



BARWON HEALTH ANNUAL REPORT 2007/08

# A HERO EVERY DAY

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## THOMAS' STORY

Thomas is pictured on the front cover of this Annual Report with Dr Michael Ragg, Deputy Director of Emergency Medicine.

Not many seven year olds can say they've experienced the same injury as an AFL Footballer. Young Thomas Barter is one such exception. On 10 January 2007, Thomas suffered a severe kidney laceration after falling from his bike. It was the same injury that almost cost Geelong Cat Tom Lonergan his life. Thomas was riding his bike home from visiting a friend when he was thrown over the handlebars, one of them stabbing him in his back and causing the internal damage. "There wasn't a mark on him except for a grazed knee and all he wanted to do was lie down so we put him to bed. He got up a couple of hours later and began to vomit and there was blood in his urine. It was then we knew he really wasn't well," said his father Jon.

**We rushed him to the Geelong Hospital's Emergency Department where a team of doctors quickly identified the injury.**

After arriving at the Emergency Department at 6pm and following a number of scans to confirm the diagnosis, Thomas was in a helicopter and on his way to the Royal Children's Hospital by 12:30 that evening. The young boy spent two weeks in a serious condition with his father and pregnant mother by his side before he began to stabilise. It took four weeks before Thomas was able to leave hospital and finish his recovery at home. One week after returning home his kidney started bleeding again necessitating immediate surgical intervention and a further two weeks in hospital. Due to Thomas' experience, he was asked to help launch the Barwon Health Foundation's new Geelong Hospital Appeal in February 2008.

# ABOUT BARWON HEALTH

## MISSION

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

## 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, programs and care.
- All people receiving services from Barwon Health are treated with dignity and respect.

### 3. Engagement

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

### 4. Population Health

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

### 5. Sustainability

To maintain viability through skilled resource and demand management.

### 6. Sound Knowledge Base

To develop a vibrant culture of education, training and research for all staff, fostering clinical excellence, effective leadership and a solid foundation of continuous learning, quest for knowledge and scientific research underpinned by the role of Barwon Health as a teaching hospital.

### 7. Employment Principles

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

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

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

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

## HOW BARWON HEALTH WAS ESTABLISHED

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

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

## OBJECTIVES, FUNCTIONS, POWERS AND DUTIES

The objectives of Barwon Health are to operate a business of a public hospital, including rehabilitation and palliative care services as authorised by the Health Services Act 1997.

- 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.

## ABOUT BARWON HEALTH

- Do other business that may be conveniently done in connection with the business of services listed above or calculated to make any of Barwon Health's assets or activities more profitable.
- Do all things that are incidental or conducive to the attainment of the objectives of Barwon Health.

### MINISTER RESPONSIBLE

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

### SERVICE PROFILE

Barwon Health serves a geographically dispersed population through two major sites with 976 beds and over 21 sites stretching from Geelong, down the coast to Torquay, Anglesea and Lorne.

- Barwon Health is one of the most comprehensive service providers in Victoria. Health services available through Barwon Health cover the full spectrum from emergency and acute, to mental health, primary care, community services, aged care and sub-acute/rehabilitation.
- Analysis of admission patterns show that the 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 southwest to the South Australian border for major specialities such as cancer, cardiology and cardio-thoracic surgery.
- With the exception of neurosurgery and transplantation, virtually all other specialities are available in Geelong.

The Geelong Hospital market share of acute public hospital separations by people residing in the region is around 90 per cent. The Geelong Hospital is maintaining and improving its market share year on year linking with a reduction in referrals to other hospitals outside the area.

### FACILITIES

Facilities include one acute hospital, a separate sub-acute site for inpatient and community rehabilitation, two residential aged care facilities and sixteen community based sites providing mental health, rehabilitation and general care.

Number of Beds	
Acute	386
Transitional/Interim Care (off site)	34
Aged Residential Care	321
Complex Care	90
Mental Health Acute	24
Mental Health Rehab & Secure Extended Care	21
Sub-Acute	100
<b>Total</b>	<b>976</b>

# HIGHLIGHTS FOR 2007/08



Deputy Chair John Frame, Minister Lisa Neville, Director Aged Care Ann Hague and Deputy CEO Sandy Morrison at the opening of Blakiston Lodge.

**July 2007**



Mardy Tomkins, Health Minister Daniel Andrews, Claire Higgins and Robyn Beavis at the Public Health Care Awards.

**October 2007**



ICU Consultant Dr Neil Orford shows Minister Andrews a digital xray at the launch of the Picture Archive and Communications System.

**November 2007**



Geelong Football Club's Tom Lonergan with Thomas Barter at the launch of the Geelong Hospital Appeal.

**February 2008**

# HIGHLIGHTS FOR 2007/08

## July 2007

On 27 July 2007, The Hon. Lisa Neville MP, Minister for Mental Health and Senior Victorians, officially opened Blakiston Lodge at the McKellar Centre. It provides a spacious and new modern home for 90 McKellar Centre residents.

## October 2007

Barwon Health's "Young Carer's at Risk" program won the Victorian Healthcare Award for Excellence in Care and Service Delivery. The program helps young carers maintain their education while caring for a family member or friend.

## November 2007

Minister for Health, Daniel Andrews launched the Picture Archive and Communications System (PACS) and Digitising Patient Records System on 16 November 2007, which will provide health professionals across Barwon Health with access to patient details more quickly and efficiently.

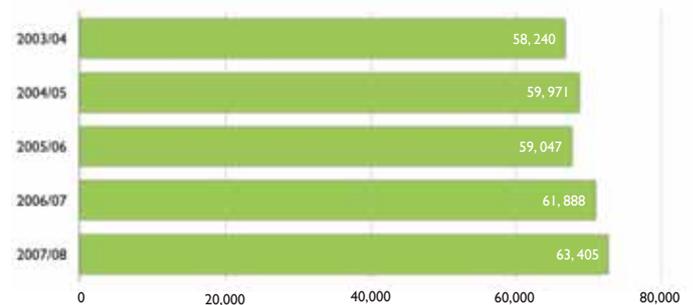
## February 2008

The Geelong Hospital Appeal is officially launched at a 'Hard Hat Party' by Cats coach Mark 'Bomber' Thompson. The Appeal will run annually to raise money for not only the Geelong Hospital, but also the broader services of Barwon Health.

## March 2008

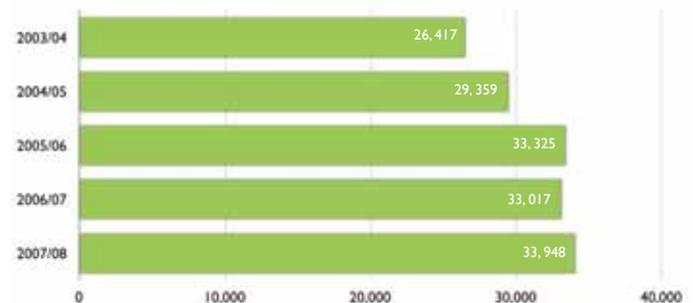
Minister for Mental Health, Lisa Neville, officially opened Barwon Health's Prevention and Recovery Care (PARC) Service at the Community Rehabilitation Facility in Belmont on 14 March 2008. The service will be used by a specific group of clients aged 16-64 who are experiencing serious mental illness.

### INPATIENT SEPARATIONS



Number of Separations

### REHABILITATION, PALLIATIVE AND GERIATRIC EVALUATION MANAGEMENT BED DAYS



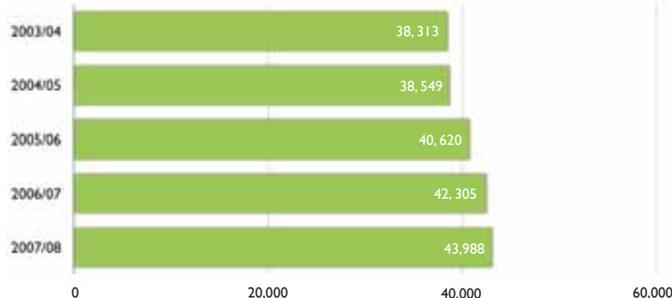
Number of Bed Days

### REVENUE AND EXPENDITURE



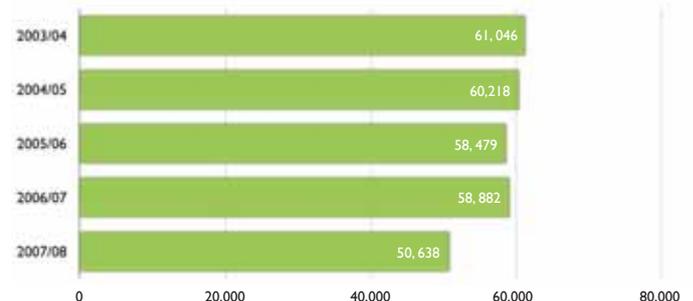
Million (\$M)

### EMERGENCY DEPARTMENT ATTENDANCES



Number of Attendances

### DENTAL CONTACTS



Number of Contacts

# STRATEGIC DIRECTION AND PRIORITIES 2004-2010

Key priorities and major organisational activity associated with these priorities are outlined in the following table.

Cornerstones	Strategic Direction	Strategy	Key Areas of focus for Business Plan 2008-2009
<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>Investing and maintaining a robust focus on clinical safety and quality of care through continuous quality improvement and risk management strategies</li> <li>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>Implement Regulatory Management Compliance System</li> <li>Implement a Project Management Office to coordinate and support clinical improvement initiatives</li> <li>Develop a front line customer service training programme</li> <li>Improvement safety of facilities at night</li> <li>Develop a Business Continuity Management System to support and continuously validate the Business Continuity Plan</li> <li>Continue to strengthen the Governance Support Unit focus on clinical quality and risk management, quality initiatives, customer services, emergency management, accreditation and compliance.</li> </ul>
<b>Access</b>	To ensure that the community is: <ul style="list-style-type: none"> <li>Informed about and assisted to access services</li> <li>Able to access information about services</li> <li>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>Strengthening access to health care, treatment and support in terms of timeliness and location</li> <li>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>Managing individual needs and expectations through identifying care and treatment parameters and managing the gap between expectation and deliverable service</li> </ul>	<ul style="list-style-type: none"> <li>Review August 07 Masterplan</li> <li>Negotiate with DHS to increase palliative care beds</li> <li>Develop the Access and Patient Flow Centralised Programme</li> <li>Enhance Models of Care in Emergency Dept</li> <li>Consider future use of John Robb House</li> <li>Investigate a new model of combined medical &amp; mental health care</li> <li>Managing outpatient demand through further development of specialised outpatient clinics, participation in DHS projects</li> <li>Improve management of theatre lists and patient flow through strengthening after-hours emergency surgical team</li> <li>Continue upgrading and re development of facilities</li> <li>Develop Commonwealth GP Superclinic in association with GP Association and Deakin University</li> </ul>

Cornerstones	Strategic Direction	Strategy	Key Areas of focus for Business Plan 2008-2009
<b>Engagement</b>	<p>Working with local services to strengthen and develop communities:</p> <ul style="list-style-type: none"> <li>improving and developing existing and new collaborative interagency approaches</li> <li>developing partnerships that enable services to be more responsive</li> <li>linking with the community through volunteers</li> <li>involving consumers and the community in improving quality and safety and in service planning</li> <li>focusing on communication with the community at large</li> </ul>	<ul style="list-style-type: none"> <li>Fostering neighbourhood renewal and neighbourhood capacity building through Communities in Action interagency initiatives</li> <li>Delivering responsive services for Aboriginal communities</li> <li>Recognising cultural diversity and working alongside the community to ensure services and staff are responsive to particular cultural needs</li> <li>Continue to develop the strong volunteer base recognising both individual and collective needs</li> <li>Communicating with communities effectively through an annual plan of activity that engages communities in order to: <ul style="list-style-type: none"> <li>inform</li> <li>contribute to planning services and facilities</li> <li>contribute to consumer audit</li> <li>assist services to be user-friendly</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continue to engage local service clubs, schools and businesses in the McKellar Centre beautification project and the Town Square project</li> <li>Encourage community organisations presence at the McKellar Centre and grow a team of ambassadors for both staff and volunteers to engage and involve the community at large</li> <li>Continue to develop and enhance respecting Patients Choices Programme involving the wider community, nursing homes and residential facilities</li> <li>Coordinate and integrate community engagement activities through the Barwon Health Foundation</li> <li>Highlight promotion of well health through involvement and leadership as appropriate in community events, within community organisations and through special events</li> <li>Establish a working group to consider how we might become a Health Promoting Health Service both in relation to internal and external stakeholders i.e. a 'caring for staff' initiative linking and expanding work already undertaken by the Staff Clinic (Smoke Free) and the commencement of the Fitness Centre at McKellar Centre</li> <li>Integrate the majority of the current Community Services Health promotion activities with the Communications, Marketing and Community Engagement unit</li> </ul>
<b>Population Health</b>	<p>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</p>	<ul style="list-style-type: none"> <li>Promoting a robust approach to population health needs through implementing practices that maximise and promote well health</li> <li>Taking a strategic approach to secure broader public health outcomes in partnership with staff, local health providers, businesses and local people</li> <li>Strengthening in development terms the key external health outcome priority areas (cardiovascular, cancer, joint degeneration, cerebrovascular, mental health).</li> <li>Recognising and addressing future needs and support for an ageing population</li> </ul>	<ul style="list-style-type: none"> <li>Work towards the development of a Centre for Population Health in association with DHS Regional Office and Deakin University</li> </ul>
<b>Sustainability</b>	<p>To ensure the performance of Barwon Health clinically and in business practice:</p> <ul style="list-style-type: none"> <li>meets the highest standards</li> <li>remain viable through skilled resource and demand management</li> </ul>	<ul style="list-style-type: none"> <li>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> </ul>	<ul style="list-style-type: none"> <li>Digitising of medical records</li> <li>Progressing to full electronic records status through the new E-systems developments</li> <li>Prepare for the new State Clinical Networks roll-out with a focus on stroke initially</li> </ul>

# STRATEGIC DIRECTION AND PRIORITIES 2004-2010

Cornerstones	Strategic Direction	Strategy	Key Areas of focus for Business Plan 2008-2009
<p><b>Sustainability (continued)</b></p>	<ul style="list-style-type: none"> <li>• builds on strengths and opportunities within resources available</li> </ul>	<ul style="list-style-type: none"> <li>• Investing in care co-ordination and case management as a formal standard approach for all patients with complex needs</li> <li>• Strengthening and developing Allied Health services redirecting focus from bed-based to home and ambulatory care</li> <li>• Building a dynamic organisational culture that ensures the right people, in the right place with the right skills</li> <li>• 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>• Developing strong leadership and support systems that enhance decision-making and support the organisation efficiently and effectively</li> <li>• Investing in and committing to appropriate Information Technology infrastructure to lead the organisation into the next decade</li> <li>• 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>• 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>• Establishment of a telephone enquiry centre as a central point for community and GP enquiry, information and onward referral as appropriate to a local triage entry point</li> <li>• Establishment of single telephone entry point to triage referrals in Community Health Centres, Community Rehabilitation Centres &amp; Palliative Care Service</li> <li>• Optimising patient flow through streamlining sub-acute and community services delivery approach focussing on specialist treatment and case management</li> <li>• Analysis of recent bed reconfiguration and the introduction of the Rapid Assessment Unit</li> <li>• Establish a new joint venture agreement for SWARH as per DHS guidelines</li> <li>• Manage the joint venture administration and financial management accountable to the Executive Committee of the Joint Venture and Barwon Health Board</li> </ul>
<p><b>Sound Knowledge Base</b></p>	<p>To ensure the performance of Barwon Health clinically and in business practice:</p> <ul style="list-style-type: none"> <li>• meets the highest standards</li> <li>• remain viable through skilled resource and demand management</li> <li>• builds on strengths and opportunities within resources available</li> </ul> <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>• 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>• 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>• Strengthen partnerships with Deakin and Melbourne Universities to maximise opportunities for joint research, support and grants</li> <li>• 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>• Complete the establishment of an integrated teaching and training unit</li> <li>• Implement arrangements for medical students Years 1–4</li> <li>• Continue to work through transition arrangements with Deakin and Melbourne Universities</li> <li>• Progress the work of the Peak Research Body through development of a Strategic Research Plan</li> <li>• Establish a Project Group to develop the Research and Ethics Project Office with a new framework for managing and streamlining The Research Ethics process</li> <li>• Appoint a part-time Research Director to support, coordinate and oversee research development within Barwon Health</li> <li>• Progress research areas as part of the new clinical school facility</li> </ul>

# A HERO EVERY DAY

**J**ackie started her nursing career at the Royal Children's Hospital and has ended up working at the opposite end of the spectrum in geriatric mental health for Barwon Health.

When people ask Jackie what's involved in her job, she tells them she works with people over 65 with mental illness.

"Often they look at me with sadness and pity, thinking it would be such a terribly depressing job. However, I always return that look with the following comment – well, you don't know what you are missing!"

Jackie believes that Community Aged Psychiatry is the hidden jewel of nursing and has been working in that area for 12 years.

"We have many clients that are successfully treated and end up having full and wonderful lives."

"They share their experiences with and allow us to enter their hearts and their homes. I believe I am very privileged as it's a widely diverse job that is so rewarding."

Often, Jackie works autonomously with the support of a multidisciplinary team and says she particularly enjoys driving down to Colac to visit clients in various rural settings.

All nurses working in Community Aged Psychiatry are very experienced clinicians and require an extensive knowledge of both psychiatric and general nursing as their elderly clients have complex issues.

Jackie said her job is never boring and forever challenging.

"Now the secret is out, everyone will want to join our team!"



## JACKIE

*Community Aged Psychiatry Nurse*





“ We have many clients that are successfully treated and end up having full and wonderful lives. ”

# REPORT FROM THE CHAIR AND CHIEF EXECUTIVE



**CLAIRE HIGGINS**

Chair – Board of Directors



**SUE DE GILIO**

Chief Executive

It gives us great pleasure to present the Barwon Health Annual Report for 2007/08. The past year has presented many challenges as we continue to face significant growth in demand across all of Barwon Health's services.

In 2007/08 compared with the previous year:

- The Emergency Department had 43,988 attendances, which is a 4.4% increase on 2006/07 and admissions average 66 per day.
- Births were up 4.5%.
- Over 2000 more contacts were made with young adults attending mental health services.
- District Nursing treatment hours increased by 1100 hours from the previous year.

Significant building work continues across our sites with the final construction stage of the McKellar Centre redevelopment completed with 108 residents moving into Alan David Lodge in Grovedale in late May 2008. Support from the community throughout the year has assisted in the beautification of the landscape, and we continue to be astonished by the generosity of the Geelong community towards their health service provider.

The Barwon Prevention and Recovery Care unit was opened in March 2008 by the Minister for Mental Health, Lisa Neville and offers 6 additional beds and 8-day packages to clients based out of the Community Rehabilitation Facility. The unit aims to provide services to clients at a stage where they would benefit from more intensive follow up and care in order to avoid further deterioration or the need for acute admission. Extensive renovations and additions were completed to accommodate this new function.

A very exciting initiative that will have significant impact on local children and their families is the Victorian Paediatric Rehabilitation Services review. The overall aim of the project has been to improve the access of paediatric rehabilitation services for children and families living in the Geelong region, reducing the need for frequent travel to Melbourne for their treatment. The project involved extensive consultation and as a result, services will commence before the end of 2009. The strong collaboration with the Royal Children's Hospital will be retained and further developed.

In terms of funding for future developments, \$20.1million has been committed by the State Government for development of the new Deakin Medical School and research building to be built behind Kitchener House, with completion scheduled for late 2009.

Continuing to manage the demands on our services, particularly the growth in emergency demand remains a key focus for the year ahead. With the opening of the redeveloped Emergency Department/MRI in February 2009, and a strategic approach to improved access and patient flow in the acute setting, will ensure Barwon Health is well placed to cope with the pressure of an ageing and growing population.

Similarly, general medicine commenced a major redesign process to meet the current and future demands on the service. As well as reorganising the workforce, a 12 bed 'Rapid Assessment and Planning Unit' (RAPU) was created within Birdsey Wing 7. The aim of the unit is to reduce patients waiting time in the Emergency Department, enable fast tracking of assessments and diagnostics and facilitate a well planned and communicated discharge.

Women and Children's services, in a Victorian first, introduced evidence based postnatal care in January 2008. This was the culmination of process mapping exercises, focus groups and an evidence review over the previous year. The key emphasis of the change is to increase women's confidence and competence to care for themselves and their babies.

In terms of our continued focus on becoming a smart hospital, Information Services has had a busy year. The digital imaging project (PACS) was completed successfully at the start of the year and launched by the Minister. This project has resulted in total reduction in lost X-Ray films and the time wasted by clinical staff trying to locate them.

The new Emergency Department system went live in March as did electronic referrals, initially to the Palliative Care team, while Electronic Discharges Summaries, Operation Notes and Outpatient letters are now on-line. These are all significant clinical developments that will contribute to safer, more efficient patient care.

Over the past year, planning and development for the Digital Medical Records, which will remove paper histories over the next twelve months, will result in Barwon Health becoming one of the first health services with a truly electronic health record in Australia.

This past year also saw the launch of the annual Geelong Hospital Appeal. Under the umbrella of one annual Geelong Hospital Appeal, donors can give to the priority needs of Barwon Health or designate their gift to a particular Barwon Health service. For the first year, over \$980,000 was raised.

There are a number of people we would like to thank for their contribution over the past year:

- To the staff of Barwon Health who have once again worked tirelessly to provide high quality of care and support throughout the year.
- To the 700 volunteers who make such a significant contribution to our organisation each year.
- To the Barwon Health Foundation team who have fundraised vigorously to assist in the replacement of equipment.
- To the Minister and Department of Human Services, both at the Regional Office and in Melbourne, for your continued support and goodwill.
- Our special thanks to the Board of Directors and the Executive Team for their cooperative and constructive work over the past year.



**Claire Higgins**  
Chair – Board of Directors



**Sue De Gilio**  
Chief Executive

# FINANCIAL REPORT

## PROFITABILITY

There are two levels at which we measure profitability. The first measures profitability on operations, which is one of the key areas of focus by management, the Board and the Department of Human Services and excludes capital income particularly for building projects and depreciation of assets. The second measures profitability at the total entity level after applying all of the relevant accounting standards.

	2007/08 \$'M	2006/07 \$'M
<b>NET RESULT FROM OPERATIONS BEFORE CAPITAL</b>	(3.1)	1.4
<b>NET RESULT FOR THE YEAR</b>	3.3	(0.8)

### NET OPERATING RESULT FROM OPERATIONS

Budget Plan for 2007/08

The Board approved a budget plan at break even; however cost pressures, particularly in the second half, meant that we fell short of our goal. The operating deficit of \$3.1m was on aggregate operating revenue of \$378m. Our cost to revenue ratio deteriorated by 1.3%, compared to the previous year.

#### Reasons for the Deterioration in Profitability

Over the past year, management has focused on profitability improvement strategies and whilst we had considerable success in some of these projects, they were insufficient to compensate for increases in cost above plan. In an organisation of our size, there are many reasons for changes in profitability from one year to the next; however, the following are considered to be the major reasons for the operating deficit:

- Ward costs at Geelong Hospital exceeded budget plan by \$3.5m, with a major factor being the necessity to manage an increasing number of patients on a "one to one" basis, which we call specialising. This is an intensive intervention that is necessary to ensure the safety and well being of patients and staff. This can include circumstances in relation to safety, behaviour, psychiatric conditions, monitoring post surgery and medical or technology needs. Pressures on services also required the opening of some additional unbudgeted beds and the cost of drugs and medical supplies was above expectation.
- Presentations in the Emergency Department continued the trend with a 4.4% increase from 42,300 in 2006/07 to 43,988 in 2007/08,

requiring the opening of additional cubicles, which contributed to an over run of \$1m for this service. This additional activity is not compensated for by additional revenue during the year.

- Revenue shortfalls due to the need to replace some ageing medical equipment, as well as staffing issues contributed to an adverse variance of \$1.2m in our Medical Imaging service.
- Additional IT costs and cash calls for the Regional Rural IT Alliance, known as SWARH and also an IT licensing review, increased costs by \$0.36m.
- Unplanned costs associated with additional cleaning for patients with resistant staphylococcal infections (\$0.19m).
- The costs of the state-wide negotiated Nurse EBA and the impact on leave entitlements, exceeded funding provided by \$0.6m.
- Redundancy costs (\$0.17m) resulted from a restructuring in the Trades and Maintenance department.
- Medical consumable costs in theatres were \$0.6m (net of revenue) above plan.

Whilst we budgeted for the additional cost of the leap year day (\$0.7m), there was minimal additional revenue, which contributed to the financial deterioration compared to the previous year. Whilst difficult to quantify with reliability, there is increasing evidence that capacity constraints are contributing to a decline in efficiency and profitability. This manifests in many different ways and includes patients waiting longer in the Emergency Department to access inpatient beds, patients waiting longer in ward beds to access operating theatres, Intensive Care Unit having difficulty in moving patients in and out in a timely manner

and increasing numbers of patients requiring emergency surgery curtailing the capacity for elective surgery.

Whilst to some degree these are issues that are faced by other major health services, the materiality of the impact has been increasing on Geelong Hospital. The Key Performance Indicators measured by the DHS also indicate that capacity constraints are impacting on our acute services, including mental health.

The demand on our services continues to increase and whilst we continue to try to find new solutions and models of care, our physical capacity in our key services is at close to the maximum. During the past year, we have worked with DHS appointed consultants to refine redevelopment plans for consideration by Government, which if implemented, would enable our health service to cope with the impact of a growing and ageing population.

#### **Net Result for the Year**

Under the normal accounting measurements, we report a surplus of \$3.3m. Capital income exceeded depreciation by \$7.3m, which is the primary reason for a positive outcome, compared to the operating result. This primarily relates to funding from Government for building works, which included the redeveloped Emergency Department and the completion of the new aged care complex in Grovedale (Alan David Lodge).

The second aspect was a very successful year in fund-raising and philanthropy, with the Barwon Health Foundation contributing \$3.3m gross income and \$2.8m net towards our various projects, including the new Emergency Department, which was the most important project for the year. Fund-raising contributed an additional \$1m towards funding of medical equipment for the redeveloped Emergency Department.

#### **Cashflow**

We were cash flow positive for the year with a surplus on cash from operations of \$7m. This primarily relates to receipt of a DHS payment to reduce a debtor account for long service leave liabilities (\$5.2m) and a payment received at year end in trust for the Rural IT Alliance of \$0.6m. Neither of these items was included in revenue but assisted cash flow. Whilst we incurred a deficit on operations, it didn't contribute to a material deterioration in our cash holdings.

#### **Balance Sheet**

The major change has been an increase in our physical assets with property plant and equipment increasing by \$41m due to new investment of \$49m and revaluations of land in accord with government policy (\$9m). This was offset by depreciation expense of \$14.5m. Our workforce leave liabilities continue to increase in line with wage rates and increases in our workforce and total \$64m compared to \$59m in the previous year.

#### **Current Asset Ratio**

Our current asset ratio was 0.85 at June 08 compared to 0.88 at June 07. The Board has recently reviewed Barwon Health's liquidity cover against other major health services and believes our performance is sound, by industry standards.

# FIVE YEAR FINANCIAL SUMMARY

Revenue	2007/08 \$'M	2006/07 \$'M	2005/06 \$'M	2004/05 \$'M	2003/04 \$'M
<b>Revenue &amp; Expenses</b>					
Operating Revenue	378.2	350.1	324.2	299.1	277.2
Operating Expenses	(381.4)	(348.8)	(322.6)	(299.6)	(278.0)
<b>Operating Result (before Capital Income and Depreciation)</b>	(3.2)	1.3	1.6	(0.5)	(0.8)
<b>Operating Result (inclusive of Capital Income and Depreciation)</b>	3.3	(0.8)	10.1	2.4	2.2
<b>Balance Sheet Statistics</b>	<b>\$M</b>	<b>\$M</b>	<b>\$M</b>	<b>\$M</b>	<b>\$M</b>
Total Assets	425.4	385.8	358.0	260.3	242.4
Total Liabilities	92.9	87.8	86.5	73.5	67.4
Total Equity	332.5	298.0	271.5	186.8	175.0
<b>Financial Indicators</b>					
Surplus (deficit) of Net Current Assets (\$'m)	(12.8)	(0.01)	(1.2)	9.9	0.6
Current Asset Ratio (numeric value)	0.85	0.88	0.98	1.2	1.02
	<b>\$M</b>	<b>\$M</b>	<b>\$M</b>	<b>\$M</b>	<b>\$M</b>
<b>Cash and Investments</b>	52.4	53.8	57.8	40.85	34.5
<b>Net Cash from Operating Activities (excluding Capital Income)</b>	7.0	2.8	15.8	1.8	(1.3)
<b>Capital Investment</b>	49.2	53.5	52.6	20.2	17.8

# SUMMARY OF FINANCIAL RESULT

Revenue	2007/08 \$'M	2006/07 \$'M	Change (%)
Grants	281.3	262.8	7.0
Patient Fees	46.7	45.7	2.2
Non Cash Contributions	6.8	8.1	-16.0
Other	43.4	33.5	29.5
<b>Total Revenue</b>	<b>378.2</b>	<b>350.1</b>	<b>8.0</b>
<b>Expenditure</b>			
Employment Costs	(273.4)	(251.9)	8.5
Supplies & Consumables	(70.7)	(63.8)	10.8
Other	(37.3)	(33.1)	12.7
<b>Total Expenses</b>	<b>(381.4)</b>	<b>(348.8)</b>	<b>9.3</b>
<b>Surplus/(Deficit) for the Year Before Capital Income and Depreciation</b>	<b>(3.2)</b>	<b>1.3</b>	
<b>Capital Income</b>	<b>21.9</b>	<b>15.6</b>	
<b>Specific Income</b>	<b>1.0</b>	<b>-</b>	
<b>Depreciation</b>	<b>(14.6)</b>	<b>(17.2)</b>	
<b>Finance Costs</b>	<b>(0.1)</b>	<b>(0.1)</b>	
<b>Depreciation &amp; Amortisation</b>	<b>(1.7)</b>	<b>(0.4)</b>	
<b>NET RESULT</b>	<b>3.3</b>	<b>(0.8)</b>	

# PERFORMANCE INDICATORS

## ADMITTED PATIENTS

	Acute	Mental Health	Sub-Acute /Aged	Other	Total
<b>Separations</b>					
Same Day	32,736	13	11	0	32,760
Multi Day	28,210	697	1,738	0	30,645
<b>Total Separations</b>	<b>60,946</b>	<b>710</b>	<b>1,749</b>	<b>0</b>	<b>63,405</b>
Emergency	24,106	564	0	0	24,670
Elective	32,333	79	1,749	0	34,161
Other inc Maternity	4,507	67	0	0	4,574
<b>Total Separations</b>	<b>60,946</b>	<b>710</b>	<b>1,749</b>	<b>0</b>	<b>63,405</b>
Public Separations	50,753	704	781	0	52,238
Total WIES	44,500				
<b>TOTAL BED DAYS</b>	<b>181,739</b>	<b>11,281</b>	<b>161,213</b>	<b>0</b>	<b>354,233</b>

## NON ADMITTED PATIENTS

	Acute	Mental Health	Sub-Acute /Aged	Other	Total
Emergency Medicine Attendances	43,988				43,988
Outpatient Services – occasions of services	69,931				69,931
Other Services – occasions of services	32,053	99,711	23,473		155,237
Total occasions of service	145,972	99,711	23,473	0	269,156
Victorian Ambulatory Classification System – Total weighted encounters	77,915				77,915

## ACCESS PERFORMANCE (JUNE QUARTER)

	2008 Actual	2008 Target	2007 Actual
<b>ELECTIVE SURGERY</b>			
Category 2 waiting < = 90 days (%)	49	58	55
Category 3 waiting < = 365 days (%)	70	80	76
Hospital Initiated Postponements (rate per 100)	9.1	8	10.7
Total Elective Waiting List	1959	2000	1808
<b>EMERGENCY DEPARTMENT</b>			
Emergency patients admitted < = 8 hours (%)	70	80	72
Non Admitted LOS < = 4 hours (%)	56	80	57
Emergency patients LOS > 24 hours (number)	18	0	10
		2007/08	2006/07
<b>AVAILABLE BEDS ACUTE</b>			
June		378	374
<b>CRITICAL CARE</b>			
<b>Number of Intensive Care and High Dependency Beds June 08</b>			
Total Average Open		12	12
Total Average Available		19	19
<b>Number of Coronary Care Beds June 08</b>			
Total Average open		14	14
Total Average Available		18	18

## STAFF NUMBERS

Labour Categories	EFT		HEAD COUNT	
	2007/08	2006/07	2007/08	2006/07
Nursing	1414	1410	2367	2369
Admin	470	446	661	630
Medical Support	552	553	810	806
Hotel & Allied	512	519	720	698
Medical Officers	47	46	53	49
HMO	182	181	661	521
VMS	58	53	214	200
	<b>3235</b>	<b>3208</b>	<b>5486</b>	<b>5273</b>

# PERFORMANCE INDICATORS

## STATISTICS

	2007/08	2006/07	2005/06	2004/05	2003/04
<b>SURGICAL/MEDICAL</b>					
Inpatient separations	63,405	61,888	59,047	59,971	58,240
Total operations	16,613	16,102	16,227	15,988	14,825
Births	2,024	1,954	1,844	1,764	1,678
Waiting list	1,940	1,819	1,701	2,217	2,457
Outpatients	69,667	67,382	64,118	63,903	60,455
ED attendances	43,988	42,305	40,620	38,549	38,313
Total bed days	181,739	175,283	157,864	166,746	159,340
<b>AGED CARE/REHABILITATION</b>					
Nursing home bed days (inc hostel and Hilary Blakiston House)	143,992	138,604	146,980	148,843	148,174
Rehabilitation, palliative and GEM bed days	33,948	33,017	33,325	29,359	26,417
Sub-acute/rehab separation numbers	1,455	1,402	1,190	1,101	1,076
Community rehab centre attendances	22,896	27,340	28,355	26,440	23,242
Falls & mobility clinic attendances	577	588	575	545	589
<b>COMMUNITY AND MENTAL HEALTH</b>					
Dental contacts	50,638	58,882	58,479	60,218	61,046
Alcohol & drug episodes of care	1,377	1,390	NA	1,268	1,450
Child & adolescent mental health contacts	5,371	6,550	5,578	6,268	NA*
Adult mental health contacts	66,664	92,776	96,928	111,892	NA*
Young adults	12,993	10,101	10,606	8,413	-
District nursing treatment hours	46,810	45,717	42,908	37,312	40,672
Primary care nursing & allied health hours	57,272	60,389	43,991	40,640	36,315
HARP Direct Client Contacts	8,694	7,899			
Individual Carers Assisted	2,750	2,153	2,138	2,274	1,653
Carer Respite Intakes	5,741	4,559	4,239	4,013	3,309
<b>ADDITIONAL STATISTICS</b>					
Employees – EFT averaged over the year	3,235	3,208	3,034	2,949	2,824
Employees – head count	5,486	5,273	4,912	4,742	4,539
EFT nurses	1,414	1,410	1,361	1,326	1,292
EFT medical	287	280	261	263	248
EFT admin/clerical	470	446	421	396	373
EFT allied health	552	553	514	516	444
EFT hotel	512	519	477	448	467
Fundraising income/donations	\$2.63m	\$1.76m	\$3.97m	\$4.48m	\$3.30m
FOI requests	586	533	428	434	447
Volunteer numbers	750	1,300	1,200	1,200	1,100
Compliments registered	967	939	836	897	950
Complaints registered	510	581	445	322	265

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

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

# KEY HIGHLIGHTS ACROSS BARWON HEALTH

## AGED CARE SERVICES

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

Throughout the year each of the three Residential Aged Care Services (RACS), McKellar Centre incorporating Wallace & Blakiston Lodges, Percy Baxter Lodges and Alan David Lodge, have had successful support contact visits from the Aged Care Standards and Accreditation Agency. The Division of Aged Care remains fully compliant with the four Residential Aged Care Standards, and the 44 Expected Outcomes of those Standards.

### **Lee Total Care**

The introduction of an electronic documentation system, Lee Total Care, occurred in all areas of Residential Aged Care this year. This electronic system provides the division with a high quality documentation record, which meets the care documentation needs of Residential Aged Care, complies with Aged Care Standards and supports our funding requirements through the Aged Care Funding Instrument. This initiative has required a significant investment and has been well supported by all of the staff in Residential Aged Care.

### **Alan David Lodge**

In May 2008, the 108 residents from Unit 6 on the McKellar site, John Robb House in Belmont and Peter Street in Grovedale moved into their new home at Alan David Lodge, 382 Torquay Road, Grovedale.

The extensive planning associated with this project enabled the move to be successfully concluded within a three-day timeframe. Our gratitude is extended to the residents, their relatives and the volunteers who assisted with the transfer arrangements. In addition, we are very grateful to the staff who worked tirelessly to ensure the move occurred in a safe and orderly manner.

### **Percy Baxter Lodges**

#### *Environment and Vision Optimisation in Residential Aged Care Project*

Residents in Percy Baxter Lodges, along with residents in two Low Level Care facilities in Melbourne, have the opportunity to participate in this 18-month research project. The National Ageing Research Institute is supporting the research and the Centre for Eye Research Australia aims to quantify the magnitude of vision impairment of the participants and the extent that environmental factors influence function and quality of life.

We are currently in phase one of this exciting project and phase two will continue throughout 2008. Following this phase of the research, a collaborative approach guided by the researchers, residents, their relatives and staff at each facility will determine how to best address any issues that are identified.

#### *Respecting Patient Choices Project*

The Percy Baxter Lodges Respecting Patient Choices project aims to improve end of life care through initiating discussions with residents regarding their current health status, goals, values and preferences for future treatment decisions and recording these decisions in an Advanced Care Plan. Advanced Care Planning is a process whereby an individual is able to make decisions about his or her future health care in consultation with their health care providers, family members and other important people in their lives. The process encourages individuals to reflect on what is important to them, based on their beliefs, values and goals.

Participation in Advance Care Planning provides the resident with empowerment and control. It offers a formal process, which encourages good communication between family members and treating staff. There is reduced burden for families and comfort in the knowledge that all care providers have the same information at the same time. The plan improves transition from intervention to comfort measures and provides guidance to doctors where decisions have been made prior to a crisis occurring. This project was commenced early in 2008 and will be sustained by incorporating the plans into the general admission and care processes for new residents in Percy Baxter Lodges this year.

