b>					
Australian Dollar Term Deposits	-	39,350	100	39,450	29,451
	-	39,350	100	39,450	29,451
<b>Non-Current</b>					
Australian Dollar Term Deposits	-	5	-	5	5
<b>TOTAL</b>	<b>-</b>	<b>39,355</b>	<b>100</b>	<b>39,455</b>	<b>29,456</b>
				<b>2006 \$000</b>	<b>2005 \$000</b>
<b>Represented By:</b>					
Bank Term Deposits				39,450	29,451
Debentures				5	5
<b>TOTAL</b>				<b>39,455</b>	<b>29,456</b>
The Geelong Hospital Medical Staff Group have 50 debentures in Timbercorp Limited.					

**NOTE 11 PREPAYMENTS**

	2006 \$000	2005 \$000
Microsoft Server Licence	183	275
<b>Total Prepayments</b>	<b>183</b>	<b>275</b>

**NOTE 12 INVENTORIES**

	2006 \$000	2005 \$000
Pharmaceuticals at cost	1,153	1,127
Bulk Store at cost	438	403
Medical and Surgical Lines at cost	1,142	915
<b>TOTAL INVENTORIES</b>	<b>2,733</b>	<b>2,445</b>

**NOTE 13 NON - CURRENT OTHER FINANCIAL ASSESTS**

	2006 \$000	2005 \$000
Shares at Fair Value	2,178	1,720
<b>TOTAL</b>	<b>2,178</b>	<b>1,720</b>
Shares in 36 listed companies comprise 135,648 ordinary shares.		

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**NOTE 14 INVESTMENTS ACCOUNTED FOR USING THE EQUITY METHOD**

				<b>2006</b>	<b>2005</b>
				<b>\$000</b>	<b>\$000</b>
Investment in Jointly Controlled Entities				610	260
<b>TOTAL</b>				<b>610</b>	<b>260</b>
	<b>Country of Incorporation</b>	<b>Ownership 2006 %</b>	<b>Interest 2005 %</b>	<b>Published 2006 \$000</b>	<b>Fair Value 2005 \$000</b>
Jointly Controlled Entities					
South West Alliance of Rural Health (Vic)	Australia	15	15	610	260
<b>Principal Activity:</b>					
Barwon Health has a joint venture interest in the South Western Alliance of Rural Health (SWARH) whose principal activity is the implementing and processing of an information technology system and an associated telecommunication service suitable for use by each member hospital. Barwon Health's share of jointly controlled entities profit and loss and net assets are determined on an annual basis as shown below.					
				<b>2006</b>	<b>2005</b>
				<b>\$000</b>	<b>\$000</b>
<b>Summarised Financial Information of Jointly Controlled Entities</b>					
<b>Balance Sheet:</b>					
Current Assets				640	1,310
Non- Current Assets				2,490	2,023
<b>Total Assets</b>				<b>3,130</b>	<b>3,333</b>
Current Liabilities				596	479
Non -Current Liabilities				42	33
Total Liabilities				638	512
<b>Net Assets</b>				<b>2,492</b>	<b>2,821</b>
Share of Net Assets				610	260
Income				246	224
Expenses				(274)	(155)
<b>Share of Jointly Controlled Entities Profit and Loss</b>				<b>(28)</b>	<b>69</b>
<b>Share of Capital Commitments</b>				<b>84</b>	<b>656</b>

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**NOTE 15 PROPERTY, PLANT AND EQUIPMENT**

	<b>At Cost/ Valuation \$000</b>	<b>Accumulated Depreciation \$000</b>	<b>Net Assets 2006 \$000</b>	<b>Net Assets 2005 \$000</b>
<b>Based on Historical Cost</b>				
Plant and Equipment				
-Plant	8,092	4,695	3,397	3,751
-Motor Vehicles	6,032	2,934	3,098	5,636
-Medical	40,479	28,050	12,429	12,402
-Other Equipment	16,981	10,329	6,652	4,877
	71,584	46,008	25,576	26,666
Furniture & Fittings	424	303	121	116
Linen	3,828	2,027	1,801	1,627
	75,836	48,338	27,498	28,409
<b>Based on Fair Value</b>				
Land at revaluation on 30 June 2003	-	-	-	17,176
Land at revaluation on 30 June 2004	-	-	-	8,360
Land at revaluation on 30 June 2005	-	-	-	500
Land at revaluation on 30 June 2006	35,781	-	35,781	-
Buildings at valuation on 30 June 2004	-	-	-	80,362
Buildings at valuation on 30 June 2005	-	-	-	387
Buildings at valuation on 30 June 2006	291,667	143,132	148,535	-
Buildings under construction	52,818	-	52,818	51,845
	380,266	143,132	237,134	158,630
<b>Leased Assets</b>				
Motor Vehicles and Equipment	894	151	743	720
				-
<b>Total Non-Current Assets</b>	<b>456,996</b>	<b>191,621</b>	<b>265,375</b>	<b>187,759</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

