

# 24 HOURS...EACH DAY

BARWON HEALTH ANNUAL REPORT 2006/07

# CONTENTS

ABOUT BARWON HEALTH	1-2
HIGHLIGHTS FOR 2006/07	3
STRATEGIC DIRECTION AND PRIORITIES	4-6
REPORT FROM THE CHAIR AND CHIEF EXECUTIVE	8-9
FINANCIAL REPORT	10
FIVE YEAR FINANCIAL SUMMARY	11
SUMMARY OF FINANCIAL RESULT	13
PERFORMANCE INDICATORS	14-15
KEY HIGHLIGHTS ACROSS BARWON HEALTH	16-23
EDUCATION	24-25
RESEARCH	26-27
WORKING WITH OUR COMMUNITY	28-29
BARWON HEALTH FOUNDATION	30-33
BOARD OF DIRECTORS	34-36
EXECUTIVE TEAM AND CLINICAL DIRECTORS	38-39
CARING FOR THE CARERS	40-41
RECOGNISING OUR STAFF	42-43
BARWON HEALTH ANNUAL QUALITY AND RISK MANAGEMENT AWARDS	44-45
LIST OF SERVICES	46-51
SENIOR STAFF LIST	52-60
PUBLICATIONS	62-69
COMPLIANCE INDEX	70
STATUTORY REQUIREMENTS	71
FINANCIAL REPORT	73-115

# ABOUT BARWON HEALTH

## MISSION

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

## ASPIRATIONS

### 1 Quality and Safety

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

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

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

### 2 Access

Barwon Health will seek to ensure that:

- > Those people currently unaware or unable to access services are assisted to do so.
- > There is equal access to information about services, 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

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 and 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 & 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 the McKellar Centre)
- > Surf Coast Community Health Centre
- > Geelong Community Health Centre and
- > Corio Community Health Centre.

## OBJECTIVES, FUNCTIONS, POWERS AND DUTIES

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

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

## MINISTER RESPONSIBLE

The Annual Report is prepared for the Minister for Health the Hon. 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 2 major sites with 973 beds and over 21 sites stretching down the coast to Torquay, Anglesea and Lorne.

- > Barwon Health is one of the most comprehensive service providers in the state. 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.



## 7.10 AM. EACH DAY...NEW NEEDS

### Maureen, Patient Services Assistant, Geelong Hospital

*I perform many tasks to assist patients during their stay at Barwon Health. I find my work most rewarding and enjoy the challenge and variety that my job brings at Geelong Hospital.*

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

The Geelong Hospital market share of acute public hospital separations by people residing in the region is around 90%. 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, four residential aged care facilities and 16 community based sites providing mental health, rehabilitation and general care.

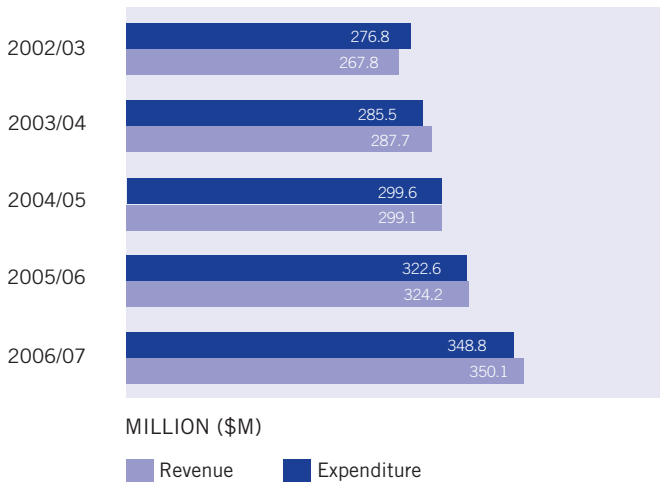
### NUMBER OF BEDS

Acute	392
Transitional/Interim Care (off site)	30
Aged Residential Care	322
Complex Care – Aged & Mental Health	90
Mental Health Acute	24
Mental Health Rehab & Secure Extended Care	15
Sub-Acute	100
<b>Total</b>	<b>973</b>

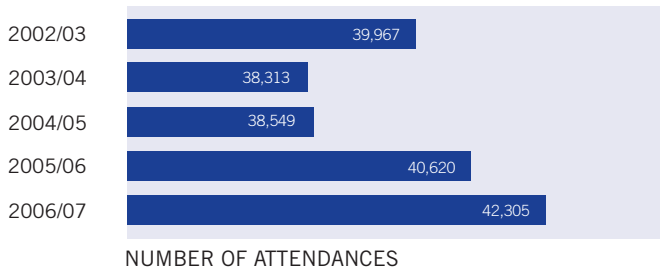


# HIGHLIGHTS FOR 2006/07

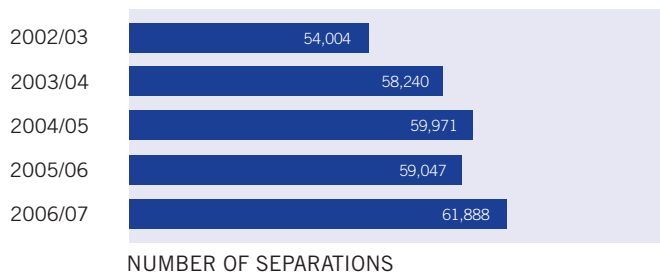
## REVENUE AND EXPENDITURE



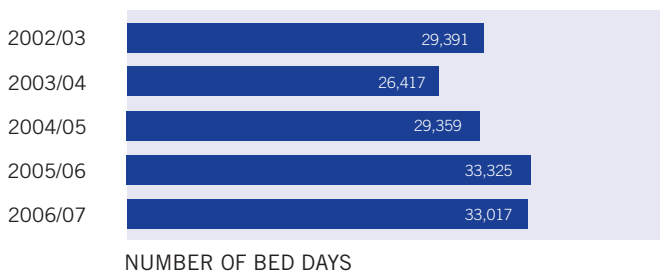
## EMERGENCY DEPARTMENT ATTENDANCES



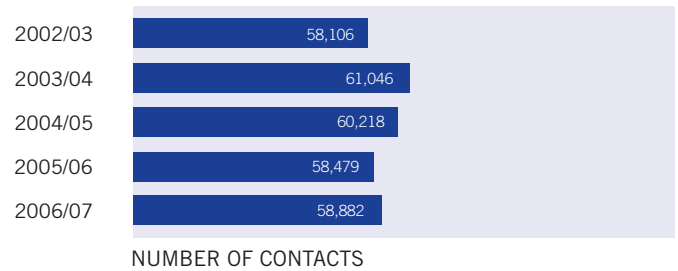
## INPATIENT SEPARATIONS



## REHABILITATION, PALLIATIVE & GERIATRIC EVALUATION MANAGEMENT BED DAYS



## DENTAL CONTACTS



### AUGUST 2006

Wallace Lodge, a new 108 bed aged care home at the McKellar Centre was opened by the Minister for Aged Care, Gavin Jennings. It is named after Doctor Frederick Hilton Wallace and provides a warm, vibrant home to residents who previously resided in Ward 8, 9 and 10.



### OCTOBER 2006

The Minister for Aged Care, Gavin Jennings opened the McKellar Centre's state of the art Community Rehabilitation Centre. A comprehensive range of services are now co-located in this facility, including the community rehabilitation team, home based rehabilitation, prosthetic services and specialist regional clinics.

### DECEMBER 2006

Barwon Health, in partnership with Pathways Psychiatric Disability Support Service, received Government funding to establish a Prevention and Recovery Care service for the Barwon region. This service will combine six new beds at a refurbished Community Rehabilitation Facility.



### DECEMBER 2006

The Gala Appeal celebrated its 90th anniversary on 1 December 2006 with Geelong Football Club player Tom Lonergan and Barwon Health Foundation Patron, Peter Hitchener leading the parade which consisted of over 60 floats.

### MARCH 2007

Linencare received the 'regional business' award for new water saving technology at the Smart Water Awards. The new equipment includes an Aquamiser and Energy Optimiser that reduces Linencare's annual water use by 45% or 545,000 litres of water a week.



### MAY 2007

On 31 May 2007, the Minister for Health, Bronwyn Pike opened the redevelopment of the Andrew Love Cancer Centre. It provides two new bunkers housing two new linear accelerators, a CT scanner and an enlarged day ward for chemotherapy treatment.

# 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	KEY PRIORITIES 2004-2010	KEY AREAS OF FOCUS FOR BUSINESS PLAN 2007/08
QUALITY AND SAFETY	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>Establishment of a Barwon Health Organisation Governance Support Unit.</li> <li>Development of a Business Continuity Plan.</li> <li>Review of Building and Engineering Services.</li> <li>Review of Linencare Business Unit.</li> <li>Review of Board Risk Register.</li> <li>Review of electrical and power sources.</li> <li>Progression to Electronic Medical Records.</li> <li>Aged Care Strategic Direction and Development.</li> </ul>
ACCESS	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 on 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 timelines 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 expectation through identifying care and treatment parameters and managing the gap between expectation and deliverable service.</li> </ul>	<ul style="list-style-type: none"> <li>Development of best practice management in Emergency Department.</li> <li>Managing outpatient demand.</li> <li>Continue upgrading and redeveloping facilities throughout Barwon Health.</li> <li>Masterplanning for Barwon Health.</li> </ul>
POPULATION HEALTH	To work in partnership with staff, and local communities to build healthy communities through the promotion of lifelong health and through a commitment to providing services that meet the needs of the population at a level acceptable to the population, accessible at time of need and within the parameters of safe care.	<ul style="list-style-type: none"> <li>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, cerebro-vascular, mental health).</li> <li>Recognising and addressing future needs and support for an ageing population.</li> </ul>	<ul style="list-style-type: none"> <li>Establish Centre for Population Research and Development               <ul style="list-style-type: none"> <li>Take leadership and ownership of establishing a Centre.</li> <li>Establish a core team and seek partners.</li> <li>Develop funding streams.</li> </ul> </li> </ul>

CORNERSTONES	STRATEGIC DIRECTION	KEY PRIORITIES 2004-2010	KEY AREAS OF FOCUS FOR BUSINESS PLAN 2007/08
<p><b>ENGAGEMENT</b></p>	<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 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 inter-agency 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> </ul> <p>Communicating with communities effectively through an annual plan of activity that engages communities in order to:</p> <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>	<ul style="list-style-type: none"> <li>• Integrating health development workers in neighbourhoods.</li> <li>• G21 Health and Well Being. implementation plans plus development of Centre for Population Health.</li> <li>• Friends of Health Centres model.</li> <li>• Publicity/Public Relations.</li> <li>• Marketing the services and organisation.</li> <li>• Community Engagement Committee.</li> </ul>
<p><b>SOUND KNOWLEDGE BASE</b></p>	<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 and a 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>• Establish an integrated Education and Training Unit.</li> <li>• Progressing Barwon Health Clinical School for Medical Student Training.</li> <li>• Progress research strategy.</li> </ul>

# STRATEGIC DIRECTION AND PRIORITIES 2004-2010 continued

CORNERSTONES	STRATEGIC DIRECTION	KEY PRIORITIES 2004-2010	KEY AREAS OF FOCUS FOR BUSINESS PLAN 2007/08
<p>SUSTAINABILITY</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>• Remains viable through skilled resource and demand management.</li> <li>• Builds on strengths and opportunities within resources available.</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> <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>• Introduction of a new model of care.</li> <li>• Centralising Core Clinical Services.</li> <li>• Maximising bed stock through the bed reconfiguration at Geelong Hospital.</li> <li>• Maintaining quality staff and planning for future workforce needs.</li> </ul>





## 4.30 PM. EACH DAY...NEW PROGRESS

**Nicole, Speech Pathologist, Inpatient Rehabilitation Centre, McKellar Centre**

*I like the diversity that being a Speech Pathologist entails. In particular, I enjoy providing individuals with the confidence and support to communicate with their friends, family and community.*

# REPORT FROM THE CHAIR AND CHIEF EXECUTIVE



**Claire Higgins**  
Chair - Board of Directors



**Sue De Gilio**  
Chief Executive

Barwon Health has continued to deliver exemplary services to the community through a year of continued growth in demand, whilst managing building developments of over \$39 million to further improve our care for the community.

Barwon Health delivered an operating surplus of \$1.3 million and a liquidity ratio of 0.88 for the year ended 30 June 2007. Significant energy has been invested in managing budgets and cash efficiently against what has at times appeared to be overwhelming odds. We thank the Executive and Barwon Health staff for their strenuous efforts.

Barwon Health has also continued to be challenged by growth in demand for all services. The update to the Facilities Master Plan was completed during the year and identifies a requirement for significant, continued investment to ensure that Barwon Health can continue to provide the services demanded in our region.

Activity has continued to trend upwards with minimal relief on acute hospital bed pressure at any time of the day or night. This has been exacerbated by ward closures albeit for short periods to manage the various viruses circulating through the community and brought into the hospital and McKellar Centre, which has put stress on bed availability and those awaiting elective surgery. A shortage of private nursing home beds has added to the challenges in managing demand.

In 2006/07 compared with the previous year:

- > Discharges from Geelong Hospital acute services were up by 5.7%.
- > The Emergency Department had 42,305 attendances which is a 3.9% increase on 2005/06 and admissions averaged 35 per day.
- > Births were up 6%.
- > The elective surgery waiting list target (2,070) for the year was achieved, although the surgical waiting list increased from 1,703 at 30 June 2006 to 1,819 at 30 June 2007.
- > Dental services increased by 400 contacts to 58,882 which now includes the school dental service with additional resources being provided.

- > 1,000 more contacts were made with people attending the Youth and Adolescent Mental Health Service.
- > Hospital initiated postponements of elective surgery was 13% per 100 scheduled admissions, due primarily to the unavailability of beds both in wards and Intensive Care. This was also precipitated by an increase in patients awaiting residential home placement, gastro and VRE outbreaks.
- > Employees (full-time equivalent) increased by 200 to 3,208, with actual numbers now exceeding 5,000.