### **Allocations**

This is the second year that each of our Casual Staff Bank staff have participated in a formal review and performance evaluation. As an outcome of the reviews, specific educational workshops have been designed and run to support the Casual staff in their role at the McKellar Centre. These workshops have been very well attended and we believe this has had a positive effect on our retention rate and recruitment opportunities.

### **Barwon Regional Aged Care Assessment Services (BRACAS)**

Over the 2007/08 Financial Year funding was allocated to develop or strengthening protocols, policies and practices

between the Aged Care Assessment Service and the acute hospitals that are a part of the catchment area. The Hospital Liaison Project was scoped and a project plan developed. The project has led to an improvement in the interagency practices for BRACAS and acute facilities external to Barwon Health and has also provided the opportunity to review and renew the practices between the Geelong Hospital, the McKellar Centre and the BRACAS service.

### Admissions

Implementing the recommendations from a review completed in 2006/07 has led to an improved admission process and increased support to Residential Aged Care for new residents and their families and has greatly assisted in ensuring our waiting lists are closely monitored and well managed.

### BUILDING DEVELOPMENTS

Significant building work has continued across Barwon Health sites over the past financial year. The final construction stage of the McKellar Centre redevelopment has been completed with 108 residents moving into Alan David Lodge in Grovedale in late May 2008. Significant support from the community throughout the year has assisted in the beautification of the landscape.

The Minister for Health, Daniel Andrews, opened stage 1 of the Emergency Department redevelopment on 12 July 2008. The completion of the second stage, including two new MRI for Barwon Medical Imaging, is scheduled for February 2009.

\$20.1million has also been committed by the State Government for development of the new Teaching, Training and Research building to be built behind Kitchener House, with completion scheduled for late 2009.

### CENTRAL SERVICES

The Central Services group was formed just prior to the start of 2007/08. The group has a budget of around \$50 million and just over 900 staff. It comprises:

- Environmental Services – with responsibility for managing cleaning and waste removal across all Barwon Health sites;
- Volunteer Services – coordinating management of our 750-strong volunteers;

- Food Services – responsible for internal food services including cafeterias and delivering over 3000 meals per day;
- Linencare – processing around 90 tonnes of laundry for Barwon Health and external customers such as the Metropolitan Ambulance Service, North Health, Geelong Private and the Sheraton Hotel;
- Patient Service Auxiliaries and the Nursing Attendants – responsible for cleaning, patient moves and delivering food to the patient bedside;
- Information Services – responsible for information management and IT systems across all sites;
- HMO Unit – managing recruitment and staffing issues among our large team of junior medical staff; and
- Health Library Services – providing a library service to internal clinical staff and students.

Central Services has worked well during its first year with a focus on service improvement and planning.

To this end, the Volunteer Service launched new initiatives, including the After-Hours Staff Shuttle Service, and completed its Strategic Plan towards the end of the year. Growing numbers of junior medical staff applied for roles at Barwon Health, while the Food Service saw a dramatic improvement in customer feedback and launched the new 28-Day menu, which makes Barwon Health one of the first public health services in Australia to offer such a wide menu variety.

The significant building works, with commissioning of Alan David Lodge and preparation for the new Emergency Department, required significant planning and involvement of the Environmental Services team, who are also a key clinical input to the management of infections across Barwon Health. Linencare enjoyed a record year in respect to profitability and successfully retained a number of key contracts that were due to expire.

Information Services also had a busy year. The digital imaging project (PACS) was completed successfully at the start of 2008 and launched by the Minister. This project has resulted in total reduction in lost X-Ray films and the time wasted by clinical staff trying to locate them.

Images are now available for clinical staff from any PC or Sun Ray device, instantly through the BOSS clinical system.

The new Emergency Department system went live in March, as did electronic referrals initially to the Palliative Care team, while electronic Discharges Summaries,

Operation Notes and Outpatient letters are now on-line via the BOSS system. These are all significant clinical developments that will contribute to safer, more efficient patient care. Information Services also completed planning and development for the Digital Medical Record during the year. This will remove paper histories over the next twelve months and will result in Barwon Health becoming one of the first health services with a truly electronic health record in Australia. This will significantly contribute to improvements in patient care processes. The project will go-live during the first part of 2008/09.

## COMMUNITY HEALTH

Another successful year has achieved a significant amount of change and focus on consistent models of care, models of practice, self-management approaches, health promoting practice, chronic and complex care and partnerships.

### Single Model of Practice

Significant development has been achieved after developing and adopting a "Single Model of Practice" for staff, which is based on a set of principles for practice, which are consistent across all staff and services.

### Early Intervention in Chronic Disease

During the year we continued to develop and integrate Early Intervention in Chronic Disease services into the Corio Community Health Centre where the service has been working closely with local GPs to support the consistent management of people with newly diagnosed Type 2 Diabetes. This program has been integrated into the local Primary Care team and will continue to expand and inform changes in the way our community teams and services develop capacity to work with local GPs and other people to manage chronic disease and complex conditions in the community.

### School Dental Services

School Dental Services were transferred from Dental Health Services Victoria to Barwon Health during the year. Building on the pilot established last year under the management of Barwon Health it has allowed a higher degree of integration and has continued to deliver more than a doubling of the amount of treatment initially available to children at the commencement of the pilot.

### Respecting Patient Choices

Respecting Patient Choices Program (RPC) has continued to expand and consolidate within Barwon Health and the community. Currently, 170 staff have been trained and have introduced Advanced Care Planning to 520 patients. Marketing strategies for RPC have been developed with input from consumers, Barwon Health Executive and Communications & Marketing. This included a major public launch of the RPC program in March 2008 and there is ongoing collaboration with the General Practitioners Association of Geelong.

### Wathaurong Aboriginal Cooperative Dental Service

A Dental Service has been established with Wathaurong and commenced in April 2008. Initially open 2 days a week, the service will be expanded in response to demand from the local and regional indigenous communities.

### Palliative Care Services Integration

Community based Palliative care services have been reorganised to create one integrated service under the clinical leadership of the Regional Director Palliative Medicine. A community health manager worked to support the practical integration process that has resulted in a comprehensive clinical service that supports people across settings from home to Palliative Care beds at the McKellar Centre.

### Highlights of the Year

- Community Health again played a key role in the Surf Coast New Year joint arrangements at Torquay with the Council and Rural Ambulance Service to again continue the partnership that has provided care for people who come to celebrate New Year on the coast. The partnership included a triage hut at a foreshore (Bell Street) supported by medical care at the Torquay Community Health Centre with Ambulance transportation between locations and the Geelong Hospital Emergency Department in Geelong.
- Carer Respite and Care Link services based in Warrnambool have moved into new facilities in Fairy Street.
- Immunisation services geared up to deliver Gardasil to young women across 32 schools as part of the national approach to prevention of cervical cancer.
- Immunisation rates in Geelong were amongst the highest in Victoria.

- Our Community Nursing teams received stage 2 funding to build on our initial pilot work with clients experiencing chronic wounds. The funding is being used to provide better assessment, management and treatment practices that enhance quality of life for clients and ultimately reduce costs.
- The Commonwealth Minister for Ageing announced that Carelink and Respite for Carers Programs with tendered service agreements, due to expire on the 30 June 2008, will have their contracts extended for a further 3 years to 30 June 2011.
- Barwon Health Primary Care teams were selected to participate in a state wide DHS Prioritisation Tools Trial to commence with clients in July 2008.
- Barwon Health has been selected by DHS and funded to provide HACC Living at Home Assessments along with the City of Greater Geelong Council and other agencies in specific geographic areas.
- Falls prevention activity has been extended across our four Community Health Centres with staff trained in QuickScreen©, a tool for earlier identification of people at risk of a fall, establishment of monthly assessment clinics and information resources.
- Partnering with Leisure Networks and the Balance & Beyond project, Barwon Health has trained an additional 16 people in the region including health workers and fitness instructors to lead the NoFalls Exercise Program.
- A resource for Type 2 Diabetes was developed as a collaborative effort across a number of programs within Barwon Health – Primary Care, HARP, Diabetes Referral Service, Home Referral Service and District Nursing. The resource provides standardisation of assessment tools and client information to ensure consistent information and support which is based on best practice and most up to date information about Type 2 Diabetes.

## MEDICAL SERVICES

### Allied Health

#### Supporting Quality Aged Care: from the Ground Up

Barwon Health Allied Health developed an education package for personal care workers employed in the Aged Care sector. The program was piloted in the Geelong region in partnership with the Geelong GP Association with funding through the Aged Care GP Panels Initiative. Over 100 personal care workers from most aged care

facilities were involved in the program. The program was conducted over two days with a variety of allied health clinicians including the podiatrist, audiologist, dietitian and social worker providing information and practical sessions on a variety of topics to enhance care in Residential Aged Care facilities.

### Victorian Health Services Management Innovation Council

Allied Health was successful in obtaining an inaugural Victorian Health Services Management Innovation Council seeding grant in 2007/08. With additional support from the Barwon Health Human Resource Services a project was undertaken to develop a Mastery Tool for Grade 2 Allied Health clinicians. The project aimed to develop and evaluate the effectiveness of a training program to enhance the self-efficacy of Grade 2 Allied Health clinicians to perform tasks required in their position, and to determine if changes in self-efficacy influenced their work intentions. Through the project 18 tasks were identified as being common to all Allied Health clinicians. Clinicians with high self-efficacy following training had stronger intentions to stay with Barwon Health. All participants in the project became more committed to the organisation over the trial.

### Chief Audiologist in Vietnam

Chief Audiologist, Lisa-Jane Moody, had a very successful trip to Vietnam. She conducted training with two groups of health workers. Staff from Hanoi University Department of Education and St Paul's Hospital ENT department participated in the program. Her association with this group of health professionals has been ongoing for about 4 years. It was three years since her last visit to Vietnam and she was very pleased to find how much progress had been made by the group of nurses and ENTs. Many of the initiatives Lisa-Jane implemented have been sustained during this time.

### Victorian Pathways Home Scholarships

Natalie Anderson (Senior Clinician – Speech Pathology) and Ross Piper (Senior Clinician – Physiotherapy) were both awarded Victorian Traveling Scholarship by the DHS. These highly contested Scholarships provide a wonderful opportunity for recipients to visit international Centres of Excellence. Natalie traveled to Toronto, Canada where she completed the full institute training at the North York Aphasia Institute. The Aphasia Institute is world renowned for its research and innovative service delivery model for

adults with aphasia (an language disorder following stroke). Natalie also attended a workshop at Connect – the Communication Disability Network in London. The focus of this training was making health care organisations more accessible for those with communication disability. This experience will build on the extensive work already being done within Barwon Health by the Communicative Access Care Improvement Group (CACIG).

Ross completed a specialist hydrotherapy in the Halliwick method at Bad Ragaz, Switzerland. The Halliwick method has been used to create adaptations for clients with a disability, enabling them to work towards achievement of a basic swimming stroke. Ross's interest stems not only in developing water confidence in those with injury and illness, but in using this engineering based technique to assist clients to also achieve their land based mobility goals. In addition to sharing their learnings with colleagues Natalie and Ross will be presenting at a DHS Pathways Home Program planned for August 2008.

## **Director of Allied Health – Professional Doctorate**

Debbie Schulz, Director of Allied Health, successfully completed a professional doctorate in Physiotherapy. The thesis was titled Managing Acute Care of the Elderly (ACE): A review of the Barwon Health ACE Unit. A summary of the thesis is below:

This study reviewed the outcomes for patients managed on the ACE Unit during two six-month periods 1/1/2002- 30/06/2002 and 1/7/2004- 31/12/2004. Two hundred and four patients were managed as ACE patients in the first six months of operation. ACE patients were more likely to be female, have a mean age of 82 years and to live alone. Western Hospital Admission Risk Profile (WHARP) score and Discharge Planning Risk (DPRA) score were significant independent predictors of discharge home. Sixty-one percent achieved this outcome. WHARP score was a significant predictor of mortality. During the second evaluation period 313 patients were managed as ACE patients. ACE patients were more likely to be female, have a mean age of 80.75 years and live with another person. Age, DPRA score and Abbreviated Mental Test (AMT) score were independent predictors of discharge home. DPRA score and AMT score were independent predictors of mortality. The discharge home rate during the second study was 70%.

## **Allied Health and RAPU**

The allied health team who worked on the ACE Unit made a very successful transition into the Rapid Assessment and Planning Unit (RAPU). Continuing to work closely with nursing and medical staff a very efficient workload management system was developed for the RAP Unit to meet the short timeframe of the unit. The team participate in twice daily multidisciplinary team meetings and liaise closely with the ward staff around patient outcomes. The system is working efficiently with many patients discharged or transferred from the RAP Unit prior to the demand from ED.

## **Barwon Medical Imaging (BMI)**

### **BMI Access Improvement and Sustainability (BAIS)**

- Improvements in patient flow between ED, Wards and BMI
- Reduction in waiting times for inpatient x-rays
- Ongoing trials of innovative ways to use our IT systems to improve patient flow

### **Picture Archiving and Communication System (PACS)**

The successful introduction of the Barwon Health wide PACS system has lead to workflow improvements in all clinical areas. All images and reports are now available immediately at any computer in Barwon Health.

- Film usage reduced by 70%
- Film filing drastically reduced, allowing staff redeployment to improve our customer service to both patients and referring doctors
- Digital imaging has reduced examination times for routine x-rays
- Image access to referrers outside Barwon Health is being rolled out progressively
- Digital orthopedic templating software introduced

## **Equipment**

Installation of 2 new 64-slice CT scanners and new Ultrasound scanners have provided:

- Reduced waiting lists
- Improved Image quality
- Improved patient comfort
- Faster scan times
- Improved patient flow
- New examinations – CT Cardiac, CT Colonography and 3D Ultrasound

# A HERO EVERY DAY

**J**une walked into Grace McKellar Centre in 1981 to see if she could help. Her father had been a resident prior to his death a year before, and she wanted to thank the staff for the care they had given him.

In the early days, June drove a bus borrowed from the City of Corio for residents' outings. "We recognised the need to get residents out and about and we even took them on overnight trips to the Grampians, Port Campbell and Warrnambool."

June always had a keen interest in sewing, which has gradually become her prime focus at the McKellar Centre. She has developed a number of clever ideas for items to be used by residents and clients.

One is the 'activity mat', which is a colourful layer of materials incorporating buttons, zippers and Velcro and is used by residents undergoing rehabilitation.

Most of the materials and fabric June uses comes from donations from residents' families.

"Often a daughter will be cleaning out cupboards of her parents and come across a shelf laden with fabrics pieces and we are able to make good use of them."

June particularly enjoys visiting residents at Wallace Lodge and takes great care in remembering birthdays and particular pastimes.

"If I meet a resident who has a particular interest, like Bob who was a farmer and enjoys reading the Weekly Times, I make sure I remember to stop by and read the paper with him."

At 77 years of age, June feels she belongs at the McKellar Centre.

"I have no family left except my unmarried son, so I think of this place as my therapy," she laughs.



## JUNE

*Volunteer, McKellar Centre*





**“ I have no family left except my unmarried son, so I think of this place as my therapy.”**

## Staffing

Ongoing recruitment efforts to secure sufficient skilled medical and radiographic staff continue. BMI has been operating with a reduced number of radiologists for some time. Digital imaging and PACS have allowed the services of off site reporting agencies to be utilised to keep up with clinical demand.

## Cancer Services

### Apheresis

The last 12 months has been a very exciting time for the Apheresis Unit. The well-deserved retirement of Marjorie Molloy has led to changes in the staffing with Melainie Giddings joining us from Birdsey Wing 6. Melainie has completed her training programme and is now able to perform Therapeutic Plasma Exchange (TPE) procedures and Peripheral Blood Stem Cell Collections (PBSCC). Both are looking forward to completing further training when they receive the new OPTIA cell separator from Gambro BCT. This purchase was made possible through the generous support of Mr. Don Blackman and the Cancer After Care Group Geelong Inc.

Along with the procedures performed, we have also coordinated the care of 8 patients undergoing Peripheral Blood Stem Cell Transplants; organised tissue typing for many of our patients and their siblings; assisted with the monthly transplant clinics; provided in-service education throughout Barwon Health and continue to collect, collate and update data that comes through the unit. We look forward to the challenges ahead as we plan for the upcoming National Pathology Accreditation Advisory Council (NPAAC) requirements that we will be required to meet as we are involved in the collection of human hemopoietic progenitor cells.

### Radiation Oncology

The 2007 major equipment upgrade has enhanced our treatment abilities, staff have embraced the emerging technologies, which has fostered an environment of research and development of our treatment strategies. Since the introduction of the Toshiba wide bore CT scanner, patients are experiencing a more streamlined approach in preparation of their radiotherapy treatment.

### Clinical Trials

The Haematology & Oncology Trials Team continues to be active in the conduct and recruitment to clinical research.

In 2007, 168 new participants enrolled onto studies run through our research program, which runs in both the public and private sectors of the region. A further 480 participants continued on surveillance and follow-up, which placed our region as the fourth highest recruiting centre in the State. Elly Jacobs joins the team as a Clinical Trials Nurse.

## Birdsey Wing 6

### Donations to the Unit

It became apparent to ward nurses that there was a definite negative impact on patients requiring isolation and lengthy inpatient stays. It was agreed that some on-hand entertainment would benefit such patients. Thanks to the kind donation of a previous patient, four portable DVD players and DVDs have been obtained. Another patient donated a digital plasma TV and DVD player for the TV/Sunroom room for use by all patients and their families. An application for funding to the Leukaemia Foundation was also successful, with two iPods and docking stations being purchased so that patients can have access to music.

BW6 continue to provide extended services through a non-funded Outpatient Service on weekends, public holidays and after hours. The Ward continues to provide the 24 hours Telephone Support Service ensuring that oncology patients have access to ongoing, emergency and supportive care.

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

### Highlights

- Designed and published the Barwon South Western Regional Cancer and Palliative Care, Directory for Health Professionals, the first of its kind in Victoria, containing cancer services information for the SW region
- Establishment of three new Tumour Stream Specific Multidisciplinary Care Meetings (MCM's). Colorectal Cancer, Urological Cancer and Lymphoma all supported and facilitated by the BSWRICS team
- Supported the enhancement of linkages from the South West into MDMs and upgrade of Hamilton MDM meeting room
- Cancer Coordination of over 200 patients to help streamline referral pathways between treatment teams

- Establishment Cancer Support Group Network
- Improved GP communication from MDMs through GP representation and web based data base
- Electronic Regional Oncology System (EROS) uses an electronic medical oncology package called Charm. It currently implements, supports and maintains oncology patient management in the medical oncology department, the Andrew Love Cancer Centre (ALCC), and Birdsey Wing 6 (BW6) of Barwon Health. This system specializes in the treatment protocols, electronic drug prescriptions and tracks the treatment pathway for a particular cancer patient. It is in the process of being rolled out to the other two major cancer-treating public hospitals, Southwest Health Care and Western District Health Service.
- The Evaluations of Cancer Outcomes (ECO) project is underway. ECO is the first regional trial under the Victorian Cancer Outcomes Network (VCON) project which aims to extend population based cancer data collection to include clinical and treatment information. Met the first major deliverable for the ECO project by successfully uploading the first cancer patient data to The Cancer Registry (TCR)
- Bowel Cancer Peer support project in collaboration with The Cancer Council of Victoria (TCCV)
- Invited to present BSWRICS and it's work to Western District Health Service Board Retreat
- Expansion of the Multidisciplinary Cancer Education Network which has seen consumers invited to selected forums, regular Cancer Education Updates, with accrual of Continuous Education Points
- August 2007 the Cancer Patient Information Centre (CPIC) was launched to provide cancer patients, their carers, friends and health care professionals with a space where they could access reliable cancer information
- Development of the Hub Cancer Patient Information Centre in Birdsey Wing 6, the Cancer Inpatient Ward.
- Satellite Cancer Patient Information Centre established in the SW Regional Office.

- Feb 2008 saw the establishment of the South Western Outreach office in Warrnambool. Over 67 patients, from the South West, have been referred to the Cancer Coordinator, Shane Timms, in the 4 months since the office opened

### **Barwon Health Cancer Multidisciplinary Care Meetings Showcased Nationally**

The implementation of Cancer Multidisciplinary Care Meetings (MDMs) at Barwon Health was showcased in Adelaide at a Cancer Australia workshop. BSWRICS were invited to present on the challenges of bringing such teams together and establishing effective treatment planning for cancer patients. The meetings have grown from one meeting weekly for Breast Cancer in 2005 to meetings now being conducted regularly in Lung Cancer, Colorectal Cancer, Urological Cancer, and Lymphoma. The meetings are now video linked across the region allowing clinicians in the South West to present patients and be involved in the discussion. The total number of patients presented at MDMs at Barwon Health has steadily grown from approximately 150 annually to 456 for the period from July 07-June 08.

### **Emergency Services**

#### **Performance**

It was another record year for attendances at the Emergency Department (ED) with 43,988 attendances. Admission rate remains above 30%.

This number of attendances has highlighted the inadequacies of the 'old' ED, particularly in the face of continuing poor access for admitted inpatients. As a result, the ED has failed to make any significant improvement in the 4 hour non-admitted KPI and admitted patient KPI's have been met to a moderate degree, but significant numbers of patients still spend more than 24 hours in the ED, reflecting the level of activity in the hospital in general.

#### **Emergency Department Redevelopment**

One focus of the ED in the past year has been the redevelopment of the ED and planning for the relocation of the current service to phase 1 of the new site on 22 July 2008. This has required a huge amount of work by a variety of staff, particularly to the Project Officer, Tricia Ansell. A public open day attended by the Minister for Health was held on 12 July 2008 and a series of media articles have highlighted the new facility. The move to

phase 1 will enable the builders to take possession of the old facility and begin phase 2 redevelopment.

This is expected to be complete in February 2009.

This will include Clinical Decision Making Unit, procedural, fast track, another waiting room and a forensic examination area. ED administrative staff will move into their new offices in early July 2008. The new staff area also comprises change rooms, education and meeting rooms and a staff room with outdoor courtyard. This will be a significant boost to staff morale. The redeveloped ED will enable a new model of care to be established. This is intended to assign patients to particular care groups where teams of staff will attend to the particular group without competition from other groups of patients. A business plan aimed at achieving this is currently under consideration.

## General Medicine

### General Medicine Redesign Project – RAPU

In July 2007, General Medicine commenced a major redesign process to meet the current and future demands on the service. As well as reorganising the General Medicine workforce and creating a Consulting Service, a 12 bed Rapid Assessment and Planning Unit (RAPU) was created within Birdsey Wing 7 in May 2008.

The aim of this Unit is to reduce the patients' waiting time in the Emergency Department, ensure timely, high level decision making, enable fast tracking of assessments and diagnostics and a well planned and communicated discharge. Although the RAP Unit is in its early days, it has been a most positive experience for both patients and the multi disciplinary General Medicine team who have put a great deal of effort into ensuring the patients' experience a smooth, streamlined journey through their episode of care.

### Respiratory Services

The management of Chronic Obstructive Pulmonary Disease (COPD) remains a focus in Respiratory Services. COPD is a varied and complex condition with significant psychosocial ramifications; it requires a specific and inventive approach to management for successful outcomes. The introduction of the electronic COPD clinical guidelines and the COPD clinical care pathway (the only such tools currently used at Barwon Health pathway for a chronic medical condition) has successfully addressed many of the challenges a patient with COPD presents. Quantitative outcomes reveal that COPD length of stay has been reduced to either below benchmarks or very close to.

## Neurology

### Staffing

The year 2007/08 has been a very busy one for the neuroscience department. We were delighted to welcome Dr Cameron Shaw onto the team following his year as the inaugural advanced fellow in neurology, and Dr Thomas Kraemer has returned to Geelong Hospital as the second advanced fellow in neurology with plans to join the neuroscience unit as a consultant neurologist in 2009. Dr Ben Clissold has been formally appointed to the staff as a visiting neurologist.

### Developments

The in-patient unit is located to Bellerine 6 North with Cheryl Naphthine as the very capable unit nurse manager. Bruce Killey has continued in his role as the stroke coordinator. Thrombolytic therapy to treat patients with cerebral ischaemia was introduced. An urgent TIA-stroke referral service has been established in the neuroscience outpatients, as well as an urgent clinic to review patients within 48 hours of having been seen in the accident and emergency department.

### Other Activities

Members of the neuroscience department once again had contributed to Barwon Health in areas other than clinical neurology. Associate Professor Peter Gates has continued in his role as the director of basic physician training. Dr Paul Talman has continued in his role as clinical director of medical services. Associate Professor Ross Carne has continued in his role as the director of clinical studies for the new medical school at Deakin University. Dr Cameron Shaw has been appointed the clinical sub-dean for Melbourne University. Associate Professor Peter Gates and Dr Ross Carne have at the request of the Rural Workforce Association of Victoria extended the Western District Electromyograms service to Hamilton in addition to continuing the service at Warrnambool. Outpatient services continue to expand with close to 10,000 patients during the last 12 months.

### Research

The neuroscience department continues to participate in multi-centre research projects. There are several studies on multiple sclerosis and stroke and these include:

- Perform Study: a multi-centre study of Terutroban (a novel antiplatelet agent) versus aspirin in patients presenting with cerebral ischaemia.

- Ausimmune a multi-centre: Australia wide study of recent onset multiple sclerosis.
- BEGIN (Betaferon treatment and Exercise data Gathering IN early MS): A multicentre observational study of exercise patterns and quality of life issues in recently diagnosed patients on Betaferon.
- DEFINE: A randomised, multi-centre, double-blind, placebo-controlled, dose comparison study to determine the efficacy and safety of BG12 (dimethyl fumarate) in Relapsing-Remitting Multiple Sclerosis
- EFC6260: A multi-centre, randomised, double-blind, placebo-controlled parallel group study to evaluate efficacy and safety of Teriflunomide in Clinically Isolated Syndromes

A world first study has been conducted in collaboration with the cardiology department examining the role of exercise in reverting patients with atrial fibrillation.

### Pharmacy

#### Pharmacy Practice Research

##### *Extended roles for Pharmacists*

The Pharmacy Department has a research focus on how extended roles for hospital pharmacists can assist patient flow and improve therapeutics. Two projects were successful in obtaining research funding. In the first project, a Sanofi-Aventis Grant of \$10,000 was awarded by the Society of Hospital Pharmacists of Australia to support a project entitled 'A pilot collaborative protocol-driven ambulatory care service led by hospital pharmacists for the management of hyperlipidaemia'. In the second project, the DHS has provided \$76,000 for phase 1 of a project looking at reducing avoidable errors and time delays in the Emergency Department through an advanced emergency pharmacist practitioner role.

##### *Peri-operative clinic pharmacist*

A project was undertaken to determine if incorporating a pharmacist in the peri-operative clinic (POC) reduces the number of regular medications omitted or prescribed inaccurately on the drug chart for overnight stay surgical patients. The new role aims to improve the continuity and quality of patient care for patients admitted via the peri operative unit in Barwon Health. The pharmacist obtains the medication history on the day of admission and documents this on the medication chart ready for signing by a doctor. A large pink sticker is placed over the administration section to prevent administration of unsigned orders. The doctor on signing the orders

removes the sticker. In the pre-intervention phase, 52.38% of patients had errors on their drug chart (either regular medications omitted or inaccurate medications prescribed), compared to 5.13% of patients in the post-intervention phase. This reduction of omissions or inaccurate medications prescribed on the MR21 improves the continuity of care between home and hospital for patients admitted after theatre.

##### *Windermere Grant*

The Pharmacy was part of a research team from Monash University and the Geelong GP Association, which was awarded a Windermere Foundation Grant. The hypothesis to be tested in the study is that pharmacists working in a GP practice would be in a better position to offer chronic disease management services and medication reviews than community pharmacists working in isolation.

##### *Discharge Management of Acute Coronary Syndrome project*

Barwon Health was successful in applying to participate in the Victorian arm of a national quality improvement project that aims to improve the management of acute coronary syndromes at discharge from hospitals. The 'Discharge Management of Acute Coronary Syndromes Project' is funded and supported by the National Prescribing Service. The Victorian arm of the project is being carried out by the DHS, with guidance provided by the Victorian Drug Usage Evaluation Group. The project promotes the 2006 National Heart Foundation Guidelines for the Management of Acute Coronary Syndromes, incorporating key elements of the guidelines into a suite of educational intervention materials for use in the hospital setting. Patient medical record audits, three-month follow-up telephone surveys of patients and postal surveys of general practitioners are conducted both prior to and following the educational interventions. This is a multidisciplinary project involving pharmacy, medical and nursing staff. Funding of \$10,000 will be provided in 2008/09. This funding will be paid as a first instalment of \$5,000 upon commencement of the project with the remaining \$5,000 to be paid in September 2009 upon confirmation that Barwon health is fulfilling the requirements of the project.

#### Medication Safety

Pharmacy implemented a new 'medication reconciliation form' to standardise and formalise the work undertaken by clinical ward pharmacists. This form documents

# A HERO EVERY DAY

**K**atherine is a registrar at Geelong Hospital, specialising in diabetes and endocrinology.

She attends to her inpatients daily to oversee the management of their complex medical problems, including diabetic foot infections.

Katherine has a great rapport with her patients and you can see their eyes light up when she walks on the ward.

“I particularly enjoy the complexity of the patient load – major job satisfaction for me comes with successful management of complex medical issues and diabetes is a key example of a multifaceted disease with multiple management issues.”

Katherine also attends two diabetes and two general endocrinology outpatient clinics a week.

The general endocrinology clinics deal with a wide range of problems from Thyroid disease, metabolic

bone disease (osteoporosis, Paget’s Disease), endocrine malignancy (thyroid cancer, adrenal and pituitary tumours) and obesity.

“I’m dealing with two major public health issues – diabetes and obesity – on a daily basis, which is a major challenge. However, I believe having the opportunity to educate members of the public on the importance of good health is such a privilege.”

“Also seeing the prevention of diabetes complications over many years due to good management gives me great job satisfaction.”

Katherine says one of the most enjoyable aspects of her job is the team approach to management.

“Every patient with diabetes is looked after by a large team of professional people and it’s very rewarding to work in such a highly skilled environment.”



## KATHERINE

*Endocrinology Registrar*





**“ ... I believe having the opportunity to educate members of the public on the importance of good health is such a privilege. ”**

all patient related medication information, for easy access and clear communication with other health care professionals. This project hopes to improve continuity of care between hospital and the home, and reduce medication discrepancies and omissions on admission and discharge from hospital. The Medication Safety Monitoring Committee has adopted the Indicators for Quality Use of Medicines in Australian Hospitals and the Medication Safety Self assessment. Examples of indicators include the percentage of admitted adult patients that are assessed for risk of venous thromboembolism and the percentage of patients with atrial fibrillation that are discharged on warfarin. With the results of these assessments, recommendations from medication safety alerts, and a regular review of medication incident reports the committee is working on identifying areas for improvement and putting projects in place to ensure medication use is as safe as possible. To ensure appropriate drug storage of vaccines, clinical trial drugs and high cost biological agents a number of high-grade vaccine refrigerators have been purchased for pharmacy and ward areas. In addition a quality assurance program of electronic monitoring of temperatures has also been introduced.

### **Clinical Trials**

Clinical trials of new drugs form an important part of the research program within Barwon Health. The number of trials is steadily increasing and now exceeds 80. Cardiology, oncology, endocrinology neurology and psychiatry are the main areas of focus. Around 22% of trials do not have a funding stream and are supported by Barwon Health. To meet the growth in clinical trials a full time senior clinical trials pharmacist, Paul Muir was appointed. The clinical trials pharmacist participates in the Research Review Committee evaluating trials before submission to the Research and Ethics Committee, liaises with trial sponsors, auditors and clinical research co-ordinators, establishes pharmacy procedures for the conduct of trials, and supervises pharmacy technicians who assist with record keeping, temperature monitoring and account preparation.

### **Education & Training**

#### *Visiting American Pharmacy Students*

Two final year Doctor of Pharmacy students from the University of Arizona undertook an international practice rotation at Barwon Health. The students gained an insight into the practice of pharmacy in Australia and

will experience Barwon Health's approach to clinical pharmacy and drug distribution. Rotations included visits to a community pharmacy, a rural hospital, the Victorian College of Pharmacy and the Royal Melbourne Hospital. The students completed a one-week review of restricted antibiotic use within Barwon Health, which will guide further policy development in this area.

#### *Pharmacy Technician Training*

Five pharmacy technicians successfully completed the Certificate III in Health Service Assistance (Hospital and Community Health Pharmacy Assistance) course. This course has recently become a compulsory course required by the Pharmacy Board of Victoria for pharmacy technicians to practice. A further 15 pharmacy technicians within Barwon Health are completing the course.

#### *Deakin Medical School*

The Pharmacy Department has been involved in presenting introductory lectures on clinical pharmacology to the first year medical students. Garth Birdsey has been appointed to be the convenor of the clinical pharmacology curriculum working party for the third and fourth years.

### **28th Society of Hospital Pharmacists of Australia (SHPA) Federal Conference**

The SHPA Conference was held in Sydney from the 8 -11 November 2007 with the theme of integrating opportunities in education, information technology, research, continuity of care, safety and policy. Greg Weeks on behalf of the research team was presented with the Sanofi Aventis Continuum of Care Award of \$10,000 for the project entitled, Development and evaluation of a protocol driven ambulatory care service run by hospital pharmacists for the management of hyperlipidaemia.

### **Renal Services**

#### **Presentations in Surfer's Paradise**

Six presentations from the Barwon Health Renal Unit were given during September 2007 in Surfers Paradise at the ANZSN, three on our developmental work in water conservation in dialysis, 2 on further NHHD-related topics – one of which showed a 58% survival advantage to NHHD over conventional HD and is the first comparative survival data ever to be generated between the two modalities, and one further presentation on our Respecting Patient Choices program, a program which has evolved Barwon Health-wide from its beginnings in the Renal Unit's 1990's

'Enough is Enough' program, which was later taken up by ICU Director, Dr Charlie Corke and Associate Professor John Agar to become Respecting Patient Choices.

Two of these presentations, the NHHD survival data and the water conservation concepts developed here in Geelong, were also presented at the American Society of Nephrology meeting in San Francisco in November 2007, an annual meeting of some 12,500 nephrologists world-wide.

### Annual Dialysis Conference

In March 2008, Associate Professor Agar jointly lead with Professor John Peter Kerr from Monash Medical Centre an Australian team to Orlando Florida to present a special adjunct meeting to the Annual Dialysis Conference, a meeting of 10,000 dialysis technicians, nurses and doctors from across the US – focusing on Home Haemodialysis – how to do it and how to do it well. Home dialysis is at last showing signs of a renaissance in the US at the coat-tails of nocturnal haemodialysis and, as leading proponents of this program, this was a huge opportunity to further take Australian NHHD to the US market.

## WOMEN AND CHILDREN'S SERVICES

### New Look Postnatal Care

Three statewide surveys of recent mothers were conducted over the past decade in Victoria showing that out of all aspects of maternity care, women were least satisfied with their postnatal care. A Barwon Health survey of midwives conducted in September 2006 revealed that 90% of respondents were not happy with the way in which we provide our postnatal care. This is consistent with the experience of midwives across the state (A Review of In-hospital Postnatal Care in Victoria, 2005).

In a Victorian first, evidence based postnatal care ("New Look Postnatal Care") was implemented at Barwon Health on 14 January 2008. This was the culmination of process mapping exercises, focus groups & an evidence review over the past year. The key emphasis of the change is to increase women's confidence and competence to care for themselves and their babies. The childbirth education class structure has also changed to reflect the new approach to pregnancy and parenting in an attempt to provide couples with a realistic view of parenting.

### MOU with Children's Cancer Centre

On 17 March 2008, Barwon Health signed a memorandum of understanding (MOU) with the Children's Cancer Centre, run out of the Royal Children's Hospital and Monash Medical Centre. This is part of their Regional Outreach Program and formalises the link between Barwon Health and the Children's Cancer Centre. For many years Dr Kym Anderson, VMO Paediatrician at Barwon Health has led the provision of services to children with cancer in the Barwon region, including a monthly joint clinic with an Oncologist from the Children's Cancer Centre, run through the Andrew Love Centre. This MOU formalises the link and provides increased support as well as educational opportunities for nursing and other medical staff. In addition it will improve communication between Barwon Health and the Children's Cancer Centre and should ultimately result in improved care to children with cancer in the Barwon Region DHS has funded Women's Services to evaluate this model of care in partnership with Mother & Child Health Research, La Trobe University over the next 12 months.

### Clinical Practice

Women's Services implemented a new evidence based guideline for the management of Induction of Labour in August 2007. This has resulted in a reduction in inductions of labour by 9.4%. The caesarean section rate has also decreased by 8.2% in the 2007/08 year.

### Consolidation of Refugee Health Clinic

This clinic was established in March 2007. Over the course of the past 18 months the clinic has consolidated its relationship with the Infectious Diseases Unit and is seeing an increasing number of patients.

### Post Natal SHADES Course

Barwon Health has completed its first SHADES (Self Help Anxiety and Depression Education Sessions) course, structured specifically for women suffering from postnatal anxiety and/or depression. The program was delivered collaboratively by Women's Services, MindlinX and The Raphael Centre (St. John of God Health Care). The program aims to help people with anxiety and/or depression, develop self-management skills for dealing with the symptoms of these illnesses and prevent relapse. The program is based on Cognitive Behaviour Therapy principles.

During the eight weeks, we also incorporated an evening session designed for the women's partners, to explain the

program and assist their understanding of their partners disorder and answer any questions they may have. All the women successfully graduated and they and their partners gave positive feedback about the course content, how it was presented and stated they felt better informed about their illness and empowered with self-management strategies.

## **MENTAL HEALTH, DRUGS AND ALCOHOL**

### **Barwon Prevention and Recovery Centre**

The Barwon Prevention and Recovery Care ( PARC) unit was opened in March 2008 by the Minister for Mental Health, Lisa Neville. The PARC unit offers 6 additional beds and 8 day packages to clients, based out of the Community Rehabilitation Facility (CRF) which aims to provide services to clients at a stage where they would benefit from more intensive follow up and care in order to avoid further deterioration or the need for an acute admission. Extensive renovations and additions were completed to accommodate this new function within the CRF site.

### **Re-location of the Child and Adolescent Team**

The Child and adolescent team were relocated from the Belmont Community Health Centre into a purpose designed new facility in Pakington Street. This re-location was necessary to ensure better access by the clients of the service 40% of which live in the Northern Suburbs of Geelong. The new building has been specifically designed to provide excellent facilities for both staff and clients and allows for the opportunity to meet and collaborate with other agencies in the delivery of care to children and families.