### NOTE 15 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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

	Land \$000	Buildings \$000	Plant \$000	Medical \$000	Motor Vehicle \$000	Other Equip & Fittings \$000	Furniture \$000	Linen \$000	Leased Assets \$000	Total \$000
Carrying amount at start of year	26,036	132,594	3,751	12,402	5,636	4,875	116	1,627	722	187,759
Additions	-	43,857	180	3,401	1,016	3,404	14	417	324	52,613
Revaluations /Increments	9,753	28,946	-	-	-	-	-	-	-	38,699
Disposals	(8)	(275)	(4)	(174)	(605)	(30)	-	-	(105)	(1,201)
Depreciation and Amortisation	-	(3,769)	(530)	(3,200)	(2,949)	(1,597)	(9)	(243)	(198)	(12,495)
Carrying amount at end of year	35,781	201,353	3,397	12,429	3,098	6,652	121	1,801	743	265,375

An independent valuation of the Barwon Health land and buildings was performed by Shane Irwin, (Certified Practising Valuer) of the Landlink Property Group, to determine the fair value of the land and buildings. The valuations which conforms to the Australian Valuation Standards, was determined by reference to the amounts by which assets could be exchanged between knowledgeable willing parties in an arms length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2006.

Assets with useful lives up to 30 years are to be revalued every 3 to 4 years. Where assets have useful lives of over 30 years Barwon Health will formally revalue the assets every 6 to 8 years as management deems this to be sufficiently regular to ensure that the carrying value does not differ materially from fair value and as mentioned in note 1.23.

### NOTE 16 INTANGIBLE ASSETS

	2006 \$000	2005 \$000
Financial Information System	290	388
<b>Total Written Down Value</b>	<b>290</b>	<b>388</b>

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

	Financial Information System
Balance at 1 July 2004	482
Additions	5
Amortisation	(99)
Balance at 1 July 2005	388
Additions	-
Amortisation	(98)
Balance at 30 June 2006	290

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**NOTE 17 INVESTMENT PROPERTIES**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
Balance at the Beginning of the Period	4,179	4,179
Revaluation	1,239	-
<b>Balance at the end of the Period</b>	<b>5,418</b>	<b>4,179</b>

The investment properties were revalued independently by Shane Irwin, (Certified Practising Valuer) of the Landlink Property Group, to determine their fair value. The valuations which conforms to the Australian Valuation Standards, was determined by reference to the amounts by which assets could be exchanged between knowledgeable willing parties in an arms length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2006.

**NOTE 18 PAYABLES**

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
<b>Current</b>		
Trade Creditors	7,450	5,877
Salaries & Wages	4,108	3,436
GST Payable	3,770	2,898
Accrued Expenses	6,550	3,754
Government Creditor - DHS	-	449
Patient Monies held in Trust	840	687
Research funds held in Trust	2,277	1,513
Refundable Entrance Fees	4,986	2,981
Other	1,105	1,151
<b>TOTAL</b>	<b>31,086</b>	<b>22,746</b>

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**NOTE 19 INTEREST BEARING LIABILITIES**

	Note	2006 \$000	2005 \$000
<b>Current</b>			
Australian Dollar Borrowings		254	240
Finance Lease Liabilities	24	297	127
<b>Total Current</b>		<b>551</b>	<b>367</b>
<b>Non- Current</b>			
Australian Dollar Borrowings		679	929
Finance Lease Liabilities	24	442	585
<b>Total Non-Current</b>		<b>1,121</b>	<b>1,514</b>
<b>Total Interest Bearing Liabilities</b>		<b>1,672</b>	<b>1,881</b>

Barwon Health has four secured loan facilities for the purchase of items for medical and laundry equipment. The loans are 8,7,5 and 5 year principal and interest facilities with interest rates of 6.45%, 6.89%, 5.69% and 5.69% respectively.

Barwon Health has 31 unsecured Finance Leases for Motor Vehicles. The facilities vary from 12 to 36 months, with interest rates between 6 and 6.5%.

The Hospital has an overdraft facility of \$500,000 with the National Australia Bank. This facility is not secured.

The amount of \$114,663 (2005, \$97,594) was recognised as borrowing costs.

**NOTE 20 EMPLOYEE BENEFITS**

	2006 \$000	2005 \$000
<b>Current</b>		
- Annual Leave	19,741	18,350
- Accrued Salaries and Wages	5,006	3,864
- Accrued Days Off	604	514
- Long Service Leave	21,924	20,533
	47,275	43,261
<b>Non- Current</b>		
- Long Service Leave	6,470	6,355
	6,470	6,355
<b>TOTAL EMPLOYEE BENEFITS</b>	<b>53,745</b>	<b>49,663</b>
<b>Movement in Long Service Leave:</b>		
Balance at the start of the year	26,889	24,061
Provision made during the year	4,426	5,684
Settlement made during the year	(2,921)	(2,856)
<b>Balance at the end of the year</b>	<b>28,394</b>	<b>26,889</b>

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 4.75% per annum projected weighted average increase in wages and salary rates over a period of 20 years. Present values are calculated using interest rates based on government securities, as advised by the Department of Treasury & Finance.