The extensive building program has gone extremely well:

- > The expanded Andrew Love Cancer Centre was opened during the year. The centre will continue to provide services to the Barwon South West region and now has the capacity to add brachytherapy. Our thanks to the Cancer After Care Group for their generous support and their determination that this service be provided locally.
- > The Emergency Department expansion commenced in December 2006 and is expected to be completed in late 2008. This has required significant internal works and reorganisation within the Hospital which has occurred with little disruption.
- > The McKellar Centre opened Wallace Lodge, a 108-bed unit, in July 2006. This was followed by the opening of Blakiston Lodge, a 90-bed complex care unit, in May 2007.
- > The Grovedale Residential Aged Care Facility, to be named Alan David Lodge is under construction and due for completion in early 2008.

The rebirth of the McKellar Centre site continues. Barwon Health has received significant support from the community throughout 2006/07 to assist us in the beautification of the McKellar landscape, including signage and a new entrance way.

Barwon Health Board has reviewed its vision statement for the next two years and there are a number of areas of focus.

Some of the key areas are:

1. Continuing to manage the demands on our services, particularly the growth in emergency demand. To this end, Barwon Health is conducting a review and is further developing ambulatory services. These services will target all non-bed areas to ensure that access, location and services are in the right place to maximise the current resources available. This will involve reducing duplication, bringing together specialist services and localising more generic services such as district nursing.
2. Ensuring that Barwon Health is well placed for the Deakin Medical School which is scheduled to commence in 2009. Significant negotiations are underway to ensure the best outcomes for Barwon Health and its community.
3. Working closely with the Government to achieve the development of appropriate community services in the northern suburbs of Geelong, Lara and Golden Plains Shire. The Barwon Health Board remains fully committed this project.
4. Continuing to develop as a 'smart' hospital. This is about using electronic technology to better manage both administration and clinical work, reducing pressure on staff and enabling staff to access information faster and more efficiently. One example is the introduction of digital imaging for x-rays. This means not only can doctors access x-ray films and results through a computer, we also save an enormous quantity of water by eliminating the old system of developing films.

There are a number of people we would like to thank for their contribution through 2006/07:

- > To Barwon Health staff, our sincere thanks to you all. You are very much appreciated and you have shown yourselves to be worthy of recognition for the high quality of care and support you have provided throughout the year.
- > Thank you also to the 1,300 volunteers who contribute tirelessly to the care of our community.
- > To the Barwon Health Foundation, our thanks, for having fundraised strenuously to assist us to replace equipment.
- > To the Minister, Department of Human Services, both at the Regional office and in Melbourne, we thank you for your continuing support and goodwill.
- > Our special thanks to the Board Directors and Executive Team who have worked hard together and shown strong leadership throughout the year.



**Claire Higgins**  
Chair - Board of Directors



**Sue De Gilio**  
Chief Executive

# FINANCIAL REPORT

## Profitability

The Financial Statements contain two separate measurements of profitability for the 2006/07 year:

	2006/07 \$'M	2005/06 \$'M
Net Result from Operations Before Capital	1.3	3.2
Net Result for the Year	(0.9)	10.1

## Net Operating Result

The first measurement, Net Result from Operations Before Capital (as above), provides the most realistic measurement of Barwon Health's financial performance in terms of day-to-day operations of the service. It reflects the financial success or otherwise of providing a range of services within the constraints of the operational income streams available to it. In particular, it recognises the fact that health services are not funded for the cost of depreciation. On this measure of profitability, Barwon Health has recorded a solid result by industry standards.

The result included several changes in accounting policy, which contributed \$1.4m to operating profitability, but had no impact on the Net Result. However, the results for 2005/06 have also been restated, so that a comparable assessment of profitability is possible.

Barwon Health's budget plan for 2006/07 aimed to achieve a surplus of \$1m, after adjusting for the cost of depreciation expense on its vehicle fleet. The full year result was consistent with this objective.

Profitability against budget plan was very good in the first half, but decreased in the second half as labour costs increased. Consistent with recent years, Barwon Health worked 2.4% above its primary acute workload target, resulting in unpaid services estimated at \$2.08m and again performed significant unpaid workload in its outpatient clinics (\$0.89m). Other cost over runs occurred due to an increase in the number of patients requiring specialising (one to one nursing care), the necessity to open additional beds and in higher prescribing for pathology and pharmaceutical costs.

## Net Entity Result

The second measurement (Net Result for the Year) was a deficit of \$0.9 million. To understand what this means, it is best to analyse it in two parts:

1. The result from operations (\$1.3m surplus).
2. The result on the capital account (net deficit of \$2.2 million), which is basically the excess of depreciation expense over capital income.

During the year, the depreciation expense on buildings was increased as a result of a recommendation arising during an audit review. This was a major factor in depreciation increasing from \$12.5m in 2005/06 to \$17.2m in 2006/07.

## Cashflow

Barwon Health recorded a net cash outflow for the year of \$6.6m. During 2006/07, Barwon Health was required to draw down reserves for some of its capital commitments.

## Balance Sheet

There have been several significant movements in the balance sheet over the past year. Cash and investment holdings decreased by \$6.6m, which was primarily due to payments for capital works and equipment but would have been greater without the receipt of payments from the Department of Human Services (DHS) to reduce their liability towards long service leave liabilities (\$3.2m) and also advance funding (\$7.5m) for capital items, which was received late in the fiscal year.

Our net investment in property, plant and equipment increased by \$34m, primarily due to investment in new buildings (\$39m) and included replacement of high cost medical equipment (\$8.5m), particularly in our cancer services.

## Current Asset Ratio

The current asset ratio reduced from 0.98 at June 2006 to 0.88 at June 2007. This is still a solid figure and above the DHS recommended minimum of 0.7.



# FIVE YEAR FINANCIAL SUMMARY

	2006/07 \$'M	2005/06 \$'M	2004/05 \$'M	2003/04 \$'M	2002/03 \$'M
<b>Revenue &amp; Expenses</b>					
Operating Revenue	350.1	324.2	299.1	277.2	261.9
Operating Expenses	(348.8)	(322.6)	(299.6)	(278.0)	(267.3)
<b>Operating Result (before Capital Income and Depreciation)</b>	<b>1.3</b>	<b>1.6</b>	<b>(0.5)</b>	<b>(0.8)</b>	<b>(5.4)</b>
<b>Operating Result (inclusive of Capital Income and Depreciation)</b>	<b>(0.8)</b>	<b>10.1</b>	<b>2.4</b>	<b>2.2</b>	<b>(8.9)</b>
<b>Balance Sheet Statistics</b>					
Total Assets	385.8	358.0	260.3	242.4	223.4
Total Liabilities	87.8	86.5	73.5	67.4	67.0
Total Equity	298.0	271.5	186.8	175.0	156.4
<b>Financial Indicators</b>					
Surplus (deficit) of Net Current Assets	(0.01)	(1.2)	9.9	0.6	(0.9)
Current Asset Ratio (numeric value)	0.88	0.98	1.2	1.02	0.98
<b>Cash and Investments</b>					
<b>Net Cash from Operating Activities (excluding Capital Income)</b>	<b>2.8</b>	<b>15.8</b>	<b>1.8</b>	<b>(1.3)</b>	<b>(6.9)</b>
<b>Capital Investment</b>	<b>53.5</b>	<b>52.6</b>	<b>20.2</b>	<b>17.8</b>	<b>14.0</b>





11:40 AM. EACH DAY...NEW LIFE

Judy, Midwife, Geelong Hospital

*An important part of my role as a midwife is to listen to the fetal heart. I feel privileged to work closely with women and their families during the special and unique experience of pregnancy, labour and birth.*

# SUMMARY OF FINANCIAL RESULT

Revenue	2006/07 \$'M	2005/06 \$'M	Change (%)
Grants	262.8	245.5	+7.0
Patient Fees	45.7	41.8	+9.3
Non Cash Contributions	8.1	5.6	+44.5
Other	33.5	32.0	+7.4
<b>Total Revenue</b>	<b>350.1</b>	<b>324.9</b>	<b>+8.0</b>
<b>Expenditure</b>			
Employment Costs	(251.9)	(231.1)	+9.0
Supplies & Consumables	(63.8)	(63.5)	+0.5
Other	(33.1)	(27.1)	+22.1
<b>Total Expenses</b>	<b>(348.8)</b>	<b>(321.7)</b>	<b>+8.4</b>
<b>Surplus/(Deficit) for the Year Before Capital Income and Depreciation</b>	<b>1.3</b>	<b>3.2</b>	
<b>Capital Income</b>	<b>15.6</b>	<b>19.1</b>	
<b>Specific Income</b>	<b>-</b>	<b>1.2</b>	
<b>Depreciation</b>	<b>(17.2)</b>	<b>(12.5)</b>	
<b>Finance Costs</b>	<b>(0.1)</b>	<b>(0.1)</b>	
<b>Depreciation &amp; Amortisation</b>	<b>(0.4)</b>	<b>(0.8)</b>	
<b>NET RESULT</b>	<b>(0.8)</b>	<b>10.1</b>	

# PERFORMANCE INDICATORS

## ADMITTED PATIENTS

Admitted Patients	Acute	Mental Health	Sub-Acute /Aged	Other	Total
Emergency medicine attendances	42,305	-	-	-	42,305
Separations	-	-	-	-	-
Same day	32,111	11	7	-	32,129
Multi day	27,416	666	1,677	-	29,759
Total separations	59,527	677	1,684	-	61,888
Emergency	23,236	587	0	-	23,823
Elective	31,715	52	1,664	-	33,431
Other (includes maternity)	4,576	38	20	-	4,634
Total separations	59,527	677	1,684	-	61,888
Public separations	51,679	671	784	-	53,134
Total WIES	43,918	-	-	-	-
Total bed days	175,283	7,673	166,170	-	349,126

## NON-ADMITTED PATIENTS

Non-admitted Patients	Acute	Mental Health	Sub-Acute /Aged	Other	Total
Outpatient services - occasions of service	67,382	-	-	-	67,382
Other services - occasions of service	32,199	109,427	23,356	-	164,982
Total occasions of service	141,886	109,427	23,356	-	274,669
Victorian Ambulatory Classification System – Total weighted encounters	73,759	-	-	-	73,759

## ELECTIVE SURGERY

Elective Surgery	2006/07	2005/06
<b>1. Elective surgery performance</b>		
Category 1 proportion of patients admitted within 30 days	100%	100%
Category 2 proportion of patients admitted within 90 days	54%	70%
Average waiting time of category 2 patients	97 days	122 days
Total waiting list	1,819	1,701
<b>2. Emergency Department performance</b>		
2a. Triage performance		
Category 1 patients receiving immediate attention	100%	100%
Category 2 patients receiving attention within 10 minutes	80%	97%
Category 3 patients receiving attention within 30 minutes	75%	94%
2b. % of patients requiring admission who are admitted within 12 hours	84%	77%
2c. Ambulance Bypass	NA	NA
<b>3. Average available beds (acute only)</b>	<b>374</b>	<b>364</b>
<b>4. Critical care</b>		
4a. Number of intensive care beds		
Total average open	12	12
Total average available	19	19
4b. Number of coronary care beds		
Total average open	14	13
Total average available	18	18

## STAFF NUMBERS

Labour Categories	EFT		Head Count	
	2006/07	2005/06	2006/07	2005/06
Nursing	1,410	1,361	2,369	2,258
Admin	446	421	630	613
Medical Support	553	514	806	741
Hotel & Allied	519	477	698	677
Medical Officers	46	42	49	45
Hospital Medical Officers	181	165	521	385
Visiting Medical Specialists	53	54	200	193
Total	3,208	3,034	5,273	4,912

## STATISTICS

Statistics	2006/07	2005/06	2004/05	2003/04	2002/03
<b>Surgical/Medical</b>					
Inpatient separations	61,888	59,047	59,971	58,240	54,004
Total operations	15,720	16,593	16,513	15,283	15,172
Births	1,954	1,844	1,764	1,678	1,703
Waiting list	1,819	1,701	2,217	2,457	2,065
Outpatients	67,382	64,118	63,903	60,455	61,105
Emergency Department attendances	42,305	40,620	38,549	38,313	39,967
Total bed days	175,283	157,864	166,746	159,340	162,314
<b>Aged Care/Rehabilitation</b>					
Nursing home bed days (inc Percy Baxter Lodges & Blakiston Lodge)	138,604	146,980	148,843	148,174	148,576
Rehabilitation, palliative and GEM bed days	33,017	33,325	29,359	26,417	29,391
Sub-acute/rehab separation numbers	1,402	1,190	1,101	1,076	1,051
Community rehab centre attendances	27,340	28,355	26,440	23,242	22,842
Falls & mobility clinic attendances	588	575	545	589	514
<b>Community and Mental Health</b>					
Dental contacts	58,882	58,479	60,218	61,046	58,106
Alcohol & drug episodes of care	1,390	NA	1,268	1,450	1,513
Child & adolescent mental health contacts	6,550	5,578	6,268	NA*	15,252
Adult mental health contacts	92,776	96,928	111,892	NA*	91,603
Young adults	10,101	10,606	8,413	-	-
District nursing treatment hours	45,717	42,908	37,312	40,672	35,879
Primary care nursing & allied health hours	60,389	43,991	40,640	36,315	24,162
<b>Additional Statistics</b>					
Employees – EFT averaged over the year	3,208	3,034	2,949	2,824	2,773
Employees – head count	5,273	4,912	4,742	4,539	4,384
EFT nurses	1,410	1,361	1,326	1,292	1,283
EFT medical	280	261	263	248	238
EFT admin/clerical	446	421	396	373	370
EFT allied health	553	514	516	444	421
EFT hotel	519	477	448	467	460
Fundraising income/donations	\$1.76m	\$3.97	\$4.47m	\$3.30m	\$1.12m
FOI requests	533	428	434	447	425
Volunteer numbers	1,300	1,200	1,200	1,100	900
Compliments registered	939	836	897	950	1,097
Complaints registered	581	445	322	265	329

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

# KEY HIGHLIGHTS ACROSS BARWON HEALTH

## AGED CARE SERVICES

### Barwon Regional Aged Care Assessment Service (BRACAS)

A review of the BRACAS intake procedure was undertaken in 2006, and most of the recommendations from this review have been implemented. By removing any duplication of processes within the system, the team have been able to meet the increasing demand for services (see table below).