### **Youth Mental Health Programme**

A re-design of our service structure has been undertaken to develop a specific youth mental health programme for clients 16-25 years old. This redesign was necessary in order to more effectively interface with the Barwon headspace consortium (a Commonwealth funded initiative designed to assist in the development of Communities of Youth Services) and provide a regional youth friendly and accessible service with the aim to intervene earlier in the development of mental illness. The other partners include Clockwork, Pathways and the Mental Illness Fellowship.

## **SUB-ACUTE SERVICES**

Sub-Acute Services have focused on a period of consolidation during the past 12 months, maximizing the opportunities of a fully integrated service following the successful relocation into new facilities for the Sub Acute Ambulatory Care Services during 2006/07.

A full range of Sub-Acute Services – inpatient and ambulatory Rehabilitation, Geriatric Care and Palliative Care – are now available at the McKellar Centre. Community Rehabilitation Services are also available at Belmont, enabling access for patients living in this expanding community in the western area of Geelong.

The growth in Ambulatory Care has continued, supported by the collaborative work being undertaken through the Barwon Health Ambulatory Care review, and additional funding from the DHS for specific service development. There have been strong and significant developments in Palliative Care with an integrated service now in place across the Acute, Sub Acute and the Community sectors. The Improving Care for Older People initiative has also expanded across Barwon Health, supporting staff to provide the best care for older people, both through enhancing their communication skills, as well as improving the clinical care provided to reduce the decline in function that may occur during a hospital stay.

Sub Acute Services staff continue to be actively involved with the Clinical teaching of Nursing, Allied Health and Medical students. This teaching role has further expanded this year with the active involvement in the Deakin University Medical School in both the First Year clinical visits and the collaborative development of the curricula for this exciting new Program. The past 12 months have also seen an expansion of the leadership role of Sub Acute Services across the Barwon South West Region, and through presentation at State, National and International forums about the work underway at Barwon Health.

### **Improving Access to McKellar Centre Services**

There are now very few delays in transferring patients who are ready for sub acute services into a Sub-Acute bed, which both enables appropriate clinical care, as well as ensuring efficient utilization of the available beds in the Acute sector. The E Referral systems have now been fully implemented to support the responsive transfer of

patients from acute services to sub-acute services at McKellar Centre and to ensure that 'real time' information is available regarding the availability of resources. These systems have been well recognized as leading innovation to achieve the aim of supporting the principle of 'the right patient in the right bed at the right time' across the State and Nationally.

In addition, the physical access to the facilities has been enhanced through the full implementation of the 'Wayfinding Project', based on a system of 'colour cues' and signage at key decision points to assist patients and visitors to reach their destination easily and without diversion.

### **Palliative Care**

The Palliative Care services have continued to focus on the implementation of a fully integrated service model over the past 12 months. Dr Peter Martin was appointed to the position of Regional Director, Palliative Care Services commencing in August 2006, and has focused on the successful achievement of this model. The Palliative Care Consultancy service has been implemented in the acute sector. General Practitioners and Community Nurses are also actively supported by the Palliative Care Consultancy team to provide services for patients and their families in their own homes as well as within the Sub Acute inpatient services. There has been significant growth in the numbers of people accessing these important clinical services, with a focus on the management of symptoms and supporting people to remain at home.

### **Victorian Paediatric Rehabilitation Services Review-implementation at Barwon Health**

The Barwon Health Sub Acute Ambulatory Care Services (SACS) received funding in 2007/08 to undertake two key projects-Paediatric Rehabilitation and Transition to Adult services-, emerging from the Victorian Paediatric Rehabilitation Services Review undertaken by the DHS in 2002/03. The overall aim of these projects has been to improve the access of Paediatric Rehabilitation services for children and families living in the Geelong region, reducing the need for frequent travel to Melbourne for their treatment. The Projects involved extensive consultation, and as a result, services will be commenced in Geelong before the end of 2009. The strong collaboration with the Royal Children's Hospital will be retained and further developed. This is a very exciting initiative, which will have significant impact on local children and their families.

### **Victorian Pathways to Home Travelling Scholarships**

Natalie Anderson (Senior Clinician Speech Pathology) and Ross Piper (Senior Clinician Physiotherapy/ Hydrotherapy) were awarded Victorian Pathways to Home Travelling Scholarships by the DHS (DHS), for travel during 2008. These highly contested Scholarships provide a wonderful opportunity for recipients to visit international 'Centres of Excellence'. Natalie has visited the North York Aphasia Institute in Toronto and the Communication Disability Network in London. Ross has travelled to Bad Ragaz, Switzerland to undertake a specialist Hydrotherapy Course in the Halliwick method. In addition to sharing their experiences with colleagues at Barwon Health, Natalie and Ross will be presenting the learnings from their travels at the DHS Pathways to Home Program forum planned for November 2008.

### **Improving Care for Older People – Longer Stay Older Patients Project**

A number of new and ongoing projects have been implemented under this state-wide, DHS initiative to Improve Care for Older People recognizing the increasing demand for services with the Aging population, which is particularly evident in the Barwon region. There is a focus on a collaborative, 'Community of Practice' model to support learnings from the projects being conducted across the State which have included managing the key age related health issues potentially impacting on older people during their hospital stay – mobility and falls, continence, cognition, nutrition and skin integrity. Barwon Health is working closely with the Regional Office of the DHS to provide leadership across the wider Barwon South Western region regarding the care of older people.

### **Commencement of Staff Fitness & Health Club at McKellar Centre**

A new Staff Health and Fitness Program has been established on site at the McKellar Centre in conjunction with the Executive Fitness Management (EFM) Group. EFM have extensive experience in conducting Health and Fitness Clubs in South Australia, New South Wales and Victoria, with very successful clubs operating at Southern Health, Bayside Health and Melbourne Health. EFM have undertaken a major refurbishment of the 'old Pharmacy Building' at the McKellar Centre. The new Program has attracted wide interest from a diverse staff group across Barwon Health, and provides an excellent opportunity to work in conjunction with Staffcare and the

Communications, Marketing and Community Engagement Unit, to further develop Barwon Health as a 'Health Promoting Health Service'.

## **SURGICAL SERVICES**

### **Elective Surgery Waiting List**

The Elective Surgery Waiting List (ESWL) total numbers, although mainly stable early in the year and within DHS targets, steadily grew over the latter 6-months. DHS initiative funding to complete additional elective surgery saw an extra 250 patients treated in the second half of the year. These initiatives comprised of an additional 50 long waiting patients treated within Barwon Health plus an additional 200 patients treated in a "Public patients in Private Hospital" initiative at the two Geelong private hospitals. As a result the ESWL total numbers fell to again be under the DHS targets. All Category One urgent patients were treated within DHS guidelines.

### **Theatre Flow Project**

A number of priorities and tasks for action have been identified and this project, although multidimensional and very complex, is revealing excellent information about the nexus between various aspects of service that are important to optimising efficiency and effectiveness. This is especially true for optimising the elective surgery use of the Theatres and ICU beds. Liaison Nurses within the surgical streams would deliver much of potential benefits identified within this project.

### **Fractured Neck of Femur (#NOF) Protocol Project**

The development of a 'fractured neck of femur (#NOF) protocol' was commenced in January 2007 and is now in its final phase of checks and balances. The working group involves representatives from the Orthopaedic, Anaesthetic and Medical Units, and the aim is to enhance and streamline the pathway of patients admitted to the Geelong Hospital with a fractured neck of femur. Although it is early days the results are promising, and with the opening of the new Emergency Department, it is anticipated the time taken to obtain a diagnosis and subsequent transfer to either the Ward or to Theatres should be further reduced.

### **Heath Wing 4 Short Stay Service**

A new model of care was implemented in June 2007 with the opening of Heath Wing 4 (HW4) as a Short Stay Ward and has exceeded all expectations. In 2007/08, HW4 has not only admitted 2,001 short stay surgical patients, it has

also been available to admit another 473 patients directly from the Emergency Department and another 171 general Medical patients when beds have been in short supply throughout the Hospital. The average Length of Stay (LOS) in HW4 is 1.8 days. The scope of the service is to care for patients who require 1 to 2 nights stay post surgery, improving bed management across the hospital.

### **Improving Access to Urology (IATU) Project**

The IATU Project was undertaken in conjunction with the Patient Flow Collaborative II in Outpatients Department as a DHS initiative. The project continues to be a great success and illustrates the substantial improvements achievable when a Nurse Coordinator is dedicated to a surgical stream. This clinical liaison role is largely about working collaboratively with surgeons to improve the continuum of care of patients from their first day of referral all the way to the patient's day of surgery. The project has also developed a GP Urology Referral template, Outpatient review guidelines (particularly for chronic conditions) and GP guidelines and a model for a clinical pathway for management of urology patients.

### **Orthopaedic Access Service (OAS)**

The OAS clinics have continued to provide rapid access assessments for patients with back, shoulder and foot problems to complement the services provided by the orthopaedic surgeons. This General Practitioner and Physiotherapist led clinic is helping in managing the orthopaedic demand by treating and safely discharging up to 30% of patients after one appointment. This has helped to reduce the total number of patients waiting for an orthopaedic outpatient appointment. It has also helped to free up time in the surgeons clinics to see patients more likely to require their intervention.

### **The Osteo-Arthritis Hip and Knee Service (OAHKS)**

The Osteo-Arthritis Hip and Knee Service was established at Barwon Health in January 2007 as part of a four hospital pilot program to explore more efficient ways to manage patients with osteoarthritis of the hip and/or knee who may or may not require surgery. The main benefit of OAHKS is the early comprehensive assessment of OA hip/knee patients to determine how significant their problem is. Most patients are assessed within 6-8 weeks of receipt of the GP referral. This has allowed appropriate management of patients to be implemented sooner. Patients are also able to be fast tracked on to see a consultant where

clinically indicated. In 2008/09 DHS are implementing a statewide rollout of the OA Hip Knee Service and Barwon Health is acting as a lead agency in this rollout.

As part of the next phase of this project, the orthopaedic team will look to develop 'in house' software for data capture and reporting, expand the role of the orthopaedic liaison nurse to better monitor patients on the elective surgery waiting list and test the application of the Multi-Attribute Prioritisation Tool (MAPT) questionnaire that aims to assess the progression of disease in patients with osteoarthritis of the hip or knee while waiting for surgery.

### Paediatric Orthopaedic Service.

Barwon Health is one of only three sites in Victoria funded to develop a specialist paediatric orthopaedic service. Led by an orthopaedic surgeon working collaboratively with a Coordinator this service will primarily treat children with Developmental Hip Displasia (Clicky Hips) and Talipes (Club Foot) but will also develop a Botox Therapy Service for children with Cerebral Palsy. The Botox therapy is a breakthrough, non-surgical treatment for children with cerebral palsy in that it reduces the spasticity in their muscles by relaxing muscle stiffness. Once established, DHS will rollout this service to other centres around the State.

### Colonoscopy Service Re-Design

In early 2008, Barwon Health participated in a DHS funded Colonoscopy Redesign process and undertook a review of our existing processes and streamlined the pathway for patients referred for colonoscopy. The redesigned process, which would require the inclusion of a Colonoscopy Liaison Nurse to be effective, has the potential of saving up to 400 outpatient appointments per year. The major benefits to emerge from this redesigned process are better and more effective management of patients on the colonoscopy waiting list, a standardised referral template, clear triage guidelines and a process to ensure pathology results are reviewed and acted upon in a timely manner.

### Outpatients Waiting List

The Outpatients Department has undertaken substantial review and change over the past year. The highlights are:

- DHS funding for projects around Minimum Data Set Collection (iSoft), Arthroplasty (Xray) Review Clinics in Orthopaedics and a Patient Focused Booking systems.

- The Referral Template submission focusing on standardising GP referrals to Outpatients using electronic systems is being considered by DHS. The electronic template proposed by Barwon Health may be used as a model for statewide rollout.
- Physiotherapy and Outpatients have worked together to establish a model for a Physiotherapy clinic to be run in Allied Health twice per week to capture referrals from ED that would ordinarily go to Outpatients for a consultant review, only to be referred to physio for conservative treatment as a first option. Audit has revealed there are potentially 25 patients per month that will benefit by this service.

## QUALITY AND RISK MANAGEMENT

### TR3 Project

When significant pathology results are overlooked the results can be catastrophic for both the individual patient and the organisation. A method of reviewing all biopsy specimens has been developed to ensure the sequence of biopsy taken, biopsy result, clinical decision and confirmation that the decision had been actioned. The trial/pilot of over 300 cases determined the development of a database format that enabled results to be reviewed and a follow up plan developed. Surgeons could simply and easily review all pathology and minimise the risk of missing an important biopsy result.

### Identifying, classifying and learning from unplanned returns to theatre

Unplanned return to theatre (URT) is an important key performance indicator (KPI) that affects other KPI's, such as a patient's length of stay in hospital and mortality. A review over a two-year period was undertaken at the Geelong Hospital to assess the outcomes of URT's. The time interval between the initial surgery and the URT was calculated and the reasons for the URT classified. The review concluded that there was a low mortality in cases undergoing URT, which indicates the safety of taking patients back to theatre when clinically indicated. As a result of this review a classification system has been proposed to allow for a standardised reporting process of these unplanned return to theatre cases.

## KEY HIGHLIGHTS ACROSS BARWON HEALTH



Consumer Representative David speaks at the opening of the Prevention and Recovery Centre.

### **New centre**

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Midwife Rosie with a new mum at the launch of Barwon Health's new look post natal care program.

### **New beginnings**

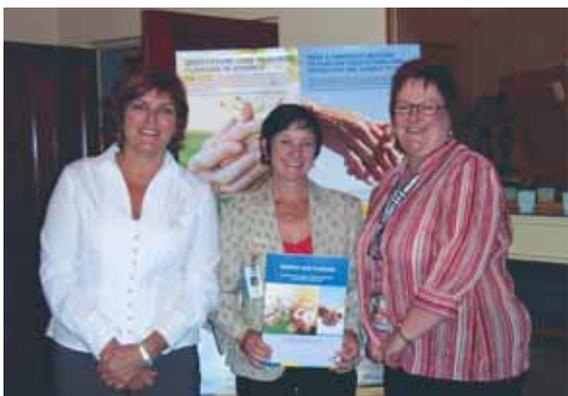
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Project Officer, Tricia and Rob from Kane Construction amidst the construction of stage 1 of the redeveloped Emergency Department.

### **New developments**

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Celebrating the launch of the Advance Care Planning (ACP) program, the ACP team Deb, Jill and Dianne.

### **New program**

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# EDUCATION

## CENTRE FOR EDUCATION AND PRACTICE DEVELOPMENT

The Centre for Education and Practice Development (CEPD) provides educational programs, clinical tutorials and resources for nurses, allied health, medical and other staff across Barwon Health. The primary goal of the Centre is to provide innovative and evidence based educational programs for Barwon Health and other health agencies within the region. A key activity of the Centre is the planning, coordination and provision of facilitating approximately 1500 undergraduate nursing and 200 allied health students per year for their clinical practicum.

## COLLABORATIVE PARTNERSHIPS

During 2007/08 Barwon Health has continued to strengthen partnerships in collaboration with Deakin University, the Gordon Institute of TAFE, the University of Melbourne as well as twenty other universities and agencies within Victoria and interstate. The Centre for Education and Practice Development has also continued to strengthen the collaborative relationship with the DHS, the Nurse Policy Branch and other health services across the southwest region.

## EDUCATION PROGRAMS

Short Courses	
Number of programs	45
Barwon Health participants	819
Regional participants	139
Average participants per programs	21

Graduate Nurse Program	
Number of graduates	42
Study Days (per program)	6
Graduate Support Sessions (per program)	26

Post Graduate Diploma Clinical Programs	Affiliated University	2007 students	2008 students
Graduate Diploma of Nursing (Critical Care)	Deakin University	7	7
Graduate Diploma of Nursing (Peri operative)	Deakin University	2	3
Graduate Diploma of Midwifery	Deakin University	6	5
Graduate Diploma in Advanced Nursing (Emergency)	University of Melbourne	5	4

## EDUCATIONAL OPPORTUNITIES

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

## FUTURE DEVELOPMENTS WITH THE DEAKIN UNIVERSITY FACULTY OF HEALTH, MEDICINE, NURSING AND BEHAVIOURAL SCIENCES

The Centre for Education and Practice Development works collaboratively with the School of Nursing to manage all undergraduate clinical placements. The Centre has now commenced a collaborative and consultative relationship with the recently established School of Medicine. Some staff members within the CEPD work part time or casually for the School of Medicine, which has created stronger links and an increased awareness of future trends for education and resource identification for nursing and other health disciplines within the organisation.

Nursing Clinical Placements	
RN Div 1 (Undergraduate)	1010
RN Div 2 (Undergraduate)	378
Post Graduate students	8
Diploma of Ambulance Paramedic Studies	10
Secondary School work experience	5
RN Div 1	8
Bachelor of Midwifery	13
<b>Total</b>	<b>1432</b>

## EDUCATION

### MEDICAL EDUCATION

Medical Education is a constantly evolving process and challenge. Over the 2007/08 financial year, Barwon Health has continued to lead in this field through new initiatives in enhancing our partnerships with health services within the Barwon South Western region, in particular South West Health Care and the Greater Green Triangle GP Education and Training in Warrnambool and Western District Health in Hamilton. The outcome being that 32 interns linked to Barwon Health commenced their year of professional development in early 2008. This is the largest intake ever; double that of ten years ago.

The novel aspect of this year's program being an intern rotation to a Camperdown-based General Practice; this is among the first of four such opportunities in Victoria. Barwon Health has also commenced surgical training associated with the new Royal Australasian College of Surgeons Surgical Education Training (SET) program with us starting new posts as part of the SET1 program

in orthopaedics (one of four such posts in Victoria) and general surgery. Basic Physician Trainees at Barwon Health have also had a most successful year with 7 out of 8 passing their examinations in late July 2007 and being able to progress to advanced physician training in 2008. This pass rate is above the national average and is a credit not only to our trainees but also the commitment and dedication of Barwon Health's physicians in conducting their physician education, led by Associate Professor Peter Gates, the Head of the Barwon Health Neurology team and the recipient of the 2007 Junior Medical Officer Award for the best clinical teacher.

The main challenge for the future being expansion of our Intern program between 2009 and 2012 as part of an overall state approach to expand the approved intern post in Victoria from 505 for 2009 to 700 by 2012. In 2009, our intern posts will increase to 33 with a new post associated with the rehabilitation team at the McKellar Centre – this will be a first for Barwon Health.



# RESEARCH

The Barwon Health research directorate encompasses research spanning basic, translational and clinical topics. Our research ranges from the specifically local through to the global efforts. There is no doubt that Barwon Health is and must be involved in the global research effort, establishing and maintaining an international presence and measuring our success on the world stage. Our researchers are very strongly linked to collaborators in industry and academia and this collaboration is one of the chief drivers in the research effort.

Clinical trials are a key mechanism for establishing evidenced based therapeutics. Barwon Health contributes substantially to the various bodies of scientific knowledge, such as the trans-Tasman research bodies in oncology and other disciplines. The introduction of the biopharmaceuticals has and will continue to challenge traditional methodologies. Perhaps one of the more interesting developments in the research endeavour is the low or minimal risk category. Research is integral to modern health care. Barwon Health considered that a 'one size fills all' review system was not appropriate, with the result that about 20% of the applications were reviewed as low or minimal risk

A strong research effort also requires strong supporting framework. With this in mind, Barwon Health welcomed the release of the Australian Code for the Responsible Conduct of Research (NHMRC, 2007) and has invested considerable resources into the mechanisms of a system of review and oversight that is efficacious and transparent.

## Milestones

- Deakin University/Barwon Health mutual approval process consolidated
- Acceptance of the NEAF application form
- Research and Innovation Expo 2007
- Commitment to Research Annual report

## Targets for 2009

- The paperless research and ethics office
- Establishment of a process to review policies and processes in relation to Research Governance
- Further streamlining of the communication between committees.

## Research & Innovation Expo August 2007

Barwon Health again participated enthusiastically in the Smart Geelong Network Research and Innovation Expo

in August 2007. Some of the highlights from this week included:

- Open day
- Walk for healthy bones
- Research afternoon
- Poster display

The winners of the poster and podium presentations were:

<b>Winning Category A poster</b> (basic science, clinical science)
\$500 towards conference registration of the winner's choice TURSKY, MELINDA: Ex Vivo Expansion Of Cord Blood Hematopoietic Stem Cells
<b>Winning Category B</b> (public health/promotion/education; audit or program evaluation)
\$500 towards conference registration of the winner's choice LIN, FRANK: Learning From Mistages: A Systems Approach To Pathology Auditing
<b>Winning Podium Presentation</b>
\$500 towards conference registration of the winner's choice PASCO, JULIE: Leptin In Depressed Women: Cross-Sectional And Longitudinal Data From An Epidemiologic Study

*Many thanks to the judging team, which was headed by Dr Max Alexander and involved both Barwon Health and Deakin University:*

Dr Max Alexander, Professor David Stokes, Professor Alistair Ward, Dr Tess Toop, Dr Jane Redden-Hoare and Dr Mark Kotowicz

*Many thanks also to the hard working Research Week events committee:*

Amanda Bavin, Seetal Dodd, Julie Pasco, Fiona Collier, Jane Redden-Hoare, Trisha Dunning and Bernice Davies

## Projects under the auspices of the Human Research Ethics Committee 2007/08

The Barwon Health process of research review involves two committees. All projects are submitted to the Research Review Committee, which has the power to approve low or negligible risk projects. Those of greater than negligible risk are referred to the Human Research Ethics Committee. Over the 2007/8 periods the Committees' performance has remained fairly consistent. Of the 78 projects, which were approved during this time, the average time to approval was about 6.5 weeks. However of those 78 projects, 16 projects took 10 week or more to reach full approval. Of those that have not yet reached approval, the average time under review is 8.5 weeks.

### The Centre for Nursing and Allied Health Research

The Centre for Nursing and Allied Health Research was established in 2007 to contribute to the research capacity of nurses and allied health practitioners working in Barwon Health. Staffing consists of Professor Trisha Dunning AM, Chair in Nursing, Dr Sally Savage – Research Fellow

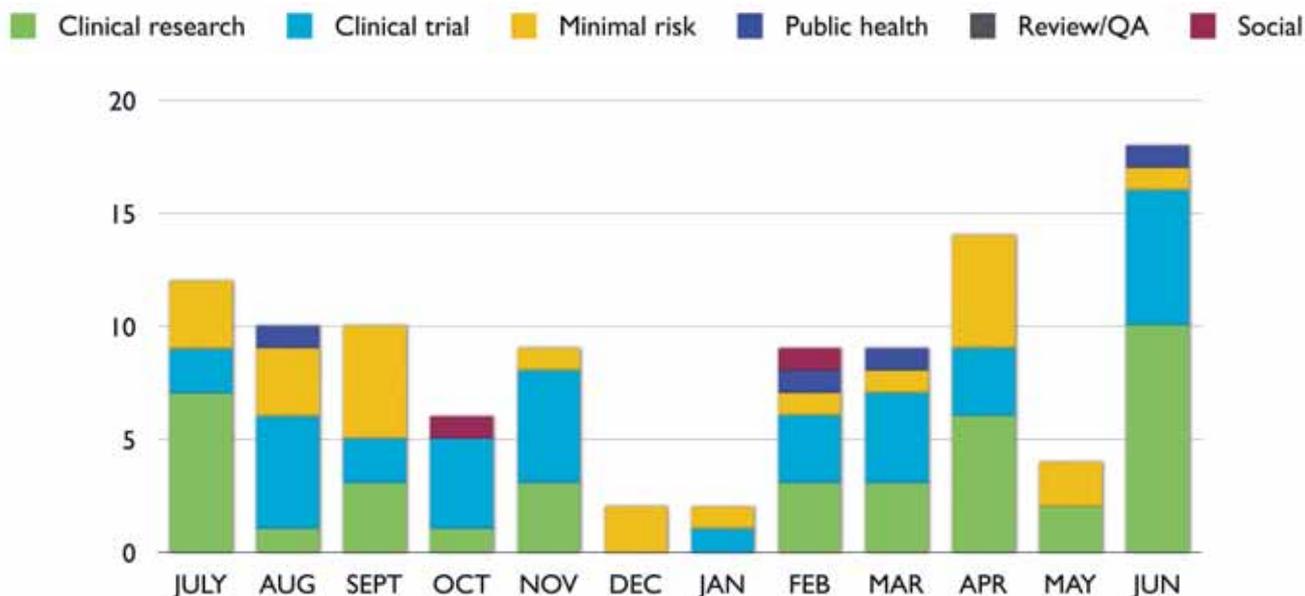
and Ms Susan Dabkowski Research Assistant. As well as managing its own research programs, the Centre has offered a series of workshops on research and professional writing and undertaken individual research mentoring for Barwon Health staff.

The makeup of the new research projects for this time was:

### OVERALL PROJECT STATUS



### NEW RESEARCH APPLICATION 2007/08



## MEMBERSHIPS

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

Human Research Ethics Committee	
<b>Chair</b>	Mr John Frame
<b>Secretariat</b>	Ms Bernice Davies
<b>Board members</b>	Ms Janet Farrow
<b>Community members</b>	Mr David Dethridge
	Mr Peter Ball
	Ms Christine De Boos
	Mr Hans Fikkers
	Reverend Kevin Yelverton
<b>Researchers</b>	Ms Lucy Cuddihy
	A/Prof. Mark Kotowicz
	Dr Jane Redden-Hoare
	Dr Neil Orford
	Dr Glenn Guest
<b>Professional Care</b>	Dr Damian Connolly
	Dr Rod Fawcett
	Mr Greg Weeks

*The Committee thanks the following members who have resigned during the year: Dr Max Alexander, Dr Alastair Mander, Mr Richard Page, Mr Christopher Burrell.*

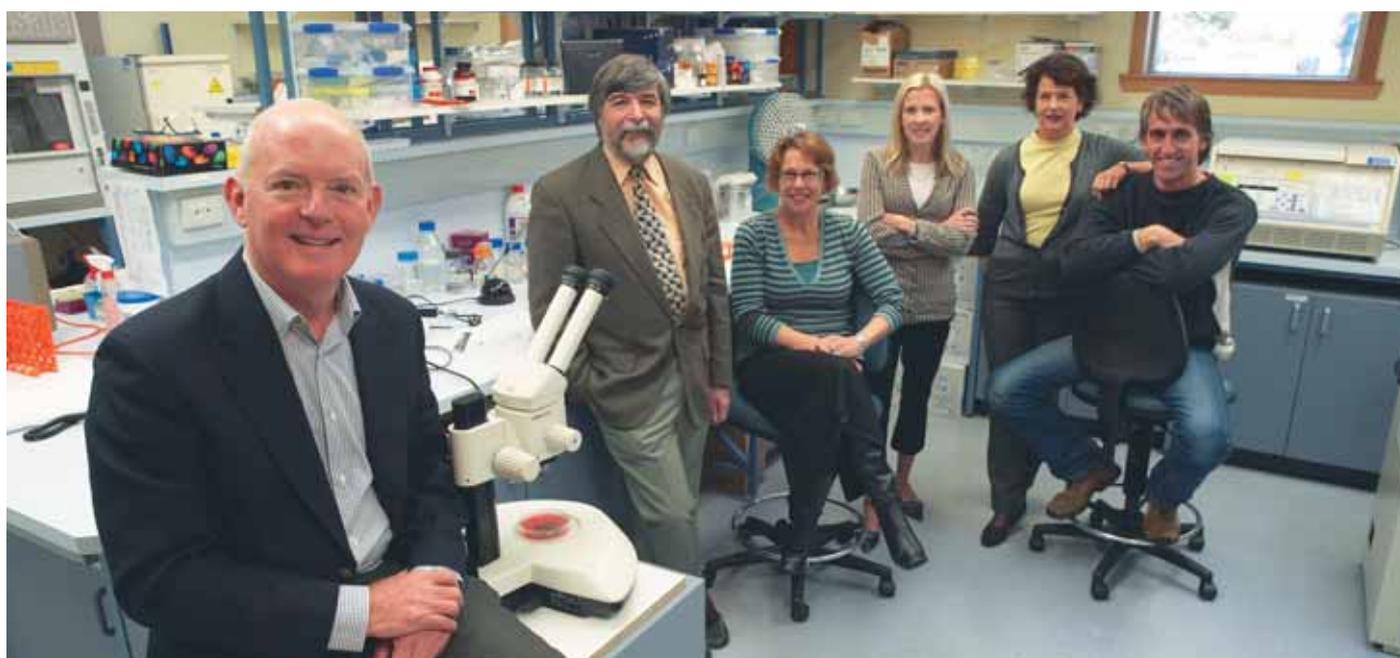
*The Committee welcomed the following new members during the year: Dr Neil Orford, Dr Glenn Guest.*

Research Review Committee	
<b>Chair</b>	Dr Thomas Callaly
<b>Secretariat</b>	Ms Bernice Davies
<b>Alt Chair</b>	Ms Lucy Cuddihy
	A/Prof. Mark Kotowicz
	Dr Jane Redden-Hoare
<b>Members</b>	Dr John Amerena
	Ms Pam Dolley
	Dr Trisha Dunning
	Ms Tania Elderkin
	Dr Chooi Lee
	Mr Paul Muir
	Professor Michael Berk
	Dr Tony Weaver
	Ms Marjan Geertsema

*The Committee thanks the following member who resigned during the year: Dr Max Alexander.*

*The Committee welcomed the following new members who have joined the Committee during the year:*

*Prof. Michael Berk, Dr Tony Weaver, Ms Marjan Geertsema.*



**Members of the Department of Clinical Biomedical Sciences pictured from left:** Professor Geoff Nicholson, A/Professor Mark Kotowicz, A/Professor Julie Pascoe, Bree Sarah, Dr Kerrie Sanders and Dr Jason Hodge.

# WORKING WITH OUR COMMUNITY

## CONSUMER LIAISON

In 2007/08, Barwon Health's Consumer Liaison Office received 1477 items of feedback from consumers – 967 compliments and 510 complaints. Overall, during this period we have seen a decrease of 71 complaints received compared to the previous year's figure of 581. These results continue to confirm to us that our patients, residents, clients and their family's are aware and feel comfortable in providing both positive and negative feedback to us regarding their experiences in relation to the care they received within Barwon Health's services.

We view complaints from our patients, residents, and clients as important as this is our opportunity to conduct reviews, which in turn may assist us in making improvements in the services we provide. We wish to acknowledge and thank the community for their continuing support in providing feedback and encourage them to continue with this practice. Positive feedback is always a pleasure to receive as it confirms and acknowledges the commitment of our staff to caring for our patients, residents, and clients as well as supporting families.

We all have an expectation that health care will be safe, appropriate and effective, and usually this is the experience for our patients. However, we understand that sometimes things may not work out as expected and if this happens we encourage our patients and their families to tell us about it. By doing this we are able to provide assistance our patients and their families to resolve their concerns in relation to the health care they have received. Our experience is that almost all the people who lodge concerns through our Consumer Liaison Office are happy that they have been given an opportunity to be heard, and in most cases the additional explanation and information they are provided with brings about a satisfactory outcome for them.

### **Barwon Health's Consumer Liaison can be contacted as follows:**

Telephone: 5226 7986  
Email: clo@barwonhealth.org.au  
Address: Consumer Liaison Office  
Governance Support Unit  
Barwon Health  
PO Box 281  
Geelong VIC 3220

## CONSUMER ADVISORY COMMITTEE

Barwon Health has a long history and culture of community engagement through various committees and structures. During 2007 the Barwon Health Community Advisory Committee and Cultural Diversity Committee merged to form the new Community Engagement Committee (CEC). One of the challenges in establishing the CEC was to position it among an existing committee structures in a way that would add value and inform the Board.

### **Key highlights for the Barwon Health Community Engagement Committee include:**

1. Acting as a conduit between the Board of Directors and the community, representing community views to the Board.
2. Understanding and monitoring the various community engagement activities across Barwon Health.
3. Participation in the publication of the Annual Quality of Care Report.
4. Provide a community voice on specific issues, such as Spiritual Space development, car parking and street throughways.

In December 2007 the Victorian Department of Human Services engaged Health Outcomes International (HOI) to undertake an Evaluation of the Effectiveness of the Community Advisory Committees (CACs). The evaluation focussed on the five areas of CAC performance documented in the "Community Advisory Committees Guidelines" (2006):

1. Purpose and role;
2. Membership;
3. Accountability and reporting;
4. Resources; and
5. Evaluation and monitoring

Results of the evaluation demonstrated that Barwon Health CEC enjoys a high degree of compliance with the DHS guidelines.

## ETHNIC HEALTH SERVICES

During 2007/08 the use of interpreters has increased overall throughout Barwon Health services. Specific languages have seen a dramatic increase as outlined above. Interpreters are contracted through a

language service agency that also provides interpreters for organisation/agencies throughout the State. One of Barwon Health cultural diversity strategy promotes communication for people with low English proficiency or hearing impairment by ensuring access to a qualified interpreter. Barwon Health has increasingly experienced difficulties in obtaining interpreters due to lack of interpreters or increasing cost of travel. The reducing

number of interpreters available has lead to the Australian Government to fund a new national project namely the New Interpreters Project. The Project aims to increase the number of NAATI interpreters in both metropolitan and selected regional areas around Australia. The Project will target these areas to increase the number of interpreters in new/emerging languages, rarer languages and languages for which there are shortages in rural and regional areas.

Time period	Total no of interpreter bookings	Total no Increase	% of increase
July 2005 to June 2006	2,455		
July 2006 to June 2007	3,024	569	23%
July 2007 to June 2008	3,383	359	12%

Interpreter bookings continue to increase with 3,383 booking in 2007/08, representing a 12% increase on the previous year as outlined in the above table.

<sup>1</sup> Victorian Government Department of Human Services (2006), Community advisory committee guidelines: Victorian public health services, Melbourne, Victoria.

Language	Booking Numbers 06/07	Booking Numbers 07/08
<b>Established communities</b>		
Greek	24	165
Turkish	76	126
Vietnamese	93	190
<b>Emerging communities</b>		
Burmese (Karen)	0	84
Nuer	20	83
Mandarin	36	81
Dinka	11	48
Albanian	12	37

# A HERO EVERY DAY

**R**osemary is the Anglican Chaplain for Barwon Health and says the nature of pastoral care is that plans can change suddenly.

“After staff morning prayers in the Spirituality Centre – praying for those we have met and those we will meet, seeking God’s guidance for the day ahead – I’m off to the wards with a list of patients to visit.”

“But then there is a call to attend a dying patient at McKellar Centre; patients in adjoining beds to one of ‘my’ Anglicans; a request for a Qur’an for a Muslim staff member, or a patient outside for a smoke who shares a tragic experience that has affected his physical and mental health for many years. As with many, this man’s spiritual need was now, he would be discharged in two days.”

Rosemary says it is very humbling to be invited into the difficult places in a person’s life and to be trusted to be the ‘God’ person, whatever that may mean for them, offering hope, peace and renewed strength.

She says it’s often more than a person’s body that hurts and requires healing. All people need spiritual and emotional care, which can impact greatly on the healing of the body and mind.

“Sensitive, intentional listening is at the heart of pastoral care. Honouring the sacredness of each person’s story and enabling them to recognise and draw on their own spiritual and religious resources,” she said.

Group activities at the McKellar Centre also provide valuable contact and residents are encouraged by each other and individual pastoral needs can be followed up.

“Monthly hymn singing at Percy Baxter is delightful and offering Holy Communion to a resident at Blakiston Lodge who is unable to communicate verbally and see the excitement in her arm movements, the eye contact and her mouth open a little is inspirational.”

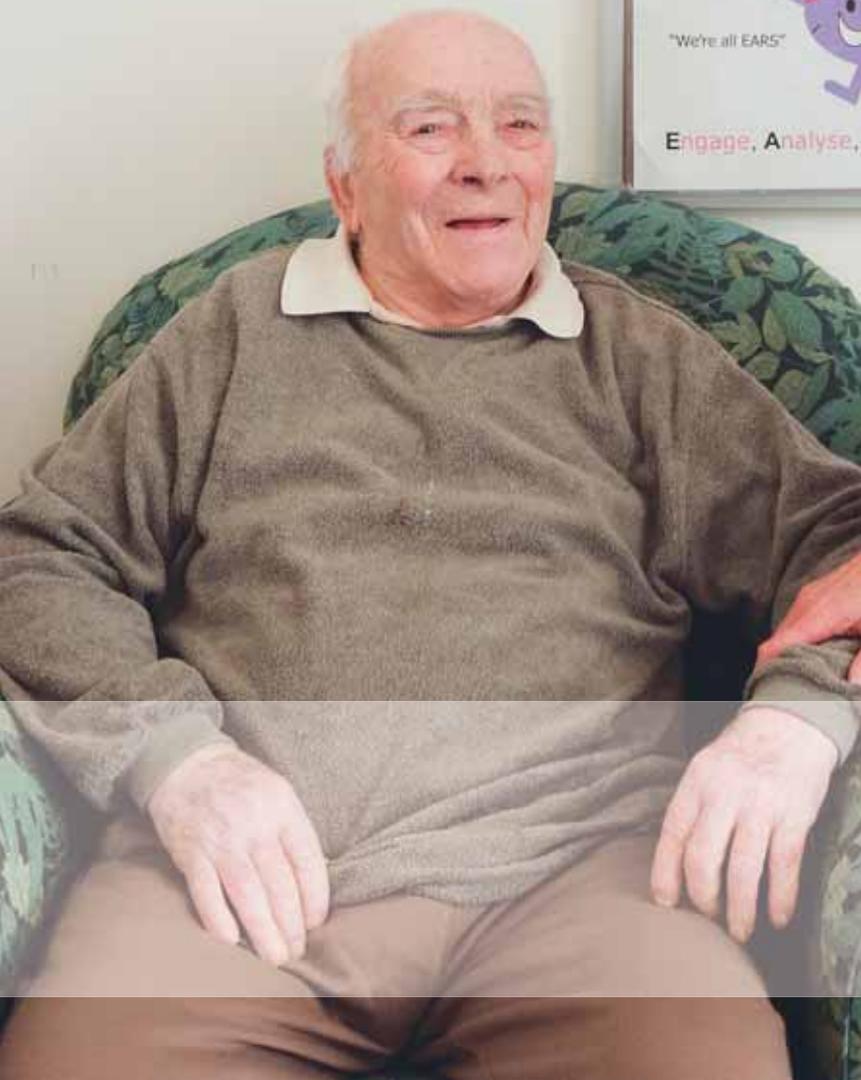
“Another resident whose speech is normally confused will suddenly join in a familiar prayer – this is a special moment particularly for his wife who has joined us for the service.”