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**NOTE 21 EQUITY AND RESERVES**

	Accumulated Surpluses/ Contributed			Building	Land	Available	Linencare	Restricted	Internally
	Total	(Deficits)	Capital	Reval	Reval	Financial	Business	Special	Managed
	2006	2006	2006	Reserve	Reserve	Assets	Unit	Purpose	Specific
	\$000	\$000	\$000	Reserve	Reserve	Reserve	Reserve	Reserve	Purpose
				2006	2006	2006	2006	2006	2006
				\$000	\$000	\$000	\$000	\$000	\$000
Balance at Beginning of Reporting Period	186,775	(12,528)	128,464	7,016	13,549	-	5,728	21,151	23,395
SWARH Current Year Adjustment	637	637	-	-	-	-	-	-	-
Surplus/(Deficit) for the Year	10,119	10,119	-	-	-	-	-	-	-
Contributed Capital - received from Victorian Government	34,774	-	34,774	-	-	-	-	-	-
Transfer To Reserves	-	(9,203)	-	-	-	-	1,167	1,002	7,034
Increase in Asset Revaluation Reserve	39,190	-	-	28,946	9,753	491	-	-	-
<b>BALANCE AT END OF REPORTING PERIOD</b>	<b>271,495</b>	<b>(10,975)</b>	<b>163,238</b>	<b>35,962</b>	<b>23,302</b>	<b>491</b>	<b>6,895</b>	<b>22,153</b>	<b>30,429</b>

Barwon Health was instructed by the Department of Human Services to record the McKellar Centre Redevelopment and the Emergency Department Redevelopment costs to 30 June 2006 of \$34,774,221 as Contributed Capital.

	Accumulated Surpluses/ Contributed			Building	Land	Available	Linencare	Restricted	Internally
	Total	(Deficits)	Capital	Reval	Reval	Financial	Business	Special	Managed
	2005	2005	2005	Reserve	Reserve	Assets	Unit	Purpose	Specific
	2005	2005	2005	Reserve	Reserve	Reserve	Reserve	Reserve	Purpose
	\$000	\$000	\$000	Reserve	Reserve	Reserve	Reserve	Reserve	Reserve
				2005	2005	2005	2005	2005	2005
				\$000	\$000	\$000	\$000	\$000	\$000
Balance at Beginning of Reporting Period	174,789	(5,575)	119,373	6,852	13,479	-	4,397	20,142	16,121
Surplus/(Deficit) for the Year	2,433	2,433	-	-	-	-	-	-	-
Investment Property IFRS adjustment	228	228	-	-	-	-	-	-	-
Contributed Capital - received from Victorian Government	9,091	-	9,091	-	-	-	-	-	-
Transfer From Reserves	-	(9,614)	-	-	-	-	1,331	1,009	7,274
Transfer To Reserves	234	-	-	164	70	-	-	-	-
<b>BALANCE AT END OF REPORTING PERIOD</b>	<b>186,775</b>	<b>(12,528)</b>	<b>128,464</b>	<b>7,016</b>	<b>13,549</b>	<b>-</b>	<b>5,728</b>	<b>21,151</b>	<b>23,395</b>

Barwon Health was instructed by the Department of Human Services to record the McKellar Centre Redevelopment costs to 30 June 2005 of \$9,091,697 as Contributed Capital

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**NOTE 22 RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES**

**Note 22 (a)**

For the purpose of the Cash Flow Statement, cash assets includes cash on hand and in banks, and in short term deposits which are readily convertible to cash on hand and are subject to an insignificant risk of change in value, net of outstanding bank overdrafts.

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
Cash at Bank and on Hand	3,377	976
At Call Deposits	15,017	8,700
<b>TOTAL</b>	<b>18,394</b>	<b>9,676</b>

**Note 22 (b)**

Reconciliation of net result for the year to net cash inflow/(outflow) from operating activities.

	<b>2006</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>
Net Result for the Year	10,119	2,661
Depreciation and Amortisation	12,495	10,695
(Profit)/Loss on Sale of Assets	80	497
Increase/ (Decrease) Payables	1,574	(749)
Increase /(Decrease) in Other Payables	7,506	960
Increase /(Decrease) in Employee Benefits	4,081	5,082
Decrease/(Increase) in Patient Fees Receivable	124	(1,337)
Decrease/(Increase) in Other Receivables	(1,074)	514
Decrease/(Increase) in Other Assets	2,303	(2,340)
Decrease/(Increase) in Inventories	(287)	(239)
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>36,921</b>	<b>15,724</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

### NOTE 23 FINANCIAL INSTRUMENTS

#### 23 (a) Interest Rate Risk Exposure

Barwon Health's exposure to interest rate risk and effective weighted average interest rate by maturity periods is set out in the following table. For interest rates applicable to each class of asset or liability, refer to individual notes to the Financial Report. Exposure arises predominantly from assets and liabilities bearing variable interest rates.

	Fixed interest rate maturing in					Total 2006 \$000	Total 2005 \$000	Weighted Average Rates (%)
	Floating Interest rate(a) \$000	1 Year or less \$000	1 to 5 years \$000	Over 5 years \$000	Non Interest bearing \$000			
<b>Financial Assets</b>								
Cash	18,394	-	-	-	-	18,394	9,676	
Patient fees receivable	-	-	-	-	5,616	5,616	5,611	
Other receivables	-	-	-	-	11,491	11,491	9,166	
Other Financial Assets	0	39,455	0	-	0	39,455	29,456	
Non-Current Other Financial Assets					2,178	2,178	1,720	
Other non-current receivables					6,438	6,438	10,359	
<b>Total Financial Assets</b>	<b>18,394</b>	<b>39,455</b>	<b>0</b>	<b>0</b>	<b>25,723</b>	<b>83,572</b>	<b>65,988</b>	<b>5.98</b>
<b>Financial Liabilities</b>								
Payables	-	-	-	-	31,087	31,087	22,746	6.23
Lease liability	-	297	442	-	-	739	712	
Borrowings	-	254	679	0	-	933	1,169	
<b>Total Financial Liabilities</b>	<b>0</b>	<b>551</b>	<b>1,121</b>	<b>0</b>	<b>31,087</b>	<b>32,759</b>	<b>24,627</b>	
<b>Net Financial Asset/Liabilities</b>	<b>18,394</b>	<b>38,904</b>	<b>(1,121)</b>	<b>0</b>	<b>(5,364)</b>	<b>50,813</b>	<b>41,361</b>	