### BRACAS COMPLETED ASSESSMENTS AND REFERRALS

#### 2005/06 Target – 3,100 Assessments

Quarter Completed	Assessments Referrals	Accepted
July - September 2006	755	899
October - December 2006	718	863
January - March 2007	747	908
April - June 2007	921	824
<b>Total</b>	<b>3,141</b>	<b>3,494</b>

#### 2006/07 Target – 3,100 Assessments

Quarter Completed	Assessments Referrals	Accepted
July - September 2005	771	921
October - December 2005	773	900
January - March 2006	757	885
April - June 2006	694	835
<b>Total</b>	<b>2,995</b>	<b>3,541</b>

### Admissions

A review of the admission process for Residential Aged Care and Inpatient Rehabilitation Services was undertaken in December 2006. This review identified a number of areas for improvement and the recommendations in the report have guided the team and assisted in improving the timeliness and responsiveness of the program.

### Blakiston Lodge

In May 2007, 90 residents from Units 11, 12 and Hilary Blakiston House relocated to their new home in Blakiston Lodge. The extensive planning associated with this project enabled the move to be successfully concluded within the two-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 that worked tirelessly to ensure the move occurred in a safe and orderly manner.

### Leadership in Aged Care

Barwon Health recently had three senior nursing staff from within the Division of Aged Care were selected to undertake the Department of Human Services, Barwon South-West Region, Leadership in Aged Care course. This course was designed to assist managers and future leaders increase their knowledge of management and build their skills in organisational development in the residential aged care setting.

### Project Updates

Residential Aged Care has benefited from a number of key projects this year. The highlights included the completion of Blakiston Lodge, a 90-bed home and the commencement of Alan David Lodge, a 108-bed home located at 344 Torquay Road, Grovedale.

### Strategic Planning

In November 2006, a strategic planning day was held with approximately 35 participants from Barwon Health and the Department of Human Services. The outcomes of this workshop included agreement on a number of key areas of focus and the development of a series of strategies. The themes developed on the planning day comprised of Environment, People & Workforce, Centre of Excellence, Lifestyle, Engagement, Communication, Model of Care, Quality and Safety and Sustainability. This plan has been guiding the actions and improvements within the Residential Aged Care Service.

## COMMUNITY AND MENTAL HEALTH SERVICES

### District Nursing Anniversary

In February 2007, Barwon Health hosted a 100th birthday celebration for Geelong district nursing at Kirrewur Court that was attended by over 100 past and present district nurses.

### Early Intervention in Chronic Disease

Funding for Early Intervention in Chronic Disease service was instituted in January 2006 within the Corio Primary Care Team. This will be “mainstreamed” into the Community Health funding stream from July 2007.

### HeadSpace - Community of Youth Services

Barwon Health is an active member of the successful Consortium group led by the Geelong GP Association in the headspace initiative. Funding of \$1.5 million has been provided over 2.5 years to help establish collaborative and integrated approaches to providing youth friendly services with a focus on clients with mental health and drug and alcohol concerns, primary care interfaces and engagement with a whole range of welfare, educational and vocational agencies. This initiative is funded by the Commonwealth Department of Health and Ageing.

### Integration of School Dental Service

In 2006/07 the school dental service was integrated into Barwon Health's Community Dental Program. This allows continuity of staff and increased service levels through the improved availability of dental chairs. It involved the school dental service van in the northern suburbs closing, with children now being seen in a fully equipped surgery at the Corio Health Centre.

### National Mental Health Standards - Mid Term Review

In 2006/07, Barwon Health was deemed to be fully compliant with the National Mental Health Standards. In a mid-accreditation review all previous recommendations for improvement were reviewed and found to be completed with the enhanced home visit policy recommended to be upgraded to Excellent Achievement and singled out as an example of best practice.



### **Prevention and Recovery Care (PARC) Additional Beds and Day Packages**

In December 2006, Barwon Health (in partnership with Pathways Psychiatric Disability Support Service) received funding to establish a Prevention and Recovery Care service for the Barwon region. This service will combine six new beds at a refurbished Community Rehabilitation facility with day packages provided by Pathways. Day packages are already being provided, with the new capital works due to be completed in December 2007 so the new beds can be opened.

## **DEPARTMENT OF INFECTIOUS DISEASES**

### **Antibiotic Approval System Software**

The Infection Prevention Services has successfully implemented the "iapprove" antibiotic approval system software across the Geelong Hospital. This allows more effective monitoring of antibiotic prescriptions as it can readily undertake audits. The software is also an important education tool for Hospital Medical Officers.

### **Hand Hygiene Project**

The Geelong Hospital was involved in the rollout of the Victorian Quality Council's hand hygiene project. It involved an education campaign directed at nursing and medical staff that promoted the use of Avaguard (alcohol hand rub) across a number of pilot wards such as Bellerine 6 North, Heath Wing 5 and Heath Wing 7. The project was very successful and resulted in a 40% increase in hand hygiene compliance in these wards.

### **Management of Vancomycin-Resistant Enterococci (VRE) Outbreak**

Infection Prevention Service was involved in successfully using the hospital's disaster plan to manage a VRE outbreak in March 2007. It involved implementing a Hospital Incidence Control Centre made up of bed managers, nursing administration, bed coordinators, infectious disease staff, public relations and environmental services to manage the outbreak effectively. The outbreak was effectively managed with all infections eradicated from the Intensive Care Unit.

### **Prevention of Fungal Infection**

Pro-active management was taken to reduce the risk of patient's acquiring fungal infections as a result of building works associated with the Andrew Love Cancer Centre redevelopment. Bed managers, building and engineering, oncology services and environmental services worked with the Infection Prevention Service to ensure at-risk patients were temporarily moved to Heath Wing 4.

### **Refugee Health Referrals**

During 2006/07 Barwon Health saw the successful development of the Infectious Diseases outpatient service to include refugee health referrals from the region. This patient group tends to have complex psycho-social and health issues that require special attention, especially in regard to tropical diseases.

## **MEDICAL SERVICES PROGRAM**

### **Allied Health**

#### **Grants**

Allied Health was successful in obtaining a number of small grants for workforce training initiatives. In addition, Allied Health received one of

five inaugural Victorian Health Services Management Innovation Grants for 2007/08.

### **Information Days**

Two Allied Health Information Days (AHIDs) were conducted at Geelong Hospital for school leavers interested in a career in one of the Allied Health disciplines. Students have the opportunity to hear about a range of careers before spending some time in their preferred career choice.

### **Mentoring Works**

'Mentoring Works' is a Department of Human Services (DHS) Service and Workforce Development Division funded initiative. It was originally designed for Allied Health professionals in their first and second year of practice, and to assist with recruitment and retention training. DHS has extended the program to include all Allied Health professionals in regional Victoria, which provided an opportunity for some Grade 2 Allied Health staff to also be involved.

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

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

The completion of the review of Barwon Medical Imaging (BMI) Services by Axten & Associates in late 2006, coupled with the 'lean thinking' activity that was undertaken in the latter part of the 2006/07 year, specifically in relation to the BMI-Emergency Department interface, identified that there is scope for improvement in the provision of medical imaging services.

The most significant challenge for BMI currently is how best to manage the competing demands, and to ensure consistency of access of the various customer and referrer base, i.e. Emergency Department, Theatre, Outpatients, Wards, and 'Privates' including GP's.

A small BMI working group was formed to consider the most appropriate method of addressing this challenge, the outcome of which was the establishment of an agreed vision "To provide consistent and timely access to Medical Imaging Services for all customers 24/7."

With this in mind, an all-day workshop/forum (Blue Sky Event) was held at the East Geelong Conference Centre on Friday 23 February 2007. The workshop confirmed a broad strategic direction for the BMI service and, importantly, identified opportunities and actions that will enable the proposed vision to be achieved.

The BMI Access and Sustainability (BAIS) project was initiated to follow up on the input from the February workshop and facilitate real improvements to service delivery, driven from the service providers and users. Highlights of the improvements to BMI service delivery currently being trialled include improved communication and patient flow between the Emergency Department, Theatre, Wards and the Medical Imaging Department.

#### **CT Scanners**

In collaboration with Cardiology Services, planning is well under way for the installation of two new CT scanners. The latest generation 64-slice scanners will allow the introduction of a Cardiac CT service at Barwon Health and provide improved diagnostic information for all CT procedures.

# KEY HIGHLIGHTS ACROSS BARWON HEALTH continued

## Digital Radiography

BMI has installed a new suite of x-ray equipment to allow the fully digital recording of all images. The new systems provide more diagnostic information than the traditional 'photographic' systems, whilst reducing the x-ray dose to our patients. All the x-ray processors have been removed, resulting in significant water savings and the removal of all chemical odour's from the department.

## Cancer Services

### Andrew Love Cancer Centre Redevelopment

The official opening of the newly redeveloped Andrew Love Cancer Centre took place on 31 May 2007, with the Minister for Health, Bronwyn Pike and other local MPs and DHS representatives in attendance.

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

The first Barwon South Western Regional Integrated Cancer Service (BSWRICS) Annual Forum was held in Lorne on 17 November, with over 40 attendees welcomed. The unique challenges of care delivery and support for cancer patients in the Barwon South Western (BSW) Region were featured and the priority areas for cancer service improvements explained. The BSW Region's priority cancer service improvement areas were outlined and the importance of Data Management and the enhancement of Oncology Research were highlighted. The BSWRICS initiatives and projects to meet these challenges were then introduced.

## CHARM Project

After considerable development work and on-going support from oncology pharmacists, CHARM went live with Medical Oncology prescribing on 2 April 2007. This has resulted in Manual Cytotoxic Prescriptions (MR23s) no longer being used by the Andrew Love Cancer Centre (ALCC). Medical Oncologists are utilising the basic functions of CHARM including prescribing and toggling between go ahead and hold treatment. This enables Day Ward nursing staff to utilise the system and ensures that there is a checking process for patients' bloods prior to nurses administering chemotherapy.

The nurses are particularly enthused by the future of CHARM and its ability to be an electronic bedside history/chemotherapy treatment chart. Clinicians are now also able to access CHARM on BW6.

### Victorian Cancer Outcomes Network (VCON) Pilot Project

On Friday 20 April, Bronwyn Pike, Minister for Health, announced the Victorian Cancer Outcomes Network (VCON) pilot project. This will be conducted in the Barwon & South West Region, involving a co-operative project between Barwon & South Western Region Integrated Cancer Service (BSWRICS), based at Barwon Health, the Cancer Registry and the Department of Human Services.

## Children's Services

### New Divisional Medical Director

Dr Dave Fuller was appointed as the new Divisional Medical Director (DMD) for Children's Services, effective 29 January 2007, replacing Dr Bernie Jenner after a number of years in this role. Barwon Health is appreciative of Bernie's significant contribution to Paediatrics in the DMD leadership role over this period noting that he will be continuing on in his capacity as a valued member of the VMO Paediatric Group.

### Referral Clinic for Refugees

In conjunction with the Infectious Diseases Unit a new referral clinic for refugees (adults and children) commenced in May 2007, and is attached to the Infectious Diseases Clinic. This is a secondary referral clinic, with patients referred in by GPs who are responsible for primary screening. This clinic highlights the potential Barwon Health has to develop integrated services across specialties.

### Ward Service Model

The Paediatricians have, from 2 February 2007, moved to a ward service model for covering the inpatient wards at Geelong Hospital. This came about after a review and restructure by the Paediatricians themselves and they are to be complimented on this change.

## Diabetes

Barwon Health's Gestational Diabetes Ambulatory Care Program was awarded a High Commendation at the 2006 Victorian Public Healthcare Awards. The impetus for starting this innovative program stemmed from the expertise Barwon Health had in the organisation and the fact that the service being offered did not include women with gestational diabetes. Barwon Health worked collaboratively with obstetricians, midwives and the Diabetes Referral Centre (DRC) staff to improve management of these women. This was later reinforced by the appointment of Dr Chris Nolan, an expert endocrinologist in pregnancy.

## Emergency Department

### ED Redevelopment

Works have now commenced on the new \$26.1 million Emergency Department at Geelong Hospital, with the demolition of the old Ryrie Centre building to make way for the construction of the three level building, which will house the Emergency Department on Level 1 and support services on Level 2. Foundations and in ground services are currently being laid. Construction work is on track for completion in November 2008.

## General Medicine

Department of Human Services (DHS) has confirmed funding of \$260K for a General Medicine/Acute Medical Receiving Unit Project. In Medical Services, a significant patient load is dealt with by the General Medical Units. In response to this and increasing service demands, the proposal aims, as an initial phase, to establish an Acute Medical Receiving model on Level 7 of the Hospital. It is anticipated that this consolidation and alignment of general medical beds to a geographically localised area will improve both the timeliness of admission and quality of the service provided to General Medical patients. The funding provides for \$120K in capital (monitors x 4 and light refurbishment on Level 7) and for a Project Officer and some data analysis work over an 18-month period commencing in June 2007.



## 2.15 PM. EACH DAY...NEW PEOPLE

**Dorothy, Palliative Care Nurse, Community and Mental Health**

*I visit patients with a life-threatening illness, to provide advice on symptom control and to give psychological support. I enjoy providing knowledge and support that empowers patients and families to be confident to stay at home, with the wider support of the Multidisciplinary Team of Palliative Care and District Nursing Team.*

### **Neurology**

The Neuroscience Department was successful in obtaining an Australian Specialist Training Program to Rural Australia (ASTPRA) grant. Dr Cameron Shaw, who has a sub-specialty interest in Multiple Sclerosis, joined the Department as a result of this grant. Dr Shaw will complete his training in February 2008 and will join the Neuroscience Department as a Consultant Neurologist.