At the end of the day, Rosemary has visited perhaps half of the original inpatients she intended and arriving home from an evening meeting of the Interfaith Network, the on-call pager beckons to an emergency back at Geelong Hospital.

## ROSEMARY

*Anglican Chaplain*





“ Sensitive, intentional listening is at the heart of pastoral care... ”

# VOLUNTEERS

## BARWON HEALTH VOLUNTEER SERVICES

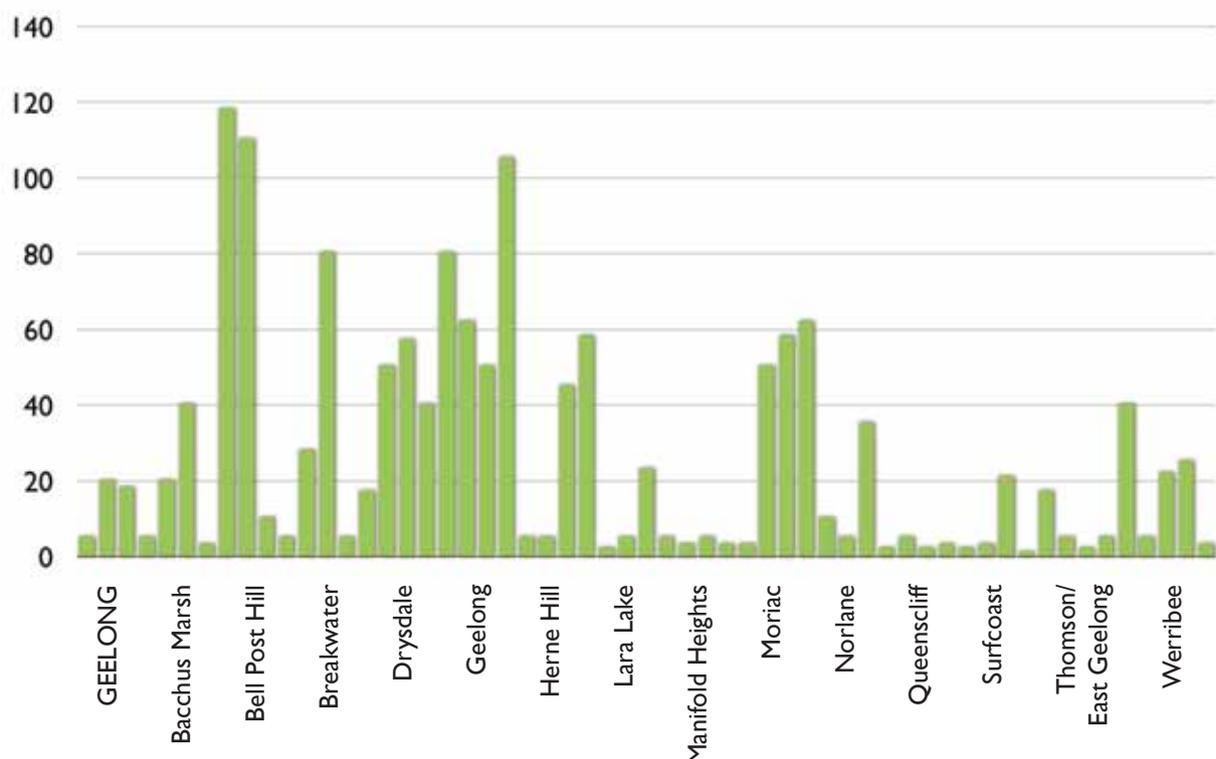
Volunteer participation within Barwon Health 'lengthens the arm' of our services by enhancing the health-care experience of our consumers and optimising the health and well-being of our community. 2007/08 has provided

opportunities to review, consolidate and develop the Volunteer Service to effectively meet the current and emerging needs of our dedicated volunteers and to build on the diversity of volunteer participation within the range of service areas within our organisation.

Current Demographics	
Current Volunteers	750
Average Age	56.9 yrs
<b>Gender</b>	
– Female	77.4%
– Male	22.6%
Recruitment	20 per month

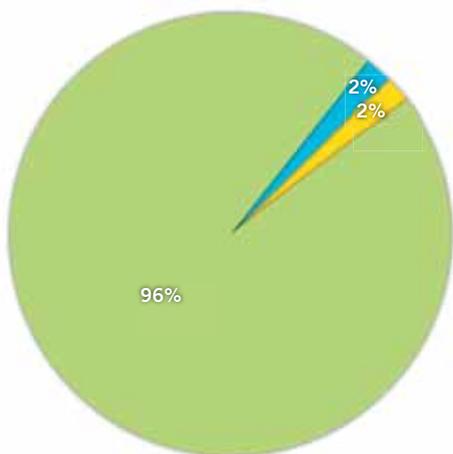
Volunteer Activity	Per Week
Messages	600
Information Desk Enquiries	600
Emergency Department	120 hrs
Andrew Love Cancer Centre	140 hrs
Outpatients Department	40 hrs
Health Information Services	35 hrs
McKellar Resident Support	160 hrs
Community & Mental Health	200 hrs
Links Transport	300 trips

## RESIDENTIAL DEMOGRAPHICS



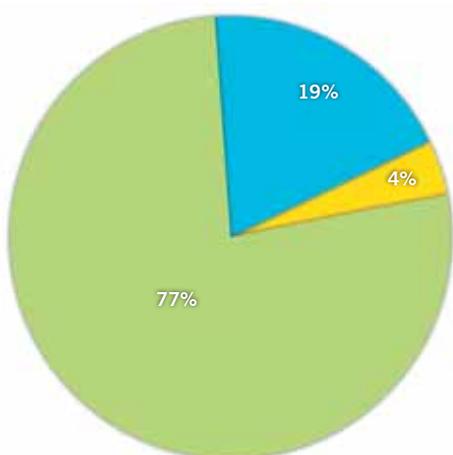
**VOLUNTEER SERVICES SURVEY:**

**VOLUNTEER SATISFACTION**



● Agree      ● Unsure      ● Disagree

**STAFF/SERVICE SATISFACTION**



● Agree      ● Unsure      ● Disagree

**INNOVATIVE ACTIVITY PROFILE  
– LAUNCH OF STAFF SHUTTLE**

Concerns for the safety of Geelong Hospital staff walking to their cars at night has led to the establishment of a staff shuttle service to safely transport staff to their cars. The shuttle bus had a successful two-month trial period commencing March 2008, and is now an ongoing service supported by Barwon Health Volunteer Services.

Nine volunteer drivers have willingly and enthusiastically given up their time to be a part of this service. Feedback from staff and service areas within the hospital has been overwhelmingly positive. On average, 16 staff utilise the service per night, and this number is continuing to increase during the winter months. The service was officially launched in celebration of National Volunteer Week 2008 at a morning tea hosted by Bay FM’s Laurie Atlas and Paula Kontelj.

**VOLUNTEER SERVICES STRATEGIC PLAN 2008–2013**

In early 2008, the strategic planning process began and consisted of two distinct phases. From February to April, data collection was undertaken both through internal and external consultations. From May to July, themes emerging from the data collected were identified to inform solution generation and strategic plan development.

**Vision:** Volunteer Services – Partnering with our Community  
*A community partnership enhancing the capacity and quality of our health service to optimise the health and well-being of our community.*

**Purpose:** To set the future direction for Barwon Health Volunteer Services, maximising the value added potential, for volunteers and our health service, of volunteer participation.

- Objectives:**
- To establish clear mechanisms for proactive service responses which meet identified priorities
  - To establish structured input and communication processes between all service stakeholders
  - To capitalise on volunteer resource contribution through clarity of roles, responsibilities and activity
  - To establish ongoing service development and quality improvement processes
  - To contribute to organisational capacity for ongoing community engagement
  - To establish ongoing monitoring, evaluation and reporting processes of service activity and outputs

Five priorities have been identified to support the achievement of these objectives and strategy development and action for 2008–2013: Volunteer Capacity, Organisational Capacity, Quality and Safety, Sustainability, Innovation.



# BARWON HEALTH FOUNDATION: GIVING THE GIFT OF GOOD HEALTH



**HELENE BENDER OAM**

Chair



**GAVIN SEIDEL**

Executive Director

In 2007/08 the Barwon Health Foundation launched the inaugural Geelong Hospital Appeal. Under the umbrella of one annual Geelong Hospital Appeal, donors can give to the priority needs of Barwon Health or designate their gift to a particular Barwon Health service. The Geelong Hospital Appeal creates an opportunity for the community to support Barwon Health in a tangible manner that will help provide better outcomes and benefits for our region's public health care services.

## THE FUNDRAISING YEAR

Mark Thompson Senior Coach at the Geelong Football Club launched the inaugural Geelong Hospital Appeal in February. A feature of the launch was the presentation of cheques by The Victorian Police Blue Ribbon Foundation Geelong Branch (\$100,000) and the Rotary Club of East Geelong (\$15,000) to assist with the redevelopment of the expanded Emergency Department. To run any successful Appeal you need the support of the media and we extend our gratitude to all the local media and in particular the Geelong Advertiser and Geelong broadcasters Bay FM for their support and coverage of the Geelong Hospital Appeal. The Geelong Hospital Appeal newsletters and campaign material were produced, distributed and managed in a very cost effective, highly proficient manner thanks to a new community partnership with the Bendigo Bank.

A number of fundraising events were held during the year to support the Geelong Hospital Appeal and specific Barwon Health services. Thank you to all of our volunteer Appeal committees, sponsors and supporters for your contribution to the G-Force Gala Day, Allabout Tours & Travel Hot Chocolate Day, The Oleenik Exhibition, Gordon Institute of TAFE VECCI Golf Day, Routleys Geelong Rotary

Golf Day and Messages of Love. One of the highlights of the year was the World's Longest Lunch that continues to be a major fundraiser and sell out attraction thanks to the support of our local chefs, restaurants and provedores.

The Our Women Our Children Volunteers again raised considerable funds to support women's and children's services. The Easter Egg Hunt is becoming their flagship event and grows in stature each year. Jigsaw in the Northern Suburbs was grateful for the continued funding by United Way to help provide a range of services for young people in the area. The Foundation continues to have an active role in the Read the Play program, a community initiative that is administered by Barwon Health's Mental Health team. Read the Play raises awareness about drugs, alcohol and depression for children 15 to 16 years of age by providing football and netball clubs with trained mentors that can provide support at a local level with a pathway to professional services.

The McKellar Centre continues to be supported by volunteers, businesses and services clubs. The completion of special planter boxes by the Rotary Club of Belmont is just one of the examples of the in-kind and volunteer support received from these local community groups. The NAB staff of Geelong made a significant contribution by purchasing two new Somavision planning monitors for the Andrew Love Cancer Centre and equipment for the expanded Emergency Department from the proceeds of their corporate luncheon.

## THERE ARE MANY WAYS TO MAKE A DIFFERENCE

The time and energy of a variety of people and groups is the fabric that makes the Foundation function efficiently.

In kind and pro bono assistance from Foundation supporters such as DDG, Adams Print, Bendigo Bank and the Geelong Football Club help the Foundation achieve its goals in a cost effective manner. A special thank you to the Barwon Health Foundation Board members for your leadership and our hard working, committed staff at the Foundation. Also a big thank you to the many staff of Barwon Health who engaged with the Foundation to help us achieve our objectives. The Foundation is fortunate to have a passionate patron in Peter Hitchener, the Nine Network News Presenter and we thank him sincerely for his continued support. Our volunteers provide time, skills and resources and without their support it would be very difficult to reach our fundraising goals. The Foundation also acknowledges the great work of Cancer after Care, Heartbeat, Our Women Our Children Volunteers and the Auxiliaries who continue to support specific services within Barwon Health.

#### WHERE THE MONEY GOES

Donations are receipted into special purpose accounts and distributed to the specific cause or service for which they are given. The Foundation and Barwon Health are grateful for the support we have had this year that has seen the purchase of many vital pieces of medical equipment for the varied services of Barwon Health. Cancer, cardiac, renal, mental health, aged care, rehabilitation, women’s and children’s services are just a few of the many areas that have benefited from donations. The completion of the expanded Emergency Department with its own paediatric area comprising many donated items of medical equipment and patient benefits is testament to the generosity of the community for all to see.



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

To all our donors, sponsors and supporters we say thank you for contributing to the Geelong Hospital Appeal and services of Barwon Health. You have given the “gift of good health”.

#### Barwon Health Foundation: Building and Maintaining Quality Health Services.

**Helene Bender OAM**  
Chair

**Gavin Seidel**  
Executive Director



## BARWON HEALTH FOUNDATION BOARD

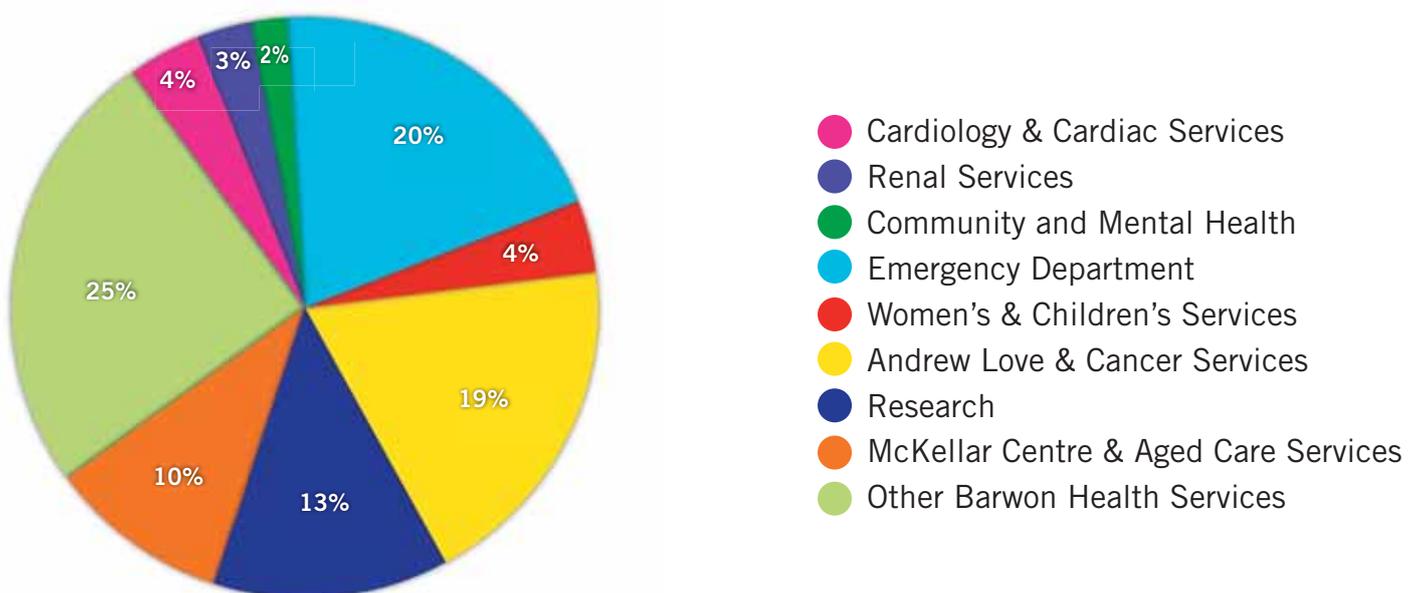
Helene Bender OAM (Chair) – *Allabout Tours & Travel*, John Frame (Board Member) – *Barwon Health*, Claire Higgins (Chair) – *Barwon Health*, Sue De Gilio (Chief Executive) – *Barwon Health*, Pat Murnane (Bendigo Bank Regional Manager) – *Southern Victoria & South Australia*, Grant Sutherland (Chief Executive) – *Gordon TAFE*, Russell Malishev – *Malishev Homes*, Bob Eadie, Kem Mayberry.

## MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD MEMBERS JULY 2007 – JUNE 2008

	02 AUG 07	04 OCT 07	06 DEC 07	06 FEB 08	02 APR 08	04 JUN 08	% ATT
John Frame (A/Chair to December 07)			A		A		66.6%
Claire Higgins		A	A				66.6%
Sue De Gilio			A				83.3%
Pat Murnane		A	A				66.6%
Grant Sutherland		A				A	66.6%
Helene Bender OAM (Chair from December 07)							100%
Russell Malishev	A		A				66.6%
Bob Eadie		A					83.3%
Kem Mayberry	A				A		66.6%

A – Apology

## DISTRIBUTION OF DONATIONS 2007/08



# BARWON HEALTH FOUNDATION: GIVING THE GIFT OF GOOD HEALTH

## DONATIONS RECEIVED BY BARWON HEALTH FOUNDATION OVER \$300

Adams Print	Fagg, Ray & Val	L. Bisinella Developments Developments Pty Ltd	Radiant Systems
ADM Engineering Services	Falkingham, Terry P	Ladhams, Vera	Rana Floors
Advisor Financial Group Planning	Farley, Mary	Larkins, P	Rapini Pty Ltd
Allabout Tours & Travel	Farrington, Peter	Laos Association Geelong	Robin, Craig
Alliance Wealth Management	FC Walker & Sons Pty Ltd	Latown Sequence Dance Club	Rotary Club of Belmont (VIC) Inc.
Allyweld Engineering	Feetham, Ian	Leign, K. Mark	Rotary Club of Colac West
Amezdroz Investments Pty Ltd	Fletcher Jones Support Group	Linderman, Peter	Rotary Club of Drysdale Incorporated
Andrews, Jennifer	Foott, Anthony	Lions Club of Geelong Breakfast Inc	Rotary Club of Geelong East Inc
Archibald Builders	Geelong & District Bowls Association	Lions Club of Geelong Corio Bay	Rotary Club of Geelong West, Inc.
Baker, HRP & SM	Geelong Botanic Gardens	Lions Club Of Grovedale Waurin Ponds	Royal Antediluvian Order of Buffaloes – Geelong Lodge
Baker, Kathleen	Geelong Ballroom Dance Club	Lions Club of Leopold Inc	Safeway Highton – Staff Club
Banks, Joan Margaret OAM	Geelong Camper Trailer Hire	Lions Club of Simpson & District Inc	Salt, Clinton
Barwon Pool Shop	Geelong Central Fidelity Club	Lions Club of Winchelsea	Saunders Consulting Group
Bell, Barry	Geelong Division of REIV	Love, Elizabeth Betty	Selman, Joyce
Bellarine Country Music Inc	Geelong Grammar School	Malishev, Russell & Linda	Shell Club
Belmont Timber & Hardware Pty Ltd	Geelong Group Country Women's Association of Victoria Inc.	McConnell, Ian Edward	Shell Refinery
Bender, Helene OAM	Geelong Ladies and Mens Darts Association	McGill, Robert Murray	Shrimpton, Ian
Bendigo Bank	Geelong Lodge of Unity & Prudence No 5	Mullaly, Gerard	Singh, Ajeet
Bernie Leen & Sons Pty. Ltd	Geelong Lyric Theatre Society	Mather, Dale A	Sir Charles Darling Hotel
Beun, Anne	Geelong Regional Walking Group	Marsh, Edward Mr & Mrs	Smith, Nicole
Bishop, Mary	Geelong West Combined Pensioners Association	Matheson, Margaret Elizabeth	South Barwon Hospital Auxiliary
Black, Margaret	Geelong Wheelchairs	McKellar Centre Kitchen Staff	South Geelong Primary School
Black, Margaret	George Scott Charitable Trust Fund	Medimine Productions	Southern Star Windows Pty Ltd
Blood Toyota	Gilbee, Evelyn	Mee, Andrea	St Johns Lutheran School
Borg, Lyn	Gofton, Graham Ernest	Mills, I.R	St Joseph's College Geelong
Brock, Leslie John	Gordon Institute of TAFE	Mitshubishi Australia Ltd	St Joseph's Cricket Club
Callista Software Services	Grange, Leslie Norman	Mitus, Kay	St Paul's Anglican Church
Caruana, Josephine	Grovedale Fire Brigade	Monotti, Zoe	State Trustees – Estate of Annie Georgina Buckley
Chalmers, Donald	Haigh, Rachel	Murray Family	Sue Vaughan Charity Fundraiser
Chefs Toolbox	Hansen & Lewis Families	Nagle, F.M	Tait, Ian
Chettle, TF & JD	Harwick, Patricia	Nall, Ken	Target – Accounts Payable
Chilwell Primary School	Henderson, Barry	National Australia Bank – Geelong	Telstra Countrywide
Christian College Junior School	High Tide Clothing	Oakdean Vineyards & Restaurant	The Freemasons Public Charitable Foundation
Citipower	Hope, GA & EK	Ocean Grove Bowling Club	The Jack Brockhoff Foundation
Clark, Dr Ben	Howson, Christina	O'Donnell, Jade	The Tombstone Country Club
Clarke, Margaret	Hunt Family	Our Corner Chemist	Townsend Gardens Social Club
Clarke, Mr & Mrs Don	Hunter, Ashley	Our Women Our Children Volunteers	Tucker, Neil
Clonard College	Jarota, Walentyina	Pakington Cottage Cafe	Turner, Stuart
Coffee by Design	Kawa, Ben	Pamflett, T.M & M.A	Truman, Mark
Combined Waste Services Pty.Ltd	Kempe Services	Peel, Alan	United Way Geelong
Coopers Copiers	Kennedy, F	Penny Prime Meats	Uniting Church – Wesley & South Geelong Congregations
Coulter Roache Social Committee	Kirby, Matthew & Rachel	Phonchone Family	Verrell, Dr John
Country Women's Association of Victoria – Meredith Branch		PM Excavation & Construction Pty Ltd	Victoria Police Blue Ribbon Foundation – Geelong Branch
Croatian Cultural Association		Popi Alexandrou	Walker Books Australia Pty Ltd
Curlewis Golf Club		Portarlington Charity Golf Day	Weatherly, Rosemary E
Cox, Simon		Porter, Nancy	West Carr & Harvey
Davies, Violet		Porter, Ralph	West Geelong Auxiliary
Deakin University			Wharf Shed Cafe
Deloitte Touche Tomatsu			Willicombe, Heather
Elings, Willie			Wilson, John & Joy
Emmerson, David			Wiltshire, Pam
Estate of Bell, Derek Roy			Woolworths
Estate of Freeman, Dann Trust			Yeoman, Michael
Estate of Shannon, Archibald Norman			
Estate of Young, DJ			
Everett, Geoffrey			

# A HERO EVERY DAY

**R**oss is an Aquatic Physiotherapist at the McKellar Centre's hydrotherapy pool, which sees over 500 attendances each week.

Individually or in the class, Ross is in the pool for up to ten hours with clients and says he is used to looking like a prune.

"We do a whole variety of things with clients that use the properties of buoyancy, turbulence and resistance of the water to benefit clients. At present I am really enjoying exploring the benefits of the Bad Ragaz Ring Method in shoulder rehabilitation."

"There are some activities that you can do in the water much more easily than on land, for example walking or balance retraining. This makes it a fantastic place to rehabilitate movement after many sorts of illnesses and pathologies."

Earlier this year, Ross was fortunate to win a \$10,000 Home

Pathways Scholarship offered by the Department of Human Services to attend a two week Aquatic Physiotherapy course in Switzerland.

The course concentrated on aquatic techniques including the Halliwick Method and Ai Chi and gave Ross the opportunity to become a specialist in the aquatic physiotherapy field.

"Returning to the McKellar Centre with such knowledge has allowed us to continue to strive for best practice and diversify the methods of how we deliver our service."

"I really enjoy watching people grow in confidence when attending the pool and improve their health. People have fun at the pool – they relax, socialise and let their guards down more."

"There is something incredibly leveling about wearing bathers in front of strangers that makes people let go of their other worries!"

## ROSS

*Aquatic Physiotherapist,  
McKellar Centre*





“ I really enjoy watching people grow in confidence when attending the pool and improve their health.”

# BOARD OF DIRECTORS



**Standing from left:** Christopher Burrell, Michael Hirst, Damian Gorman, Peter Thomas **Seated from left:** Janet Farrow, Claire Higgins, John Frame

## BOARD PROFILE

### **Claire Higgins – Chair**

Claire Higgins (BComm, FCPA, FAICD) has over 25 years governance, management, finance and accounting experience with major Australian Corporates – BHP and OneSteel Limited, and major Belgian Corporate – NV Bekaert SA. Claire is the Chair of the Victorian State Emergency Services and Deputy Chair of the Country Fire Authority, and a Director of Barwon Water. Claire is an independent member of the Surf Coast Shire Audit Committee. Claire has been on the Board of Barwon Health since 2000 and Chair since 2002.

### **John Frame – Deputy Chair**

John Frame is a former member of the Victoria Police and was appointed Deputy Commissioner (Operations) in 1988. He retired from that position in 1993 and in the same year was appointed as the inaugural Director of Security and Loss Prevention for Coles Myer Ltd. He is currently a member of the Board of Ambulance Victoria, Deputy Chairperson of the Police Appeals Board and Chair of the Greater Geelong Local Safety Committee.

John has a BA (Criminal Justice Administration) and a post graduate Diploma in Criminology and has been

awarded the Australian Police Medal, Centenary Medal and the National Medal and Clasp. John was appointed Deputy Chair in November 2006.

### **Peter Thomas**

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. In 2006 Peter was awarded an Order of Australia Medal for services to the community. He is Chairman of the Surf Coast Regional Veterans Centre and District Publicity Chairman for Lions Clubs Australia.

### **Michael Hirst**

Michael Hirst has over 29 years experience in finance and banking and is currently Chief Executive Officer, Retail Bank for Bendigo Bank Limited. Mike is Deputy Chairman of Treasury Corporation of Victoria and a Director of Elders Rural Bank. He is also on the boards of a number of wholly

owned Bendigo Bank subsidiaries including Sandhurst Trustees, Oxford Funding and Victorian Securities Limited.

### 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 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 & Complex Needs Panel, Adult Parole Board of Victoria and to the Council of the Victorian Institute of

Forensic Mental Health. Janet has a range of volunteer involvements in community organizations and is a Board member of Footscray Community Arts Centre. For a two-year period she was a senior policy adviser in the Victorian Government's Department of Premier and Cabinet. In 1988 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. Janet 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 Director & Head of Legal of Prosperity Legal, a law firm in Geelong, which provides commercial, corporate and workplace relations advice to businesses in Geelong and Melbourne. 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 is also a Director of Mercury Brands Limited (formerly Austin Group Limited), a publicly listed clothing company.

## MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD DIRECTORS 07/08

### Board Committees

A > Apology LOA > Leave of absence. Shaded area indicates periods where attendance was not applicable.

**Meeting Title:** Board Meeting **Meeting Frequency:** Last Friday of the Month

Membership: Claire Higgins, John Frame, Janet Farrow, Christopher Burrell, Damian Gorman, Michael Hirst, Peter Thomas

Meetings not scheduled

Name	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	% ATT
Christopher Burrell	✓	✓	✓	A		✓		✓	✓	✓	✓	✓	90%
Janet Farrow	✓	✓	✓	✓		✓		✓	A	✓	✓	✓	90%
John Frame	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	100%
Damian Gorman	✓	✓	✓	✓		✓		✓	✓	A	✓	✓	90%
Claire Higgins (Chair)	✓	✓	✓	✓		A		✓	✓	✓	✓	A	80%
Michael Hirst	A	✓	✓	✓		✓		✓	A	✓	✓	A	70%
Peter Thomas	✓	✓	✓	✓		A		✓	✓	A	✓	A	70%

**Meeting Title:** Audit Committee **Meeting Frequency:** Quarterly

Membership: Chris Burrell, John Frame, Mike Hirst (Chair), Claire Higgins

Meeting cancelled

Name	AUG	DEC	MAR	JUNE	% ATT
Chris Burrell	✓	✓		✓	100%
John Frame	A	✓		✓	66%
Mike Hirst (Chair)	✓	✓		✓	100%
Claire Higgins	✓	A		✓	66%

## BOARD OF DIRECTORS

**Meeting Title:** Clinical Quality and Risk Management

**Meeting Frequency:** Quarterly

Membership: Janet Farrow (Chair), Claire Higgins, Peter Thomas

Name	AUG	NOV	FEB	MAY	% ATT
Janet Farrow (Chair)	✓	✓	✓	✓	100%
Claire Higgins	A	✓	✓	✓	75%
Peter Thomas	✓	✓	✓	A	75%

**Meeting Title:** Community Engagement Committee

**Meeting Frequency:** Bi-Monthly

Membership: Janet Farrow, Claire Higgins (Chair)

Name	AUG	OCT	DEC	FEB	APRIL	JUNE	% ATT
Janet Farrow	✓	✓	A	✓	✓	✓	83%
Claire Higgins (Chair)	A	A	✓	✓	✓	✓	66%

**Meeting Title:** Facilities Development Committee

**Meeting Frequency:** Bi Monthly

Membership: Chris Burrell (Chair), Damian Gorman, Peter Thomas

Meeting cancelled

Name	AUG	OCT	DEC	FEB	APRIL	JUNE	% ATT
Chris Burrell	A	✓	✓	✓		✓	80%
Damian Gorman	✓	A	✓	A		✓	60%
Peter Thomas	✓	✓	✓	✓		A	80%

**Meeting Title:** Governance and Remuneration Committee

**Meeting Frequency:** Quarterly

Membership: Chris Burrell, John Frame (Chair), Damian Gorman, Claire Higgins, Mike Hirst

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

**Meeting Title:** Primary Care and Population Health

**Meeting Frequency:** Quarterly

Membership: Janet Farrow, Damian Gorman (Chair), Peter Thomas

Meeting cancelled

Name	AUG	NOV	FEB	MAY	% ATT
Janet Farrow	✓	A		A	33%
Damian Gorman (Chair)	✓	✓		✓	100%
Peter Thomas	✓	✓		✓	100%

**Meeting Title:** Research and Ethics

**Meeting Frequency:** Monthly (No meeting held in January)

Membership: John Frame (Chair), Janet Farrow

No meeting held in January

Name	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	% ATT
John Frame (Chair)	✓	A	✓	✓	✓	✓		✓	A	✓	✓	✓	81%
Janet Farrow	A	✓	✓	✓	✓	A		✓	✓	✓	✓	✓	81%

# EXECUTIVE TEAM AND CLINICAL DIRECTORS



**Standing from left:** Lucy Cuddihy, Paul Cohen, Fiona McKinnon, Tony Weaver, Tom Callaly, Paul Talman, Anna Fletcher, John Linke, Stuart Pickering, Yvonne Hewitt **Seated from left:** Peter Watson, Sue De Gilio, Sandy Morrison **Absent:** Perry Muncaster

## CHIEF EXECUTIVE OFFICER

### **Sue De Gilio**

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

## DEPUTY CEO AND GENERAL MANAGER MEDICAL SERVICES

### **Sandy Morrison**

M Bus, BHA, AFCHSE, CHE

## EXECUTIVE DIRECTOR BUILDING AND PHYSICAL INFRASTRUCTURE

### **Stuart Pickering**

B Architecture, Cert Tech, Dip Mgmt

## EXECUTIVE DIRECTOR CENTRAL SERVICES

### **Paul Cohen**

BA (Hons) Politics and Govt

## EXECUTIVE DIRECTOR COMMERCIAL SERVICES

### **John Linke**

B Comm, FCPA, BHA, AHSFMA

## EXECUTIVE DIRECTOR HUMAN RESOURCES & ORGANISATIONAL SAFETY

### **Perry Muncaster**

## EXECUTIVE DIRECTOR MENTAL HEALTH, DRUG & ALCOHOL SERVICES

### **Dr Tom Callaly**

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

## EXECUTIVE DIRECTOR NURSING, MIDWIFERY & AGED CARE

### **Lucy Cuddihy**

RN, DN, MBA

## EXECUTIVE MEDICAL DIRECTOR

### **Dr Tony Weaver**

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

## DIRECTOR SUB ACUTE SERVICES & MCKELLAR CENTRE SITE MANAGEMENT

### **Fiona McKinnon**

B App Sc (Physiotherapy), MHA

## GENERAL MANAGER SURGICAL SERVICES

**Yvonne Hewitt** (Commenced maternity leave 15 Feb, 2008)

**Peter Watson** (From 3 March, 2008)

## GENERAL MANAGER COMMUNITY HEALTH

### **Anna Fletcher**

RN, BHA, MHP, AFCHSA, FAICD

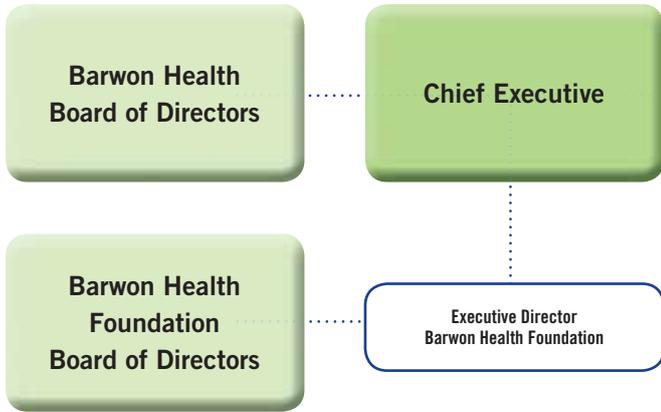
## CLINICAL DIRECTOR MEDICAL SERVICES

### **Dr Paul Talman**

Sc (Hons), MBBS, FRACP, PhD

# BARWON HEALTH ORGANISATIONAL CHART 2008

AS AT 30 JUNE 2008



Executive Director Building & Physical Infrastructure	
Biomedical Engineering	Physical Infrastructure
Building Maintenance and Engineering	Telecommunication
Major Capital Works and Redevelopments	

Executive Director Central Services	
Information Services	LinenCare Business Unit
Privacy Officer	Volunteer Services
Medical Library	PSA/Nurse Attendants
Food Services	HMO Administration
Environmental Services	

Executive Director Commercial Services	
Commercial Contracts	Admissions
Financial Services	Switchboard
Supply	Audit
Customer Services	▪ Financial
Billing	▪ Commercial

Executive Director Human Resources & Organisational Safety	
Human Resources	
Payroll	Facilitation of Workforce Planning
Staff Clinic	Non-Clinical Training & Development
Quality & Risk Management	Consumer Liason
Occupational Health & Safety	

Executive Director Mental Health, Drug & Alcohol Services	
Acute Inpatient Unit	Drug Treatment
Adolescent Services	Homeless Program
Aged Services	Primary Care
Children's Services	Triage and Consumer Liaison
Community Rehabilitation Facility	

Executive Director Nursing, Midwifery & Aged Care	
Professional Leadership – Nursing	Safe Practice and Continuum of Care
Nursing Education and Research Services	Pastoral Care
Infection Prevention Services	Residential Aged Care
Nursing Practice Development unit	

Executive Medical Director	
Professional Leadership – Medical Staff	Medical Education and Training
Clinical Quality and Risk Management	Medical Workforce Development
Medical Appointments	

Director Sub Acute Services and McKellar Centre Site Management	
Community Rehabilitation Centres:	Inpatient Rehabilitation and Palliative Care at McKellar Centre
▪ Belmont	McKellar Centre Site Management
▪ McKellar Centre	
▪ North Geelong	

General Manager Medical Services	
DIVISIONS:	
Medicine	Specialist Medicine:
Allied Health	▪ Cancer Services    ▪ Pharmacy
Women's Services	▪ Emergency Medicine    ▪ Renal Services
Children's Services	▪ Medical Imaging

General Manager Surgical Services	
DIVISIONS:	
Anaesthetics	Operating Services
Surgery	Outpatient Services
Intensive Care Unit	

# CARING FOR THE CARERS

## HUMAN RESOURCE MANAGEMENT

### Public Sector Values and Employment Principles

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

### BARWON HEALTH HEAD COUNT BY LABOUR CATEGORY

	Males	Females
<b>01 Nursing Services</b>	223	2,144
<b>02 Admin and Clerical</b>	89	577
<b>03 Medical Support</b>	113	283
<b>04 Hotel and Allied Services</b>	185	541
<b>05 Medical Officers</b>	44	9
<b>06 Hospital Medical Officers</b>	377	287
<b>07 Sessional Clinicians</b>	180	34
<b>08 Ancillary Support</b>	63	361
<b>TOTAL COUNT</b>	1,274	4,236

## WORKFORCE

Barwon Health currently has a workforce that comprises the following demographics:

- 77% of the workforce is female
- Median Age of employees is 42
- Average years of tenure is 8 years, our turnover rate is currently 4.3%, which is a significant drop from 8% in the previous year.

### Training and Development

This year Barwon Health has been able to offer our line managers formal accredited management courses to assist them in managing and leading our employees into the future. We have also been able to conduct internal training for employees and managers on a variety of subjects. This year we have also partnered with local universities to develop additional training specific to the health industry on the elimination of workplace bullying and return to work programs.

	MALES			FEMALES		
	Full Time	Part Time	Casual	Full Time	Part Time	Casual
<b>01 Nursing Services</b>	107	70	44	416	1218	510
<b>02 Admin and Clerical</b>	75	13	1	214	294	68
<b>03 Medical Support</b>	80	23	11	138	116	29
<b>04 Hotel and Allied Services</b>	100	40	45	79	347	115
<b>05 Medical Officers</b>	43	0	1	6	3	0
<b>06 Hospital Medical Officers</b>	120	6	251	113	2	172
<b>07 Sessional Clinicians</b>	0	163	19	0	33	1
<b>08 Ancillary Support</b>	37	12	14	130	176	55
<b>TOTAL COUNT</b>	562	327	386	1096	2189	950

## Occupation Health and Safety (OH&S)

Barwon Health has commenced OH&S initiatives that include a full gap analysis of our processes, policies and procedures and a review of our OH&S committees to include a high-level OH&S management committee for strategic direction. In partnership with the Victorian Workcover Authority Barwon Health is developing a training program to assist managers better facilitate injured workers return to work. We have also been an active contributor to the DHS initiative for a statewide incident information system. Barwon Health's claims management system including our current incident reporting system has assisted us with the reduction in our standard and loss-time claims over the past 5 years as outlined below:

### 5 YEARS STANDARD AND LOSS-TIME CLAIMS



## RISK MANAGEMENT

Risk management is embedded within Barwon Health at all levels of the organisation and is well supported by the board and executive. All staff are responsible for managing risks in their areas of control and in turn are supported by Barwon Health's organisational governance framework.