#### 23 (b) Credit Risk Exposure

Credit risk represents the loss that would be recognised if counterparts fail to meet their obligations under the respective contracts at maturity. The credit risk on financial assets of the entity have been recognised on the Balance Sheet, as the carrying amount, net of any provisions for doubtful debts.

#### 23 (c) Net Fair Value of Financial Assets and Liabilities

The carrying amount of financial assets and liabilities contained within this Financial Report is representative of the net fair value of each financial asset or liability. Debtors are due for settlement within 30 days from the date of recognition. The normal credit terms are usually Net 30 days.

#### 23 (d) Risk Management Policy

Barwon Health has a financial risk management policy and internal control system in place, which addresses the risks associated with the clinical and financial management of the organization.

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**NOTE 23 FINANCIAL INSTRUMENTS (CONTINUED)**

	<b>Book Value</b>	<b>Net Market Value</b>	<b>Book Value</b>	<b>Net Market Value</b>
	<b>2006</b>	<b>2006</b>	<b>2005</b>	<b>2005</b>
	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
<b>Financial Assets</b>				
Cash	18,394	18,394	9,676	9,676
Patient fees receivable	5,616	5,616	5,611	5,611
Other receivables	11,491	11,491	9,166	9,166
Other Financial Assets	39,455	39,455	29,456	29,456
Non-Current Other Financial Assets	2,178	2,178	1,720	1,720
Other non-current receivables	6,438	6,438	10,359	10,359
<b>Total Financial Assets</b>	<b>83,572</b>	<b>83,572</b>	<b>65,988</b>	<b>65,988</b>
<b>Financial Liabilities</b>				
Payables	31,087	31,087	22,746	22,746
Lease Liability	739	739	712	712
Borrowings	933	933	1,169	1,169
<b>Total Financial Liabilities</b>	<b>32,759</b>	<b>32,759</b>	<b>24,627</b>	<b>24,627</b>

i) Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost, which approximates to net fair value.

ii) Interest bearing liability amounts are based on the present value of expected future cash flows, discounted at current market interest rates, quoted for trade (Treasury Corporation of Victoria).

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**NOTE 24 COMMITMENTS**

	Note	2006 \$000	2005 \$000
<b>24 (a) Capital Commitments not under Contract</b>			
Building Projects		-	3
Equipment Upgrades		465	70
		465	73
<b>24 (b) Capital Commitments under Contract</b>			
Building Projects		8,283	7,953
Equipment Upgrades		7,819	4,146
		16,102	12,099
Capital Commitments for Building and Equipment Upgrades do not extend beyond one year.			
<b>24 (c) Operating Lease Commitments</b>			
Motor Vehicles			
- Not later than one year		69	71
- Later than one year and not later than 5 years		21	36
		90	107
There are 9 Motor Vehicles on non-cancellable operating leases.			
<b>24 (d) Finance Lease Commitments</b>			
Equipment and Motor Vehicles			
-Not later than one year		428	127
-Later than one year and not later than 5 years		66	585
	19	494	712
There are 31 non-cancellable finance leases for the purchase of motor vehicles.			
<b>24 (e) Commitments from SWARH Joint Venture</b>			
Maintenance & Agreement Obligations			
- Not later than one year		84	254
- Later than one year and not later than 5 years		-	402
		84	656
The Service agreements provide support for communication networks and are non-cancellable			

**NOTE 25 CONTINGENT LIABILITIES AND CONTINGENT ASSETS**

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

# BARWON HEALTH FINANCIAL REPORT

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### NOTE 26 SUPERANNUATION

All eligible employees are covered for superannuation benefits as members of schemes administered by the Health Super Fund, Hesta Super Fund, the Government Superannuation Office or other compliant superannuation funds as elected by the employee. These schemes provide for financial benefits to employees and their dependants on retirement or earlier in the case of disablement, ill health, death, retrenchment or resignation.

#### 26.1 Barwon Health Employees

**26.1.1** Employees have the option of having contributions paid to either Health Super or Hesta or an alternate compliant superannuation fund as elected by the employee. Contributions are made to the Health Super Fund Defined Benefits Scheme and also the Accumulated Benefits Scheme, with Health Super Pty Ltd acting as Trustee of Health Super Fund. The Accumulated Benefits Scheme is fully funded. If an employee has elected Hesta, contributions are made to the Hesta Super Fund with H.E.S.T. Australia Ltd acting as trustee. Hesta operates as an accumulated benefits fund and is fully funded.

**26.1.2** Barwon Health's total contributions to the fund made on behalf of employees were:

	2006	2005
Health Super	15,005,591	\$14,993,442
Hesta	2,515,421	\$2,160,380
Other	433,735	-

The Superannuation contributions for the reporting period are included as part of salaries and associated costs in the Income Statement of Barwon Health.