Associate Professor Peter Gates and Dr Ross Carne commenced 'Western District EMG', a neurophysiology service in Warrnambool. In July 2007 Western district EMG was recognised by the Rural Workforce Association of Victoria (RWAV) as an essential service to the Western district and received funding through the Medical Specialist Outreach Assistance Program (MSOAP). The funding has for the first time been awarded to a service rather than an individual consultant.

The number of outpatients continues to increase each year and in the financial year 2006/07 there were in excess of 9,700 patients seen in the Neuroscience Department.

Associate Professor Peter Gates has continued in his role as the Director of Basic Physician Training and at the recent Fellow of the Royal Australasian College of Physicians (FRACP) clinical examination five of our local candidates and two of the candidates on rotation from St Vincent's Hospital were successful. Dr Paul Talman has continued in his role as Clinical Director of Medical Services, and Dr Ross Carne has not only continued in his role as the Clinical Sub-Dean for Melbourne University, but has been appointed as the Director of Clinical Studies for the new Medical School at Deakin University.

The Neuroscience intranet page was finalised on the Barwon Health network and can be accessed via:  
<http://ewave:81/content/neuroscience/index.asp>

The in-patient stroke and in-patient neurology services continue to expand with the increasing number of consultations and in-patients. The stroke service has developed a new medical record form specifically for patients with cerebral vascular disease. The in-patient neurology service was transferred from Heath Wing 7 where it had resided for 20 years to Bellerine 6 North.

# KEY HIGHLIGHTS ACROSS BARWON HEALTH continued

Equipment has been purchased to perform Somatosensory Evoked Potentials (SSEPs). The EEG and EMG technicians have been trained, and this service to the intensive care unit to assist in the diagnosis of brain death will soon commence following an initial period of establishing normal controls.

The Neuroscience Department has participated in national and international research study in Multiple Sclerosis, Motor Neurone Disease and Stroke. As a result of the unique set-up where both public and private patients are seen in the same department, the Department contributed the large number of patients to the 'Ausimmune Study'. Dr Paul Talman is participating in the National Motor Neurone Disease Registry, and also in an Australia-wide Motor Neurone disease study. Dr Ben Clissold commenced a Ph.D. in cerebral vascular disease and has been appointed as an Honorary Neurologist to the Neuroscience Department.

## Pharmacy

### Guidance

In conjunction with Infectious Diseases, Project Pharmacist Marissa McCaw has implemented a new system aimed at improving the monitoring and prescribing of antimicrobial agents within Barwon Health.

This is a new hospital initiative to support and guide clinical decision-making, focused on infectious diseases and antimicrobials. iApprove is a web-based compulsory prescribing approval system for restricted antimicrobials and iGuide has helpful clinical pathways for decision support.

All prescribers will need to obtain approvals for restricted antimicrobials through this process. Each request will only take a few minutes, simplifying the current antimicrobial approval system and aiding communication with Infectious Diseases. While at this stage access is restricted to medical and pharmacy staff, it is planned to provide nursing access to the guidelines for educational purposes.

### Health Purchasing Victoria

The services of the Director of Pharmacy in chairing the Pharmacy Advisory Group (PAG) since 2002 were recognised in a presentation by the Board of Health Purchasing Victoria on 22 June 2006. The PAGs role encompasses advising on the formulation and letting of the State Pharmaceutical tender, addressing issues with pharmaceutical manufacturers and promoting medication safety through appropriate drug labeling and packaging.

### National Inpatient Medication Chart

The National Inpatient Medication Chart, which was enhanced by including Barwon Health's insulin therapy/blood glucose monitoring chart and NCR copies for ward pharmacists, has been successfully implemented across Barwon Health. A 14-day long stay version was implemented for Rehabilitation and Psychiatric patients. The advent of the chart provided the opportunity for one chart to be implemented across the Acute, Rehabilitation/Palliative Care and Psychiatric wards of Barwon Health. Medication Safety Pharmacist Claire Passlow led the change and conducted many staff education sessions.

### New Electronic Interim Drug Chart

Following development work by Sylvia Cuell, Deputy Director of Pharmacy, a 5-day electronic drug chart has been created on CORDis to provide accurate and valid medication orders for use in patients discharged to Rehabilitation and Aged Care Facilities (RACFs) whilst awaiting medication review by the GP. The chart is automatically populated from the patient's discharge prescription created on CORDis, thereby overcoming any risk of transcription error as seen with manually written charts. The chart is currently under trial for patients discharged to Barwon Health RACFs with likely later expansion to all RACFs within the Geelong region. The chart will overcome an on-going problem of drug administration by providing up to date and complete drug orders for nursing staff until further review by the GP.

### New Pharmacy Premises

The McKellar Centre Pharmacy Department was relocated to a new premises which was approved by the Pharmacy Board in September 2006. The new Department is more spacious and functional to meet the growing pharmaceutical service needs at McKellar Centre.

As part of the Andrew Love Cancer Centre redevelopment, a new pharmacy cytotoxic suite was built to accommodate the growing demand for chemotherapy. In 2006/07 the pharmacy prepared 9,354 chemotherapy items and 5,872 monoclonal antibodies for patients of Geelong Hospital. The preparation facilities must meet Australian Standards, which proved a continual challenge for construction engineers. The facility was finally approved by the Pharmacy Board and commissioned in April 2007.

### Staffing

After 34 years as a pharmacist, and most of those as a senior pharmacist, Peter Panasewycz, known to all as 'Peter Pan', retired on 8 June 2007. Peter assumed many roles during his time at the Geelong Hospital but specialised in psychiatric pharmacy running a service from the old and new psychiatric facility before mental health outpatient services were moved into the community. Peter continued to provide a ward pharmacy service to the inpatients in Swanston Centre and then specialised in radiopharmacy and oncology pharmacy. Peter's dry sense of humour and wide general knowledge of pharmacy practice will be missed by all.

### Teaching and Practice Research

The Department has continued to develop its relationship with Monash University through the teaching of undergraduate and postgraduate pharmacy students and collaborating on pharmacy practice research. Project work on the development of an electronic pharmacy care plan was presented at the The Society of Hospital Pharmacies of Australia (SHPA) Clinical Pharmacy Conference, held in Melbourne in November 2006. The Pharmacy Department, as part of the team, played an important role in the development and evaluation of Prevent, the electronic risk assessment and decision support tool aimed to reduce the incidence of venous thromboembolism. Current research projects are evaluating the outcome of the Emergency Department Pharmacist interventions and developing models of collaborative prescribing to improve patient access and flow.



## Renal Services

### Australasian Home Haemodialysis Conference

The 2nd Australasian Home Haemodialysis Conference was held at the Deakin Waterfront Complex and Costa Hall on 14 to 16 February 2007. Registrants come from all Australian States and Territories, both islands of New Zealand, China, Canada and the United States and included 21 local area (SWARHS), 36 non-local Victorian (both Metropolitan and Regional), 77 interstate from all states and territories and 26 overseas (NZ, China, US, Canada).

Barwon Health is now regarded as the lead site for Nocturnal Home Hemodialysis (NHHD) in Australasia and one of the three premier sites promoting home dialysis care in the world, Renal Services are justly proud to have organised such a useful and interesting program.

### Water Saving Initiative

Barwon Health and Barwon Water representatives met on 22 November for a presentation from Dr John Agar outlining two potential and significant water saving initiatives of up to 8.4 million litres of water per annum, relating to the recycling of 'reject' water associated with the treatment of dialysis patients. These involved:

- > Installation of water tanks at each of the in-centre facilities at South Geelong, Newcomb and Ryrie Street resulting in water savings of - 50,000 litres of water per week.
- > Implementation of new technology/machines for home dialysis (initially) which use 1/10th of the current water consumption of the existing machines, that is, 60 litres/per treatment as opposed to 600 litres per treatment!

Barwon Health now has three separate dialysis services in Geelong capturing the reject water: the in-centre at Kardinia House Dialysis Unit plus two satellites at South Geelong and Newcomb. The reject water is being captured and re-used by home nocturnal patients. In both the dialysis units and the home patient installations, the system is similar.

## Women's Services

### Collaboration with Jigsaw

The Young Approach to Pregnancy and Parenting (YAPP) program collaborated with Mental Health Services to co-locate the program with Jigsaw. This change facilitates more effective referral for young women and their families to specific young persons services.

### Conference Presentation

Congratulations to Anne Hepner, who was awarded the 'First Time Presenter Award' at the Royal College of Nursing Conference in Cairns in July. Anne presented the work undertaken by Women's and Children's Services to improve psychosocial care of women and families through two education programs; Mental Health First Aid and ANEW (A new way of supporting women in pregnancy).

## SKATE Program

Women's Services in collaboration with Barwon Health's Drug and Alcohol Services and Glastonbury Child and Family Services commenced the SKATE program – Supporting Kids and Their Environment. The program aims to minimise the emotional, social and economic impact of problematic substance use on families. The project works across both the family system and the larger service system. The SKATE program provides a service for women who are pregnant or who have babies or young children, and who are, or have been, clients of the Barwon Health, Women's Services Chemical Dependency Unit. The service provides a relaxed space for the clients to interact with their babies/children, an opportunity to participate in unstructured art therapy, experience social interaction, and liaise with other service providers. This program will continue with further evaluation in 2007-2008.

### Western Collaboration Project

Barwon Health participated in a maternity collaboration with Werribee Mercy, Western Health and The Royal Women's Hospital. The purpose of the collaboration was to undertake a systems improvement project within and between each health service to ensure optimal provision of maternity services in the Western region of Melbourne including Geelong. The collaboration has seen the implementation of agreed Clinical Practice Guidelines across the sites.

## SUB-ACUTE SERVICES

### Capital Developments

In 2006/07 we saw the final commissioning and opening of the new Community Rehabilitation Centre. The Minister for Aged Care, Gavin Jennings opened this superb 'state-of-the-art' facility in October 2006. A comprehensive range of services are now co located in this facility, including the multi-disciplinary community rehabilitation team, home based rehabilitation; Prosthetic services and the specialist regional clinics: continence, falls and mobility and cognitive dementia and memory services. The facility include a well-equipped gymnasium, specialist consulting rooms, a 'Balance Master' and video conferencing facilities. This new facility is the final phase of the redevelopment program for sub-acute services, and enables a fully integrated rehabilitation service to be provided at the McKellar Centre site in superb inpatient and ambulatory care facilities.

### Improving Access to McKellar Centre Services

The E Referral and Data Warehouse processes have been fully implemented to support the timely transfer of patients from acute services to sub-acute services at McKellar Centre. Real time information relating to the patient's condition, diagnostic tests and readiness for transfer are now accessible from all desk top computers, ensuring that patients are provided with the right service, in the right place at the right time.



# KEY HIGHLIGHTS ACROSS BARWON HEALTH continued

## **Improving Care for Older People - Centre Promoting Health Independence**

A number of projects have been developed under this state - wide, Department of Human Services initiative to Improve Care for Older People. These projects include:

- > *Dementia Care in Hospitals Program; Improving the Hospital experience for People with a Cognitive Impairment*  
Barwon Health was successful in an expression of interest put forward to the Department of Human Services (DHS) to work in collaboration with Ballarat Health Service and other successful organisations in the implementation of a dementia care program. The program commenced in 2006 and a 'whole of health service' approach has been taken, encouraging all staff to attend education sessions at the McKellar Centre and Geelong Hospital. Over 1,500 staff have received education about the Cognitive Identifier 'alert', and the key communication strategies to use, when interacting with patients with memory and thinking difficulties.
- > *Enhancing Practice - Improving care for older people*  
Workshops commenced in October 2006 at the McKellar Centre. This program focuses on enhancing a culture of person centred, interdisciplinary care that improves outcomes for older people. The program is conducted in small groups and encourages a diverse group of staff of different levels and disciplines to consider their individual approach to caring for older people, and to develop practical strategies to enhance their care. To date, these strategies include the development of a food and beverage choice communication card to use during meal times, commencement of life story books for residents to aid their transition to the new residential care facilities at McKellar Centre and installation of hooks for the storage of Walking Aids beside patient's beds.

## **Palliative Care**

Dr Peter Martin was appointed to the position of Regional Director, Palliative Care Services and commenced in August 2006. Dr Martin is highly regarded both nationally and internationally and has already made a significant impact on the development of Palliative Care Services across the region, particularly focusing on the importance of timely access to Palliative care services, and supporting the integration of community and inpatient based services.

## **SURGICAL SERVICES**

### **Bed Reconfiguration**

In October 2006 a diagnostic exercise was undertaken under the auspice of the Clinical Projects Steering Committee with the purpose of identifying areas of the Geelong Hospital that could be improved to better manage current and future increases in patient demand. A key recommendation was to undertake a bed configuration process that would achieve a net increase in beds. To achieve this, it required the movement of current teams to different ward locations and the reallocation of some clinical units to different wards. The project was implemented successfully due to the support of staff across the hospital.

### **Elective Surgery Waiting List**

The Elective Surgery Waiting List total numbers has remained stable and within DHS targets. All Category One urgent patients were treated

within the DHS guidelines, and 110 patients waiting for Plastic and General Surgery were treated through a DHS initiative "Public patients in Private Hospital" whereby funding was given to Private Hospitals to treat suitable public patients.

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

The development of a 'fractured neck of femur (#NOF) protocol' was commenced in January 2007 and remains a work in progress. 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. The current focus of the group is to investigate the potential impacts of aligning one designated Medical Unit with the Orthopaedic Unit.

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

A new model of care was implemented in June 2007 with the opening of Heath Wing 4 as a Short Stay Ward, under the direction of the Extended Day Stay Guidelines compiled by the DHS. The 12 beds are open from 9am Monday to 1pm Saturday. 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 has been a great success in improving patient pathways and improving the waiting list. The appointment of a Urology Nurse Coordinator (UNC) has been a major achievement within the project and as the role becomes more established, its value is seen in the improvement of services to patients by enabling access to this clinical liaison service. The project has also achieved the development of 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, knee, shoulder and foot problems; to compliment the services provided by the orthopaedic surgeons. The role of the clinics in helping manage orthopaedic demand is illustrated by the fact that 30% of patients have been safely discharged from the OAS clinics, 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.