**Open:** Actively being managed    **Closed:** Monitoring only

Risk Type	Total	Open	Closed	% Total Risks
Governance	2	2	0	11.10%
Business	10	9	1	55.56%
Clinical	6	5	1	33.33%
<b>TOTAL</b>	<b>18</b>	<b>16</b>	<b>2</b>	

The risk management framework provides a standardised approach to risk identification, rating and treatment through an organisational wide electronic risk register and a standardised risk rating system. Barwon Health's risk management framework ensures the identification and management of governance, clinical and business risk is continually active and that residual risk is appropriately balanced in relation to achieving corporate objectives. It is designed for early risk notification and maintaining residual risks at an acceptable level. The board is actively involved in the oversight of risk management and receives regular reports from its standing committees.

## Registered Risks

There were eighteen new risks requiring active management during the period July 2007 to June 2008. Of these, two were governance risks, ten were business risks and six were clinical risks. The organisation's commitment to safety and risk management has resulted in a continuing reduction in risk. The number of new risks reported has reduced and controls have been put in place to manage the known risks that require active management.

### BARWON HEALTH – NEW RISKS

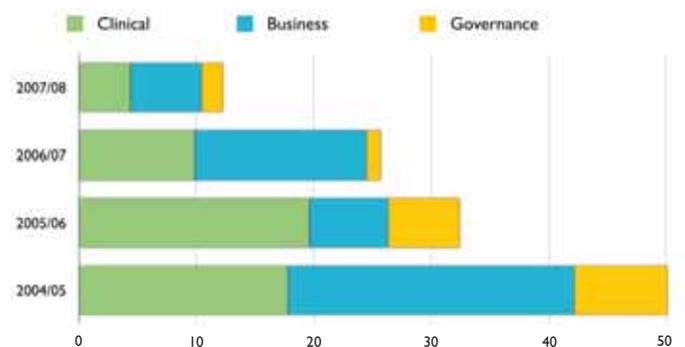


Figure 1: Registered Risks by Financial Year

Risk Type	2004/05	2005/06	2006/07	2007/08
Governance	13	10	1	2
Business	40	11	24	10
Clinical	29	32	16	6
<b>TOTAL</b>	82	53	41	18

Table 1: Registered Risks 2007/08

**CONTROLS ASSURANCE FRAMEWORK**

This framework continues to provide, develop and support best practice within Barwon Health via a continuous improvement process based upon internal and external audits and surveys. A PLAN, DO, CHECK, ACT culture is being developed to ensure that Barwon Health aligns and integrates all aspects of quality, governance and performance to become part of its daily core business practices. When applied within the framework, this Kaizen philosophy of small, continuous, sustained improvements will continue to build and develop our systems, thereby strengthening and embedding standardised policies and procedures into quality and risk management. Well-established data collection, analysis and reporting structures allow the Board to have confidence that all risks are effectively identified, quantified and managed.

**Governance Committee Structure & Function**

Barwon Health’s assurance framework is structured such that key risk management committees regularly supply reports to the Board, thus allowing the Board to be integral to the oversight and control function of the organisation. Financial systems are systematically monitored by the audit committee with the express aim of identifying and assessing potential risks relating to fraud and corporate administration. The Quality and Clinical Risk Management committee monitor all areas of clinical safety and compliance with national and state quality and care system requirements.



# A HERO EVERY DAY

**M**aking research as practical as possible and discovering outcomes that have immediate impact and patients can use and benefit from is what Michael sees as the greatest challenge for researchers.

“Often research is seen as obscure, so we try and focus on the areas of research that, if not directly, lead to treatments or clinical implications and are perhaps one or two steps away from being practical.”

Michael is currently the Chair of Psychiatry for Barwon Health and The Geelong Clinic at The University of Melbourne, and heads the bipolar program at Orygen Research Centre. He has published over 200 papers on a range of topics with his research interests focusing on mood and psychotic disorders, particularly bipolar disorder.

Recently, along with US and Swiss colleagues, Michael tried out the idea that battling free radicals by boosting levels of a powerful antioxidant called glutathione might reduce the “negative” symptoms of schizophrenia.

It does. A trial, with 140 people, showed that that a dietary supplement, N-acetyl cysteine (NAC), taken by partygoers to cure a hangover did, indeed, boost glutathione and reduce symptoms.

“We knew we were on to something and began similar trials in 75 people with bipolar disorder. In that study, NAC reduced depression and improved people’s ability to function,” said Michael.

“It’s incredibly exciting to be involved in something that’s new and never been done before.”

Michael’s recent research has also looked at the impact of lifestyle choices and the risk of developing a major psychiatric illness.

“We are looking at are the links between lifestyle choices and your health and how your choices – whether you smoke, your diet, how much you exercise - can impact not only on physical health but your mental health also.”

“A significant component of our research will feed into health promotion messages for the future prevention of major physical and mental health issues – we are finding that what’s good for your body, is good for your brain also.”

Michael says research is the ultimate team sport.

“I love it. The networking and the fact that you work with a team and collaborating with people from all over the place – Barwon Health, University of Melbourne, the Mental Health Research institute and other regional and metropolitan health providers – you have the unique opportunity to pick the brains of some the brightest minds.”

When asked about the future direction of his research, Michael says that’s one of the things he finds most exciting.

“It’s very hard to know where you’ll be because you dangle a hook in the water and you never know what’s going to bite. You might get a tiddler or a whopper, and you always go with the whopper.”

“Research is a voyage of discovery and you go where the research leads you.”

## MICHAEL

*Chair of Psychiatry for  
Barwon Health*





“ Research is a voyage of discovery and you go where the research leads you. ”

# RECOGNISING OUR STAFF

## 2007 PUBLIC HEALTHCARE AWARDS

Barwon Health Carer Respite and Carelink Centre Young Carers at Risk Program was awarded Excellence in Care and Service Delivery at the Victorian Public Healthcare Awards. The Young Carers at Risk Program helps young carers who are at risk of not completing their education or stopping a training program because of the responsibilities of being a carer. The award was received by our Chair, Claire Higgins, Robyn Beavis, Carer Respite Regional Coordinator and Mardy Tomkins, Young Carer Project Officer.

PreVent – Venous Thromboembolism Risk Assessment and Decision Support Project, Highly Commended in Excellence of Safety of Care Category at the Victorian Public Healthcare Awards

## LINENCARE IS A SAVEWATER AWARD WINNER

Linencare took out the regional business award for new water saving technology that could save up to 545,000L of water per week – enough to fill around 4,000 bathtubs. Combined, the new technology slashes Linencare's annual water use by 40 per cent.

## AUSTRALASIAN EMERGENCY NURSE OF THE YEAR

Awarded to Yvette Monaghan by the College of Emergency Nursing Australasia at the International Emergency Nursing Conference 2007 (Melbourne).

## ELLA LOWE GRANT

Professor Trisha Dunning was awarded the inaugural Ella Lowe Grant for her research in providing the best possible treatment for patients with diabetes receiving palliative care. The \$50,000 grant will be used to develop clinical guidelines.

## EXCELLENCE IN PERIOPERATIVE NURSING

Carolyn Williams was awarded the National Excellence in Perioperative Nursing award at the Australian College of Operating Room Nurses (ACORN) 2008 national conference. Carolyn is only the third recipient to receive this accolade and was also inducted as a Fellow of the Australian College of Operating Room Nurses.

## NATIONAL DRUG & ALCOHOL AWARDS 2007

SKATE (Supporting Kids in Their Environment) has won the 2007 national Drug and Alcohol Awards for "Excellence in Services for Young People". The program is funded by the Federal Government and assists children and young people of parents who have significant difficulties with drugs or alcohol. SKATE is a partnership between Glastonbury Child and Family Services, Bethany Community Support and Barwon Health Drug and Alcohol Services

## LESLIE OLIVER DOWNER AWARDS

Gail Lowe was awarded the 2007 Leslie Oliver Downer Award in recognition of excellence in nursing practice. Gail has been employed at Barwon Health for 40 years and was one of the first nurses to complete postgraduate study.

## JAN BALDWIN AWARD

Barwon Health's Diabetes Referral Centre Manager, Pam Jones, received the prestigious Jan Baldwin Award in New Zealand by the Australian Diabetes Educators Association (ADEA). The award recognises a Diabetes educator who has made a significant contribution to holistic and client focussed diabetes education and care, including the emotional health and well being of people with diabetes.

## SMART GEELONG NETWORK RESEARCHER OF THE YEAR AWARDS 2007

Associate Professor Mark Kirkland was awarded the G-Force Recruitment Researcher of the Year award for his work in reprogramming stem cells using recombinant homeoproteins. Mark also won the Department of Innovation, Industry and Regional Development Biomedical Award.

Professor Michael Berk won the Highly Commended Biomedical Award for research on the use of the antioxidant N-Acetyl Cysteine in the treatment of schizophrenia and bipolar disorder and Associate Professor Julie Pasco was awarded the Deakin University Partnerships Award for her research project titled "Metabolic Syndrome in Australian Men"

## AAQHC FELLOWSHIP STATUS

Dr Thomas Callaly, Mary Hyland and Rebecca Smith from Barwon Health's Community and Mental Health Service have recently been awarded Fellowship status with the Australasian Association for Quality in Healthcare. All were able to demonstrate and showcase an outstanding person and professional commitment to safety and quality.

## EXECUTIVE CHANGES

Dr Tony Weaver has been appointed Executive Medical Director. Peter Watson accepted a 15 month fixed term appointment as General Manager Surgical Services. Peter was the Victorian Manager, Operations and Laboratories, St John of God Pathology Victoria.

Stuart Pickering has been appointed Executive Director, Building & Physical Infrastructure. Stuart brings a wealth of senior management experience including accountability for delivering complex, challenging and high profile projects across both the private and public sectors.

Julie Faoro has been appointed to the position of Director of Access and Patient Flow. Julie has had 20 years in healthcare with a Bachelor of Applied Science in Medical Record Administration from La Trobe University and an Advanced Diploma of Business Management from Ballarat University. Particular projects of interest managed by Julie were; Project for Efficient Allocated Surgical Capacity, Establishment of the Pre-Admission management Unit and redesigning Surgical Episodes of Care.

Amanda Bavin resigned from the position of Director Communications and Marketing to take up the position of Senior Communications and Media Advisor for TAC.

Amanda has done a great job over since 2005 and has had a significant impact on our communications internally and marketing externally.

After 17 years at the helm of the Intensive Care Unit, Charlie Corke has decided its is time to wind down and step down as Director. Fortunately for Barwon Health, Charlie wishes to stay on and will continue as a Staff Specialist within the Unit. He has made a very significant contribution not only to pioneering ICU medicine at Geelong Hospital but also to the quality of patient care across Barwon Health.

## VALE DR GEOFFREY DARBY

Barwon Health acknowledges the sad passing of Dr Geoffrey Darby on the 31st of July 2007. He was the founding Director of Anaesthesia from 1960 to 1985 and was a member of the Medical Staff Group from 1960 to 1989. His exceptional skill and a kind nature will ensure he will be long remembered.

## VALE DR IAN LYALL

Barwon Health records with deep regret the death of Dr Ian Lyall. He passed away on Friday 29th February after a courageous battle with cancer. Dr Lyall was a Consultant Physician and Cardiologist at Geelong Hospital from 1961 to 2002. He was a great man who practiced medicine for the whole person and contributed a great deal to the hospital. We are proud to be associated with the publishing of his memoir "Medicine from the Heart" which was released in October 2006.

# BARWON HEALTH ANNUAL QUALITY & RISK MANAGEMENT AWARDS

## Project entries were judged using the following assessment criteria:

- Objectives
- Methods, with an emphasis on patient/consumer involvement
- Service improvement and innovation, with an emphasis on demonstrable improvements
- Outcomes
- Status and sustainability
- Standard of entry

Thirty-one entries were considered for this year's awards. Seven of the projects were conferred as 'Category Award Winners', seven projects were 'Highly Commended' and seventeen received 'Certificates of Achievement'.

The highest scoring project was also declared Barwon Health 'Project of the Year'.

The Selection Panel comprised of: Janet Farrow (Chair), Dr Tony Weaver, Dr Lucy Cuddihy, Fiona McKinnon, Jack Beaver, Karen Ray, Rebecca Smith and Mary Hyland.

Congratulations to all Barwon Health Annual Quality Improvement Award recipients.

## CATEGORY AWARD WINNERS

### Category 1: Providing sustainable, well managed and efficient health services

#### Lee Total Care Project (Externally funded)

The purpose of this project was to produce a high quality documentation system, which would meet the care documentation needs of all Residential Aged Care residents, comply with Accreditation Standards, and support the Aged Care Funding Instrument. It also had to be suitable for universal use across the Division of Residential Aged Care and provide all users, staff and external providers with a modern day program, which would meet current and future needs and expectations.

The project was planned and undertaken around five major considerations, which were: planned residential changes from old to new buildings, staff computer literacy, staff training, transfer of documentation to the electronic system and implementation of Sunray Devices and distribution of Smart Cards. A Sunray Device is a computer, which is

connected directly back to the server rather than having its own hard-drive, and requires a Smart Card to use it. The implementation of the Lee Total Care electronic documentation program has enabled the capture of all Aged Care documentation in a universal format across Barwon Health, Division of Aged Care.

#### Quality Improvement from Engagement in a National Benchmarking Project (Internally funded)

Barwon Health Mental Health Service and Drug and Alcohol Service participated in a two-year project with representatives from other services as an expert group member and participated in all key performance indicator testing and evaluation. The quality improvement activities specific to Barwon Health Mental Health Service built outcomes based on increasing data integrity, expansion of the use of routinely collected clinical and statistical data to measure performance and the creation of a culture of clinical and management staff engaged in utilising data to inform practice. All identified and additional outcomes were achieved within the timeframe and resources.

### Category 2: Providing timely and accessible health services

#### Picture Archive and Communication Systems Project (Externally funded)

In 2005 Barwon Health was one of nine Victorian Public Health System agencies that expressed interest in participating in a Department of Human Services-managed Picture Archive and Communication Systems (PACS) Project. Barwon Health performs over 100,000 x-ray examinations per year and it was becoming increasingly difficult to manage and track the location of all images. The primary objective of the PACS project was to provide: *Any Image, Anywhere, Any Time – Fast.*

Barwon Health participated as a lead agency in the project and was the first to 'Go Live' via a phased introduction with Computerised Radiography 'Go-Live' in March 2007 and a PACS 'Go-Live' in Barwon Medical Imaging in July 2007, including Voice Recognition. 'Go-Live' for internal ward and clinical areas within Barwon Health was November 2007 with external access to referrers in 2008. This project has been very successful in meeting its primary objective and was on time and on budget. The predicted direct benefits

due to savings in x-ray film, chemistry and film processor maintenance costs have been met. In addition, so-called 'intangible savings', including improved efficiency of staff; improved services to patients; reduced length of stay; and reduction of risk and medico-legal issues, have all been realised.

### **Transparent real time patient flow communication system throughout the care continuum of a multi site health service (Internally funded)**

A project officer was appointed to specifically address Barwon Health's ongoing improvement of patient flow. The aim was to closely examine the issues surrounding the identification, assessment and transfer of patients between the acute and sub-acute services focusing on:

- Referral processes
- Information on sub acute services
- Establishing a pathway to guide the care of the older person throughout Barwon Health services
- The management of complex patients across Barwon Health's acute and sub acute services.

Through process mapping and measurement of timelines, clinical staff were able to analyse the various ward/unit based and medical referral practices, enabling them to design and develop an optimal patient flow, decision support, information system. The patient flow communication system incorporates an access and demand tool, which provides real time information on the various stages of referral planning and bed availability within each sub-acute stream of care.

### **Category 3: Promoting least intrusive and earliest effective care**

*No 'Category Award Winner' awarded*

### **Category 4: Improving health service safety and quality and PROJECT OF THE YEAR**

#### **TR3: Test Result Review Respond**

Failure of adequate follow up of histopathology results is a potential pitfall in any large health system. The Geelong Hospital treats and tests an enormous number of patients every year. Even one single missed test result can result in a disastrous outcome for a patient, as demonstrated by a missed rectal biopsy that resulted in a delayed and incurable malignant disease. This sentinel case prompted a search for a process that would ensure adequate follow up of all significant histopathology results. A Histopathology audit was undertaken for the period 2002–2006 to identify

patients where inadequate follow up had occurred. The situation for these patients was rectified and the risk quantified. A process of histopathology results follow up was then developed including a minimum data set, a review procedure and an electronic tool to ensure adequacy of future follow up.

In Barwon Health a Histopathology audit suggested 6.3 per cent of patients in the last five years had not been adequately followed up. We have established a review process we believe is reliable and also developed an integrated electronic tool to facilitate this process. It is adaptable enough to be implemented across all clinical specialties.

### **Category 5: Strengthening the capacity of individuals, families and communities through effective prevention and health promotion**

#### **Mind and Body**

Psychiatric illnesses such as schizophrenia and their treatments have consequences in terms of lifestyle, diet and weight. Mind and Body is a 10-week program of weekly sessions aimed to improve the health status of people treated with second-generation antipsychotic medications. The program focuses on a range of lifestyle strategies, including diet and exercise and was conducted at a Community Health Centre by professionally qualified staff. Between 2002 and 2006, 50 participants enrolled in the program, with 30 of them completing it. Measures of body weight, health status (SF-36) and blood markers (plasma glucose, haemoglobin A1c and lipid profile) were collected at commencement and at completion of the program. Improvement was demonstrated in mean values for the majority of measures collected.

### **Category 6: Improving the health and wellbeing of disadvantaged people in communities**

#### **'The Queenscliff Challenge' Walking Program**

The aim of this multidisciplinary project was to establish a safe, effective and sustainable, nurse assisted walking program for frail, dependent, aged care residents. Residents of Barwon Health's Wallace Lodge took part in an eight-week goal orientated walking group titled 'The Queenscliff Challenge'. Residents selected the pace and distance that they walked. Staff actively engaged residents with the aim of ensuring an enjoyable walk, whilst also monitoring them

## BARWON HEALTH ANNUAL QUALITY & RISK MANAGEMENT AWARDS

during the walk to avoid over exertion. Lifestyle staff tallied distances, displayed progress and celebrated milestones as they were reached.

Objective measures of participants' mobility, mood and cognition and a nursing staff questionnaire were completed pre and post trial. Subjective observations and comments from participants and staff were welcomed and noted. Residents reported various individual, personal

benefits, whilst objective results indicated a trend of improved endurance and cognition, together with reduced depression. Staff and residents of Wallace Lodge have embraced the program as an ongoing activity, having identified another destination and '*are on the road*'. Information gained is being used to develop an information kit, which will assist the implementation of walking programs in other aged care units.



This year's award recipients.

# LIST OF SERVICES

Service	Location	Program
Aboriginal Health	Geelong Hospital Kardinia House, Level 2	Corporate Services
Admission Risk Team – HARP	Barwon Health Church Street - annexe	Community Health
Aged Care Assessment Service	McKellar Centre	Residential Aged Care (McKellar Centre)
Aids & Equipment Program	McKellar Centre	Residential Aged Care (McKellar Centre)
Anaesthetics	Geelong Hospital Central Core Level 4	Surgical Services
Aphaeresis Services	Geelong Hospital – Andrew Love Cancer Centre	Medical Services
Audiology	Geelong Hospital Heath Wing Level 2	Medical Services
Birthing Suite	Geelong Hospital Bellerine Centre Level 4	Medical Services
Bone Bank	Geelong Hospital Douglas Hocking Wing Level 4	Corporate Services
Cancer Services	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Cardiac Rehabilitation	Geelong Hospital Bellerine Centre Level 5	Medical Services
Cardiac Services	Geelong Hospital Kardinia House Level 4	Medical Services
Cardiothoracic Surgery	Geelong Hospital Kardinia House Level 4	Surgical Services
Carer Respite and Carelink Services	Barwon Health Newcomb and Warrnambool	Community 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, Diabetes Management & Chronic Obstructive Pulmonary Disease Management Service (HARP)	Barwon Health, Church Street, Geelong West	Community Health
Chronic and Complex Case Management (HARP)	Barwon Health, Church Street, Geelong West	Community Health
Clinical Health Psychology	McKellar Centre	Mental Health
Clinical Nursing Research Unit	Douglas Hocking Research Institute, Level 4	Corporate Services
Community Health Centres	See Primary Care	Community Health
Continence Management (incl. Children, Adults & Disabled)	McKellar Centre	Medical Services
Continence Service	Belmont Community Rehabilitation Service 120 Settlement Rd Belmont	Residential Aged Care (McKellar Centre)
Cord Blood Bank	Geelong Hospital – Douglas Hocking Research Institute Level 4	Corporate Services
Day Program Centre	Barwon Health Surf Coast – Torquay & Anglesea	Community Health
Day Program Centre	Belmont Day Centre, 120 Settlement Rd Belmont	Community Health
Day Program Centre	Dorothy Thompson Day Centre, 2 Wendover Ave, Norlane	Community Health
Day Surgery Centre	Geelong Hospital Greta Volum Centre, Bellerine Street	Surgical Services
Dementia Specific High Level Care	McKellar Centre	Residential Aged Care (McKellar Centre)
Dental Services	Barwon Health Corio Barwon Health Newcomb Barwon Health Belmont	Community 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
District Nursing (incl. Hospital in the Home, Palliative Care, Post Acute Care)	Barwon Health Corio Barwon Health Belmont Barwon Health Newcomb	Community Health
Domiciliary Midwifery Service	Geelong Hospital Bellerine Centre Level 6	Medical Services

Service	Location	Program
<b>Drug Treatment Services</b> (including Pharmacotherapy Clinic, Dual Diagnosis and Needle & Syringe Exchange and Outreach)	Barwon Health, 228 Pakington Street, Geelong West	Mental Health
<b>Ear, Nose &amp; Throat Surgery</b>	Geelong Hospital	Surgical Services
<b>Early Intervention in Chronic Disease</b>	Barwon Health Corio	Community Health
<b>Emergency Dept</b>	Geelong Hospital Heath Wing Level 1	Medical Services
<b>Endocrinology</b>	Geelong Hospital Myers House Cnr Bellerine & Myers Streets	Medical Services
<b>Ethnic Services</b>	Geelong Hospital Bellerine Centre Level 3	Corporate Services
<b>Ethnic Services</b>	McKellar Centre	Corporate Services
<b>Falls &amp; Mobility Service</b>	McKellar Centre	Residential Aged Care (McKellar Centre)
<b>Family Planning</b>	Barwon Health Corio Barwon Health Newcomb	Community Health
<b>Family Planning</b>	Geelong Hospital Bellerine Centre Level 3	Medical Services
<b>Gastroenterology</b>	Geelong Hospital	Medical Services
<b>General Medicine</b>	Geelong Hospital	Medical Services
<b>General Surgery</b>	Geelong Hospital	Surgical Services
<b>Genetic Clinic</b>	Geelong Hospital Andrew Love Cancer Centre	Medical Services
<b>Geriatric Evaluation and Management (GEM)</b> • Inpatient • In the Home	McKellar Centre	Residential Aged Care (McKellar Centre)
<b>Geriatric Medicine</b>	McKellar Centre	Residential Aged Care (McKellar Centre)
<b>Gynaecology Services</b>	Geelong Hospital Bellerine Centre Level 6	Community Health
<b>Health Promotion &amp; Community Development</b>	Barwon Health Corio	Community Health
<b>Health Promotion &amp; Community Development</b>	Barwon Health Newcomb	Community Health
<b>Health Promotion &amp; Community Development</b>	Barwon Health Surf Coast	Community Health
<b>Health Promotion &amp; Community Development</b>	Barwon Health Belmont	Community Health
<b>Home and Community Care (HACC) Regional Training Service</b>	Barwon Health Newcomb	Community Health
<b>Home Referral Service (incl. Hospital in the Home and Post Acute Care)</b>	Geelong Hospital Eastern Annex	Community Health
<b>Hydrotherapy</b>	McKellar Centre	Sub-Acute Services (McKellar Centre)
<b>Immunisation</b>	Barwon Health East Geelong Barwon Health Corio Barwon Health Newcomb	Community Health
<b>Infection Control</b>	Geelong Hospital Central Core Level 6 McKellar Centre	Corporate Services
<b>Infection Control</b>	McKellar Centre	Corporate Services
<b>Infectious Diseases</b>	Geelong Hospital	Corporate Services
<b>Intensive Care Unit</b>	Geelong Hospital Birdsey Wing Level 4	Surgical Services
<b>Liver Clinic</b>	Geelong Hospital Bellerine Centre Level 3	Corporate Services
<b>Lymphedema Service</b>	Andrew Love Cancer Service	Medical Services
<b>Maternity Day Assessment Unit</b>	Geelong Hospital Bellerine Centre Level 4	Medical Services
<b>Medical Imaging</b>	Geelong Hospital Heath Wing Level 1	Medical Services
<b>Medical Imaging</b>	Geelong Private Hospital	Medical Services
<b>Medical Imaging</b>	McKellar Centre	Medical Services
<b>Memory Clinic – Cognitive and Dementia Management Services (CDAMS)</b>	McKellar Centre	Sub Acute Services (McKellar Centre)
<b>Mental Health</b> • 24 bed acute psychiatric facility	Geelong Hospital Swanston Centre – Cnr Swanston & Myers Streets	Mental Health

Service	Location	Program
<b>Mental Health</b> • Aged Psychiatry Team	Geelong Hospital Swanston Centre – Cnr Swanston & Myers Sts, Geelong	Mental Health
<b>Mental Health</b> • 45 bed Aged Persons Mental Health	McKellar Centre – Blakiston Lodge	Residential Aged Care
<b>Mental Health</b> • Adult Community Rehabilitation Residential Facility	Community Rehabilitation Facility, 58 Barwon Heads Road, Belmont	Mental Health
<b>Mental Health</b> • Prevention and Recovery Care Unit – 6 beds plus day packages	58 Barwon Heads Rd, Belmont	Mental Health
<b>Mental Health</b> • Children's Mental Health Team	15 Pakington St	Mental Health
<b>Mental Health</b> • Adult Community Mental Health Teams	Barwon Health Belmont Barwon Health Corio Barwon Health Newcomb Barwon Health Surfcoast – Torquay Barwon Health Colac, 13 Dennis St, Colac	Mental Health
<b>Mental Health</b> • Children of Parents with a Mental Illness	Glastonbury Child & Family Services, Geelong	Mental Health
<b>Mental Health</b> • Court Liaison	Geelong Magistrate's Court	Mental Health
<b>Mental Health</b> • 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	Mental Health
<b>Mental Health</b> • Homeless Outreach Psychiatric Services	Barwon Health West Geelong	Mental Health
<b>Mental Health</b> • Jigsaw Young Person's Health Service	Corio Village Shopping Centre, Corio	Community & Mental Health
<b>Mental Health</b> • Primary Mental Health Team	Barwon Health West Geelong	Mental Health
<b>Mental Health</b> • Triage and Consultation Liaison	Geelong Hospital	Mental Health
<b>Midwifery Service – Koori</b>	Geelong Hospital Bellerine Centre Level 4	Medical Services
<b>Midwives – Community</b>	Corio Community Health Service	Medical Services
<b>Mortuary Services</b>	Geelong Hospital Douglas Hocking Wing	Corporate Services
<b>Neurosciences</b>	Geelong Hospital	Medical Services
<b>Neuropsychology</b>	McKellar Centre	Sub-Acute Services (McKellar Centre)
<b>Neurosurgery (Outpatients only)</b>	Geelong Hospital Bellerine Centre Level 3	Surgical Services
<b>Nursing Education Unit</b>	Geelong Hospital, Kitchener House	Corporate Services
<b>Obstetrics Services</b>	Geelong Hospital Bellerine Centre Level 4	Medical Services
<b>Occupational Therapy</b>	Geelong Hospital Heath Wing Level 2	Medical Services
<b>Occupational Therapy</b>	McKellar Centre	Medical Services
<b>Oncology/Haematology</b>	Geelong Hospital Andrew Love Cancer Centre	Medical Services
<b>Operating Services</b>	Geelong Hospital South Wing Level 4	Surgical Services
<b>Ophthalmology</b>	Geelong Hospital	Surgical Services
<b>Oral/Maxillofacial Surgery</b>	Geelong Hospital	Surgical Services
<b>Orthopaedic Surgery</b>	Geelong Hospital	Surgical Services
<b>Orthotics</b>	Geelong Hospital South Wing Level 2	Surgical Services
<b>Outpatients Department</b>	Geelong Hospital Bellerine Centre Level 3	Surgical Services

Service	Location	Program
Paediatric & Adolescent Support Service	Barwon Health West Geelong	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	Sub Acute Services (McKellar Centre)
Palliative Care – Home	Barwon Health Corio Barwon Health Newcomb Barwon Health Belmont	Community Health
Palliative Care – Sub-Regional Consultancy Service	Barwon Health Belmont	Community 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 Health
Postnatal & Gynaecological 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, Physiotherapy, Occupational Therapy, Podiatry, Counselling, Social Work, Psychology, Dietetics, Speech Pathology.	Barwon Health Surfcoast – Torquay & Anglesea Barwon Health Newcomb Barwon Health Corio Barwon Health Belmont	Community Health
Prosthetics & Orthotics	McKellar Centre	Corporate Services
Radiation Therapy	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Rehabilitation • Inpatient	McKellar Centre	Sub-Acute Services (McKellar Centre)
Rehabilitation • Outpatient	McKellar Centre Rehabilitation Centre	Sub-Acute Services (McKellar Centre)
Rehabilitation • Outpatient	Belmont Community Rehabilitation Centre, 120 Settlement Road, Belmont	Sub-Acute Services (McKellar Centre)
Rehabilitation • Home Based Program	McKellar Centre	Sub-Acute Services (McKellar Centre)
Renal Services	Rotary House Corner Swanston & Ryrie Streets	Medical Services
Renal Services	Geelong Hospital Kardinia House Levels 2&3	Medical Services
Renal Services	42 Lt Fyans Street, Geelong	Medical Services
Renal Services – Satellite Dialysis	104 Bellarine Highway, Newcomb	Medical Services
Respecting Patient Choices Program	59 Sydney Parade, Geelong	Community Health

Service	Location	Program
Residential Aged Care – low level	Percy Baxter Lodges	Residential Aged Care (McKellar Centre)
Residential Aged Care – high level	McKellar Centre – Blakiston and Wallace Lodges	Residential Aged Care (McKellar Centre)
Residential Aged Care Nursing Care – high level	Alan David Lodge	Residential Aged Care (McKellar Centre)
Respiratory Function	Geelong Hospital Kardinia House Level 2	Medical Services
Respiratory Medicine	Geelong Hospital	Medical Services
Respite Care	McKellar Centre	Community 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 Ryrrie Centre Level 3	Corporate Services
Staffcare Clinic	McKellar Centre	Corporate Services
Stem Cell Laboratory	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Stem Cell Service	Andrew Love Cancer Service	Medical Services
Stomal Therapy/Breast Cancer Support Service	Geelong Hospital Bellerine Centre Level 3	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 Health
Youth Counselling & Support	Barwon Health Central	Mental Health
Youth Drug Treatment	Barwon Health Central	Mental Health
Youth Mental Health	Barwon Health Central	Mental Health

# SENIOR STAFF LIST

## EXECUTIVE TEAM

### Chief Executive

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

### Executive Medical Director

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

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

L Cuddihy, RN, DN, MBA

### General Manager Medical Services and Acting Deputy CEO

A Morrison, M Bus, BHA, AFCHSE, CHE

### General Manager Surgical Services (Acting)

P Watson

### General Manager Community and Mental Health

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

### Director Community Health

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

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

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

### Executive Director Human Resources and Organisational Safety

P Muncaster

### Executive Director Commercial Services

J Linke, B Comm, FCPA, BHA, AHSFMA

### Director of Sub-Acute Services and McKellar Centre Site Management

F McKinnon, B App Sc (Physiotherapy) MHA

### Director Central Services

P Cohen, BA (Hons)

### Executive Director Building and Infrastructure

S Pickering, B Architecture, Cert Tech., Dip Mgmt

## CORPORATE SERVICES

### Executive Officer

D Curwood

### Director Communications and Marketing (Acting)

A Gibson, BA Public Relations

## BARWON HEALTH FOUNDATION

### Executive Director

G Seidel, Dip Bus Mgt

## BUILDING AND INFRASTRUCTURE

### Manager, Capital Works and Redevelopment

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, IHEA

### Manager, Maintenance Operations

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

### Manager, Clinical Engineering and Communications

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

## COMMERCIAL SERVICES

### Manager Financial Information & Systems

G Gray, CPA

### Finance Manager

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

### Manager Financial Accounting

M Toulmin, B Com., CPA

### Supply Manager

N Daffy

### Manager Customer Services

B Jobling, BA, Grad Dip Business Management

### Contracts Manager

T Lane, BA (Hons)

## HUMAN RESOURCE SERVICES

### Manager, Human Resources

A Kirwan

### Occupational Health & Safety Manager

N Tonkin

### Occupational Health Physician

R Gasser, MD

### Payroll and Benefits Manager

L Steffinlongo

## GOVERNANCE SUPPORT UNIT

### **Director of Governance**

J Bourke, RN, HDN, GDCM

### **Clinical Safety Manager**

D Plueckhahn, RN, BN, Crit Care Cert.