**26.1.3** The unfunded superannuation liability in respect to members of State Superannuation Schemes and Health Super Schemes are not recognised in the Balance Sheet. Barwon Health's total unfunded superannuation liability in relation to these funds has been assumed by and is reflected in the Financial Report of the Department of Treasury and Finance.

**26.1.4** There were no outstanding contributions as at 30th June 2006 (2005, nil).

**26.1.5** There are no loans to the participating employer from the Fund.

**26.1.6** The fund has advised that the basis of calculating contributions is in accordance with Section 29(2)(a) of the Hospitals Superannuation Act 1988. Participating employer contributions are calculated as a percentage of the employee's salary. Separate contributions are determined for Health Super Fund and optional Contributory Benefits in accordance with Section 29(3). The rates for 2006 for all Class A participating employers were: -

Health Super Scheme / Hesta / Other		Health Super Employee	Contributory Scheme Employer
Payroll greater than \$1 million	9%	0%	1%
		3%	6%
		4%	6%
		6%	10%

**26.1.7** There were no other superannuation contributions made.

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 26 SUPERANNUATION (CONTINUED)**

**26.2 Section 97 State Public Service Employees**

**26.2.1** Contributions are made by Barwon Health to Government Superannuation Office (GSO) for the Defined Benefits Scheme. Barwon Health's liability to the defined scheme has been assumed by State Government.

**26.2.2** Barwon Health contributions to the funds for the financial year ending 30th June 2006 were: -  
Government Superannuation Office \$434,581 (2005, \$420,333)

**26.2.3** There were no outstanding contributions as at 30th June 2006.

**26.2.4** The Fund has advised that the basis of calculating contributions is in accordance with the State Superannuation Act. The rates for 2006 for participating employees were: -

<b>Government Superannuation Office (GSO)</b>		<b>New Scheme</b>	
		<b>Employee</b>	<b>Employer</b>
Section 97 State Public Service Employees	9%	3%	8.8%
		5%	9.7%
		7%	10.5%
		<b>Revised Scheme</b>	
		<b>Employee</b>	<b>Employer</b>
		9%	17%
		9.5%	17%

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

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**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 27 SEGMENT REPORTING**

	Hospital		RACS	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000
<b>REVENUE</b>				
External Segment Revenue	227,529	208,753	58,340	54,283
Intersegment Revenue	7,697	6,559	-	-
Total Revenue	235,226	215,312	58,340	54,283
<b>Net Result from ordinary activities</b>				
Interest Expense	82	94	-	-
Interest Income	-	-	812	634
Share of Net Result of Joint Venture	(29)	69	-	-
<b>Net Result for Year</b>	<b>(29,208)</b>	<b>(19,212)</b>	<b>27,262</b>	<b>22,193</b>
<b>OTHER INFORMATION</b>				
Segment Assets	139,000	48,389	54,815	49,545
Unallocated Assets				
Total Assets	139,000	48,389	54,815	49,545
Segment Liabilities	1,368	1,494	5,826	3,668
Unallocated Liabilities				
<b>Total Liabilities</b>	<b>1,368</b>	<b>1,494</b>	<b>5,826</b>	<b>3,668</b>
Investments in joint venture	610	260	-	-
Acquisition of property, plant and equipment and intangible assets	7,212	4,204	36,134	24,909
Depreciation and Amortisation expense	2,160	2,455	2,083	1,708
Non cash expenses other than depreciation	4,115	3,516	-	-

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

Linen		Community & Mental Health		Other		Eliminations		Total	
2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
5,392	4,944	24,316	22,102	29,622	21,600	-	-	345,199	311,682
2,227	2,105	2,076	1,899	2,612	1,846	(14,612)	(12,409)	-	-
7,619	7,049	26,392	24,001	32,234	23,446	(14,612)	(12,409)	345,199	311,682
<b>1,167</b>	<b>1,158</b>	<b>3,598</b>	<b>(4,969)</b>	<b>1,362</b>	<b>(750)</b>	-	-	<b>(771)</b>	<b>(2,584)</b>
14	17	19	20	-	-	-	-	115	131
379	291	136	62	1,418	1,246	-	-	2,745	2,233
-	-	-	-	-	-	-	-	(29)	69
<b>1,167</b>	<b>1,158</b>	<b>3,598</b>	<b>(5,161)</b>	<b>7,300</b>	<b>3,683</b>			<b>10,119</b>	<b>2,661</b>
5,287	4,884	14,584	3,056	262	599	-	-	213,948	106,473
				144,049	154,545	-	-	144,049	154,545
5,287	4,884	14,584	3,056	144,311	155,144	-	-	357,997	261,018
203	260	99	127			-	-	7,496	5,549
				79,008	68,694	-	-	79,008	68,694
<b>203</b>	<b>260</b>	<b>99</b>	<b>127</b>	<b>79,008</b>	<b>68,694</b>	-	-	<b>86,504</b>	<b>74,243</b>
-	-	-	-	-	-	-	-	610	260
421	344	36		8,810	14,283			52,613	43,740
413	425	1,756	1,388	6,083	4,699	-	-	12,495	10,675
-	-	-	-	-	-	-	-	4,115	3,516