A new initiative this year has been the Osteoarthritis Hip and Knee Service (OAHKS). This was a separately funded project that looked at providing a single point of entry into the orthopaedic service, for patients referred with osteoarthritis of the hip or knee. The aim was to better manage their condition, whilst awaiting review by the surgeon and to identify patients who required more rapid surgical intervention.

### **Outpatients Waiting List**

In 2007, a pilot project involving an audit of six specialty outpatient waiting lists was undertaken as a waiting list management strategy. The aim was to verify the need for an appointment and reassess the degree of urgency. Approximately 30% of patients on the waiting list

were found to no longer require an appointment. The project demonstrated the benefits of regular audits of waiting lists given that many patients fail to notify the Outpatients Department if they no longer require their appointment. It also resulted in shorter waiting times for all those people who do need an appointment in Outpatients.

## INFORMATION SERVICES

In 2006/07 we saw a continued focus on clinical data and ensuring this is available close to the point of patient care, whether at the bedside or in community settings. A large number of computers were deployed across wards and the Emergency Department to complement the existing devices at each ICU bedside. Clinical staff are able to speedily access critical clinical data from these devices.

The PACS (Digital X-Ray, Ultrasound, CT and MRI) project system went live within the Medical Imaging Department during the year and will be rolled out to each clinical area in the first three months of the new financial year. This will improve clinical safety as it removes issues associated with lost images.

Apart from numerous minor clinical initiatives, Barwon Health released on-line screening for DVT and is the only health service in Australia managing this electronically rather than by less effective paper-based systems. It also undertook a major screening of patients with abnormal histopathology results to ensure these have not been missed which has resulted in clinical system development that will in future manage this issue electronically.

## BUILDING REDEVELOPMENTS

### Andrew Love Cancer Centre

The second stage of the redevelopment of the Andrew Love Cancer Centre was completed in early 2007 and was opened by Minister for Health Bronwyn Pike on 31 May 2007. It provides two new bunkers housing two new linear accelerators, a CT scanner and an enlarged day ward for chemotherapy treatment. The new linear accelerators are fitted with "state of the art" equipment including multi leaf collimation, on board imaging and cone beam technology. These, combined with new planning software, enable the most effective means of radiation treatment to be practiced. The work was completed ahead of time with staff and patients making every effort to accommodate the building works and the associated refurbishments to existing parts of the facility.

### McKellar Centre

The transformation of the McKellar Centre into a leading precinct for aged care and rehabilitation services continued in 2006/07. The Victorian Government has committed over \$100 million to redeveloping the site over four stages.

In August 2006, the Minister for Aged Care, Gavin Jennings, opened Wallace Lodge. This facility was named after Doctor Frederick Hilton Wallace and provides state of the art single and shared accommodation with en-suites, showers and toilet facilities. The 108 residents previously resided in dormitory and outdated units with communal bathroom and toilet facilities.

In October 2006 we saw the opening of the Community Rehabilitation Centre by the Minister for Aged Care, Gavin Jennings. The facility provides up to date facilities and equipment with many specialist rehabilitation

clinics including physiotherapy, occupational therapy, speech therapy, social work, orthotics and prosthetics, dietetics, clinical psychology, neuropsychology, continence, library, home based rehabilitation, memory clinic, recreation services and medical imaging. The transformed Café 45 is also an integral component of this redevelopment.

The final component of Stage 2 involved the construction of a 90-bed nursing home providing high-level complex and psycho-geriatric care to residents. This facility was completed in April 2007 with residents moving into Blakiston Lodge, in May 2007. Residents enjoy attractive garden surrounds as with other new facilities, and thanks to the Walt Disney Corporation who assisted in transforming the grounds and gardens around Blakiston Lodge, which was undertaken as part of their International Volunteer Day activities on 26 April 2007.

As a result of the new buildings, the demolition of old wards 3, 4, 5, 7, 8, 9 and 10 has occurred. The remaining buildings will all be assessed for appropriateness in the future under the McKellar Centre master-planning process that will commence in the 2007/08 financial year.

A further exciting venture is the continued beautification of the site, in particular the Town Square. The Town Square has initially commenced with parts of Stage 1 of a 4-stage development. This was expedited by the generous donation of funding and time by the aforementioned Walt Disney Corporation. Initial area is adjacent to Café 45 and incorporates an expansive children's playground.

Much progress has also been made on Stage 3 of the redevelopment which involves the construction of a further 108-bed high level care nursing home on land adjacent to the Surf Coast Highway in Grovedale. Construction of this facility is well underway and is on course for completion in early 2008.

### New Emergency Department and Kitchen

Works have now commenced on the new \$26.1 million Emergency Department at Geelong Hospital, with the demolition of the old Ryrie Centre building to make way for the construction of the three level building, which will house the Emergency Department on Level 1 and support services on Level 2. Foundations and in ground services are currently being laid.

This project has been enabled by the construction of the new Central Processing Kitchen at McKellar Centre, which commenced operation in August 2007, and the redevelopment of the Level 3 spaces vacated by the kitchen at Geelong Hospital. These works provide a new front entry from Bellerine Street, which now houses Health Information Services, Customer Services, including Admissions and Patient Accounts, Perioperative Unit pre admission clinics and the, soon to be completed, Multi Faith Space. Other works to enable the project have seen the construction of an enhanced StaffCare clinic in Kitchener House, new offices for the Community and Mental Health administration and chaplains.

The new Emergency Department is anticipated to be completed in two stages, the first being the occupation of the new Ryrie Tower building in June 2008 and after refurbishment of the existing area occupied by the current Emergency Department. Completion of the project is expected in November 2008. This will provide Geelong with an emergency department capable of servicing the increasing demands of an expanding and ageing community.

# EDUCATION

## CENTRE FOR EDUCATION AND PRACTICE DEVELOPMENT

The Barwon Health Centre for Education and Practice Development provides education for nurses and other staff across Barwon Health. The purpose of the Centre is to provide innovative and evidence based educational programs and clinical tutorials for the organisation and other agencies as well as support undergraduate and postgraduate programs across campuses.

### Growth Demand for Undergraduate Students

According to current trends and estimates provided by Barwon Health's university partners, there will be a 30% increase for nursing students and 20% increase for allied health students over the next three years. At present Barwon Health facilitates approximately 1,600 nursing students within a calendar year and approximately 180 allied health students. The demands for clinical placements are high and at present we are unable to accommodate all requests. The Barwon Health Centre for Education & Practice Development prioritises student clinical placements with our key partner universities and TAFE sector before accommodating the other twenty-one universities and TAFEs that we have clinical agreements with for student placements.

### Deakin and Barwon Health Model

One of the major initiatives over the past eighteen months has been

the introduction of a new clinical facilitation model for undergraduate nursing students with Deakin University and Barwon Health. The model known as the Deakin and Barwon Health Model (DABHM) utilises experienced clinical staff from Barwon Health to act as clinical facilitators to provide a link between Barwon Health and Deakin University to support undergraduate students. The advantages of such a model is to enhance the orientation of students to the clinical environment, to strengthen relationships between students and the clinical areas, and to promote the inclusion of the preceptors in a formal evaluation of students.

### Educational Opportunities

The Barwon Health Centre for Education and Practice Development is committed to providing opportunities for professional development through the provision of short courses, clinical support, clinical tutorials and encouraging staff to present and attend conferences relevant to their clinical areas or identified professional development needs.

### Future Directions

The Barwon Health Centre for Education and Practice Development is working towards a new educational model for all clinical and patient service staff across the organisation. Consultation forums and presentations are planned with key stakeholders in October 2007.



9.30 PM. EACH DAY...NEW FACES

David, Director of Emergency Medicine, Geelong Hospital

*I manage and oversee the day-to-day activities of the Emergency Department at Geelong Hospital. It's very satisfying to work in such a fast paced environment and know that you are making a difference to people's health and wellbeing.*



## Education Programs

POST GRADUATE DIPLOMA CLINICAL PROGRAMS	AFFILIATED UNIVERSITY	2006 STUDENTS	2007 STUDENT
Graduate Diploma of Nursing (Critical Care)	Deakin University	10	7
Graduate Diploma of Nursing (Peri operative)	Deakin University	2	2
Graduate Diploma of Midwifery	Deakin University	5	6
Graduate Diploma in Advanced Nursing (Emergency)	The University of Melbourne	6	5

SHORT COURSES	
Number of programs	43
Barwon Health participants	739
Regional participants	157
Average participants per programs	20

GRADUATE NURSE PROGRAM	
Number of graduates	41
Study Days	6
Graduate Support Sessions	26

NURSING CLINICAL PLACEMENTS	
RN Div 1	1,170
RN Div 2	347
Army Paramedics	75
Post Graduate students	22
Overseas nursing students	15
DAPS	7
Secondary School work experience	6
<b>Total</b>	<b>1,642</b>

## MEDICAL EDUCATION

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

### Undergraduate Medical Education and Training

Barwon Health is a partner in a joint Clinical School with St Vincent's Hospital Melbourne. Medical students rotate to Geelong for medical, surgical, obstetrics and gynaecology, psychiatry, rehab/aged care/palliative care/psychology of aged care. A recent change in curriculum involved the integration of students in their final semester of training into the general medical and surgical units via a partnership placement. Some of this process is conducted in conjunction with the Barwon Health Medical Education Unit particularly the Medical Education Officer.

### Graduate Medical Education and Training

Barwon Health has a diverse program of post-graduate medical training with a Director of Medical Education and Training supported by a Medical Education Officer. An effective Hospital Medical Officer (HMO) recruitment campaign was run through The Age newspaper that resulted in a 50% increase in final year medical students applying for HMO internships in 2008.

Training for medical staff commences with the orientation of Interns (First Year Medical Officers) with a unique modular training program to enhance clinical and procedural skills. Basic and advanced life support training is ongoing for most junior medical staff. Paediatric life support training targeted at registrars likely to be involved with paediatric care was conducted for the first time in August 2006. This course will continue to be conducted bi-annually.

### Geelong Medical School

Barwon Health has continued negotiations with both The University of Melbourne and Deakin University to ensure that there are adequate resources available to meet the medical training requirements for Deakin's Geelong Medical School. Barwon Health must ensure that the required clinical health facilities are available and that the required pre-clinical component of training will be ready by 2008 when this aspect of the medical school commences.

### Advanced Trainee Applications

Barwon Health is continuing to fill its advanced trainee positions from within its own successful basic training program. For example, the Gastroenterology Registrar this year has been one of Barwon Health's 'home-grown' candidates. Senior medical staff actively support these training programs and regard them as vital to sustaining a culture of learning.

# RESEARCH

Barwon Health has worked hard to encourage and showcase the excellent work produced by our researchers. Good research practice requires considerable thought and attention. The release of the revised NHMRC National Statement on Ethical Conduct in Human Research in March 2007 requires that research practices be organisationally sound as well as ethically rigorous. In turn, this means a system of research review that is efficient, transparent and predictable.

Our chief asset is the commitment of the Committee members, whose wisdom and generous giving of their time allows these Committees to exist.

Barwon Health thanks these members, and in particular the Chairs:

- > John Frame, Research and Ethics Advisory Committee.
- > Dr Max Alexander, Research Review Committee.
- > Dr Jason Hodge, Animal Experimentation Ethics Committee.

Milestones for 2006/07 include the:

- > Creation of a research internet page allowing both internal and external applicants to readily access information.
- > Development of the low/minimal risk review forms.
- > Consolidation of review committees to allow low or minimal risk projects to be approved.
- > Closure of the Animal Experimentation Ethics Committee.
- > Creation of a Peak Research Body.

## Research and Learning Expo

Barwon Health again participated enthusiastically in the Smart Geelong Network Research and Learning Expo in August 2006 to showcase Geelong's research and learning initiatives. A number of events were held including a Bairnsdale Ulcer Research Public Forum, Research Facility Open Day, Research Poster Competition, Biomedical Research Showcase and Walk for Healthy Bones Week.

Associate Professor Julie Pasco was recognised at the 2006 Researchers of the Year awards as the winner of the Population Health and Well Being category and was also the runner-up for the overall Researcher of the Year award for her research project "Osteoporosis in men – a population based study in Geelong".

The winners of the poster and podium presentation at Barwon Health's research competition were:

- > Best podium presentation: Fiona Collier
- > Best general interest poster: Sue Morgan
- > Best scientific poster: Tricia Quek
- > Highly commended: Ellen Ma, Brenden Munzel, Fiona Collier, Nadine Blyth, Isobel Marshall, Joanna Fitzsimons and Lana Williams.

## Research Involving Humans

There were 94 submissions for review during 2006/07 from the following areas:

Clinical Research	28
Clinical Trial	35
Low/Negligible Risk	18
Public Health	4
Social	9

## MEMBERSHIP OF RESEARCH AND ETHICS ADVISORY COMMITTEE

Current Chair	John Frame
Secretariat	Bernice Davies
Board Members	Christopher Burrell Janet Farrow
Community Members	David Dethridge Peter Ball Christine De Boos Hans Fikkers Reverend Kevin Yelverton
Researchers	Dr Lucy Cuddihy A/Prof Mark Kotowicz Dr Alastair Mander Richard Page Dr Jane Redden-Hoare
Professional Care	Dr Damian Connolly Dr Rod Fawcett Greg Weeks Dr Max Alexander

The Committee thanks the following members who have resigned during the year: Mrs Anna Bleazby, Dr Neil Crompton, Mr Damian Gorman, Reverend David Manks and Dr Bruce Munro.