### **Consumer Engagement Manager**

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

### **Quality Control Manager**

J Beever, Bsc(Hons), MSC

### **Clinical Safety & Quality Coordinator - Aged Care**

K Ray, RN, Cert IV in CQI, QA

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

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

### **Executive Officer of Research & Ethics Office**

B Davies, BAppSci (nsg), Adv.DipMgt

## CENTRAL SERVICES

### **Manager Health Information Services**

A Larkins

### **Team Leader, Database Services**

W Atwell

### **Team Leader, Infrastructure Services**

M Thomas

### **Chief Librarian**

S Due, BA (Hons) Grad Dip Lib

### **PACS Project Manager**

C Harper

### **Manager Food Services**

K Knocker

### **Manager Environmental Services**

A Sharp

### **Manager Volunteer Services**

M Dertien

### **Linencare Manager**

G Nimmo

## MEDICAL STAFF GROUP

### **Chairman**

D Connelly, MBBS, FRACS (ENT), FRACS (Gen Surg)

### **Secretary**

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

### **Treasurer**

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

## MEDICAL EDUCATION AND TRAINING

### **Director Medical Education and Training**

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

### **Hospital Medical Officer Manager**

W Harding

### **Medical Clinical Education**

N Reid, MD

## UNIVERSITY OF MELBOURNE

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

### **Head of Department and Professor of Medicine**

G Nicholson, MBBS, PhD, FRCP, FRACP

### **Deputy Head of Department and Professor of Surgery**

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

### **Department Manager**

V Naidu, BBus, CPA

### **Head of Psychiatry Division and Professor of Psychiatry**

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

### **Associate Professor of Medicine**

M Kotowicz, MBBS, FRACP

### **Associate Professor and Director, Barwon Biomedical Research**

M Kirkland, MBBS, PhD, FRCPA

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

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

### **Senior Research Fellow and Unit Head, Clinical Research Unit**

K Sanders, BSc; Grad Dip Diet; M Hum Nutr; Grad Cert  
Hlth Econ; PhD,

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

B Sarah, BSc (Hons),

### **Chief Technologist and Unit Head, Bone Densitometry**

Y Birch, DCR I & II

### **Senior Lecturer in Medicine**

J Amerena, MBBS, FRACP

### **Senior Lecturer in Surgery**

G Guest, MBBS, BSc, FRACS

### **Senior Research Fellow**

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

### **Research Fellow & Statistician**

M Henry, BSc (Hons), PhD

### **Lecturer in Psychiatry**

F Ng, MBBS, FRANZCP

### **Laboratory and Safety Manager**

J Hodge, MSc

### **HONORARY APPOINTMENTS**

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

R Bell, MBBS, FRACP, FRCPA

J Agar, MBBS, FRACP

A Black, MBBS, FRACP

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

P Gates, MBBS, FRACP

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

R Harvey, MBBS, CCST, MD, MRCPsych

P Hewson, MD, MBBS, FRACP

J Pasco, BSc (Hons), Dip Ed, PhD

#### **Clinical Associate Professor**

E Athan, MBBS, FRACP

P Martin, MB, CHB, BAO (UK)

#### **Senior Fellows**

T Callaly, FRANZCP, MRC (Psych), MBL, MBBCh, BSc, HDipEd

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

C J Nolan

J Stenos, BSc(Hons), PhD

P Vuillermin, BmedSci, MBBS, FRACP

### **BARWON BIOMEDICAL RESEARCH**

#### **Director**

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

#### **Chair & Director Barwon Biomedical Research**

G Nicholson

#### **Deputy Director Barwon Biomedical Research, Lab Director**

M Kirkland

#### **Deputy Laboratory Director**

F Collier

#### **Lab and Safety Manager**

J Hodge

#### **Deputy Lab and Safety Manager**

G Van Der Meer

### **Deakin University and Barwon Health Centre for Nursing and Allied Health Research**

#### **Chair in Nursing**

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

#### **Research Fellow**

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

### **CENTRE FOR EDUCATION & PRACTICE DEVELOPMENT**

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

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

#### **Clinical Nurse Educator Cardiac Services**

S Smith, RN, Grad Dip Adult Education, Grad Cert Cardiac Nursing, Cert IV Assessment & Workplace Training

#### **Clinical Nurse Educator Critical Care Services**

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

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

#### **Clinical Nurse Educator and Practice Development Projects**

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

**Clinical Nurse Educator Night Duty**

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

**Clinical Nurse Educator and Practice Development Projects**

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

**Clinical Nurse Educator and Practice Development Projects**

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

**Clinical Nurse Educator Perioperative Services**

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

**Clinical Nurse Educator Aged Care**

J Roney, RN, Grad Dip VET, Cert IV Workplace Training & Assessment Clinical Support Clinical Support Nurse Rehab & Aged Care

B Dermody-Reid, RN, BN, Grad Cert Diabetes, MRCNA

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

A. Stockley, RN Masters in progress

**Clinical Nurse Educator Women's & Children's Services**

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

**Clinical Nurse Educator**

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

**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 Officer and Practice Development Projects**

M. Reed, RN Graduate Certificate Critical Care

**Community Health Clinical Educator**

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

**INFECTION PREVENTION SERVICE****Infectious Diseases Director**

E Athan, MBBS, FRACP (Infec Dis)

**Infectious Diseases Deputy Director**

A Hughes, MBBS, FRACP (Infec Dis)

**Infections Diseases Physicians**

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

D Friedman, MB BS (Hon.) FRACP., MD

A Walton, MD, FRACP

**Sexual Health Physician**

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

**Clinical Nurse Consultants**

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

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

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

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

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

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

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

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

**PASTORAL CARE SERVICES****Acting Pastoral Care Coordinator**

R Maries, B Min

**DIVISION OF MEDICAL SERVICES****Clinical Director**

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

### **Business Manager**

W Fawkes, BComm, CPA

### **Business Support Officer**

P Eltringham, RN, BEd

## **DIVISION OF MEDICINE**

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

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

## **CARDIOLOGY SERVICES**

### **Director**

A Black, MBBS, FRACP

### **Practice Manager**

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

### **Specialists**

J Amerena, MBBS, FRACP

A Appelbe, MBBS, FRACP

D Ridley, MBBS, FRACP

E Ryan, MBBS, FRACP

M Sebastian, MBBS, FRACP

T Yip, MBBS, FRACP

### **Chief Cardiology Technologist**

R Fowler, MSc (Med), BEd, Bec, DMU (Cardiac)

### **Radiographer**

M Drane, BAppSc (Medical Radiation)

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

### **Cardiac Services Manager (BC5)**

M Miller, RN CCRN Dip B.Mgt

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

### **Unit Nurse Manager Cath Lab**

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

## **DERMATOLOGY**

### **Specialists**

T Hall, MBBS, FACD

D McColl, MBBS, FACD

T O'Brien, MBBS, FACD

## **ENDOCRINOLOGY & DIABETES**

### **Director**

G Nicholson, MBBS, PhD, FRCP, FRACP

### **Specialists**

M Kotowicz, MBBS(Hons), FRACP

S Worboys, MBBS(Hons), FRACP

M Yeo, MBBS, FRACP

N Harrison, MBBS, FRACP

N Sachithanadan, MBBS, FRACP

### **Manager Diabetes Referral Centre**

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

## **GASTROENTEROLOGY**

### **Head of Unit**

R Knight, MBBS, FRACP (Gastroenterology/General)

### **Specialists**

P Dabkowski, MBBS, FRACP (Gastroenterology/General)

D Dowling, MBBS, FRACP (Gastroenterology/General)

E Prewett, MBBS, FRACP (Gastroenterology/General)

J Watson, MRCP, PhD, FRACP

## **GENERAL MEDICAL UNITS**

### **Specialists**

#### **UNIT 1**

J Cailles, MBBS, FRACP (Respiratory Medicine/Sleep Physician/General)

J Malone, MBBS, FRACP

C Steinfert, MBBS, FRACP

(Respiratory Medicine/General), FCCP

P Wong, MBBS, FRACP

#### **UNIT 2**

E Athan, MBBS, FRACP (Inf.Dis)

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

A Hughes, MBBS, FRACP (Inf.Dis)

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

D Friedman, MBBS, MD, FRACP

A Walton, BA, MD, FRACP

#### **UNIT 3**

R Clark, MBBS, FRACP (General)

V Makkada, MBBS, MD, FRACP

A Mander, MBBS, FRACP, B Med Sci

**UNIT 5**

H Griffiths, MBBS, FRACP (Rheumatology/General)  
 R MacGinley, MBBS FRACP  
 C Somerville, MBBS, FRACP, PhD (Nephrology/General)  
 N Wood, MBBS, FRACP (Rheumatology/General)

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

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

**Birdsey Wing 6****Cancer Services – Oncology (Medical & Radiation), Haematology**

E Jacobs, Master Nsg, BN, Grad Dip Cancer Nsg, Dip Mgt.  
 L Gleave, BN, Post Grad Advanced Nursing Practice -  
 Oncology and Palliative Care, Accredited Breast Care  
 Nurse

**Birdsey Wing 7****ACE (Acute Care of the Elderly) Unit**

S Whitehand, BSN, Cert DE

**Heath Wing 7****Medical 1 (General Medicine, Infectious Diseases, Neuro/Stroke, Respiratory)**

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

**NEUROLOGY****Director of Neurology****Director of Stroke****Director of Basic Physician Training**

P Gates, MBBS, FRACP

**Neurologists**

J Balla, MBBS, FRACP, FRCPE  
 P Batchelor, MBBS, FRACP, PhD, BMedSci  
 R Carne, MD, FRACP, MBBS, Dip MedEd  
 P Talman, BSc(Hons), MBBS, FRACP, PhD  
 C Shaw, MBBS, FRACP  
 B Clissold, MBBS, FRACP

**Paediatric Neurologist**

M Mackay, MBBS, FRACP

**Visiting Neurosurgeon**

P McNeill, MBBS, FRACS

**Neurology Registrar**

K Bertram, MBBS

**Stroke Service Coordinator**

B Killey, Crit.Care Cert., BApp.Sci.  
 (Adv. Nursing – Education), Grad. Dip Neuroscience  
 Nursing, Master of Clinical Nursing

**COMPLEX PATIENT CARE COORDINATORS**

M Bennett, RN, BN, Grad Cert Palliative Care, MN  
 V Eldridge, B App Sci (Occupational Therapy)  
 K Folwell, B App Sci (Occ Therapy), Acc.OT, Dip B  
 A Friend, RN, Cert Gerontology  
 K Gow, RN, BN, Dip B, Cert Emergency Nursing  
 R Grieve, B App Sci (Occ Therapy)  
 P Hocking, RN, Masters of Health Science (Nursing),  
 Grad Dip Nursing, Grad Dip Community Health Nursing  
 K Moon, BApp Sci (Occupational Therapy)  
 L Morganti, RN, Grad Dip Critical Care (Emergency)  
 G Smith, RN, BHlthSci (Nursing).  
 J Wallish, BA, Hons. SW, Grad Cert Health Management

**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**

A Broad, MBBS, FRACP  
 C Lee, MBBS, FRACP  
 S Sewak, MBBS (Melb), FRACP  
 K White, MBBS, FRACP

**HAEMATOLOGY****Clinical Haematologist**

P Campbell, MB, ChBMRCP, MRCPPath, FRACP, FRCPA  
 R McLennan, MVWS, FRCPLond, FRACP  
 H Fairweather, MBBS, FRACP, FRCPA

## PALLIATIVE CARE

### Director of Palliative Care

P Martin, MB, BCh, BOA, Mmed, FChPM

### Palliative Care Specialist

D Kerr, BSc, MBBS, DGM, MpallCare, Mmed, FChPM

### Genetics Clinic

D Dowling, MBBS, FRACP (Gastroenterology/General)

### Genetics Counsellors

P Kannu, S Devery

### Lymphodema Clinic

D Harley, MBBS, Dip Obs

### Paediatric Clinic

P Anderson, MBBS, FRACP

### Gynaecologic Clinic

R Rome, MBBS, FRCS(Ed), FRCOG, FRACOG, CGO  
M Quinn, MB, ChB, MGO(Melb), MRCP(UK), FRCOG, FRACOG, CGO

D Neesham, MBBS, DCH, FRACOG, CGO

### Clinical Nurse Consultant – Andrew Love Cancer Centre Day Ward

H Campbell, RN Cert Onc, Cert Mgt

P Grace, RN Cert Onc

## RADIATION ONCOLOGY

### Director

R Lynch, BMed Sc, MBBS, FRACR, MRACMA

### Radiation Oncologist

M Francis, MBBS, FRACR

G Pitson, MBBS, FRANZCR

M Mathlum, MBChB, FRANZCR

### Chief Radiation Therapist

M Bulmer, MIR, Cert Mgt

## STEM CELL TRANSPLANT/APHERESIS

### Co-ordinator

J Hempton, RN

M Molloy, RN

### Transfusion Nurse Consultant

L Stevenson, RN

## EMERGENCY MEDICINE

### Director

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

### Deputy Director

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

### Director of Emergency Medicine Training

M White, MBBS (Hons), FACEM

### Specialists

B Bartley, MBBS, FACEM, FRCSE

T Reade, MBBS, BSc (Med), FACEM

N Reid, MBBS, DRANZCOG, FACEM

J Stella, MBBS, FACEM

C Mobbs, MBBS, FACEM

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

J Fisher, MBBS, FACEM

M Walsh, MBBS, FACEM

### Unit Nurse Manager

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

## MEDICAL IMAGING

### Director

A Whan, MBBS, FRANZCR

### Specialists

D Lun, MBBS, FRANZCR, CR

P Morris, MBBS, FRANZCR

D Robertson, MBBS, DRACR, FRANZCR

P Broatchie, MBBS, PHD, FRANZCR

D Boldt, MBChB, FRANZCR

### Nuclear Medicine Specialist

D Ma, MBBS, FRACP

### Operations Manager

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

### Chief Radiographer

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

### Tutor Radiographer

B Harvey, FIR, Grad.Dip.Ed.

### Chief Nuclear Medicine Scientist

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

**Unit Nurse Manager**

K Stow, RN

**PHARMACY SERVICES****Director of Pharmacy**

G Weeks, M Pharm, MHA, FSHP

**Deputy Director of Pharmacy**

S Cuell, B Pharm, MHA, FACPP,

**Chief Pharmacist McKellar Centre**

G Robson, B Pharm

**RENAL SERVICES****Director**

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

**Specialists**

R MacGinley, MBBS FRACP

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

**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 & Midwifery Director**

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

**OBSTETRICS AND GYNAECOLOGY****Specialists**

G Barker, MBBS, MRCOG, FRANZCOG

S Sabary, MBBS, FRANZCOG

B McCully, MBBS, FRANZCOG

T Mason, MBBS, FRANZCOG, FRCOG

P Mayall, BA, MBBS, FRANZCOG, FRCOG

M Shembrey, MBBS, Dip RACOG, FRANZCOG

J Swan, MBBS, FRANZCOG, MRCOG

J Viggers, MBBS, D Obst &amp; RCOG, FRANZCOG

**DIVISION OF CHILDREN'S SERVICES****Divisional Medical Director**

D Fuller, MBBS, MPH, FRACP

**Divisional Nursing & Midwifery Director**

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

**PAEDIATRICS****Specialists**

K Anderson, MBBS, FRACP

C Cooper, MBBS, FRACP

D Fuller, MBBS, MPH, FRACP

B Jenner, MBBS, FRACP

C Sanderson, BSc, (Hons) MBBS, FRACP

P Vuillermin, MBBS, FRACP

M Forrester, MBBS, FRACP

**NURSE UNIT MANAGERS****Baxter Maternity Services****Birth Suite/Pregnancy Care Clinic/Maternity Day****Assessment Unit**

C Geldard, RN, Dip Mid

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

D Watkins, RN, Mid Cert

**Special Care Nursery**

A Smith, RN, RM, BN, NICC, IBCLC,

PGDip Adv Nur (CF &amp; CH)

**Heath Wing 3 – Paediatric Ward**

S Neill, RN

**Paediatric Home & Community Care Coordinator**

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

**ALLIED HEALTH DIVISION****Divisional Director (Part Time)**

D Schulz, DPhysio MGERon BAppSci (Physio)

**AUDIOLOGY****Chief Audiologist**

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

## NUTRITION AND DIETETICS

### Chief Dietitian

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

### Senior Dietitians

D Wynd, BSc, Grad Dip ND, APD

C Wiggett, BSc(Biol), MND, APD

A Jurica, BSc, Grad Dip ND, APD

## OCCUPATIONAL THERAPY

### Chief Occupational Therapist

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

### Senior Clinicians

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

J Reid, B Occ Ther, ACCOT

L Andriske, B Occ Ther, ACCOT

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

## PHYSIOTHERAPY

### Chief Physiotherapist

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

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

### Senior Clinicians

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

F Brennan, B.Physio

## PODIATRY

### Chief Podiatrist

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

### 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

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

J Bourke, BA, BSW

M Hawke, BSW

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

### Senior Clinician Community

M Walton, B App Sci (Speech Path)

## DIVISION OF AGED CARE

### Director Aged Care

A Hague, RN Div 1, BN, Grad Dip Bus (Health Services  
Mgmt), M Bus, FCHSE, CHE

### Redevelopment Project Officer

M Townsend, RN Div 1, RM, BA HSC, Nursing Post  
Registration

### Aged Care Assessment Service (ACAS) Manager

R Thompson, DSJ, BAppSci (Occupational Therapy), Adv  
Dip Bus Man, Adv Dip HR Man

### Admissions

H Jennings, RN Div 1

### Allocations

M Mitchell, Diploma of Business Management

### Alan David Lodge (Grovedale)

### Facility Manager

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

### Nurse Unit Managers

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

E Marcucci, RN Div 1, Cert Infection Control & Sterilisation

**Blakiston Lodge****Facility Managers**

D Prestwich, RN Div 1, RPN, Post Grad Cert in Aged Mental Health, Cert Business and Finance

**Nurse Unit Manager**

L Whitla, RN Div 1, BA Nursing, Cert Gerontology  
L Parkhill, RN Div 1, RPN, Midwife, Diploma of Business Management, Cert IV Workplace Assessment and Training

**Wallace Lodge****Facility Manager**

D Cayzer, RN Div 1, Cert Gerontology, Cert Diabetes Mgt, MRCNA

**Nurse Unit Managers**

C Lunardelli, RN Div 1, BA Nursing, Masters In Health Science – Aged Service  
R Koenig, RN Div 1, Cert Aged Care Studies, Cert Dementia Specific, Cert Preceptorship, Dip Business Management

**Percy Baxter Lodges****Facility Manager**

G Dougherty, RN Div 1, BN, MN, Cert Intensive Care

**Nurse Coordinators**

L Finch, RN Div 1, BN, Cert Rehab, Grad Dip Rehab Studies (Clinical Practice and Management), MRCNA  
A Flanagan Smith, RN Div 1, BN, RM, Cert Nursing Rehab  
K Quinton, RN Div 1, Cert Gerontology, Grad Dip Aged Services Mgmt  
J Fisher, RN Div 1

**DIVISION OF SUB ACUTE SERVICES****Director Sub Acute Services**

F McKinnon, B App Sc (Physiotherapy) MHA

**Divisional Medical Director**

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

**Regional Director Palliative Care**

P Martin, Clinical Associate Professor, Department of Medicine, Melbourne University Senior Lecturer, School of Medicine, Faculty of Health Sciences, Flinders University

**Program Manager (Improving Care for Older People)**

K Heseltine, RN Div 10

**Rehabilitation Medicine****Specialists**

P T Hogg, MB, BS (Hons I), FACRM, FAFRM (RACP)  
M Bennett, MBBS, DGM, MRCP (UK), FAFRM (RACP)  
J Teh, MB, BS, FAFRM (RACP)  
D Micheletto, MBBS, FAFRM (RACP)  
M Vagg, MBBS(Hons) FAFRM(RACP) FFPANZCA  
I Churilov, MBBS, FAFRM (RACP)

**Geriatric Medicine Specialists**

A Mander, MBBS, B Med Sci, FRACP  
V Makkada, MBBS, M.D., FRACP  
R Crone, MBChB, MRCP (UK), FRACP

**Palliative Care Specialist**

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

**Visiting Medical Officers**

N R Crompton, MB, BS, DGM, M Bioethics  
S M Watson, MB, BS, DGM  
B E Mackenzie, MB, BS, Dip Obst RACOG, FRACGP

**Orthopaedic Surgeon**

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

**UNIT NURSE MANAGERS****Central Wing (Neurology and Trauma Rehabilitation; Geriatric Evaluation and Management GEM)**

A Renshaw, RN Div 1, Cert Rehab Nursing

**South Wing (Orthopaedic and Amputee Rehabilitation)**

J Stevens, BN, BA, B Comm, Cert Rehab Nursing.

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

M Arnold, RN Div 1, BN, Grad Dip Bus Admin, Cert Pall, Cert Gerontics

**Community Rehabilitation Centre – McKellar Centre**

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

**Community Rehabilitation Centre – Belmont**

H Ashcroft, RN, BN, Grad Dip Rehab Studies

**Falls & Mobility Clinic**

K Bieser, BN, RN Div 1  
N Crompton, MB, BS, DGM, M Bioethics

### Home Based Rehabilitation Program

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)

A Wright, B AppSc (Physiotherapy)

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

V George, RN Div1 RPN Grad Dip Gerontology

### Business Management

S D'Andrea, B Comm, CPA

## SURGICAL SERVICES

### Clinical Director

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

### Business Manager

D Atanasovski, BCom

### Divisional Nursing Director

S Brereton, RN, BAppSc (Adv Nsg-Nsg Ed), Grad Dip  
HSM, FRCNA

## DIVISION OF SURGERY

### Director

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

C Semple, BMedSci, MBBS(Hons), 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

T J Spencer, MBBS(hons), 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

D Bowyer, MBBS, FRACS

### PAEDIATRIC SURGERY

#### Specialists

A Auldish, MBBS, FRACS

P Dewan, PhD, MD, MS, MMedSc, MRACMA, FRCS,  
FRACS, MAICD

### 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  
D Thomas, MBChB, 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  
A Lawler, MBBS, FRCS(Edin), FRACS  
C Brandt, MBBS, FRACS

### SURGICAL UNIT 3

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

### SURGICAL UNIT 4

S Crowley, MBBS, FRACS  
D Kidman, MBBS, FRACS  
K Prince, BSc (Hons), MBBS, FRACS

### VASCULAR & ENDOVASCULAR SURGICAL UNIT

D A North, MBBS, FRACS (Gen), FRACS (Vasc)  
D N 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, CORM

### Gretta Volum Centre

E Gillett, RN

### PERIOPERATIVE SERVICE

### Nurse Unit Manager

E Hocking, RN, CCC, Dip Bus

### CENTRAL STERILISING UNIT

### Manager

E Jose, RN, Dip Hosp Nsg & Unit Mgt (OR)

## INTENSIVE CARE UNIT

### Director

C Corke, MBBS, MRCP, BSc, FFARCS, 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, PG Dip  
Echo  
N Orford, MBBS, FANZCA, FJFICM, PG Dip Echo

## SURGICAL WARDS

### BIRDSEY WING 5

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

K Sayers, RN  
J McHale, RN (Acting)

## HEATH WING 4

### **Nurse Unit Manager**

E Hocking, RN, CCC, Dip Bus

## HEATH WING 5

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

L Ollis, RN

## 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 Consultants**

S Demur, B.C.N., B Nsg

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

## OUTPATIENTS DEPARTMENT

### **Nurse Unit Manager**

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

## BED MANAGEMENT

M Lonergan, RN, Grad Dip Critical Care Nursing

## NURSING ALLOCATIONS

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

## AFTER HOURS COORDINATION

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

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

N Sadler

K Altamari

M McLeod, RN, BN, Crit Care Cert, MPH

F Nelson

B Downey, Dip Nsg, Dip RM

K Morison

## DIVISION OF ANAESTHESIA

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

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

### **Deputy Director**

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

## STAFF ANAESTHETISTS

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

L Broad, MBBS, FANZCA

T Chatterjee, MBBS, FANZCA

B. Coleman, MBBS FANZCA

M Colson, MBBS, FANZCA, Dip Comp Tech

M Conroy, MBBS, DRANZCOG, FANZCA

D Dimovski, MBBS, FANZCA

B Fraser, MBBS, FANZCA

C Lee, MBBS, FANZCA

R MacKenzie, MBChB DA (SA) FANZCA

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

F Raineri, MBBS FANZCA

A Samuel, MBBS, FANZCA

M Viney, MB BS, FANZCA, FFPMANZCA

MMed (Pain Med)

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

## VISITING SPECIALISTS

D Allen, MBBS, FANZCA

J Barson, MBBS, DRCOG, FFARACS, FANZCA

E Bashford, MBBS, FFARACS, FANZCA

M Bowman, MBBS, FANZCA

A Burton, MBBS, FFARACS, FANZCA

K Carlile, MBBS, FFARACS, FANZCA

P Champion, MBBS, FFARACS, FFICANZCA, FANZCA

B Creati, MBBS, FANZCA

W Dennis, MBBS, FFARACS, FANZCA

G Dixon, MBBS, FFARACS, FANZCA

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, FFPANZCA, M.Sc  
 G Murrell, MBBS, FFARACSI, FFARACS, FANZCA  
 R Neerhut, MBBS, FANZCA  
 A Patrick, MBBS, FANZCA  
 C. Quigg, MBBS FANZCA  
 D Serle, MBBS, FFARACS, FANZCA  
 W Sloss, MBBS, FFARACS, FANZCA  
 J. Smith, MBBS FANZCA  
 R Solly, MBBS, FANZCA  
 B Stringer, MBBS, FFARCS  
 M Tisdall, MBBS, FRCA, FANZCA  
 P Tolley, MB ChB, FRCA, FANZCA  
 A Van Leeuwen, MBBS, Mmed, FFARACS, FANZCA  
 B Webster, MBBS, FANZCA  
 S Worboys, MBBS, FANZCA

## PAIN MANAGEMENT CLINIC

### Service Director

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

### Pain Specialists

A Muir, MBBS, FANZCA, FFPANZCA  
 M Viney, MBBS, Grad Dip Med (Pain Med), FANZCA, FFPANZCA  
 D McCoy, MBCh, BAO(NUI), FFARCSI, FFPANZCA, DPM(CARCSI)  
 M Vagg, MBBS (Hons), FAFRM (RACP), FFPANZCA

### Pain Fellow

D Lee, MBBS B MedSc FAFRM (RACP)(No longer with us)

### Clinical Nurse Consultant

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

### Clinical Nurse Specialist

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

### Psychiatrist

J Black, BSc, MBBS, MPhil MRCPsych, FRANZCP

### Clinical Psychologists

M Sui, D.Psych (Health Psychology), PhD(no longer with us)  
 E Barson, BBSoc (hons) D Psych (clinical) MAPS  
 T Gibbie, BBSoc (Hons) M Psych (Health)

### Physiotherapists

S Monaghan, BSc Hons (Physio)

## MENTAL HEALTH, DRUG AND ALCOHOL SERVICES DIVISION

### Executive Director and Clinical Director

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

### Director Mental Health

P Dunn, RN, RPN, Grad Dip Gerontic Nsg

### Business Manager Community & Mental Health

R Humphreys, BCom, BSc, CPA

### Professor of Psychiatry

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

### Director of ECT

R Harvey, MBBS,MD,MRCPsych, FRANZCP

### Consultant Psychiatrists

P O'Keefe, MBBS, FRANZCP  
 P Hantz, MBBS, FRANZCP  
 E van Ammers, BSc(hons), MBCh, FRANZCP  
 Y Khozouei, MD, MRCPsych, FRANZCP  
 M Van der Linden, MBBS, FRANZCP  
 R Kefford, MBBS, FRANZCP, Cert. Adv. Training in Child & Adolescent Psychiatry  
 J Black, BSc, MBBS, MPhil, MRCPsych, FRANZCP  
 E White, MBBS, FRANZCP  
 S McConnell, MBBS, FRANZCP, Mpsych  
 R Bauer, MBBS, MGPP,MP,FRANZCP, Cert Adv. Training in Adult Psychiatry  
 R Bruozis, MBBS, MPM, FRANZCP  
 F Ng, MBBS FRANZCP

### Senior Psychiatric Nurse

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

### Quality Manager, Benchmarking Project Manager

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

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

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

**Program Manager, Adult Community Programs**

M Geertsema, M. Clin Psych, M. Crim

**Program Manager Child and Youth Services**

M O'Shea, PhD Clinical Psychology

**Manager, Administration, Policy & Procedure**

A Gardner, RN RPN

**COMMUNITY HEALTH**

**Clinical Director, Community Health**

Vacant

**Business Manager, Community Health**

R Humphreys, B Comm, BSc, CPA

**Director Community Health**

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

**Manager Community Health Teams**

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

**Manager Community Nursing Services**

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

E Adamczyk, BDSc

G Joseph, BDSc

L Thai, BDSc

S Leong, BDSc

L Bourke, BDSc

A Yong, BDSc

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

L Cox, BDSc (NZ)

A Heredia, BDSc

J Hung, BDSc

D Knight, BDSc (SAfrica)

M Li, BDSc

L Mowa, BDSc

C Ng, BDSc

B Scully, BDSc

**Oral Surgery Registrar BLT1**

C Lim, 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)

J Gorman, Dip App Sc (Dental Therapy)

S Pilon, Dip App Sc (Dental Therapy)

J Gray, Dip App Sc (Dental Therapy)

C M Seeley, Dip App Sc (Dental Therapy)

W Sewell, Dip App Sc (Dental Therapy)

W Zheng, Dip App Sc (Dental Therapy)

## COMMUNITY PALLIATIVE CARE

**Palliative Care Project Officer,  
Strengthening Palliative Care**

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

**Palliative Care Clinical Nurse Consultants**

L Hebegger, RN; Cert. Workplace Education and Training; Professional Cert. Pharmacology Advanced Palliative Care Practice.

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

## DISTRICT NURSING

**Clinical Co-ordinators**

K Archbold, B Nsg, Dip Bus Mgmt, MRCNA

A Caulfield, RN

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

## IMMUNISATION

**Co-ordinator**

E Hutchinson, RN

**Medical Consultant**

E Athan, MBBS (Hons), FRACP

## PAEDIATRIC &amp; 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

S Morgan, (Acting) MOT, Grad Dip Organisational Behaviour, NZ Dip Business.

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, BN, Grad Dip Community Health

# PUBLICATIONS

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

Department	Summary
Allied Health	Hakkennes S and Dodd K. Guideline implementation in Allied Health professions – a systematic review of the literature. <i>Quality and Safety in Healthcare</i> 2008 17:296-300
Cardiology	Gurvitch R, Yan BP, Warren R, Marasco S, Black AJ, Ajani AE. Spontaneous resolution of multiple coronary aneurysms complicating drug eluting stent implantation. <i>Int J Cardiol</i> 2007 Sep 24; [Epub ahead of print]
Cardiology	Yan BP, Gurvitch R, Duffy S, Clark D, Sebastian M, New G et al. An evaluation of octogenarians undergoing percutaneous coronary intervention from the Melbourne Interventional Group (MIG) Registry. <i>Catheter Cardiovasc Interv</i> 2007; 70 (7): 928-36.
Cardiology	Yan BP, Duffy SJ, Clark DJ, Lefkovits J, Warren R, Gurvitch R et al. Rates of stent thrombosis in bare-metal versus drug-eluting stents (from a large Australian multicenter registry). <i>Am J Cardiol</i> . 2008 Jun 15; 101(12): 1716-22. Epub 2008 Apr 9
Cardiology	Yap CH, Mohajeri M, Yui M. Obesity and early complications after cardiac surgery. <i>Med J Aust</i> 2007;186 (7):350-4.
Cancer Services	Field K, McFarlane C, Cheng AC, Hughes AJ, Jacobs E, Styles K et al. Incidence of bloodstream infection and a mechanical valve needle-free system in an Australian Haematology-Oncology Unit. <i>Infect Control Hosp Epidemiol</i> 2007 May;28(5):610-3
Cancer Services	Saravanan L, Brennan S, George P, Lowen R, Kirikand M, Campbell P. Novel Fibrinogen Aa chain mutation associated with afibrinogenemia. <i>Pathology</i> 2007;39(5):519-20.
Cancer Services	Chang CC, Devitt B, Cheng AC, Hughes AJ, Campbell P, Athan E. Successful control of an outbreak of Invasive Aspergillosis in a Regional Haematology Unit during hospital construction works. <i>J Hosp Infect</i> 2008;69:33-8.
Cancer Services	Azad A, Campbell P, Bell R. Maintenance Rituximab and infection risk in low grade lymphoma. <i>Intern Med J</i> . In press.
Cancer Services	Siva S, Talman P, Broad A, Norden S. Paraneoplastic encephalomyelitis associated with motor neuron disease causing respiratory failure in the setting of occult small cell lung carcinoma. <i>Asia-Pacific J Clin Oncol</i> 2008;4(2):118-21
Cancer Services	Field K, McFarlane C, Cheng AC, Hughes AJ, Jacobs E, Styles K et al Incidence of bloodstream infection and a mechanical valve needle-free system in an Australian Haematology-Oncology Unit. <i>Infect Control Hosp Epidemiol</i> 2007;28(5):610-3
Cancer Services	Saravanan L, Brennan S, George P, Lowen R, Kirikand M, Campbell P. Novel Fibrinogen Aa chain mutation associated with afibrinogenemia. <i>Pathology</i> 2007; 39(5):519-20
Cancer Services	Chang CC, Devitt B, Cheng AC, Hughes AJ, Campbell P, Athan E. Successful control of an outbreak of Invasive Aspergillosis in a Regional Haematology Unit during hospital construction works. <i>J Hosp Infect</i> 2008;69:33-8
Cancer Services	Azad A, Campbell P, Bell R. Maintenance Cituximab and infection risk in low grade lymphoma. <i>Intern Med J</i> . In press.
Centre for Education and Practice Development	Williams C, Hill V. Review of the competency standards for perioperative nursing. <i>ACORN J</i> 2007; 20(2):22-33.
Centre for Education and Practice Development	Williams C, Mant P. First line emergency care - extending scope of practice of registered nurses division 2 in Victoria. <i>Connections – National Nursing Networks &amp; Chapter Newsletter</i> , 2007;10(1):15.
Centre for Education and Practice Development	Williams C, Reed M. A coordinated approach to a complex cohort improving outcomes for COPD patients in the acute setting. <i>Connections - National Nursing Networks &amp; Chapter Newsletter</i> 2008;11(1):37.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Pasco JA, Nicholson GC, Ng F, Henry MJ, Williams LJ, Kotowicz MA et al Oxidative stress may be a common mechanism linking major depression and osteoporosis. <i>Acta Neuropsychiatrica</i> 2008;20:112-6
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Williams LJ, Pasco JA, Jacka FN, Henry MJ, Dodd S, Berk M. Depression and bone metabolism: A review. <i>Psychother Psychosom</i> (in press, accepted 30/01/2008).
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Pasco JA, Wark JD, Carlin JB, Ponsonby AL, Vuillermin PJ, Morley R. Maternal vitamin D in pregnancy may influence not only offspring bone mass but other aspects of musculoskeletal health and adiposity. <i>Med Hypotheses</i> 2008;71:266-9.
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Henry MJ, Pasco JA, Sanders KM, Kotowicz MA, Nicholson GC. The application of epidemiology to change health policy: defining age-related thresholds of BMD for primary prevention of fracture. <i>J Clin Densitom</i> . In press.

Department	Summary
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Pasco JA, Williams LJ, Jacka FN, Ng F, Henry MJ, Nicholson GC, et al. Tobacco smoking as a risk factor for major depressive disorder: a population-based study. <i>Brit J Psychiat</i> . In press
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Berk M, Jacka FN, Williams LJ, Ng F, Dodd S, Pasco JA. Is this D vitamin to worry about? An audit of vitamin D insufficiency in an inpatient sample. <i>ANZJP</i> 2008. In press
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Morley R, Carlin JB, Pasco JA, Wark JD, Ponsonby AL. Maternal 25-hydroxyvitamin D concentration and offspring birth size; effect modification by infant VDR polymorphism. <i>Eur J Clin Nutr</i> . In press
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Bowles TA, Sanders KM, Colson M, Watters DA. Simplified risk stratification in elective colorectal surgery. <i>ANZ J Surg</i> 2008 Jan; 78(1-2):24-7
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Ng F, Berk M, Dean O, Bush AI. Oxidative stress in psychiatric disorders: evidence base and therapeutic implications. <i>International Journal of Neuropsychopharmacology</i> 2008 Jan 21 [Epub ahead of print]
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Berk M, Ng F, Wang WV, Tohen M, Lubman DI, Vieta E, Dodd S. Going up in smoke: tobacco smoking is associated with worse treatment outcomes in mania. <i>J Affect Disord</i> 2008 Feb 15 [Epub ahead of print]
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Berk M, Ng F, Dodd S, Callaly T, Campbell S, Bernardo M, Trauer T. The validity of the CGI severity and improvement scales as measures of clinical effectiveness suitable for routine clinical use. <i>J Eval Clin Pract</i> 2008 May 2 [Epub ahead of print]
Clinical and Biomedical Sciences Department of Medicine, Dentistry and Health Sciences	Pasco JA, Jacka FN, Williams LJ, Henry MJ, Nicholson GC, Kotowicz MA et al. Leptin in depressed women: cross-sectional and longitudinal data from an epidemiologic study. <i>J Affect Disord</i> 2007;107:211-25
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Mental Health	Andreazza A, Frey B, Valvassori S, Zanotto C, Gomes K, Comim C et al. DNA damage in rats after treatment with methylphenidate. <i>Prognosis Neuropsychopharmacol Biol Psychiatry</i> 2007;31(6):1282-8
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<b>Mental Health</b>	Guthrie D, McIntosh M, Callaly T, Trauer T, Coombs T. Consumer attitudes towards the use of routine outcome measures in a public mental health service: A consumer driven study. <i>Int J Mental Health Nursing</i> 2008 17: 92-7
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<b>Mental Health</b>	Kulkarni J, Berk M, Fitzgerald P, de Castella A, Montgomery W, Kelin K, Brnabic A, Granger R, Dodd S. The Bipolar Comprehensive Outcomes Study (BCOS): baseline findings of an Australia cohort study. <i>J Affect Disord</i> 107 (2008) 135-144
<b>Mental Health</b>	Williams L, Henry M, Berk M, Dodd S, Jacka F, Kotowicz M, Nicholson G, Pasco J. Selective serotonin reuptake inhibitor use and bone mineral density in women with a history of depression. <i>International Clinical Psychopharmacology</i> 2008; 23(2): 84-87
<b>Mental Health</b>	Malhi G, Ng F, Berk M. Dual dual action? Combining venlafaxine and mirtazapine in the treatment of depression. <i>ANZ J Psychiatry</i> 2008; 42:346-9
<b>Mental Health</b>	Malhi GS, Berk M. How to treat bipolar disorder. <i>Australian Doctor</i> , 13 June 2008:25-32
<b>Mental Health</b>	Singh A, Berk M, Kapczinski F. When illness does not get better: do we need a palliative psychiatry? <i>Acta Neuropsychiatrica</i> 2008; 20:165-166.
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<b>Mental Health</b>	Singh A, Berk M. Genetically guided prescribing: Hope or hype? <i>Acta Neuropsychiatrica</i> 2008; 20:50-51
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<b>Neurology</b>	Talman P, Forbes A., Mathers S. Clinical phenotypes and natural progression for motor neuron disease: Analysis from an Australian database. <i>Amyotrophic Lateral Sclerosis.</i> 2008. In Press
<b>Pharmacy</b>	Muir P, Bortoletto DA. Burnout among Australian hospital pharmacists <i>J Pharm Pract Res;</i> 2007;37:187-9.
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<b>Surgical Services – Orthopaedic Surgery</b>	Page R, Oppy AJ. Complex Unstable Distal Radial Fracture Management. <i>Medimond</i> , 2007, H311C0407: 27-31.
<b>Surgical Services – Orthopaedic Surgery</b>	Love D, Pritchard M, Burgess T, Page R, Williams SA, Van Deer Meer G. An Audit of the Douglas Hocking Research Institute Bone Bank. Ten years of non-irradiated bone graft. <i>ANZ J Surg</i> . In Press.
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<b>Renal Services</b>	Agar JW. Who will replace me? A renal physician's lament. <i>Internal Medicine Journal</i> 2008;38(3): 211-215.
<b>Renal Services</b>	Agar JW. Should the Medicare ESRD Program fund daily and nocturnal hemodialysis? <i>Neph News &amp; Issues</i> . 21(12): 48-56. November 2007.
<b>Renal Services</b>	Agar JW, Simmonds RE, Knight R. Using water wisely: new, essential and affordable water conservation practices for both facility and home hemodialysis. <i>Hemodial Int</i> . In press
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<b>Women's and Children's Services</b>	Vuillermin PJ, Biscan M, Brennan S, Carlin J, Robertson C, South M. Asthma among schoolchildren in the Barwon region of Victoria. <i>Med J Aust</i> . 2007 Aug 20;187(4):221-4.
<b>Women's and Children's Services</b>	Vuillermin PJ and Starr MJ. A review of the rate of meningitis in association with urinary tract infection in infants 90 days of age or younger. <i>Emerg Med Australas</i> . 2007 Oct;19(5):464-9.
<b>Women's and Children's Services</b>	Pasco JA, Wark JD, Carlin JP, Ponsonby A, Vuillermin PJ, Morley R. Maternal vitamin D in pregnancy may influence not only offspring bone mass but other aspects of musculoskeletal health and adiposity. <i>Med Hypoth</i> . In press.
<b>Women's and Children's Services</b>	Plunkett A, De Marco P, Vuillermin P, Duke T. Klebsiella: caught on film. <i>Arch Dis Child</i> . In press

# DISCLOSURE INDEX

The Annual Report of Barwon Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements and other requirements.

Page	Legislation	Requirement
		<b>Report of Operations – FRD Guidance</b>
		<b>Charter and purpose</b>
1-2	FRD 22B	Manner of establishment and the relevant Ministers
1-2	FRD 22B	Objectives, functions, powers and duties
2, 71-75	FRD 22B	Nature and range of services provided
		<b>Management and structure</b>
60	FRD 22B	Organisational structure
		<b>Financial and other information</b>
101	SD 4.2(j)	Accountable officer, signed of report of operations
60, 101	SD 4.5.5	Risk Management Compliance
12-13	FRD 22B	Operational and budgetary objectives and performance against objectives
61	FRD 22B	Statement of merit and equity
61	FRD 22B	Workforce Data Disclosures
62	FRD 22B	Occupational health and safety
14	FRD 22B	Summary of the financial results for the year
12-13	FRD 22B	Significant changes in financial position during the year
12-13	FRD 22B	Major changes or factors affecting performance
12-13	FRD 22B	Subsequent events
100	FRD 22B	Application and operation of Freedom of Information Act 1982
101	FRD 22B	Compliance with building and maintenance provisions of Building Act 1993
NA	FRD 25	Victorian Industry Participation Policy disclosures
100	FRD 22B	Statement on National Competition Policy
101	FRD 22B	Application and operation of the Whistleblowers Protection Act 2001
100	FRD 22B	Details of consultancies over \$100,000
100	FRD 22B	Details of consultancies under \$100,000
100	FRD 22B	Statement of availability of other information
99	FRD 10	Disclosure index
100	FRD 11	Disclosure of ex-gratia payments
138-140	FRD 21A	Responsible person and executive officer disclosures
		<b>Financial Statements – FRD Guidance</b>
		<b>Financial statements required under Part 7 of the FMA</b>
103	SD 4.2(b)	Operating Statement
104	SD 4.2(b)	Balance Sheet
105	SD 4.2(b)	Statement of Changes in Equity
106	SD 4.2(b)	Cash Flow Statement
142	SD 4.2(c)	Accountable officer's declaration
107	SD 4.2(c)	Compliance with Australian accounting standards and other authoritative pronouncements
107	SD 4.2(c)	Compliance with Ministerial Directions
107	SD 4.2(d)	Rounding of amounts

# 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 with regard to all tender applications.

## FEES

All fees charged by Barwon Health are regulated by the Commonwealth Department of Health and Aged Care,

the Commonwealth Department of Family Services and the Hospitals and Charities (Fees) Regulations 1986, or as otherwise determined by the Department of Human Services Victoria.