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

### NOTE 27 SEGMENT REPORTING (CONTINUED)

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

Business Segments	Services
Hospital	Acute and sub Acute health services
Residential and Aged Care Services (RACS)	Health services for the Aged in a residential facility
Linen Service	Provision of Linen and Laundry services [Internal and external]
Community and Mental Health	Provision of community based health and mental health services
Share of SWARH Joint Venture	Joint Venture which implements and processes information technology
Other	All other services and activities

### NOTE 28 RESPONSIBLE PERSONS - RELATED PARTY DISCLOSURES

**28.1 Responsible Minister** The Hon. Bronwyn Pike MLC Minister for Health.

**Directors Current:**

Mrs Claire Higgins  
Mr Peter Thomas  
Mr Michael Hirst  
Mr John Frame  
Mr Christopher Burrell [from 1 November 2005]  
Mr Damian Gorman  
Ms Janet Farrow [from 1 November 2005]  
Mrs Maree Markus  
Prof James Angus

**Directors Outgoing:**

Mr David Kenwood [1 July 2005 to 31 October 2005]  
Mrs Lou Brazier [1 July 2005 to 31 October 2005]

**Chief Executive**

Mrs Sue De Gilio

**28.2 Remuneration for Responsible Persons**

Number of Responsible Persons whose income from entities, which comprise Barwon Health, was within the following bands:

	Salary Range \$	2006 No.	2005 No.
<b>Directors (Note 1)</b>	0 - 9,999	4	4
	10,000 - 19,999	5	5
	20,000 - 29,999	1	1
	30,000 - 39,999	1	-
<b>Chief Executive (Note 2)</b>	250,000 - 259,999	-	1
	330,000 - 339,999	1	-
<b>Total Number</b>		<b>12</b>	<b>11</b>
Income received or due and receivable by Responsible Persons of entities which comprise Barwon Health:			
		<b>2006</b>	<b>2005</b>
		<b>\$000</b>	<b>\$000</b>
		496	383

**Note 1:** The remuneration to Directors included a correction of payments relating to prior years.

**Note 2:** The remuneration to the Chief Executive included a back payment relating to prior years, as well as an adjustment relating to a reduction in entitlement to performance payments.

**BARWON HEALTH FINANCIAL REPORT**  
FOR THE YEAR ENDED 30 JUNE 2006

**NOTE 28 RESPONSIBLE PERSONS - RELATED PARTY DISCLOSURES (CONTINUED)**

**28.3 Executive Officers Remuneration**

The number of executive officers whose total remuneration (including performance based payments) for the year falls within the following bands:

	Total Remuneration		Base Remuneration	
	2006 No.	2005 No.	2006 No.	2005 No.
120,000 - 129,999	-	-	1	1
130,000 - 139,999	-	-	-	3
140,000 - 149,999	-	-	1	-
150,000 - 159,999	1	1	1	2
160,000 - 169,999	2	2	2	1
170,000 - 179,999	-	1	-	-
180,000 - 189,999	1	-	1	-
190,000 - 199,999	1	1	2	-
200,000 - 209,999	2	1	1	-
220,000 - 229,000	1	1	-	-
230,000 - 239,999	1	-	-	-
250,000 - 259,999	-	1	-	-
<b>Total Number</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>7</b>

Income received by executive officers of Barwon Health whose income is \$100,000 or more:

	2006 \$000	2005 \$000
	1,724	1,308

In 2005, two Executive Officers commenced part way during the year and did not meet the financial threshold for disclosure. The impact of disclosure for the full complement of executives in 2005/06 had the effect of increasing reported costs by \$236,277.

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

### NOTE 28 RESPONSIBLE PERSONS - RELATED PARTY DISCLOSURES (CONTINUED)

#### 28.4 Other Transactions with Related Parties

Michael Hirst, Director, is an executive of Bendigo Bank and a Director of Treasury Corporation Victoria (TCV). In accordance with Barwon Health's Board approved investment policy, Bendigo Bank is one of a number of approved financial institutions with whom investment transactions are conducted. At 30 June 2006 \$2.0m (2005, \$1.0m) was invested with Bendigo Bank. Barwon Health currently has two loan facilities with TCV with an original combined principal sum of \$0.456m. Interest paid on the loans for 2006 was \$19,938 (2005, \$20,216).

Lou Brazier, Director up until 31 October 2005, is a Councillor for the City of Greater Geelong (COGG). Barwon Health contracts with COGG for a range of services, including a contract for immunisation. Total payments made to COGG in the financial year were \$267,777 (2005, \$212,775).

James Angus, Director, is the Dean of the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Barwon Health has agreements with Melbourne University relating to the teaching of undergraduate medical students, research activities and professorial and senior lecturer staff. Total payments made to Melbourne University in the financial year were \$762,034 (2005, \$639,469).

John Frame, Director, is also a Director of the Metropolitan Ambulance Service (MAS). Barwon Health's business unit (Linencare) provides linen and laundry services to MAS. Total payments for the financial year were \$1,020,609 (2005, \$931,790). Total payments made to MAS for ambulance services in the financial year were \$22,166 (2005, \$11,372).