## MEMBERSHIP OF ANIMAL EXPERIMENTATION ETHICS COMMITTEE

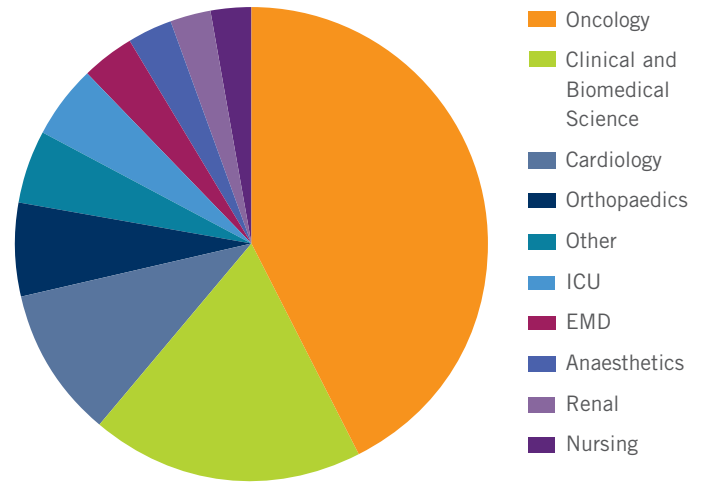
Chair	Dr Jason Hodge Dr Rodney Fawcett (alternative)
Secretariat	Bernice Davies
Members	
Category A	Dr Jack Ayerbe (Qualifications in veterinary science and with experience relevant to the activities of the ECU)
Category B	Scott Lee Dr Jason Hodge (Substantial recent experience in the use of animals in scientific or teaching activities)
Category C	David Cecil (Demonstrable commitment to and established experience in furthering the welfare of animals)
Category D	Ian Inglis (Independent of the institution and who has never been involved with animal research)



### MEMBERSHIP OF RESEARCH REVIEW COMMITTEE

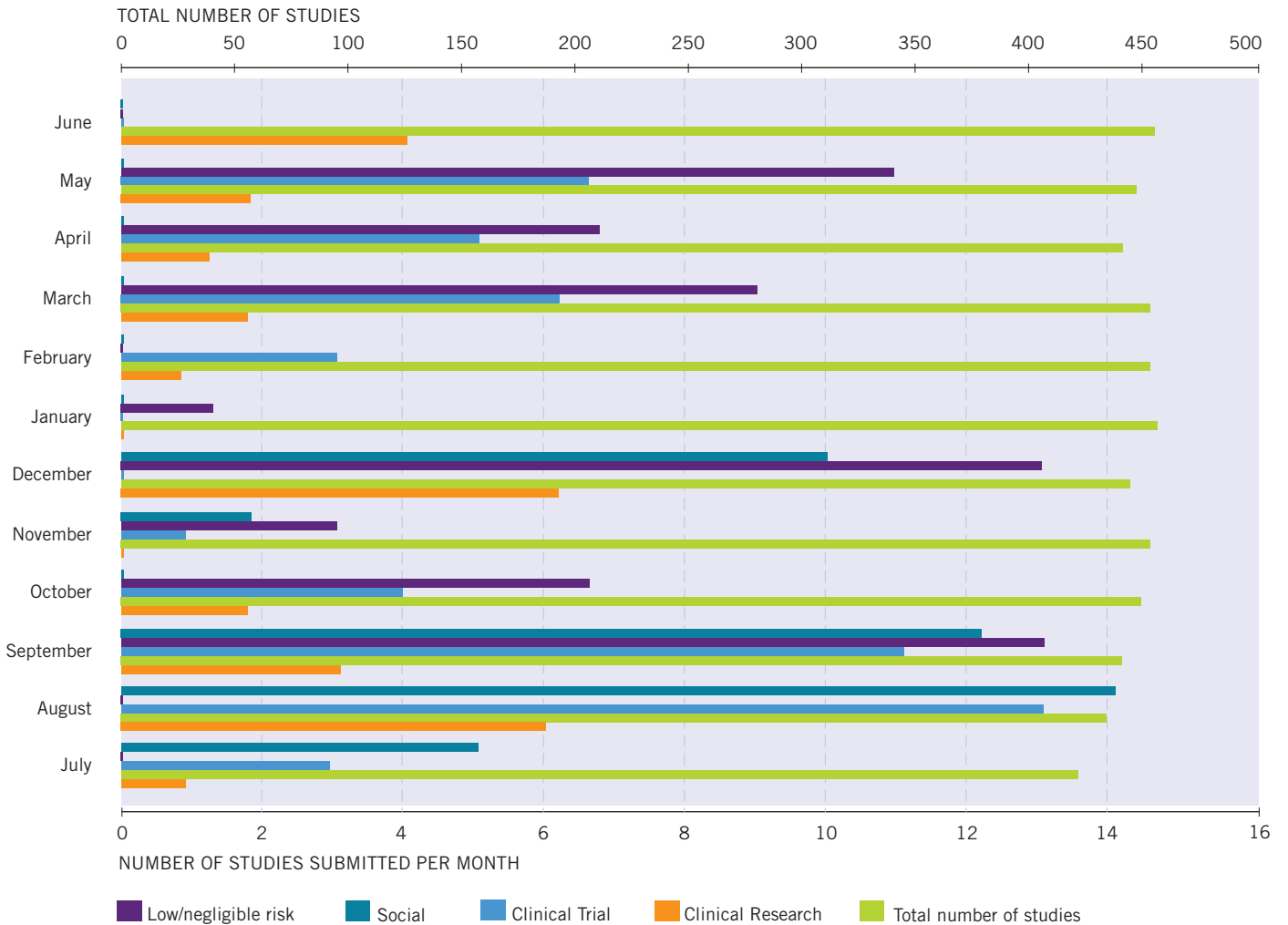
Chair	Dr Max Alexander
Secretariat	Bernice Davies
Alternative Chairs	Dr Lucy Cuddihy A/Prof Mark Kotowicz Dr Jane Redden-Hoare
Members	Dr John Amerena Dr Thomas Callaly Pam Dolley Prof Trisha Dunning Tania Elderkin Dr Chooi Lee Paul Muir

### MAIN RESEARCH AREAS 2006/07



### OVERALL RESEARCH PROJECTS

The overall number of research projects under Barwon Health auspices remained fairly consistent at around 450.



# WORKING WITH OUR COMMUNITY

## CONSUMER LIAISON

In 2006/07, 581 consumer reported incidents were reported to the Consumer Liaison Office. This is an increase of 136, or 33% over the previous year's figure of 445 and is seen as a positive result. It reflects efforts made to increase awareness within the community that Barwon Health does have a pathway for consumers who wish to discuss their experiences in relation to the care they received from Barwon Health's services.

Barwon Health appreciates receiving complaints and feedback from the community as it provides an opportunity to review and improve the health care provided. It wants to hear about patient experiences, especially those that may bring about improvements to the way in which health care provided to the community.

There is an expectation that health care will be safe, appropriate and effective, and usually this is the experience for the community. However, sometimes things may not work out as expected and if this happens, Barwon Health encourages patients and their families to tell them about it. By doing this, Barwon Health is able to provide assistance to patients and their families to resolve their concerns in relation to the health care they have received.

Through the Consumer Liaison Office, it also gathers many of the compliments letters and cards received by the various departments of Barwon Health from patients and their families expressing their gratitude and detailing the positive experiences they have had in relation to the health care they have received. Consumer Liaison is always delighted to receive this positive feedback because it acknowledges the commitment staff provide to caring for their patients as well as supporting families.

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

Telephone: 5226 7986

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

Address: Consumer Liaison Office  
Governance Support Unit  
Barwon Health  
P O Box 281  
Geelong Vic 3220

## CONSUMER ADVISORY COMMITTEE

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

## VOLUNTEERS CARING FOR OUR COMMUNITY

During 2006/07 Barwon Health continued to recruit new volunteers and was able to keep the number of volunteers steady at around 1,300. New activities introduced throughout the year include:

- > Launch of the Volunteer Services Multicultural DVD.
- > Receiving another 12 month grant from Percy Baxter Trust to continue volunteer support to people who have suffered a stroke.
- > Expanding the voluntary transport service.
- > Launch of the Mental Health Program that has developed new volunteer activities in the Drug Treatment Service and Blakiston Lodge.
- > New police check procedures for new and existing volunteers due to legislative requirements.
- > Development of a Mental Health Volunteer Training Program.
- > The move of the Patient Support Volunteers to the Cafeteria due to redevelopment at the Hospital.
- > The purchase of a new bus at the McKellar Centre which was purchased with McKellar Centre Opportunity Shop funds.
- > Rejuvenation of the Resident's Wood Work group at the McKellar Centre which has tripled in attendance numbers.
- > New database being developed for volunteer information.

Key challenges identified for 2007/08 include:

- > Further development of volunteer activities in the mental health areas.
- > Expansion of the Links transport system to help in different areas of Barwon Health.
- > Audit of volunteer placement and positions.
- > Redevelopment of the Bereavement Support Volunteers Program with a focus on identifying gaps within the services and fostering better links with other bereavement organisations.
- > Expansion of Palliative Care Volunteer Services to cover areas in the Geelong Hospital.
- > Recruitment of more people from diverse cultures who speak other languages.
- > Expansion of Volunteer Stroke Support Services to cover the Geelong Hospital as well as the McKellar Centre.

## ETHNIC HEALTH SERVICES

A series of training strategies were used to ensure Barwon Health provides access to our ethnically diverse community.

The strategies included:

- > Providing in-service education directly to staff by the Ethnic Health Service Coordinator. It involved targeted short presentations that ensured maximum attendance and profiled ethnic health services across the organisation.

- > Developing an education partnership with Diversitat has assisted in strengthening the provision of staff education sessions in relation to Geelong Region ethnic communities. Diversitat Geelong is recognised for their current knowledge of established and emerging ethnic communities in the Geelong region.
- > Organising 35 education sessions for Barwon Health staff and volunteers between July 2006 and April 2007. A total of 624 participants were provided with 65.5 hours of training and education over this time.

Interpreter bookings continued to increase with 3,024 bookings in 2006/07, representing a 23% increase on the prior year, as illustrated in the table below.

#### LANGUAGE SERVICES UTILISATION

Time Period	Total no of interpreter bookings
July 2005 to June 2006	2,455
July 2006 to June 2007	3,024

*The top five languages booked are Croatian, Serbian, Italian, Macedonian and Arabic.*

## 1.30 PM. EACH DAY...NEW IDEAS

Lynne, Lifestyle Co-ordinator, Wallace Lodge, McKellar Centre

*I love my job because I can individually create recreation activities which promote self-esteem and personal fulfilment for our residents. I encourage them to take part in activities, assist in their social development, and promote a sense of wellbeing.*



# BARWON HEALTH FOUNDATION – ENGAGING OUR COMMUNITY



**John Frame**  
Interim Chair



**Gavin Seidel**  
Executive Director

In 2006/07 the Barwon Health Foundation continued to work with the community to help fund a number of priorities within Barwon Health. Specific appeals aligned to these priorities have provided an opportunity for the community to engage with Barwon Health and the Foundation for the benefit of our region's health care services.

## THE FUNDRAISING YEAR

During the year the Andrew Love Cancer Centre Appeal reached its target of \$4 million due to the collective support of the community and State Government. This wonderful achievement resulted in the provision of a new Linear Accelerator for the Andrew Love Cancer Centre.

The Our Women Our Children Appeal supported by a very able and enthusiastic volunteer group raised considerable funds through donations and events. The Easter Egg Hunt and The World's Longest Lunch were just two of the successful events that aided services for women and children.

Jigsaw in the Northern Suburbs was gratefully supported by United Way and continues to provide a range of services for young people in the area. The Blue Ribbon Foundation continues to be a pillar of support and their annual 'Blue Ribbon Ball' is a highlight in Geelong's calendar of events.

The Barwon Health Foundation and the Barwon Health Mental Health team formed part of an active working committee to introduce a new program called "Read the Play". This program is designed to create awareness about drugs, alcohol and depression with children via our local football and netball clubs.

The ongoing improvements to facilities and gardens at the McKellar Centre continue to be supported by services clubs, such as Lions, local volunteers and businesses under the direction of the Foundation. Barwon Health and the Foundation appreciated all the support we received in 2006/07, in particular the wonderful contribution from the Walt Disney Corporation and their staff who provided a children's playground in the new Town Square.

Barwon Health is more than a health care provider and the allocation from Percy Baxter Trust to procure a new autoclave sterilizer for the Biomedical Centre was appreciated. This vital piece of equipment enabled this business unit to continue to conduct bone density and stem cell research in a safe environment.

The major focus and priority for 2006/07 and for the next year is to raise \$3.6M for the new Emergency Department. Support from local businesses such as Ross Parke from "The Good Guys" and many of the

Rotary clubs, such as East and West Geelong were instrumental in providing tangible items that will improve the comfort of patients and their families. To all the businesses, individual donors and clubs who contributed to the new Emergency Department, we say, thank you, and look forward to your ongoing support for this major Barwon Health development.

## PEOPLE MAKE IT HAPPEN

Effective fundraising and tangible results do not happen without a myriad of support from a variety of sources. The Foundation Board and our colleagues within Barwon Health are all to be commended for their contribution to the Foundation.

The Foundation Patron, Peter Hitchener, the Nine Network news presenter, continues to passionately play an active role that resonates within our community. To Peter we say a huge thank you for your time and commitment to the Foundation.

Our support groups such as Cancer After Care, Heartbeat and our evergreen Auxiliaries continue to work tirelessly to support services within Barwon Health.

Volunteers are the backbone of the Foundations achievements. These often busy people provide knowledge, skills and resources to assist the Foundation and help us reach our goals.

With the departure of the previous Executive Director, Annmarie Faulkner and Development Officer, Alicia Peardon, we now have a new enthusiastic team in place to compliment the standards that have been set. We also appreciated the support of our previous Chair, Nicholas Carr from Harwood Andrews Lawyers, who resigned during the year.

## THE DONORS, SPONSORS AND SUPPORTERS

To all our who contributors at the Barwon Health Foundation, we say thank you and appreciate that you have selected Barwon Health as a means to make a difference to the lives of so many people.