## FREEDOM OF INFORMATION REQUESTS

Barwon Health is an agency subject to the Freedom of Information Act (Victoria) 1982. As required under the Act, Barwon Health has nominated Kate Nelson as the Freedom of Information Officer – Corporate and Business, and Susan Bell as the Freedom of Information Officer – Medical. A legislation fee of \$22.70 per application and copying charge of 20 cents per page applies.

## FREEDOM OF INFORMATION REQUESTS

Financial year	2007/08	2006/07	2005/06	2004/05	2003/04
No of requests	586	533	428	434	447

## AVERAGE COLLECTION DAYS

	2007/08	2006/07	2005/06
Acute	49.2	36.9	52.0
Rehabilitation and Aged Care	60.5	66.0	58.5

## CONSULTANCIES

Consultancies costing less than \$100,000 per consultancy	
Total number of consultancies	11
Total value of consultancies	\$154,976
Consultancies costing more than \$100,000 per consultancy	
NIL	\$ –

## OUTSTANDING DEBTORS

	Total	Current 0-29 days	30-59 days	60-89 days	+90 days
2007/08	9.10	5.28 (57.9%)	1.96 (21.5%)	0.86 (9.4%)	1.05 (11.2%)
2006/07	8.80	5.65 (64.2%)	1.23 (14.0%)	0.67 (7.7%)	1.34 (14.1%)
2005/06	8.46	4.7 (55.6%)	1.59 (18.9%)	0.55 (6.5%)	1.6 (19%)

## EX-GRATIA PAYMENTS

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

2008 \$'000	2007 \$'000
12	NIL

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

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

Barwon Health will establish and maintain an objective system to encourage and provide support to persons making disclosures (“whistleblowers”), to investigate disclosed allegations of improper conduct, or detrimental

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

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

For further information, contact:  
Executive Director Human Resources  
Barwon Health  
Corporate Office  
Ryrie Street  
Geelong VIC 3220  
Phone. 03 5226 7221  
Fax. 03 5226 7672  
Email. [perrym@barwonhealth.org.au](mailto:perrym@barwonhealth.org.au)

***No disclosure under the Act were received during 2007/08.***

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## RESPONSIBLE BODIES DECLARATION

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

## ATTESTATION STATEMENT

I, Claire Higgins, Chair, certify that Barwon Health has risk management processes in place consistent with the Australian / New Zealand Risk Management Standard, AS/NZS 4360:2004 and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. Major risks have been identified and documented, performance of risk assessment is 70% completed and a plan exists to effect completion. The Board Audit Sub-committee verifies this assurance and that the risk profile of Barwon Health has been critically reviewed within the last 12 months.



**Claire Higgins**  
Chair – Barwon Health

Geelong, 22 September 2008



# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## CONTENTS

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**OPERATING STATEMENT** For year ended 30 June 2008

	Note	2008 \$'000	2007 \$'000
Revenue from Operating Activities	2	374,297	348,134
Revenue from Non-Operating Activities	2	3,929	3,565
Employee Benefits	4	(268,740)	(248,406)
Non Salary Labour Costs	4	(4,688)	(3,483)
Supplies & Consumables	4	(70,740)	(63,800)
Other Expenses from Continuing Operations	4	(37,215)	(34,553)
<b>Net Result before Capital and Specific Items</b>		(3,157)	1,457
Capital Purpose Income	2	21,950	15,604
Specific Income	2	1,000	–
Depreciation and Amortisation	4	(14,613)	(17,227)
Impairment of Physical Assets	4	(723)	–
Finance Costs	4	(96)	(96)
Expenditure Using Capital Purpose Income	4	(875)	(429)
Share of Net Result of Joint Venture	2	(183)	(117)
<b>NET RESULT FOR THE YEAR</b>		3,303	(808)

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

**BALANCE SHEET** As at 30 June 2008

	Note	2008 \$'000	2007 \$'000
<b>ASSETS</b>			
<i>Current Assets</i>			
Cash and Cash Equivalents	22	12,978	16,087
Receivables	10	18,429	16,936
Inventories	12	3,262	2,802
Investments – term deposits	11	36,851	35,151
<b>Total Current Assets</b>		<b>71,520</b>	<b>70,976</b>
<i>Non-Current Assets</i>			
Receivables	10	3,991	6,687
Other Financial Assets - shares	13	2,649	2,595
Investments Accounted for using the Equity Method	14	147	494
Property, Plant & Equipment	15	340,618	299,434
Intangible Assets	16	76	184
Investment Properties	17	6,418	5,418
<b>Total Non-Current Assets</b>		<b>353,899</b>	<b>314,811</b>
<b>TOTAL ASSETS</b>		<b>425,419</b>	<b>385,788</b>
<b>LIABILITIES</b>			
<i>Current Liabilities</i>			
Payables	18	28,074	25,567
Interest Bearing Liabilities	19	684	793
Employee Benefits	20	55,574	51,832
<b>Total Current Liabilities</b>		<b>84,332</b>	<b>78,192</b>
<i>Non-Current Liabilities</i>			
Interest Bearing Liabilities	19	214	557
Employee Benefits	20	8,364	6,896
<b>Total Non-Current Liabilities</b>		<b>8,578</b>	<b>7,453</b>
<b>TOTAL LIABILITIES</b>		<b>92,910</b>	<b>85,645</b>
<b>NET ASSETS</b>		<b>332,509</b>	<b>300,143</b>
<b>EQUITY</b>			
Asset Revaluation Reserve	21	67,254	57,687
Available for Sale Revaluation Reserve (shares)	21	1,119	911
Linencare Business Unit Reserve	21	5,295	3,751
Restricted Specific Purpose Reserve	21	18,180	16,390
<b>Internally Managed Reserves</b>	21	<b>38,879</b>	<b>30,861</b>
<b>Contributed Capital</b>	21	<b>211,054</b>	<b>191,766</b>
<b>Accumulated Surplus / (Deficits)</b>	21	<b>(9,272)</b>	<b>(1,223)</b>
<b>TOTAL EQUITY</b>		<b>332,509</b>	<b>300,143</b>

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

**STATEMENT OF CHANGES IN EQUITY** For the year ended 30 June 2008

	Note	2008 \$'000	2007 \$'000
	21		
<b>Total Equity at beginning of Financial Year</b>		300,143	273,580
Gain /(Loss) on Asset Revaluation		9,567	(1,577)
Gain on Available for Sale Financial Assets		208	420
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>		9,775	(1,157)
<b>Net Result for the Year</b>		3,303	(808)
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		13,078	(1,965)
Transactions with the State in its capacity as owner		19,288	28,528
<b>Closing Balance</b>		332,509	300,143

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

**CASH FLOW STATEMENT** For the year ended 30 June 2008

	Note	2008 \$'000	2007 \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		300,731	308,874
Patient and Resident Fees Received		25,126	26,537
GST Received from/ (paid to) ATO		6,606	(20,011)
Recoupment from Private Practice for use at hospital facilities		5,704	3,039
Drug Income		5,361	4,783
Linencare Fees		5,978	5,549
Pharmaceutical Benefits Scheme		5,165	4,594
Other Receipts		25,972	19,042
Interest Received		3,929	3,565
Employee Benefits Paid		(262,657)	(245,913)
Payments for Supplies & Consumables		(75,561)	(74,195)
Finance Costs		(96)	(96)
Fuel, Light, Power and Water		(3,773)	(3,606)
Maintenance Contracts		(3,602)	(3,062)
Repairs and Maintenance		(6,974)	(7,130)
Other Payments		(24,834)	(19,131)
<i>Cash Generated from Operations</i>		7,075	2,839
Capital Grants from Government		17,605	13,962
Capital Donation and Bequests Received		2,641	1,746
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	22(b)	27,321	18,547
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of Property, Plant & Equipment		(47,101)	(53,903)
Proceeds from Sale of Property, Plant & Equipment		475	542
Purchase of Investments		(129,370)	(109,116)
Proceeds from Sale of Investments		127,670	113,420
<b>NET CASH (OUTFLOW) FROM INVESTING ACITIVITIES</b>		(48,326)	(49,057)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of Borrowings		(273)	(253)
Contributed Capital from Government		18,348	28,525
Repayments of Finance Leases		(179)	(69)
<b>NET CASH INFLOW FROM FINANCING ACTIVITIES</b>		17,896	28,203
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		(3,109)	(2,307)
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		16,087	18,394
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	22(a)	12,978	16,087

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

**NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The general purpose Financial Report of Barwon Health has been prepared on an accrual basis in accordance with the provisions of the Financial Management Act 1994, applicable Australian Accounting Standards (AAS) issued by the Australian Accounting Standards Board and Australian Accounting interpretation.

The Financial Statements were authorised for issue by Mr. John Linke, Executive Director Commercial Services, Barwon Health on 22 August 2008.

**Basis of Preparation**

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

In the application of AASs management is required to make 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.

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

The accounting policies set out below have been applied in preparing the Financial Report for the year ended 30 June 2008, and the comparative information presented in this Financial Report for the year ended 30 June 2007.

**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 AASs.

**1.2 Rounding Of Amounts**

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

**1.3 Principles of Consolidation**

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

**1.4 Financial Assets**

**Cash and Cash Equivalents**

Cash includes cash on hand and in banks and deposits at call, net of outstanding bank overdrafts. Cash and cash equivalents are measured at fair value.

**1.5 Receivables**

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

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

No interest is charged on the trade debtors and the average age of past due receivables is 33.1 days (2006/07 36.9 days).

**1.6 Inventories**

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

### 1.7 Other Financial Assets

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

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

### 1.8 Intangible Assets

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

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

### 1.9 Property, Plant and Equipment

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.

### 1.10 Revaluations of Property, Plant and Equipment

Financial Reporting Direction (FRD) 103C *Non-Current Physical Assets*, prescribes that non-current physical assets measured at fair value are revalued with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value.

This revaluation process normally occurs every five years as dictated by timelines in FRD103C which sets the next revaluation for the Health, Welfare and Community Purpose Group to occur on 30 June 2009, or earlier should there be an indication that fair values are materially different from the carrying value. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value. FRD 103C requires Barwon Health to review their land and buildings and apply the appropriate indices to determine if there has been a material increase/decrease in the value of their land and/or buildings. Barwon Health has determined that there has been a material increase in its land value and as a result has recognised the increase through the land revaluation reserve. The buildings of Barwon Health did not, as a class, increase by a material value.

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

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

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes. Revaluation reserves are not transferred to accumulated funds on derecognition of the relevant asset.

### 1.11 Investment Property

Investment properties represent properties held to earn rentals or for capital appreciation or both. Investment Properties exclude properties held to meet service delivery and objectives of the State of Victoria.

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT** For the year ended 30 June 2008

**1.11 Investment Property (cont.)**

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 Operating Statement in the periods in which it is receivable.

**1.12 Depreciation**

Depreciable assets with a cost in excess of 2 thousand dollars (2006/07 2 thousand dollars) are capitalised and depreciation has been provided so as to allocate their value over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and residual values for other assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	2008	2007
Buildings	50 years	50 years
Plant & Equipment	8 to 10 years	8 to 10 years
Furniture & Fittings	7 to 8 years	7 to 8 years
Linen	3 to 5 years	3 to 5 years
Leased Assets	1 to 3 years	1 to 3 years
Intangible Assets	5 years	5 years
Motor Vehicles	4 to 6 years	4 to 6 years

**1.13 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 it's 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.

**1.14 Payables**

Trade creditors, other creditors and accrued expenses represent liabilities for goods and services provided to the entity prior to balance date and which are unpaid. Amounts are unsecured and the normal credit terms are usually net 30 days. Patient money held in trust represents money held on behalf of aged residential patients. Refundable Entrance Fees represent aged residential patients' deposits held in trust while the patient is in an aged care facility.

**1.15 Interest Bearing Liabilities**

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition all financial liabilities are recognised at amortised cost, using the effective interest method. Barwon Health has four secured loans for the purchase of a CT scanner, Bone Densitometer, X ray equipment and laundry folding equipment for terms of 8, 7, 5 and 5 years with interest rates of 6.45%, 6.89%, 5.69% and 5.69% respectively. Barwon Health has 27 unsecured finance leases for motor vehicles with terms varying between 12 and 36 months and interest rates between 6% and 7.5%.

**1.16 Functional and Presentation Currency**

The presentation currency of Barwon Health is the Australian Dollar, which has also been identified as the functional currency of Barwon Health.

**1.17 Goods and Services Tax**

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.

### 1.18 Employee Benefits

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

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

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

#### Long Service Leave

The provision for long service leave is determined in accordance with AASB 119 *Employee Benefits*.

The unconditional long service leave entitlements 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

##### **Defined Contribution Plans**

Contributions to defined contribution superannuation plans are expenses when incurred.

##### **Defined Benefit Plans**

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

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

Barwon Health made contributions to the following major superannuation plans during the year:

##### Defined benefit plans:

- Health Super
- Hesta
- GSO
- Other compliant superannuation funds as selected by employee

##### Defined contribution plans:

- Health Super
- GSO

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

#### On-Costs

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

### 1.19 Finance Costs

Finance Costs are recognised as expenses in the period in which they are incurred. Finance costs include interest on short-term and long-term borrowings and finance charges in respect of leases recognised in accordance with AASB117.

### 1.20 Residential Aged Care Service

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

### 1.21 SWARH Joint Venture

Interest in the jointly controlled entity in which Barwon Health is a venturer ( and so has joint control ) are accounted for under the equity method. Details of the Joint venture are set out in note 14. The figures reported are advised by SWARH and are unaudited.

### 1.22 Leases

A distinction is made between finance leases, which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to the ownership of leased non current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Finance leases are recognised as assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at the inception of the lease. This balance is 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.

### 1.23 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.

#### Donations and Bequests

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

### Indirect Contributions

Insurance is recognised as revenue following advice from 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 in accordance with AASB 1004 *Contributions*. Where grants are reciprocal, they are recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grants are received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

### 1.24 Fund Accounting

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

### 1.25 Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives

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

### 1.26 Asset Revaluation Reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of land and buildings respectively.

### 1.27 Available for Sale Revaluation Reserve

The available for sale revaluation reserve arises on the revaluation of the available for sale financial assets. Barwon Health has 130,242 shares in 38 listed companies. Where a revalued financial asset is sold that portion of the reserve, which relates to that financial asset, and is effectively realised, is recognised in the Operating Statement. Where a revalued financial asset is impaired that portion of the reserve, which relates to that financial asset, is recognised in the Operating Statement.

### 1.28 Restricted Purpose Funds and Internally Managed Reserves

Barwon Health's Restricted Purpose Funds comprise unspent donations, the net surplus from private practice arrangements and receipts from fundraising activities conducted solely in respect of these funds. Separation of these funds from the Operating Fund is required under Hospital Funding Guidelines and Barwon Health has no discretion to amend or vary the restriction and/or conditions underlying the funds received. Internally Managed Reserves refers to funds over which Barwon Health has management control, as well as the discretion, on the ultimate disposition of these funds.

### 1.29 Contributed Capital

Consistent with UIG Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and Financial Reporting Direction 2A *Contribution by Owners*, appropriations for additions to the net asset base have been designated as contributed capital.

### 1.30 Private Practice Fees

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

### 1.31 Research Funds

Research fund transactions are recorded through the operating statement with the accumulated net results reported as Restricted Specific Purpose Reserves within the Balance Sheet.

### 1.32 Economic Dependency

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

### 1.33 Net Result before Capital and Specific Items

The sub total entitled "Net Result Before Capital and Specific Items" is included in the Operating Statement to enhance the understanding of the financial performance of Barwon Health. This subtotal reports the result excluding items such as capital grants, depreciation, specific items and share of net result of Joint Venture. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The Net result before Capital and Specific Items is used by the management of Barwon Health, the Department of Human Services, and the Victorian Government to measure the ongoing result of Health Services in operating hospital services.

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Depreciation and amortisation, as described in note 1.12
- Net result of Joint Venture, as described in note 14.
- Expenditure using capital purpose income comprises expenditure which either falls below the asset capitalisation threshold (note 1.12), or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.
- Specific income/expense comprises the revaluation increments/decrements of investment properties owned by Barwon Health, as described in note 17.

### 1.34 Category Groups

Barwon Health has used the following category groups for reporting purposes for the current and previous financial years:

#### **Admitted Patient Services (Admitted Patients)**

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

#### **Mental Health Services (Mental Health)**

Mental Health comprises all recurrent health revenue/expenditure on specialised mental health services (child and adolescent, general and adult, community and forensic) managed or funded by the state or territory health administrations, and includes: Admitted patient services, outpatient services, community-based services, residential and ambulatory services.

#### **Outpatient Services (Outpatients)**

Outpatients comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital outpatient clinics or freestanding day hospital facilities, or rehabilitation facilities, or alcohol and drug treatment units, or outpatient clinics specialising in palliative care.

#### **Emergency Department Services (EDS)**

EDS comprises all recurrent health revenue/expenditure on emergency department services that are available free of charge to public patients.

#### **Aged Care**

Aged Care comprises revenue/expenditure for Home and Community Care (HACC) programs, Allied Health, Aged Care Assessment and support services.

#### **Primary Health**

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

#### **Off Campus, Ambulatory Services (Ambulatory)**

Ambulatory comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals (or area health services) but are delivered/received outside

a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within hospitals, i.e. in rural/remote areas.

#### **Residential Aged Care including Mental Health (RAC incl. Mental Health)**

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

#### **Other Services excluded from Australian Health Care Agreement (AHCA) (Other)**

Others comprises revenue/expenditure for services not separately classified above, including: Public Health services including Laboratory testing, Blood Borne Viruses/ Sexually Transmitted Infections clinical services, Koori liaison officers, immunisation and screening services, Drugs services including drug withdrawal, counseling and the needle and syringe program, Dental Health services including general and specialist dental care, school dental services and clinical education, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

### 1.35 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2008 reporting period. As at 30 June 2008, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008. Barwon Health has not and does not intend to adopt these standards early.

**NOTES TO AND FORMING PART OF THE FINANCIAL REPORT** For the year ended 30 June 2008

**1.35 New Accounting Standards and Interpretations (cont.)**

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

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 2 REVENUE

	Note	HSA 2007/08 \$'000	HSA 2006/07 \$'000	NON-HSA 2007/08 \$'000	NON-HSA 2006/07 \$'000	TOTAL 2007/08 \$'000	TOTAL 2006/07 \$'000
<b>Revenue from Operating Activities</b>							
Government Grants							
– Department of Human Services		274,897	256,757			274,897	256,757
– Dental Health Services Victoria		4,954	4,609			4,954	4,609
– State Gov Equipment and Infrastructure Maintenance		1,476	1,429			1,476	1,429
– Commonwealth Government – Residential Aged Care Subsidy		15,731	14,142			15,731	14,142
– Other		7,494	6,465			7,494	6,465
<b>Total Government Grants</b>		<b>304,552</b>	<b>283,402</b>			<b>304,552</b>	<b>283,402</b>
Indirect Contributions by Human Services							
– Insurance		3,956	4,829			3,956	4,829
– Long Service Leave		2,864	3,264			2,864	3,264
<b>Total Indirect Contributions by Human Services</b>		<b>6,820</b>	<b>8,093</b>			<b>6,820</b>	<b>8,093</b>
Patient & Resident Fees							
– Patient & Resident Fee		22,072	20,646			22,072	20,646
– Residential Aged Care		4,673	4,462			4,673	4,462
<b>Total Patient &amp; Resident Fees</b>	6	<b>26,745</b>	<b>25,108</b>			<b>26,745</b>	<b>25,108</b>
Business Units & Specific Purpose Funds							
– Property Income				1,816	920	1,816	920
– Private practice Fees Donated				1,124	945	1,124	945
– Other Revenue				13,277	9,998	13,277	9,998
<b>Total Business Units &amp; Specific Purpose Funds</b>		<b>–</b>	<b>–</b>	<b>16,217</b>	<b>11,863</b>	<b>16,217</b>	<b>11,863</b>
Recoupment from Private Practice for use of Hospital Facilities		3,888	3,039			3,888	3,039
Other Revenue		16,075	16,629			16,075	16,629
<b>Sub-Total Revenue from Operating Activities</b>		<b>358,080</b>	<b>336,271</b>	<b>16,217</b>	<b>11,863</b>	<b>374,297</b>	<b>348,134</b>
<b>Revenue from Non-Operating Activities</b>							
Interest – investments held to maturity				3,845	3,491	3,845	3,491
Dividends – available for sale investments				84	74	84	74
<b>Sub-Total Revenue from Non-Operating Activities</b>		<b>–</b>	<b>–</b>	<b>3,929</b>	<b>3,565</b>	<b>3,929</b>	<b>3,565</b>
<b>Revenue from Capital Purpose Income</b>							
State Government Capital Grants							
– Targeted Capital Works & Equipment		764	415			764	415
– Other		17,654	12,408			17,654	12,408
Commonwealth Government Capital Grants							
Residential Accommodation Payments				523	36	523	36
Donations and Bequests				590	821	590	821
Net Gain/(Loss) on Disposal of Non-Current Assets				2,641	1,746	2,641	1,746
Other Capital Purpose Income				–	(152)	(222)	(152)
Other Capital Purpose Income				–	330	–	330
<b>Sub-Total Revenue from Capital Purpose Income</b>		<b>18,418</b>	<b>12,823</b>	<b>3,532</b>	<b>2,781</b>	<b>21,950</b>	<b>15,604</b>
<b>Specific Income</b>							
Share of net profits/(losses) of joint venture using the equity method		(183)	(117)			(183)	(117)
Revaluation of Investment Property		1,000	–	–	–	1,000	–
<b>Total Revenue from Ordinary Activities</b>		<b>377,315</b>	<b>348,977</b>	<b>23,678</b>	<b>18,209</b>	<b>400,993</b>	<b>367,186</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 3 ANALYSIS OF REVENUE BY SOURCE

	Note	Admitted Patients	Out-patients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Care	Other	TOTAL
		2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>											
Government Grants											
– Department of Human Services		156,982	28,040	10,425	28,616	23,834	8,037	1,470	13,549	5,420	276,373
– Dental Health Services Victoria										4,954	4,954
– Commonwealth Government											
– Residential Aged Care Subsidy		–	–	–	–	–	15,732	–		–	15,732
– Other		5,165							2,328	–	7,493
Indirect Contributions by Human Services											
– Insurance		3,956									3,956
– Long Service Leave		1,119	110	97	210	242	227	12	180	667	2,864
Share of net profits/(losses) of joint venture using equity method										(183)	(183)
Recoupment from Private Practice for use of Hospital Facilities		3,888									3,888
Patient and Resident Fees	6	11,737	2,528	516	5,037	–	4,673	–	70	2,184	26,745
Capital Purpose Income		18,418									18,418
Specific income – revaluation of investment property	17									1,000	1,000
Other		7,366	133	–	97	637	365	–	1,372	6,105	16,075
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>		<b>208,631</b>	<b>30,811</b>	<b>11,038</b>	<b>33,960</b>	<b>24,713</b>	<b>29,034</b>	<b>1,482</b>	<b>17,499</b>	<b>20,147</b>	<b>377,315</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>											
<b>Internal and Restricted Specific Purpose Fund</b>											
Interest										3,845	3,845
Dividends										84	84
Pharmacy Services										196	196
Linencare										5,978	5,978
Salary Package Admin Charges										1,026	1,026
Laboratory Research Medicine										1,489	1,489
Hydrotherapy										200	200
Television System										142	142
Property Income										1,554	1,554
Car Park										262	262
Other										4,246	4,246
<b>Capital Purpose Income</b>											
Donations and Bequests										2,641	2,641
Capital Purpose Income										1,113	1,113
Private Practice Fees Donated										1,124	1,124
Net Gain/(Loss) from Disposal of Non-Current Assets	7									(222)	(222)
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>										<b>23,678</b>	<b>23,678</b>
<b>TOTAL REVENUE FROM OPERATIONS</b>		<b>208,631</b>	<b>30,811</b>	<b>11,038</b>	<b>33,960</b>	<b>24,713</b>	<b>29,034</b>	<b>1,482</b>	<b>17,499</b>	<b>43,825</b>	<b>400,993</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 3 ANALYSIS OF REVENUE BY SOURCE (cont.)

	Note	Admitted Patients	Out-patients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Care	Other	TOTAL
		2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>											
Government Grants											
– Department of Human Services		147,578	27,214	9,684	27,297	22,045	7,606	1,406	12,175	3,181	258,186
– Dental Health Services Victoria										4,609	4,609
– Commonwealth Government											
– Residential Aged Care Subsidy		–	–	–	–	–	14,142	–		–	14,142
– Other		4,594							1,871	–	6,465
Indirect Contributions by Human Services											
– Insurance		4,829									4,829
– Long Service Leave		1,706	321	131	217	260	347	13	161	108	3,264
Share of net profits/(losses) of joint venture using equity method										(117)	(117)
Recoupment from Private Practice for use of Hospital Facilities		3,039									3,039
Patient and Resident Fees	6	9,430	3,948	646	4,698	–	4,384	–	383	1,619	25,108
Capital Purpose Income		12,524	–	–	–	–	–	–	–	–	12,524
Other		8,182	884	25	101	528	76	–	1,136	5,996	16,928
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>		<b>191,882</b>	<b>32,367</b>	<b>10,486</b>	<b>32,313</b>	<b>22,833</b>	<b>26,555</b>	<b>1,419</b>	<b>15,726</b>	<b>15,396</b>	<b>348,977</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>											
<b>Internal and Restricted Specific Purpose Fund</b>											
Interest										3,491	3,491
Dividends										74	74
Pharmacy Services										176	176
Linencare										5,834	5,834
Salary Package Admin Charges										927	927
Laboratory Research Medicine										1,600	1,600
Hydrotherapy										165	165
Television System										197	197
Property Income										668	668
Car Park										252	252
Other										1,099	1,099
<b>Capital Purpose Income</b>											
Donations and Bequests										1,746	1,746
Capital Purpose Income										1,187	1,187
Private Practice Fees Donated										945	945
Net Gain/(Loss) from Disposal of Non-Current Assets	7									(152)	(152)
Other										152	152
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>										<b>18,209</b>	<b>18,209</b>
<b>TOTAL REVENUE FROM OPERATIONS</b>		<b>191,882</b>	<b>32,367</b>	<b>10,486</b>	<b>32,313</b>	<b>22,833</b>	<b>26,555</b>	<b>1,419</b>	<b>15,726</b>	<b>33,605</b>	<b>367,186</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 4 EXPENSES

	Note	HSA 2007/08 \$'000	HSA 2006/07 \$'000	NON-HSA 2007/08 \$'000	NON-HSA 2006/07 \$'000	TOTAL 2007/08 \$'000	TOTAL 2006/07 \$'000
<b>Employee Benefits</b>							
– Salaries & Wages		229,420	212,158	7,770	6,958	237,190	219,116
– Workcover		2,735	2,338	86	107	2,821	2,445
– Departure Packages		324	172	–	–	324	172
– Long Service Leave		6,853	6,673	234	233	7,087	6,906
– Superannuation		20,638	19,098	680	669	21,318	19,767
<b>Total Employee Benefits</b>		259,970	240,439	8,770	7,967	268,740	248,406
<b>Non Salary Labour Costs</b>							
– Agency Costs – Nursing		2,123	1,484	–	–	2,123	1,484
– Agency Costs – Other		2,490	1,902	75	97	2,565	1,999
<b>Total Non Salary Labour Costs</b>		4,613	3,386	75	97	4,688	3,483
<b>Supplies &amp; Consumables</b>							
– Drug Supplies		21,081	18,179	26	24	21,107	18,203
– S100 Drugs		5,504	5,112	–	–	5,504	5,112
– Medical , Surgical Supplies and Prosthesis		33,524	30,720	194	131	33,718	30,851
– Pathology Supplies		5,888	5,569	2	1	5,890	5,570
– Food Supplies		4,507	4,048	14	16	4,521	4,064
<b>Total Supplies &amp; Consumables</b>		70,504	63,628	236	172	70,740	63,800
<b>Other Expenses from Continuing Operations</b>							
– Domestic Services & Supplies		1,882	1,556	679	700	2,561	2,256
– Fuel, Light Power & Water		3,346	2,921	223	251	3,569	3,172
– Insurance costs funded by DHS		3,956	4,829	–	–	3,956	4,829
– Motor Vehicle Expenses		620	558	195	166	815	724
– Repairs & Maintenance		6,008	5,349	590	922	6,598	6,271
– Maintenance Contracts		3,384	1,918	25	774	3,409	2,692
– Patient Transport		1,008	863	6	7	1,014	870
– Bad & Doubtful Debts		27	261	–	–	27	261
– Lease Expenses		66	111	105	99	171	210
– Other Expenses		4,329	2,753	2,549	860	6,878	3,613
– Other Administrative Expenses		6,969	9,255	1,020	204	7,989	9,459
– Audit Fees		93	69	–	–	93	69
– VAGO - Audit of Financial Statements		135	125	3	2	135	127
<b>Total Other Expenses From Continuing Operations</b>		31,823	30,568	5,392	3,985	37,215	34,553
<b>Expenditure using Capital Purpose Income</b>							
Employee Benefits		–	–	233	332	233	332
Non Salary Labour Costs		–	–	37	92	37	92
Other Expenses		–	–	605	5	605	5
<b>Total Expenditure Using Capital Purpose Income</b>		–	–	875	429	875	429
Impairment of Physical Assets		723	–	–	–	723	–
Depreciation and amortisation		14,207	16,578	406	649	14,613	17,227
Finance Costs – borrowings at amortised costs		87	86	9	10	96	96
		15,017	16,664	415	659	15,432	17,323
<b>Total Expenses</b>		381,927	354,685	15,763	13,309	397,690	367,994

BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

NOTE 5 ANALYSIS OF EXPENSES BY SOURCE

	Note	Admitted Patients	Out-patients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Care	Other	TOTAL
		2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
<b>Services Supported by Health Service Agreement</b>											
Employee Benefits		140,017	25,919	13,427	19,308	19,488	27,474	1,112	13,225	-	259,970
Non Salary Labour Costs		2,236	563	219	674	228	641	3	49	-	4,613
Supplies & Consumables		50,647	9,383	2,499	3,163	947	1,017	1	2,847	-	70,504
Other Expenses		15,247	2,829	1,437	2,807	1,754	5,597	72	2,080	-	31,823
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>		<b>208,147</b>	<b>38,694</b>	<b>17,582</b>	<b>25,952</b>	<b>22,417</b>	<b>34,729</b>	<b>1,188</b>	<b>18,201</b>	<b>-</b>	<b>366,910</b>
<b>Services Supported by Hospital and Community Initiatives</b>											
Employee Benefits										8,770	8,770
Non Salary Labour Costs										75	75
Supplies & Consumables										236	236
Other Expenses										5,392	5,392
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	8	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>14,473</b>	<b>14,473</b>
<b>Services Supported by Capital Sources</b>											
Employee Benefits										233	233
Non Salary Labour Costs										37	37
Other Expenses										605	605
<b>Sub-Total Expenses from Services Supported By Capital Sources</b>										<b>875</b>	<b>875</b>
Depreciation and Amortisation		4,865	3,368	367	1,077	474	3,374	33	649	406	14,613
Impairment of Assets		134					589				723
Finance Costs		69	2			9		7		9	96
		5,068	3,370	367	1,077	483	3,963	33	656	415	15,432
<b>Total Expenses from Ordinary Activities</b>		<b>213,215</b>	<b>42,064</b>	<b>17,949</b>	<b>27,029</b>	<b>22,900</b>	<b>38,692</b>	<b>1,221</b>	<b>18,857</b>	<b>15,763</b>	<b>397,690</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 5 ANALYSIS OF EXPENSES BY SOURCE (cont.)

	Note	Admitted Patients	Out patients	EDS	Ambulatory	Mental Health	RAC incl. Mental Health	Aged Care	Primary Care	Other	TOTAL
		2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000
<b>Services Supported by Health Service Agreement</b>											
Employee Benefits		133,094	20,029	13,655	17,482	17,948	25,046	948	12,237	-	240,439
Non Salary Labour Costs		1,397	302	149	498	251	719	50	19	-	3,386
Supplies & Consumables		46,791	9,086	1,431	1,875	646	1,329	1	2,470	-	63,628
Other Expenses		15,554	2,260	708	3,010	1,199	4,242	138	3,458	-	30,568
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>		<b>196,836</b>	<b>31,676</b>	<b>15,943</b>	<b>22,865</b>	<b>20,044</b>	<b>31,336</b>	<b>1,137</b>	<b>18,184</b>	<b>-</b>	<b>338,021</b>
<b>Services Supported by Hospital and Community Initiatives</b>											
Employee Benefits										8,005	8,005
Non Salary Labour Costs										90	90
Supplies & Consumables										172	172
Other Expenses										3,955	3,955
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	8	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,221</b>	<b>12,221</b>
<b>Services Supported by Capital Sources</b>											
Employee Benefits										294	294
Non Salary Labour Costs										7	7
Other Expenses										128	128
<b>Sub-Total Expenses from Services Supported By Capital Sources</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>429</b>	<b>429</b>
Depreciation and Amortisation		8,339	1,647	422	513	674	4,121	34	828	649	17,227
Impairment of Assets		-	-	-	-	-	-	-	-	-	-
Finance Costs		78	8							10	96
		<b>8,417</b>	<b>1,655</b>	<b>422</b>	<b>513</b>	<b>674</b>	<b>4,121</b>	<b>34</b>	<b>828</b>	<b>659</b>	<b>17,323</b>
<b>Total Expenses from Ordinary Activities</b>		<b>205,253</b>	<b>33,331</b>	<b>16,365</b>	<b>23,378</b>	<b>20,718</b>	<b>35,457</b>	<b>1,171</b>	<b>19,012</b>	<b>13,309</b>	<b>367,942</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 6 PATIENT AND RESIDENT FEES

Patient and Residential Fees Raised	2008 \$'000	2007 \$'000
Acute		
– Inpatients	11,736	9,430
– Other	3,044	4,594
Other	7,292	6,622
Residential Aged Care		
– Geriatric	4,276	4,036
– Mental Health	397	426
<b>Total Patient Fees Raised</b>	<b>26,745</b>	<b>25,108</b>

## NOTE 7 NET (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS

	2008 \$'000	2007 \$'000
<b>Proceeds from Disposal of Non current Assets</b>		
– Medical Equipment	231	–
– Other Equipment	–	48
– Motor Vehicles	244	494
<b>Total Proceeds from Disposal of Non Current Assets</b>	<b>475</b>	<b>542</b>
Less: Written Down Value of Non Current Assets Sold		
– Equipment	39	164
– Furniture, fittings & equipment	2	–
– Medical equipment	413	–
– Motor Vehicles	234	530
– Plant	9	–
<b>Total Written Down Value of Non Current Assets Sold</b>	<b>697</b>	<b>694</b>
<b>Net (Losses) on disposal of Non Current Assets</b>	<b>(222)</b>	<b>(152)</b>

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

	2008 \$'000	2007 \$'000
Pharmacy Services	63	125
Linencare	7,063	6,743
Salary Packaging	413	437
Bone Densitometry	335	216
Hydrotherapy	236	183
Laboratory Research Medicine	1,789	1,517
Staff Health Clinic	558	506
Research Studies	1,993	1,505
Other	2,023	989
<b>TOTAL</b>	<b>14,473</b>	<b>12,221</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 9 FINANCE COSTS

	2008 \$'000	2007 \$'000
Finance Charges on Finance Leases	33	45
Interest on Borrowings	63	51
<b>TOTAL</b>	<b>96</b>	<b>96</b>

## NOTE 10 RECEIVABLES

	Note	2008 \$'000	2007 \$'000
<b>CURRENT</b>			
Patient Fees		5,933	4,287
Accrued Revenue – DHS		110	770
Accrue Investment Income		299	474
Sundry Debtors		3,482	3,830
Accrued Revenue – Other		2,343	2,636
Refundable Entrance Fees		4,750	4,446
GST Receivable		1,678	1,119
Prepayments		487	–
	23	19,082	17,562
Movement in allowance for patient fee doubtful debts:			
Balance at beginning of year		(626)	(526)
Amounts written off during year		–	150
Increase in allowance recognised through profit and loss		(27)	(250)
Balance at end on the year		(653)	(626)
		18,429	16,936
<b>NON CURRENT</b>			
DHS – Long Service Leave		3,991	6,687
<b>NET DEBTORS AND ACCRUED REVENUE</b>		<b>22,420</b>	<b>23,623</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 11 INVESTMENTS – TERM DEPOSITS

	Operating	Special Purpose Fund	Capital Fund	2008	2007
	\$'000	\$'000	\$'000	TOTAL \$'000	TOTAL \$'000
Current					
– Australian Dollar Term Investments	–	36,436	415	36,851	35,151
<b>Investment Composition</b>					
Bank Term Deposits				36,846	35,146
Debentures				5	5
				36,851	35,151

The Geelong Hospital Medical Staff Group have 50 debentures in Timbercorp Limited.

## NOTE 12 INVENTORIES

	2008 \$'000	2007 \$'000
Pharmaceuticals	1,556	1,148
Bulk Store at cost	548	538
Medical and Surgical Lines at cost	1,158	1,116
<b>TOTAL INVENTORIES</b>	<b>3,262</b>	<b>2,802</b>

## NOTE 13 NON-CURRENT OTHER FINANCIAL ASSETS

	2008 \$'000	2007 \$'000
Shares at Fair Value	2,649	2,595
<b>TOTAL</b>	<b>2,649</b>	<b>2,595</b>

Barwon Health has 130,242 shares in 38 listed companies which were bequeathed to the Health Service. Barwon Health does not actively trade in the share market.