Barwon Health transacts with the following not for profit organisations for which the Chief Executive holds directorships in an honorary capacity:

- G Force Recruitment conducts employment programs for apprentices and trainees. Barwon Health has accepted placements of approximately 9 apprentices and trainees (2005, 9) employed by G Force Recruiting during the financial year and has paid \$193,237 (2005, \$206,155) for their services.
- Barwon Health transacts with Deakin University to provide nursing education services and to jointly support an Associate Professor of Nursing Chair. Total payments made to Deakin University in the financial year were \$10,468 (2005, \$26,444).

### NOTE 29 REMUNERATION OF AUDITORS

	2006 \$000	2005 \$000
<b>Audit fees paid or payable to the Victorian Auditor-General's Office for audit of Barwon Health's Financial Report</b>		
Paid	-	-
Payable	125	114
<b>Total</b>	<b>125</b>	<b>114</b>

### NOTE 30 EVENTS OCCURRING AFTER REPORTING DATE

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

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

### NOTE 31 IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS

Following the adoption of Australian equivalents to International Financial Reporting Standards (A-IFRS), Barwon Health has reported for the first time in compliance with A-IFRS for the financial year ended June 30 2006.

It should be noted that under A-IFRS, there are requirements that apply specifically to not-for-profit entities that are not consistent with IFRS requirements. Barwon Health is established to achieve the objectives of government in providing services free of charge or at prices significantly below their cost of production for the collective consumption by the community, which is incompatible with generating profit as a principal objective. Consequently, where appropriate, Barwon Health applies those paragraphs in accounting standards applicable to not-for-profit entities.

Barwon Health changed its accounting policies, other than its accounting policies for financial instruments, on 1 July 2004 to comply with A-IFRS. The transition to A-IFRS is accounted for in accordance with Accounting Standard AASB-1 first time adoption of Australian Equivalents to International Financial Reporting Standards, with 1 July 2004 as the date of transition. An explanation of how the transition from superseded policies to A-IFRS has affected Barwon Health's Operating Statement, Balance Sheet and Cash Flow is set out in the following tables and the notes that accompany the tables.

#### Effect of A-IFRS on the Balance Sheet at 1 July 2005

	Note	2005 \$000
Assets under Australian GAAP		260,361
<u>A-IFRS impacts on assets</u>		
Investment properties depreciation write back	1	228
Investments Accounted for using the Equity Method	2	429
<b>Total assets under A-IFRS</b>		<b>261,018</b>
Liabilities under Australian GAAP		73,553
<u>A-IFRS impact on liabilities</u>		
	2	690
<b>Total liabilities under A-IFRS</b>	<b>3</b>	<b>74,243</b>
<b>NET ASSETS</b>		<b>186,775</b>
Total equity under Australian GAAP		186,808
<u>A-IFRS impact on equity</u>		
Accumulated Surplus/(Deficit)	1	228
Accumulated Surplus/(Deficit)	2	(261)
<b>TOTAL EQUITY UNDER A-IFRS</b>		<b>186,775</b>

Barwon Health recognised adjustments on first-time adoption of A-IFRS directly in accumulated surplus/(deficit) at the date of transition to A-IFRS.

#### Effect of A-IFRS on the Operating Statement for the year ended 30 June 2005

Net result as reported under Australian GAAP		2,433
Total A-IFRS impact on net results	1	228
<b>NET RESULT UNDER A-IFRS</b>		<b>2,661</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

### NOTE 31 IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS (CONTINUED)

#### Effect of A-IFRS on the Cash Flow Statement for the financial year ended 30 June 2005.

There are no material differences between Cash Flow Statement presented under A-IFRS and the Statement of Cash Flows presented under the superseded policies.

#### Effect of A-IFRS on the Balance Sheet at 1 July 2004

Under A-IFRS, all unconditional long service leave has been transferred to the current liabilities. This amounted to \$16,630,000 at 30 June 2004 and was transferred from non-current liabilities employee benefits to current liabilities employee benefits.

#### Notes to the Reconciliation of Income and Equity

##### 1. Investment properties.

In accordance with AASB 140 *Investment Property*, Barwon Health has elected to measure investment properties under the fair value model. AASB 140 requires the fair value of an investment property to reflect operating market conditions at the reporting date, with changes in fair value to be recognised in the Balance Sheet for the period in which it arises. Changes in the fair values of such properties have previously been recognised through the asset revaluation reserve under Australian GAAP. In addition, as a result of the election to measure investment properties under the fair value model, investment properties will not be depreciated.

Accordingly this change in accounting policy has resulted in an adjustment to the Balance Sheet of \$228,240.73 as at 30 June 2005, with a decrease in depreciation expense in the Operating Statement of \$228,240.73 for the year ended 30 June 2005.

##### 2. Investment Accounted for Using the Equity Method

Barwon Health has a joint venture interest in the South Western Alliance of Rural Health (SWARH) which provides support for communication networks. The auditors of SWARH have requested a 30 June 2004 adjustment be made as a result of the implementation of A-IFRS.

##### 3. Employee Benefits

Under A-IFRS, all unconditional long service leave has been transferred to the current liabilities. This amounted to \$17,678,000 at 30 June 2005 and was transferred from non-current liabilities employee benefits to current liabilities employee benefits.

### BARWON HEALTH CERTIFICATION FOR THE YEAR ENDED 30TH JUNE 2006

We certify that the attached Financial Report for Barwon Health has been prepared in accordance with Part 4.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Recognised Income and Expense, Cash Flow Statement, and notes to and forming part of the Financial Report, presents fairly the financial transactions during the year ended 30 June 2006 and financial position of Barwon Health as at 30 June 2006.