*Building and Maintaining Quality Health Services  
Not a destination - A journey of care.*



**John Frame**  
Interim Chair



**Gavin Seidel**  
Executive Director

## BARWON HEALTH FOUNDATION BOARD

**Nicholas Carr** - Managing Director, Harwood Andrews Lawyers  
(resigned April 2007)

**John Frame** - Deputy Chair, 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

**Helene Bender** - ALLABOUT Tours and Travel

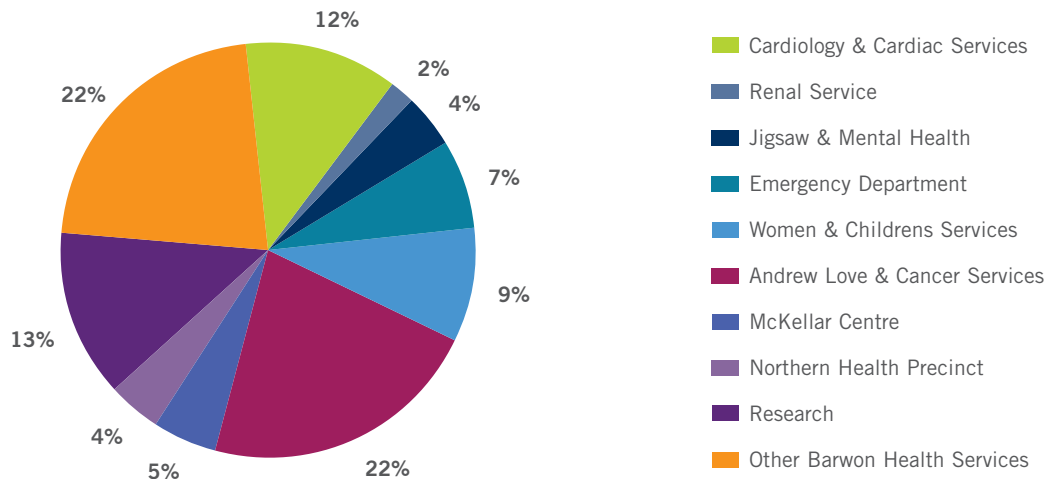
**Russell Malishev** - Malishev Homes

**Bernadette Uzelac** - People at Work

**Bob Eadie**

**Kem Mayberry**

## DISTRIBUTION OF DONATIONS 2006/07



## MEETINGS ATTENDED BY BARWON HEALTH FOUNDATION BOARD MEMBERS

	August	October	February	April	June	Attended
Nicholas Carr (Chair to Apr 07)	✓	✓	✓	R	-	100%
John Frame (A/Chair from Apr 07)	✓	✓	A	✓	✓	80%
Claire Higgins	✓	✓	✓	✓	A	80%
Sue De Gilio	✓	✓	✓	A	✓	80%
Pat Murnane	✓	✓	✓	✓	✓	100%
Grant Sutherland (commenced February 07)	-	-	✓	✓	✓	100%
Helene Bender (commenced February 07)	-	-	A	✓	✓	66%
Russell Malishev (commenced February 07)	-	-	✓	✓	✓	100%
Bernadette Uzelac (commenced February 07)	-	-	✓	✓	✓	100%
Bob Eadie (commenced March 07)	-	-	-	✓	✓	100%
Kem Mayberry (commenced February 07)	-	-	✓	A	✓	66%

A = Apology R = Resigned







## 11.10 AM. EACH DAY...NEW CHOICES

**Ken, Executive Chef, Food Services**

*As Executive Chef, my team and I face daily challenges in ensuring that a client's and visitor's stay is comfortable by ensuring an individual's dietary requirements, food allergies and or cultural requirements are met. I am greatly appreciative of the work that my staff undertake.*

# BARWON HEALTH FOUNDATION continued

THANK YOU TO OUR  
DONORS FOR GIVING THE  
GIFT OF GOOD HEALTH

**Donations received by the  
Barwon Health Foundation  
over \$300**

## **A**

Alcoa World Alumina Australia  
AMP Foundation  
Austin Bros Group Pty Ltd

## **B**

BATFORCE  
Barwon Timber & Hardware  
Bay FM  
Bell Charitable Trust  
Bernie Leen & Sons Pty Ltd  
Bender, OAM Mrs Helene  
Bendigo Bank  
Blakiston, Mrs Hilary  
Bockholt, Mr Roy  
British Paints  
BTU Hill-Douglas  
Buckley's Entertainment Centre  
Butcher, Leonie

## **C**

Cancer After Care Group Geelong Inc  
CB Styles Pty Ltd  
Centrelink Call Centre Geelong  
Checcucci, Mr Dale  
City of Greater Geelong  
Clark, Mr Ben  
Comben, Mr Nicholas  
Corio Waste Management  
Costa Family Foundation  
Coulter Roache  
Country Women's Assoc –  
Drysdale Branch  
Country Women's Assoc  
Geelong Group

## **D**

Dan Freeman Trust  
Davies, Mrs Violet  
Di Hockley Memorial Golf Day  
Appeal - Portarlington

## **E**

East Geelong Auxiliary  
Edgar, Mr Michael John  
Elcho Park Golf Club  
Estate of BML Bravo  
Estate of FJ Dumaresq  
Estate of AL Hockley,  
Estate of EC O'Brien  
Estate of S Parker Smith  
Estate of A Robinson  
Estate of MM Shaw  
Estate of A Titherington  
Estate of BC Wills  
Equity Trustees Ltd

## **F**

Faulkner, Mr Eric  
FC Walker Pty Ltd  
Feetham, Mr Ian  
Francis Fabrics Trust  
for Fletcher Jones Support  
Frame, Mr & Mrs John & Heather  
Friends of Geelong Palliative  
Care Inc

## **G**

Garsularo, Mr & Mrs  
Berman & Susan  
Geelong Ballroom Dance Club  
Geelong Building Industry Unions  
Geelong City Motors  
Geelong Darts Club Inc  
Geelong and District Bowling Assoc  
Geelong Chapter, Harley Owners  
Group Inc  
Geelong Fidelity Club  
Geelong Hospice Care  
Geelong Ladies and Men's  
Darts Club Inc  
Geelong Regional Walking Group Inc  
Geelong Talent and Event  
Management  
Geelong West Hospital Auxiliary  
George Scott Charitable Trust  
G-Force Foundation  
Goosterdurp  
Grovedale Community Craft Club Inc

## **H**

Harwood Andrews Lawyers  
Heartbeat Geelong  
Heatlie, Ms Joanne  
Higgins, Mrs Claire  
Hollingsworth, Mr John

## **I**

Inner Wheel Club of Geelong

## **J**

Johnston, Mr John  
Jenkins, Peake and Co  
Jordan, Ms Helen

## **K**

Kammerer, Mr & Mrs Wilko  
& Amanda  
Kawa, Mr Ben  
Kempe International  
Kennedy, Mr & Mrs B & F

## **L**

Lasseters Online  
LBW Chartered Accountants  
Lions Club of Hamlyn Heights  
Lions Club of Leopold, Inc  
Lions Club of Torquay  
Lions District 201 V2  
Long, Mrs Helen  
Lord of the Isles Tavern

## **M**

Ma, Dr Dickson  
Mc Intosh Australia Pty Ltd  
McNeil, Mr & Mrs P & J  
Marshall, Mrs Sharon  
MEGT  
Mills, Mr Ian  
Moffat, JG  
Mortimer Petroleum  
Munro, Dr & Mrs Bruce & Judy  
Murphy JS & PB Pty Ltd  
Myer Community Fund

## **N**

Neville, MP Mrs Lisa  
Newtown Traders Association  
Nine Network Australia

## **O**

Our Women Our Children Volunteers  
Ocean Grove Bowling Club  
Fundraising Committee  
Ocean View Health Club  
O'Connor, MP Mr Gavin  
ORBUS Neich

## **P**

Pacific Premium Funding  
Perpetual Trustees  
Peters, Family of Ray  
Peterson, JA  
Point of Care Solutions  
Polish Community Association  
Pope, AM  
Prior, Mrs Ann  
Promote-It

## **Q**

Queens Park Golf Club –  
Ladies Group

## **R**

Riordon, Mr & Mrs Terrence & Julie  
Rotary Club of Drysdale Inc  
Rotary Club of Geelong  
Rotary Club of Geelong West  
Ruth Fagg Foundation

## **S**

Sands Caravan Park  
Sanofi-Aventis  
Sarafin, Mr & Mrs Michael  
Schering Pty Ltd  
Selman, Ms Joyce  
Shell Club  
Shell Refinery  
Shennan, Ms Jane  
Singer, Mr Brian  
Sir Charles Darling Social  
Recreational Club  
SLAP Committee  
Slater & Gordon  
South Barwon Hospital Auxiliary  
St Joseph's College Geelong  
St Joseph's Cricket Club  
St Laurence Park Retirement Village  
St Luke's Uniting Church  
Surfcoast Ladies Auxiliary  
Surfside Primary School

## **T**

Tait, Mr Ian  
Telstra Countrywide  
The Jack Brockhoff Foundation  
Thomas, Ms Gail  
Tombstone Country Club

## **U**

United Way Geelong

## **V**

Valajcouski, Mrs  
Van Beurden, W  
Victoria Park Committee  
V&R Fruit and Vegetable Markets

## **W**

Walker Books Australia Pty Ltd  
Walt Disney Corporation  
War Widows Association  
Wasik, Mrs  
Williams, Mr John  
Williamson, Mr Jock  
Woodley, Mrs  
Wookey, Mrs Laurel

# BOARD OF DIRECTORS



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

## BOARD PROFILE

### **Claire Higgins - Chair**

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

### **John Frame - Deputy Chair**

John was a former member of the Victoria Police and was appointed Deputy Commissioner (Operations) in 1988. In 1993 he was appointed the inaugural Director of Security and Loss Prevention for Coles-Myer Ltd and is currently a member of the Metropolitan Ambulance Service Board and Deputy Chairperson of the Police Appeals Board. John has a BA (Criminal Justice Administration) and a Diploma in Criminology and has been awarded the Australia Police Medal, Centenary Medal and the National Medal and Clasp. John was appointed Deputy Chair in November 2006.

### **Christopher Burrell**

Chris is the Director and Principal Counsel of Prosperity Legal, a law firm in Geelong, which provides commercial, corporate and workplace relations advice to businesses in Geelong and its surrounding areas. 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 New South Wales, Victoria, South Australia and the High Court of Australia. Before opening Prosperity Legal, Chris previously worked for the University of New England, the SA Chamber of Commerce and Industry, the Master Builders Association of SA, and IPA Personnel.

### **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 and 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 organisations 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.

### Michael Hirst

Michael has over 28 years experience in finance and banking and is currently Chief Operating Officer 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.

### Peter Thomas

Formerly a board member with the Surfcoast Community Health Centre, Peter 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 President of the Torquay RSL.

## MEETINGS ATTENDED BY DIRECTORES

### 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

Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	% Att
Christopher Burrell	✓	✓	✓	✓	-	✓	-	✓	A	✓	✓	✓	90%
Janet Farrow	✓	✓	✓	✓	-	A	-	✓	✓	✓	✓	✓	90%
John Frame	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	✓	100%
Damian Gorman	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	A	90%
Claire Higgins (Chair)	✓	✓	✓	A	-	✓	-	✓	✓	✓	✓	✓	90%
Michael Hirst	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	✓	100%
Maree Marcus (Resigned 1 Nov 06)	✓	✓	✓	A									75%
Peter Thomas	LOA	LOA	✓	✓	-	✓	-	✓	✓	✓	✓	LOA	100%

#### Meeting Title: Audit Committee Meeting Frequency: Quarterly

Name	August	March	June	% Att
Chris Burrell	A	✓	✓	66%
John Frame	✓	✓	✓	100%
Mike Hirst (Chair)	✓	✓	✓	100%
Claire Higgins	✓	A	✓	66%
Maree Marcus (Resigned 1 Nov 06)	✓			100%

#### Meeting Title: Community Advisory Committee Meeting Frequency: Monthly

Name	July	August	September	October	December	February	April	June	% Att
Janet Farrow	A	✓	✓	✓	A	✓	✓	✓	75%
Claire Higgins (Chair)	✓	✓	✓	✓	✓	✓	✓	A	88%

**Meeting Title:** Clinical Quality and Risk Management Committee **Meeting Frequency:** Quarterly

Name	July	November	February	May	% Att
Janet Farrow (Chair)	✓	✓	✓	✓	100%
Claire Higgins	✓	✓	✓	✓	100%
Peter Thomas (Joined 30 Nov 06)			✓	✓	100%
Maree Marcus (Resigned Nov 06 and is now community advisor)	A				0%

**Meeting Title:** Facilities Development Committee **Meeting Frequency:** Bi Monthly

Name	September	November	February	April	June	% Att
Chris Burrell	✓	✓	✓	✓	✓	100%
Damian Gorman	✓	✓	✓	✓	✓	100%
Peter Thomas	✓	✓	✓	✓	LOA	100%

**Meeting Title:** Governance and Remuneration Committee **Meeting Frequency:** Quarterly

Name	September	December	February	May	% Att
Chris Burrell	✓	✓	✓	✓	100%
John Frame (Chair)	✓	✓	✓	✓	100%
Damian Gorman	✓	✓	✓	A	75%
Claire Higgins	✓	A	✓	✓	75%
Mike Hirst	✓	✓	A	✓	75%
Maree Marcus (Resigned Nov 06)	✓				100%

**Meeting Title:** Primary Care and Population Health Committee **Meeting Frequency:** Quarterly

Name	August	February	% Att
Janet Farrow (Joined Feb 07)		✓	100%
Damian Gorman (Chair)	✓	✓	100%
Peter Thomas		✓	100%
Maree Marcus (Resigned Nov 06)	✓		100%

**Meeting Title:** Research and Ethics Committee **Meeting Frequency:** Monthly

Name	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	% Att
Chris Burrell	✓	A	✓	✓	A	A	-	✓	A	✓	✓	A	55%
John Frame (Chair)	✓	✓	✓	A	✓		-	✓	✓	✓	✓	✓	90%
Damian Gorman (Resigned Dec 06)	✓	✓	✓	A	✓	A							66%
Janet Farrow (Joined Feb 07)								✓	A	✓	✓	✓	80%