## NOTE 14 INVESTMENTS ACCOUNTED FOR USING THE EQUITY METHOD

	2008 \$'000	2007 \$'000
Investment in Jointly Controlled Entities	147	494
<b>TOTAL</b>	<b>147</b>	<b>494</b>
<b>JOINTLY CONTROLLED OPERATION AND ASSETS</b>	<b>Country of Incorporation</b>	<b>OWNERSHIP INTEREST</b>
		2008 %
		2007 %
South West Alliance of Rural Health (Vic)	Australia	24
		15

**Principal Activity:**

Barwon Health has a joint venture interest in the South Western Alliance of Rural Health (SWARH) whose principal activity is the implementing and processing of an information technology system and an associated telecommunication service suitable for use by each member hospital. Barwon Health's share of jointly controlled entities profit and loss and net assets are determined on an annual basis as shown below

The figures reported are advised by SWARH and are unaudited.

	2008 \$'000	2007 \$'000
<b>Summarised Financial Information of Jointly Controlled Entities Balance Sheet:</b>		
Current Assets	826	680
Non- Current Assets	706	2,333
<b>Total Assets</b>	<b>1,532</b>	<b>3,013</b>
Current Liabilities	908	1,203
Non-Current Liabilities	8	95
<b>Total Liabilities</b>	<b>916</b>	<b>1,298</b>
<b>Net Assets</b>	<b>616</b>	<b>1,715</b>
Share of Net Assets	147	494
<b>Share of Jointly Controlled Entities' Profit and Loss</b>	<b>(183)</b>	<b>(117)</b>
<b>Operating Contract Commitments</b>	<b>493</b>	<b>356</b>
<b>Operating Lease Commitments</b>	<b>15</b>	<b>21</b>
<b>Share of Capital Commitments</b>	<b>-</b>	<b>27</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 15 PROPERTY, PLANT AND EQUIPMENT

	Note	At Cost / Valuation \$'000	Accumulated Depreciation \$'000	Net Assets 2008 \$'000
<b>Based on Historical Cost</b>				
Plant and Equipment				
– Plant		16,706	7,807	8,899
– Transport		6,151	4,009	2,142
– Medical		47,671	27,300	20,371
– Other		20,216	11,947	8,269
		90,744	51,063	39,681
Furniture and Fittings		401	279	122
Linen		3,931	2089	1842
		95,076	53,431	41,645
<b>Based on Fair Value</b>				
Land at revaluation on 30 June 2008		46,785	–	46,785
Buildings at valuation on 30 June 2006		276,786	141,076	197,766
Buildings at cost		83,157	2,838	18,263
Buildings – construction in progress		35,611	–	35,611
		442,339	143,914	298,425
<b>Leased Assets</b>				
Motor Vehicles and Equipment		829	281	548
<b>Total Non-Current Assets</b>		538,244	197,626	340,618
	Note	At Cost / Valuation \$'000	Accumulated Depreciation \$'000	Net Assets 2007 \$'000
<b>Based on Historical Cost</b>				
Plant and Equipment				
– Plant		9,504	5,641	3,863
– Transport		6,242	3,505	2,737
– Medical		47,375	29,921	17,454
– Other		19,250	11,801	7,449
		82,371	50,868	31,503
Furniture and Fittings		447	339	108
Linen		4,050	2,229	1,821
		86,868	53,436	33,432
<b>Based on Fair Value</b>				
Land at revaluation on 30 June 2006		35,910	–	35,910
Buildings at valuation on 30 June 2006		280,417	139,531	140,886
Buildings at cost		71,100	1,484	69,616
Buildings – construction in progress		18,920	–	18,920
		406,347	141,015	265,332
<b>Leased Assets</b>				
Motor Vehicles and Equipment		888	218	670
<b>Total Non-Current Assets</b>		494,103	194,669	299,434

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 15 PROPERTY, PLANT AND EQUIPMENT (cont.)

Reconciliations of the carrying amounts of each class of land, buildings, plant & equipment, furniture & equipment, motor vehicles, linen and leased equipment at the beginning and end of the current year are set out below:

	Land	Buildings	Plant	Medical	Transport	Other	Furniture & Fitting	Linen	Leased Assets	TOTAL
	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000						
<b>Carrying amount at start of year</b>	35,910	229,422	3,863	17,454	2,737	7,449	108	1,821	670	299,434
Additions	1,948	28,717	7,424	6,504	431	2,895	28	162	73	48,182
Revaluations / Increments	8,927	-	-	-	-	-	-	-	-	8,927
Impairment of assets	-	(723)	-	-	-	-	-	-	-	(723)
Disposals	-	-	(9)	(413)	(148)	(39)	(2)	-	(86)	(697)
Depreciation Expense	-	(5,776)	(2,379)	(3,174)	(878)	(2,036)	(12)	(141)	(109)	(14,505)
<b>Carrying amount at end of year</b>	46,785	251,640	8,899	20,371	2,142	8,269	122	1,842	548	340,618

	Land	Buildings	Plant	Medical	Transport	Other	Furniture & Fitting	Linen	Leased Assets	TOTAL
	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000						
<b>Carrying amount at start of year</b>	35,781	201,353	3,397	12,429	3,098	6,652	121	1,801	743	265,375
Additions	129	39,163	1,497	8,539	785	2,751	23	223	341	53,451
Revaluations / Increments	-	(1,577)	-	-	-	-	-	-	-	(1,577)
Disposals	-	-	(9)	(164)	(225)	(18)	(15)	-	(263)	(694)
Depreciation Expense	-	(9,517)	(1,022)	(3,350)	(921)	(1,936)	(21)	(203)	(151)	(17,121)
<b>Carrying amount at start of year</b>	35,910	229,422	3,863	17,454	2,737	7,449	108	1,821	670	299,434

Financial Reporting Direction (FRD) 103C *Non-Current Physical Assets*, prescribes that non-current physical assets measured at fair value are revalued with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value. This revaluation process normally occurs every five years as dictated by timelines in FRD103C, which sets the next revaluation for the Health, Welfare and Community Purpose Group to occur on 30 June 2009, or earlier should there be an indication that fair values are materially different from the carrying value. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

An independent valuation of the Barwon Health buildings was performed by Shane Irwin, (Certified Practising Valuer) of the Landlink Property Group, to determine the fair value of the 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. The land of Barwon Health has been revalued by management as at 30 June 2008 in compliance with FRD 103C using land indices provided by the Valuer Generals Office.

The review of Barwon Health buildings resulted in an immaterial movement in values and no restatement was required.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 16 INTANGIBLE ASSETS

	2008 \$'000	2007 \$'000
Financial Information System	76	184
<b>Total Written Down Value</b>	<b>76</b>	<b>184</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 beginning of financial year	184	290
Amortisation	(108)	(106)
Balance at end of financial year	76	184

## NOTE 17 INVESTMENT PROPERTIES

	2008 \$'000	2007 \$'000
Balance at the Beginning of the Period	5,418	5,418
Revaluation	1,000	–
<b>Balance at the end of the Period</b>	<b>6,418</b>	<b>5,418</b>

Baxter House which is under lease to Healthscope was revalued at 30 June 2008 by Marcus Willison (Certified Practising Valuer ) as an agent for the Valuer-General Victoria, to determine the fair value of the building.

## NOTE 18 PAYABLES

	2008 \$'000	2007 \$'000
<b>Current</b>		
Trade Creditors	12,420	7,761
Salaries & Wages	4,615	3,895
GST Payable	375	3,180
Accrued Expenses	3,572	4,134
Residential Patient Monies held in Trust	1,342	962
Research funds held in Trust	–	182
Refundable Entrance Fees	4,348	4,275
Other	1,402	1,178
	<b>28,074</b>	<b>25,567</b>

NOTE 19 INTEREST BEARING LIABILITIES

	Note	2008 \$'000	2007 \$'000
<b>Current</b>			
Australian Dollar Borrowings		289	270
Lease Liabilities	24	395	523
		684	793
<b>Non Current</b>			
Australian Dollar Borrowings		118	410
Lease Liabilities	24	96	147
		214	557
<b>Total Interest Bearing Liabilities</b>		898	1,350

Barwon Health has four secured loan facilities for the purchase of a CT Scanner, Bone Densitometer, X ray equipment and laundry folding equipment. The loans are 8,7,5 and 5 year principal and interest facilities with interest rates of 6.45%, 6.89%, 5.69% and 5.69% respectively.

Barwon Health has 27 unsecured Finance Leases for Motor Vehicles. The facilities vary from 12 to 36 months, with interest rates between 6 and 7.5%.

The Hospital has an overdraft facility of 500 thousand dollars with the National Australia Bank. This facility is not secured and not used as at 30 June 2008.

The amount of 96 thousand dollars (96 thousand dollars 2006/7) was recognised as borrowing costs.

NOTE 20 EMPLOYEE BENEFITS

	2008 \$'000	2007 \$'000
<b>Current</b>		
– Annual Leave (1)	20,979	20,641
– Accrued Salaries & Wages	7,782	5,818
– Accrued Days Off	648	600
– Unconditional Long Service Leave Entitlements	26,165	24,773
Total	55,574	51,832
<b>Non Current</b>		
– Conditional Long Service Leave Entitlements (present value)	8,364	6,896
Total	8,364	6,896
Total Employee Benefits	63,938	58,728
<b>Movement in Long Service Leave</b>		
Balance at start of year	31,669	28,394
Provision made during the year	6,686	7,026
Settlement made during the year	(3,826)	(3,751)
<b>Balance at end of year</b>	<b>34,529</b>	<b>31,669</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.

(1) Of this balance 3,812 thousand dollars (2007 3,739 thousand dollars ) is measured at present value as it is not expected to be settled for more than 12 months.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 21 EQUITY AND RESERVES

	Total	Accumulated Surpluses / (Deficits)	Contributed Capital	Building Reval Reserve	Land Reval Reserve	Available for Sale Financial Assets Reserve	Linencare Business Unit Reserve	Restricted Specific Purpose Reserve	Internally Managed Specific Purpose Reserve
	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
Balance at Beginning of Reporting Period	300,143	(1,223)	191,766	34,385	23,302	911	3,751	16,390	30,861
Operating Surplus / (Deficit) for the Year	3,303	3,303	-	-	-	-	-	-	-
Contributed Capital – received from Victorian Government	19,288	-	19,288	-	-	-	-	-	-
Transfer to Reserves	-	(11,352)	-	-	-	-	1,544	1,790	8,018
Increase/ (Decrease) in Asset Revaluation Reserve	9,775	-	-	-	9,567	208	-	-	-
<b>BALANCE AT END OF REPORTING PERIOD</b>	<b>332,509</b>	<b>(9,272)</b>	<b>211,054</b>	<b>34,385</b>	<b>32,869</b>	<b>1,119</b>	<b>5,295</b>	<b>18,180</b>	<b>38,879</b>

Barwon Health was instructed by DHS to record the McKellar Redevelopment costs to June 2008 of 19,288 thousand as Contributed Capital.

	Total	Accumulated Surpluses / (Deficits)	Contributed Capital	Building Reval Reserve	Land Reval Reserve	Available for Sale Financial Assets Reserve	Linencare Business Unit Reserve	Restricted Specific Purpose Reserve	Internally Managed Specific Purpose Reserve
	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000
Balance at Beginning of Reporting Period	273,580	(10,975)	163,238	35,962	23,302	491	6,895	24,238	30,429
Operating Surplus/ (Deficit) for the Year	(808)	(808)	-	-	-	-	-	-	-
Contributed Capital – received from Victorian Government	28,528	-	28,528	-	-	-	-	-	-
Transfer to Reserves	-	(5,648)	-	-	-	-	856	152	4,640
Transfer From Reserves	-	16,208	-	-	-	-	(4,000)	(8,000)	(4,208)
Increase/ (Decrease) in Asset Revaluation Reserve	(1,157)	-	-	(1,577)	-	420	-	-	-
<b>BALANCE AT END OF REPORTING PERIOD</b>	<b>300,143</b>	<b>(1,223)</b>	<b>191,766</b>	<b>34,385</b>	<b>23,302</b>	<b>911</b>	<b>3,751</b>	<b>16,390</b>	<b>30,861</b>

Barwon Health was instructed by DHS to record the McKellar Centre Redevelopment costs to 30 June 2007 of 28,528 thousand as Contributed Capital.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

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

### Note 22(a)

	2008 \$'000	2007 \$'000
Cash at Bank and on Hand	2,053	2,571
Cash At Call	10,925	13,516
<b>TOTAL</b>	<b>12,978</b>	<b>16,087</b>

### Note 22(b)

	2008 \$'000	2007 \$'000
<b>Net Result for the Year</b>	<b>3,303</b>	<b>(808)</b>
Depreciation & Impairment	15,336	17,227
(Profit)/Loss on Sale of Assets	222	152
Increase/ (Decrease) Payables	4,659	311
Increase /(Decrease) in Other Payables	(2,152)	(3,147)
Increase /(Decrease) in Employee Benefits	5,210	4,982
Decrease/(Increase) in Patient Fees Receivable	(1,619)	1,371
Decrease/(Increase) in Other Receivables	2,822	(1,472)
Decrease/(Increase) in Inventories	(460)	(69)
<b>Net Cash Used in Operating Activities</b>	<b>27,321</b>	<b>18,547</b>

## NOTE 23 FINANCIAL INSTRUMENTS

### (a) Significant accounting policies

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the Financial Statements.

### (b) Categorisation of financial instruments

	Note	Category	Carrying Amount 2008 \$'000	Carrying Amount 2007 \$'000
<b>Financial Assets</b>				
Cash and cash equivalents	22	N/A	12,978	16,087
Receivables	10	Loans and Receivables	13,512	11,937
Other Financial assets	13	Available for sale financial assets (at fair value)	2,649	2,595
Investments – Term Deposits	11	Loans and Receivables	36,851	35,151
<b>Financial Liabilities</b>				
Trade Creditors & Other Payables	18	Financial liabilities measured at amortised cost	19,779	13,978
Refundable Entrance Fees	18	Financial liabilities measured at amortised cost	4,348	4,275
Interest Bearing Liabilities	19	Financial liabilities measured at amortised cost	898	1,350

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

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 23 FINANCIAL INSTRUMENTS (Cont.)

### (c) Credit Risk

Credit risk arises from the financial assets of Barwon Health, which comprise the assets listed in the table below. The exposure to credit risk arises from the potential default of the counterparty on their contractual obligations resulting in financial loss to Barwon Health. Credit risk is measured at fair value and is monitored on a regular basis. Credit risk associated with Barwon Health's financial assets is minimal as it is the service provider's policy to deal with entities with high credit ratings. Barwon Health does not engage in hedging for its financial assets and mainly obtains financial assets on fixed interest. Except where otherwise detailed, the carrying amount of financial assets, net of any allowances for losses, represents the maximum exposure to credit risk.

### Financial assets that are either past due or impaired:

Currently Barwon Health does not hold any collateral as security nor credit enhancements relating to any of its financial assets. As at reporting date, other than for the doubtful debts disclosed in note 10, there is no event to indicate that any of the financial assets were impaired. There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated.

The following table discloses the ageing only of the financial assets that are past due but not impaired.

	*Weighted Average Effective Interest Rates (%)	Consol'd Carrying Amount	Interest Rate Exposure			Not Past Due and Not Impaired	Past Due but Not Impaired					Impaired Financial Assets
			Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing		Less than 1 month	1-3 Months	3 months - 1 year	1-5 Years	Over 5 Years	
2008		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Financial Assets</b>												
Cash and Cash Equivalents	7.37	12,978	-	12,978	-	12,978	-	-	-	-	-	-
Receivables	-	13,512	-	-	13,512	7,837	2,937	2,027	676	-	-	653
Other financial assets	-	2,649	-	-	2,649	2,649	-	-	-	-	-	-
Investments – Term deposits	8.07	36,851	36,851	-	-	36,851	-	-	-	-	-	-
<b>Total Financial Assets</b>		65,990	36,851	12,978	16,161	60,315	2,973	2,027	676	-	-	653
<b>2007</b>												
<b>Financial Assets</b>												
Cash and Cash Equivalents	5.98	16,087	-	16,087	-	16,087	-	-	-	-	-	-
Receivables	-	11,937	-	-	11,937	6,923	2,626	1,791	597	-	-	626
Other financial assets	-	2,595	-	-	2,595	2,595	-	-	-	-	-	-
Investments – Term deposits	6.56	35,151	35,151	-	-	35,151	-	-	-	-	-	-
<b>Total Financial Assets</b>		65,770	35,151	16,087	14,532	60,756	2,626	1,791	597	-	-	626

NOTE 23 FINANCIAL INSTRUMENTS (cont.)

**(d) Liquidity Risk**

Liquidity risk arises when Barwon Health is unable to meet its financial obligations as they fall due. It is Barwon Health's policy to settle financial obligations within 30 days. It also continuously manages risk through monitoring future cash flows and maturity planning to ensure adequate holding of high quality liquid assets and dealing in highly liquid markets. Barwon Health's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk. Cash for unexpected events is generally sourced from liquidation of term deposits. Maximum exposure to liquidity risk is the carrying amounts of financial liabilities except as detailed in the following table:

	Carrying Amount	Interest Rate Exposure			*Weighted Average Effective Interest Rates (%)	Contractual Cash flows	Less than 1 month	MATURITY DATES			
		Fixed Interest Rate	Variable Interest Rate	Non Interest Bearing				1-3 Months	3 months – 1 year	1-5 Years	Over 5 Years
2008	\$'000	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Financial Liabilities:</b>											
Trade creditors and other payables	19,779	–	1,342	18,437	6.84	19,779	11,085	8,694	–	–	–
Interest Bearing Liabilities	898	898	–	–	6.18	898	57	114	513	214	–
Refundable Entrance fees	4,348	–	4,348	–	5.25	4,348	–	–	–	4,348	–
<b>Total Financial Liabilities</b>	<b>25,025</b>	<b>898</b>	<b>5,690</b>	<b>18,437</b>		<b>25,025</b>	<b>11,142</b>	<b>8,808</b>	<b>513</b>	<b>4,562</b>	<b>–</b>
<b>2007</b>											
<b>Financial Liabilities:</b>											
Trade creditors and other payables	13,978	–	962	13,016	5.49	13,978	8,545	5,433	–	–	–
Interest Bearing Liabilities	1,350	1,350	–	–	6.18	1,350	66	132	594	558	–
Refundable Entrance fees	4,275	–	4,275	–	5.12	4,275	–	–	–	4,275	–
<b>Total Financial Liabilities</b>	<b>19,603</b>	<b>1,350</b>	<b>5,237</b>	<b>13,016</b>		<b>19,603</b>	<b>8,611</b>	<b>5,565</b>	<b>594</b>	<b>4,833</b>	<b>–</b>

**(e) Market Risk**

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises foreign exchange risk (currency risk), interest rate risk and price risk.

**Currency Risk**

Barwon Health is not exposed to significant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement and this is how Barwon Health manages foreign currency risk.

**Interest Rate Risk**

Exposure to interest rate risk might arise primarily through Barwon Health's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments.

For financial liabilities, Barwon Health mainly undertakes financial liabilities with fixed interest rates (i.e for borrowings and finance leases) other than for refundable entrance fees where the interest rate risk is mitigated by holding these deposits in financial institutions with a variable rate.

NOTE 23 FINANCIAL INSTRUMENTS (cont.)

**Price Risk**

Exposure to price risk arises from price movements from Barwon Health's listed equity holdings. These equities have been gifted to Barwon Health and are held for long term gain. Barwon's excess funds are predominantly invested in term deposits as investing in equities is not within Barwon Health's investment objectives and hence price risk is minimal. Price risk is managed by reviewing the prices of all these listed equity investments on an annual basis confirming the long term growth strategy for these investments. Should the price risk be considered significant, management will determine the appropriate course of action whether that be to dispose of some or all of these investments.

**Sensitivity Disclosure Analysis**

Barwon Health has prepared a sensitivity analysis to illustrate the impacts on its financial position and financial results arising from a reasonably possible change in interest rates and equity prices. Actual results in the future may differ due to the inherent uncertainty of global financial markets. The sensitivity analysis is for illustrative purposes only, as in practice market rates rarely change in isolation, and are likely to be interdependent.

For interest rates, the sensitivity analysis technique estimates the change based on an instantaneous increase or decrease in the floating interest rates to which Barwon Health is exposed, and has been determined based the exposure to interest rates at the reporting date, and the stipulated change taking place at the beginning of the financial year and being held constant throughout the reporting period. For equity prices, the sensitivity analysis technique estimates the change based on an instantaneous increase or decrease in the value of instruments at the reporting date,

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Barwon Health believes the following movements are 'reasonably possible' over the next 12 months.

- A parallel shift of +0.5% ( 50 basis points) and -0.5% (50 basis points) in market interest rates
- A parallel shift of +10% and -10% in market prices of listed equities

The following table discloses the impact on net operating result and equity for each category of financial instrument held by Barwon Health at year end as presented to key management personnel, if changes in the relevant risk occur.

	Carrying Amount	Interest Rate Risk				Price Risk			
		-0.5%		+0.5%		-10%		+10%	
2008		Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000	Profit \$'000	Equity \$'000
<b>Financial Assets</b>									
Cash and Cash Equivalents	12,978	(192)	(192)	192	192	-	-	-	-
Other financial assets – held for sale	2,649	-	-	-	-	-	(265)	-	265
	15,627	(192)	(192)	192	192	-	(265)	-	265
<b>Financial Liabilities</b>									
Interest Bearing Liabilities	898	-	-	-	-	-	-	-	-
Refundable Entrance fees	4,348	11	11	(11)	(11)	-	-	-	-
Residential Patient monies	1,342	4	4	(4)	(4)	-	-	-	-
	6,588	15	15	(15)	(15)	-	-	-	-
		(177)	(177)	177	177	-	(265)	-	265

BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

NOTE 23 FINANCIAL INSTRUMENTS (cont.)

2007	Carrying Amount	INTEREST RATE RISK				PRICE RISK			
		-0.5% Profit \$'000	Equity \$'000	+0.5% Profit \$'000	Equity \$'000	-10% Profit \$'000	Equity \$'000	+10% Profit \$'000	Equity \$'000
<b>Financial Assets</b>									
Cash and Cash Equivalents	16,087	(175)	(175)	175	175	-	-	-	-
Other financial assets – held for sale	2,595	-	-	-	-	-	(260)	-	260
	18,682	(175)	(175)	175	175	-	(260)	-	260
<b>Financial Liabilities</b>									
Interest Bearing Liabilities	1,350	-	-	-	-	-	-	-	-
Refundable Entrance fees	4,275	10	10	(10)	(10)	-	-	-	-
Residential Patient monies	962	3	3	(3)	(3)	-	-	-	-
	6,587	13	13	(13)	(13)	-	-	-	-
		(162)	(162)	162	162		(260)		260

NOTE 24 COMMITMENTS

	Note	2008 \$'000	2007 \$'000
<b>(a) Capital Commitments under Contract</b>			
Building Projects		1,997	2,733
Equipment Upgrades		739	344
		2,736	3,077
Capital Commitments for Building and Equipment Upgrades do not extend beyond one year.			
<b>(b) Operating Leases</b>			
Motor Vehicles			
– Not later than one year		66	115
– Later than one year and not later than 5 years		14	49
		80	165
There are 5 Motor Vehicles on non-cancellable operating leases.			
<b>(c) Finance Leases</b>			
Equipment & Motor Vehicles			
– Not later than one year		409	523
– Later than one year and not later than 5 years		82	147
	19	491	670
There are 27 non-cancellable finance leases for the purchase of motor vehicles.			
<b>(d) Commitments from SWARH Joint Venture</b>			
Maintenance & Agreement Obligations			
– Not later than one year		503	292
– Later than one year and not later than 5 years		5	111
		508	403
The service agreements provide support for communication networks and are non-cancellable.			

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 25 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

## NOTE 26 SEGMENT REPORTING

	Hospital	RACS	Linen	Community & Mental Health	Other	Eliminations	Total
	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000	2008 \$'000
<b>REVENUE</b>							
External Segment Revenue	284,440	30,516	5,978	42,212	34,185	–	397,331
Intersegment Revenue	20,115	6,503	2,424	3,362	–	(32,404)	–
<b>Total Revenue</b>	<b>304,555</b>	<b>37,019</b>	<b>8,402</b>	<b>45,574</b>	<b>34,185</b>	<b>(32,404)</b>	<b>397,331</b>
<b>Net Result from ordinary activities</b>							
	1,349	(6,808)	1,339	474	3,383	–	(263)
Interest Expense	(71)	–	(9)	(16)	–	–	(96)
Interest Income	–	–	421	–	3,424	–	3,845
Share of Net Result of Joint Venture	(183)	–	–	–	–	–	(183)
<b>Net Result for Year</b>	<b>1,095</b>	<b>(6,808)</b>	<b>1,751</b>	<b>458</b>	<b>6,807</b>	<b>–</b>	<b>3,303</b>
<b>OTHER INFORMATION</b>							
Segment Assets	195,659	128,399	6,109	41,241	–	–	371,438
Unallocated Assets	–	–	–	–	53,981	–	53,981
<b>Total Assets</b>	<b>195,659</b>	<b>128,399</b>	<b>6,109</b>	<b>41,241</b>	<b>53,981</b>	<b>–</b>	<b>425,419</b>
Segment Liabilities	288	5,690	212	39	–	–	6,229
Unallocated Liabilities	–	–	–	–	86,681	–	86,681
<b>Total Liabilities</b>	<b>288</b>	<b>5,690</b>	<b>212</b>	<b>39</b>	<b>86,681</b>	<b>–</b>	<b>92,910</b>
Investments in joint venture	147	–	–	–	–	–	147
Acquisition of property, plant and equipment and intangible assets	9	25,293	39	2	49,107	–	49,182
Depreciation and Amortisation expense	8,600	4,130	406	1,123	1,077	–	15,336
Non cash expenses other than depreciation	3,956	–	–	–	–	–	3,956

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 26 SEGMENT REPORTING (cont.)

	Hospital	RACS	Linen	Community & Mental Health	Other	Eliminations	Total
	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000	2007 \$'000
<b>REVENUE</b>							
External Segment Revenue	266,557	28,799	5,834	38,559	22,529	-	362,278
Intersegment Revenue	19,900	6,172	2,288	1,665	-	(30,025)	-
<b>Total Revenue</b>	<b>286,457</b>	<b>34,971</b>	<b>8,122</b>	<b>40,224</b>	<b>22,529</b>	<b>(30,025)</b>	<b>362,278</b>
<b>Net Result from ordinary activities</b>							
	2,409	(7,829)	1,379	231	(350)	-	(4,160)
Interest Expense	(86)	-	(10)	-	-	-	(96)
Interest Income	4	-	502	-	3,059	-	3,565
Share of Net Result of Joint Venture	(117)	-	-	-	-	-	(117)
<b>Net Result for Year</b>	<b>2,210</b>	<b>(7,829)</b>	<b>1,871</b>	<b>231</b>	<b>2,709</b>	<b>-</b>	<b>(808)</b>
<b>OTHER INFORMATION</b>							
Segment Assets	158,755	117,464	6,109	37,415	3	-	319,746
Unallocated Assets	-	-	-	-	66,042	-	66,042
<b>Total Assets</b>	<b>158,755</b>	<b>117,464</b>	<b>6,109</b>	<b>37,415</b>	<b>66,042</b>	<b>-</b>	<b>385,788</b>
Segment Liabilities	467	5,708	287	70	-	-	6,532
Unallocated Liabilities	-	-	-	-	79,113	-	79,113
<b>Total Liabilities</b>	<b>467</b>	<b>5,708</b>	<b>287</b>	<b>70</b>	<b>79,113</b>	<b>-</b>	<b>85,645</b>
Investments in joint venture	494	-	-	-	-	-	494
Acquisition of property, plant and equipment and intangible assets	9,556	43,812	10	73	-	-	53,451
Depreciation and Amortisation expense	11,725	3,967	488	886	161	-	17,227
Non cash expenses other than depreciation	4,829	-	-	-	-	-	4,829

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 27 RESPONSIBLE PERSONS – DISCLOSURES**

In accordance with the Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994, the following disclosures are made regarding responsible persons for the reporting period.

**27.1 Responsible Minister**

The Honourable Bronwyn Pike MLA Minister for Health	1/07/2007 – 3/08/2007
The Honourable Daniel Andrews MLA Minister for Health	3/08/2007 – 30/06/2008
<b>Governing Board</b>	
Mrs Claire Higgins	1/07/2007 – 30/06/2008
Mr Peter Thomas	1/07/2007 – 30/06/2008
Mr Michael Hirst	1/07/2007 – 30/06/2008
Mr John Frame	1/07/2007 – 30/06/2008
Mr Damian Gorman	1/07/2007 – 30/06/2008
Mr Chris Burrell	1/07/2007 – 30/06/2008
Mrs Janet Farrow	1/07/2007 – 30/06/2008
<b>Accountable Officer</b>	
Mrs Sue De Gilio	1/07/2007 – 30/06/2008

**27.2 Other Transactions of Responsible Persons and their Related Parties**

Michael Hirst, Director, is also a Director of Treasury Corporation Victoria (TCV) which provides services to Barwon Health on normal commercial terms and conditions. Barwon Health currently has two loan facilities with TCV with an original combined principal sum of \$0.456m. Interest paid on the loans for 2008 was \$9,701 (2007, \$14,965).

John Frame, Director, is also a Director of the Metropolitan Ambulance Service (MAS) which provides services to Barwon Health on normal commercial terms and conditions. Barwon Health's business unit (Linencare) provides linen and laundry services to MAS. Total receipts for the financial year were \$1,378,707 (2007, \$1,250,965). Total payments made to MAS for ambulance services in the financial year were \$16,121 (2007, \$21,820).

Claire Higgins, Chair, Board of Directors holds a position as an independent member of the Surf Coast Shire's Audit Committee which provides services to Barwon Health on normal commercial terms and conditions. Total payments made to the Surf Coast Shire in the financial year were \$17,823 (2007, \$14,112). Whilst the transaction was not completed by 30th June 2008, Barwon Health has been negotiating to purchase a property in Anglesea, from the Surfcoast Shire.

Claire Higgins was appointed from 1 October 2007 as a Director of the Country Fire Authority and as a Director of Barwon Water who provide services to Barwon Health on normal commercial terms and conditions. Total payments made to the Country Fire Authority from 1 October 2007 were \$22,199 and total payments made to Barwon Water from 1 October 2007 were \$424,782.

The Chief Executive was a member of the Deakin University Council, took leave of absence from 1 July 07 to 4 November 07 and resigned on 5 November 2007. Barwon Health transacts with Deakin University, which provides services to Barwon Health on normal commercial terms and conditions, and transactions include a joint appointment Professor of Nursing (Research) with financial contribution from both parties. Total payments made to Deakin University to 5 November 2008 were \$87,519 (2007, \$7,770).

NOTE 27 RESPONSIBLE PERSONS – DISCLOSURES (cont.)

**27.3 Remuneration for Responsible Persons**

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

	Salary Range \$	2008 No.	2007 No.
Directors			
	0 – 9,999	1	3
	10,000 – 19,999	5	5
	40,000 – 49,999	1	1
Chief Executive			
	310,000 – 319,999	1	–
	320,000 – 329,999	–	1
<b>Total Number</b>		<b>8</b>	<b>10</b>

Income received or due and receivable by Responsible Persons from Barwon Health amounted to:

	2008 \$'000	2007 \$'000
	458	473

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

**27.4 Executive Officers Disclosure**

The number of executive officers and their total remuneration during the reporting year are shown within the following income bands. Base remuneration is exclusive of bonus payments, long service leave payments, redundancy payments and retirement benefits.

	TOTAL REMUNERATION		BASE REMUNERATION	
	2008 No.	2007 No.	2008 No.	2007 No.
Less than 100,000	2		3	
110,000 – 119,999	1		1	
120,000 – 129,999	1		1	
130,000 – 139,999	1			1
140,000 – 149,999			1	4
150,000 – 159,999				
160,000 – 169,999			2	1
170,000 – 179,999		1	1	2
180,000 – 189,999	1	3	1	1
190,000 – 199,999		1	1	
200,000 – 209,999	3			
210,000 – 219,999		1		
220,000 – 229,999	1	1		
240,000 – 249,999		1		
250,000 – 259,999	1			
280,000 – 289,999		1		
<b>Total Number</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>9</b>

Note: an additional position in 2008 relates to an executive on maternity leave.

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 27 RESPONSIBLE PERSONS – DISCLOSURES (cont.)

Income received or due and receivable by Executive Officers from Barwon Health amounted to:

	2008 \$'000	2007 \$'000
	1,777	1,893

### NOTE 28 EVENTS OCCURRING AFTER REPORTING DATE

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

### NOTE 29 CORRECTION OF ERROR

#### Correction of treatment of research funds not brought to account in previous financial years

In previous years, Barwon Health have considered a number of research funds to be trust funds held on behalf of investigators, and have reported them in the Balance Sheet as a payable when the cash is received and a reduction of this payable when the cash is paid to the investigator. The receipts and payments were not brought to account in the Operating Statement.

The previous accounting treatment was reassessed in the current reporting period. It has been determined that the research funds should be brought to account through the income statement on the basis that the payment of these funds to the investigators are controlled by Barwon Health.

Effect of error on operating statement for the period ended 30 June 2007:

	Prior Reported Balance \$'000	Correction of Error \$'000	Corrected Balance \$'000
Revenue from Operating Activities	334,811	1,460	336,271
Revenue from Non-Operating Activities	15,428		15,428
Employee Benefits	(248,406)		(248,406)
Non-Salary Labour Costs	(3,483)		(3,483)
Supplies & Consumables	(63,800)		(63,800)
Other Expenses from Continuing Operations	(33,151)	(1,402)	(34,553)
Net Result from Operations before Capital	1,399	58	1,457
Capital Purpose Income	15,604		15,604
Specific Income	0		0
Depreciation and Amortisation	(17,227)		(17,227)
Finance Costs	(96)		(96)
Expenditure Using Capital Purpose Income	(429)		(429)
Share of Net Result of Joint Venture	(117)		(117)
Net Result for the Year	(866)	58	(808)

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

## NOTE 29 CORRECTION OF ERROR (cont.)

Effect of error on balance sheet as at 30 June 2007:

	Prior Reported Balance \$'000	Correction of Error \$'000	Corrected Balance \$'000
Total Assets	385,788	0	385,788
<i>Current Liabilities</i>			
Payables	27,710	(2,143)	25,567
Interest Bearing Liabilities	793		793
Employee Benefits	51,832		51,832
Total Current Liabilities	80,335	(2,143)	78,192
Total Non-current Liabilities	7,453	0	7,453
Total Liabilities	87,788	(2,143)	85,645
<b>Net Assets</b>	298,000	2,143	300,143
<b>Equity</b>			
Asset Revaluation Reserve	57,687		57,687
Available for Sale Revaluation Reserve	911		911
Linencare Business Unit Reserve	3,751		3,751
Restricted Special Purpose Reserve	14,247	2,143	16,390
Internally Managed Reserves	30,861		30,861
Contributed Capital	191,766		191,766
Accumulated Surplus / (Deficit)	(1,223)		(1,223)
<b>Total Equity</b>	298,000	2,143	300,143

Effect of error on equity balances as at 1 July 2006:

	Prior Reported Balance \$'000	Correction of Error \$'000	Corrected Balance \$'000
<b>Equity</b>			
Asset Revaluation Reserve	59,264		59,264
Available for Sale Revaluation Reserve	491		491
Linencare Business Unit Reserve	6,895		6,895
Restricted Special Purpose Reserve	22,153	2,085	24,238
Internally Managed Reserves	30,429		30,429
Contributed Capital	163,238		163,238
Accumulated Surplus / (Deficit)	(10,975)		(10,975)
<b>Total Equity</b>	271,495	2,085	273,580

Effect of error on cash flow statements:

There is no impact on cash flows.

## BARWON HEALTH

### Board Members, Accountable Officers, Chief Executive and Director of Commercial Services Declaration

We certify that the attached Financial Report for Barwon Health has been prepared in accordance with 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 Change in Equity, Cash Flow Statement, and notes to and forming part of the Financial Report, presents fairly the financial transactions during the year ended 30 June 2008 and financial position of Barwon Health as at 30 June 2008.

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



**Claire Higgins**  
Chairperson

Geelong  
22 August 2008



**Sandy Morrison**  
Acting Chief Executive Officer

Geelong  
22 August 2008



**John Linke**  
Executive Director Commercial Services

Geelong  
22 August 2008



Victorian Auditor-General's Office

## INDEPENDENT AUDITOR'S REPORT

### To the Board Members of Barwon Health

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2008 of Barwon Health which comprises operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board members, accountable officers, chief executive and director of commercial services declaration, has been audited.

#### *The Board Members Responsibility for the Financial Report*

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

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

#### *Auditor's Responsibility*

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

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

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

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Level 24, 35 Collins Street, Melbourne Vic. 3000

Telephone 61 3 8601 7000 Facsimile 61 3 8601 7010 Email [comments@audit.vic.gov.au](mailto:comments@audit.vic.gov.au) Website [www.audit.vic.gov.au](http://www.audit.vic.gov.au)

*Auditing in the Public Interest*

# VAGO

Victorian Auditor-General's Office

### Independent Auditor's Report (continued)

#### *Matters Relating to the Electronic Presentation of the Audited Financial Report*

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

#### *Independence*

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

#### *Auditor's Opinion*

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

MELBOURNE  
25 August 2008



D D R Pearson  
Auditor-General

A photograph of a male doctor with glasses, wearing a light blue and white vertically striped button-down shirt, leaning over a patient. He is using a stethoscope to listen to the patient's chest. The patient's arm and shoulder are visible in the lower-left corner. The background is a bright, slightly out-of-focus clinical setting. The text is overlaid on the right side of the image.

**BARWON HEALTH** ANNUAL REPORT 2007/08

# A HERO EVERY DAY

## BARWON HEALTH LOCATIONS

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**GEELONG HOSPITAL**

**CORIO COMMUNITY HEALTH CENTRE**

**BELMONT COMMUNITY HEALTH CENTRE**

**TORQUAY COMMUNITY HEALTH CENTRE**

**MCKELLAR CENTRE**

**NEWCOMB COMMUNITY HEALTH CENTRE**

**BELMONT COMMUNITY REHABILITATION CENTRE**

**ANGELSEA COMMUNITY HEALTH CENTRE**

Bellarine Street, Geelong Ph: 5226 7111

Gellibrand Street, Corio Ph: 5273 2200

1-17 Reynolds Road, Belmont Ph: 5260 3778

100 Surfcoast Highway, Torquay Ph: 5261 1100

45-95 Ballarat Road, North Geelong Ph: 5279 2222

104-108 Bellarine Highway, Newcomb Ph: 5260 3333

120 Settlement Road, Belmont Ph: 5260 3290

McMillan Street, Angelsea Ph: 5263 1952

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

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