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



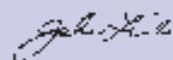
**Claire Higgins**  
Chairperson

8 September 2006



**Sue De Gilio**  
Chief Executive Officer

8 September 2006



**John Linke**  
Executive Director Financial Services

8 September 2006



AUDITOR GENERAL  
VICTORIA

**INDEPENDENT AUDIT REPORT**

**Barwon Health**

**To the Members of the Parliament of Victoria and Members of the Board of Directors of Barwon Health**

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

This audit report for the financial year ended 30 June 2006 relates to the financial report of Barwon Health included on its web site. The Board of Directors of Barwon Health is responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The audit report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

**Scope**

*The Financial Report*

The accompanying financial report for the year ended 30 June 2006 of Barwon Health consists of an operating statement, balance sheet, statement of recognised income and expense, cash flow statement, notes to and forming part of the financial report, and the certification by the chairperson, chief executive officer and the executive director financial services.

*Members Responsibility*

The Members of the Board of Directors of Barwon Health are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

*Audit Approach*

As required by the *Audit Act 1994*, an independent audit has been carried out in order to express an opinion on the financial report. The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement.

The audit procedures included:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.



AUDITOR GENERAL  
VICTORIA

**Independent Audit Report (continued)**

These procedures have been undertaken to form an opinion as to whether the financial report is presented in all material respects fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of Barwon Health's financial position, and its financial performance and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

**Independence**

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

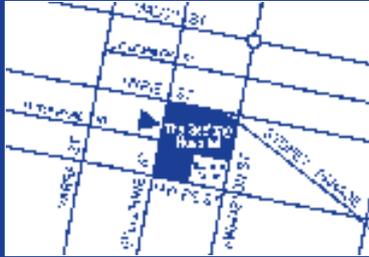
**Audit Opinion**

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of Barwon Health as at 30 June 2006 and its financial performance and cash flows for the year then ended.

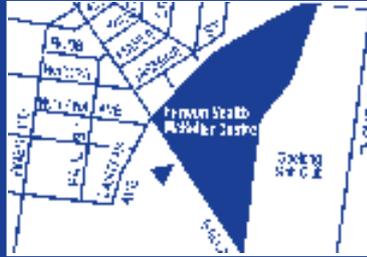
MELBOURNE  
8 September 2006

  
for J.W. CAMBRON  
Auditor-General

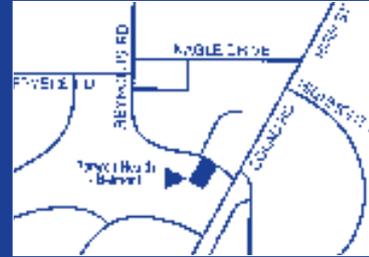
# KEY LOCATIONS



**GEELONG HOSPITAL**  
272-322 Ryrie Street Geelong  
PH.5226 7111



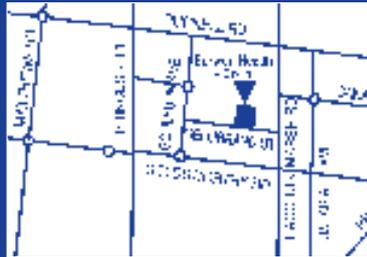
**MCKELLAR CENTRE**  
45-95 Ballarat Road North Geelong  
PH.5279 2222



**BELMONT COMMUNITY HEALTH CENTRE**  
1-17 Reynolds Road Belmont  
PH.5260 3778



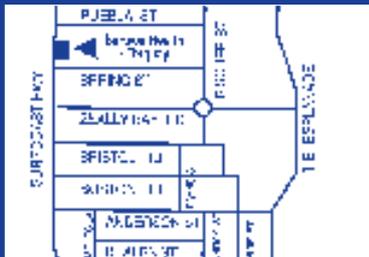
**BELMONT COMMUNITY REHABILITATION CENTRE**  
120 Settlement Road Belmont  
PH.5243 8333



**CORIO COMMUNITY HEALTH CENTRE**  
Gellibrand Street Corio  
PH.52732200



**NEWCOMB COMMUNITY HEALTH CENTRE**  
104-108 Bellarine Highway Newcomb  
PH.5260 3333



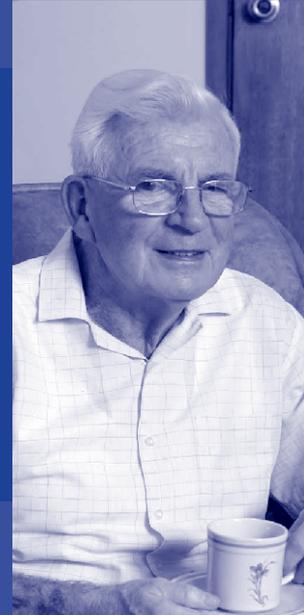
**TORQUAY COMMUNITY HEALTH CENTRE**  
100 Surfcoast Highway Torquay  
PH.5261 1100



**ANGLESEA COMMUNITY HEALTH CENTRE**  
McMillan Street Anglesea  
PH.5263 1952

\*Please note, this is not a complete listing of Barwon Health sites.





[www.barwonhealth.org.au](http://www.barwonhealth.org.au)