## 8.45 AM. EACH DAY...NEW ENQUIRIES

**Sue, Receptionist, Torquay Community Health Centre**

*I not only provide the first point of contact for visitors and clients, but also update patient information, organise appointments, prepare invoices and general customer service. I feel my role within Barwon Health is most gratifying when clientele are appreciative as it makes my role fulfilling and satisfying.*

# EXECUTIVE TEAM AND CLINICAL DIRECTORS



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

## CHIEF EXECUTIVE OFFICER

### **Sue De Gilio**

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

## DEPUTY CEO AND EXECUTIVE DIRECTOR OPERATIONS

(Resigned June 2007)

### **John Mulder**

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

## GENERAL MANAGER SURGICAL SERVICES

(Resigned June 2007)

### **Damian Armour**

B Comm, ACA, MBA, MAICD

## EXECUTIVE DIRECTOR HUMAN RESOURCES AND ORGANISATIONAL SAFETY

### **Perry Muncaster**

## EXECUTIVE DIRECTOR FINANCIAL SERVICES

### **John Linke**

B Comm, FCPA, BHA, AHSFA

## GENERAL MANAGER COMMUNITY AND MENTAL HEALTH

### **Anna Fletcher**

RN, BHA, MHP, FAICD

## GENERAL MANAGER MEDICAL SERVICES

### **Sandy Morrison**

M Bus, BHA, AFCHSE, CHE

## EXECUTIVE DIRECTOR INFORMATION SERVICES

### **Paul Cohen**

BA (Hons) Politics and Govt

## EXECUTIVE DIRECTOR NURSING AND MIDWIFERY

### **Dr Lucy Cuddihy**

PhD, RN, DN, MBA

## EXECUTIVE MEDICAL DIRECTOR AND AREA MEDICAL DIRECTOR

### **Dr Max Alexander**

MBBS, FRACGP, MBA

## CLINICAL DIRECTOR MEDICAL SERVICES

### **Dr Tom Callaly**

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

## CLINICAL DIRECTOR MEDICAL SERVICES

### **Dr Paul Talman**

Sc (Hons), MBBS, FRACP, PhD

## CLINICAL DIRECTOR SURGICAL SERVICES

### **Dr Tony Weaver**

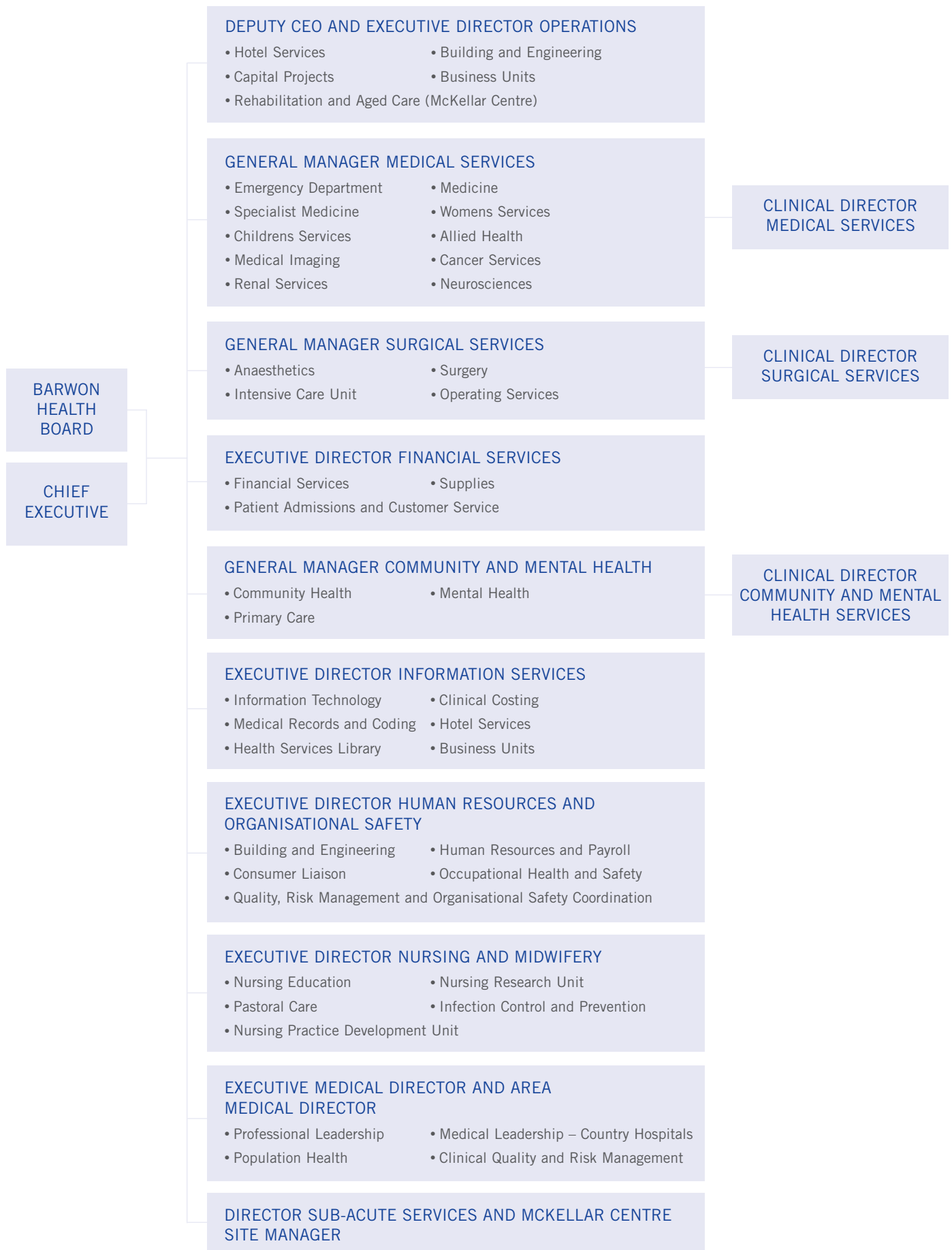
MBBS, FANZCA, FJFICM, FFPMANZCA, FIPP (WIP)

## DIRECTOR SUB-ACUTE SERVICES AND MCKELLAR CENTRE SITE MANAGER

(Interim July 2007 - February 2008)

### **Fiona McKinnon**

B App Sc (Physiotherapy), MHA



# CARING FOR THE CARERS

## HUMAN RESOURCE MANAGEMENT

### Public Sector Values

Barwon Health is supporting the Public Sector Values through promotion and communication of the values and fair and equitable processes. This includes employee's awareness of the Code of Conduct for Victorian Public Sector employees. These values include the Victorian Public Sector employment principles, which ensure that employment decisions are based on merit and employees are treated in a fair and reasonable manner. Barwon Health is an Equal Opportunity Employer.

### Workforce

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

- > 77% of the workforce is female
- > Median age of employees is 44
- > Average years of tenure is 6 years, our turnover rate is currently 8% compared to 10.8% across Rural Health Services and
- > This year we have had an increase of 51% for new starters under the age of 30.

### Barwon Health Head Count by Labour Category

	MALES	FEMALES
01 Nursing Services	208	2161
02 Admin and Clerical	82	548
03 Medical Support	113	270
04 Hotel and Allied Services	180	518
05 Medical Officers	40	9
06 Hospital Medical Officers	299	222
07 Sessional Clinicians	174	26
08 Ancillary Support	59	364
<b>Total count</b>	<b>1,155</b>	<b>4,118</b>

### Training and Development

Our Leadership Program has had 81 participants this year and has assisted our line managers to have the core management fundamentals to lead our people into the future. The program consists of both operational and strategic training in people management and compliance.

We have successfully conducted training on the elimination of bullying harassment throughout the organisation. Employee awareness of our policies/procedures relating to the elimination of workplace bullying and harassment are well entrenched in the organisation.

### Occupational Health and Safety

To ensure continuous improvement in the area of rehabilitation and Return To Work (RTW) process will have commenced an initiative for manager training in the processes of injury management and early RTW. To assist with the roll-out of this initiative we have been able to obtain funding from the Victorian WorkCover Authority and this project is expected to be completed late in 2007.

### RISK MANAGEMENT

In an increasingly complex public policy environment, it is important that Public Service employees are encouraged to approach their work with creativity and a desire to innovate. At the same time, however, we must recognise and respect the need to be prudent in protecting the public interest and maintaining public trust. Barwon Health's approach to controls assurance enables achievement of this balance.

Assurance relates to the likelihood that planned objectives will be achieved within an acceptable degree of residual risk. The level of assurance is reliant on the effectiveness of the governance framework put in place by Barwon Health's Executive and Non-Executives Directors and the organisation's culture.

Recognising that the implementation of a controls assurance framework, without an underlying value system, would enforce compliance rather than commitment and not guarantee an effective control environment. Our approach has been to ensure a balance between inherent and formal controls mechanisms. This approach is responsive to quality improvement and innovation (innovation-results model) and limits formal control (command-control model) to compliance matters as set by legislation and regulation.

	MALES			FEMALES		
	FULL TIME	PART TIME	CASUAL	FULL TIME	PART TIME	CASUAL
01 Nursing Services	108	60	40	401	1,214	546
02 Admin and Clerical	70	10	2	191	283	74
03 Medical Support	78	22	13	135	107	28
04 Hotel and Allied Services	106	41	33	81	327	110
05 Medical Officers	38	1	1	6	2	1
06 Hospital Medical Officers	116	2	181	98	1	123
07 Sessional Clinicians	0	153	21	0	25	1
08 Ancillary Support	36	11	12	120	167	77
<b>Total count</b>	<b>552</b>	<b>300</b>	<b>303</b>	<b>1,032</b>	<b>2,126</b>	<b>960</b>



### Controls Assurance Framework

The assurance framework provides support and best practice guidance to Barwon Health as it moves forward by assuring all the threads of quality, performance and governance are fully aligned and integrated. This framework builds on the many well-developed structures and systems already in place and will enable the Board to be certain that all risks are effectively known, controlled and managed.

The assurance framework provides Barwon Health with a simple, but comprehensive method of effectively aligning strategic planning and objective setting against a proactive risk assessment in accordance with the strategic plan and annual statement of priorities. It also provides a structure for acquiring and examining the evidence to support the organisations quality compliance management system. By contributing to more pertinent board reporting and the prioritisation of action plans, the framework will, in turn, allow for more effective performance management.

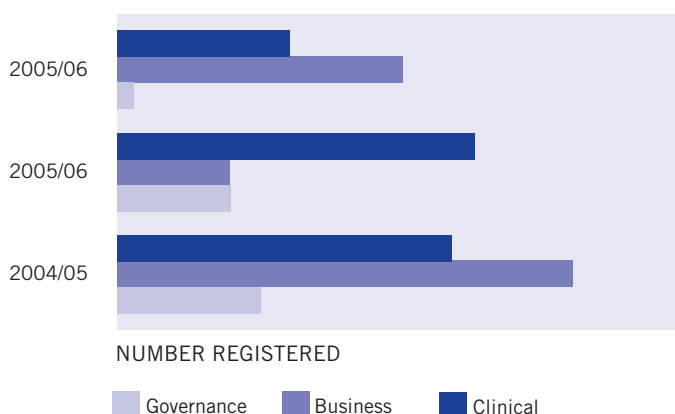
### Governance Committees

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

### Registered Risks

There were forty-one new risks requiring active management during the period July 2006 to June 2007. Of these, the governance risk, associated with aged care accreditation requirements is now within acceptable levels of control. Of the twenty-four-business risk identified, a number were associated with the new payroll system that required new controls to be implemented to meet internal audit requirement. The continued reduction in clinical risks reflects a whole of organisation approach to clinical safety and the commitment of our clinicians (table 1). We are pleased to report a continued reduction in the overall number of newly emerging risks that require active management (figure 1).

### Barwon Health - New Risks



**Table 1: Registered Risks 2006/07**

RISK TYPE	TOTAL	OPEN	CLOSED	% TOTAL RISKS
Governance	1	0	1	2.43%
Business	24	17	7	58.54%
Clinical	16	9	7	39.03%
<b>Total</b>	<b>41</b>	<b>26</b>	<b>15</b>	

Open = actively being managed Closed - monitoring only

**Figure 1: Registered Risks by Financial Year**

RISK TYPE	2004/05	2005/06	2006/07
Governance	13	10	1
Business	40	11	24
Clinical	29	32	16
<b>Total</b>	<b>82</b>	<b>53</b>	<b>41</b>



# RECOGNISING OUR STAFF

## ADJUNCT PROFESSOR IN SCHOOL OF NURSING

Lucy Cuddihy was appointed Adjunct Professor in the School of Nursing, Faculty of Health, Medicine, Nursing and Behavioral Sciences Deakin University.

## AUSTRALIAN AND NEW ZEALAND BONE CONFERENCE

Geelong Osteoporosis Study received two of the five awards among 270 delegates. Andrew Hattam won the C & M Nordin Best Poster Prize and Associate Professor Julie Pascoe won the Kaye Ibbertson Award for Metabolic Bone Disease. Professor Pascoe's award was based on the productivity of the applicant, in terms of the best five papers published on Metabolic Bone Disease in the past five years.

## AUSTRALASIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

Dr Romi Janovic successfully passed her part 1 examinations in May 2006 and Drs Catherine Quigg, Brett Coleman, Joanne Kara-Brightwell and Simon Gower have all passed their 2nd part examinations for a Fellowship to ANZCA.

## AUSTRALIAN ASSOCIATION FOR QUALITY IN HEALTHCARE

Pam Dolley has successfully met the requirements for Fellow of the Australian Association for Quality in Healthcare

## AUSTRALIAN PODIATRY ASSOCIATION

Lisa Edwards won the Australian Podiatry Association Jennifer O'Meara award. This award is presented to a Podiatrist early in their career in recognition of their contribution to the profession through research and professional development.

## EXECUTIVE CHANGES

John Mulder, Executive Director, Operations and Deputy CEO resigned from his position to take up an appointment as CEO of Bendigo Health. John has been instrumental in driving the redevelopment of the McKellar Centre, Andrew Love Cancer Centre and the Geelong Hospital Emergency Department. John is wished every success in his new role and is congratulated on his appointment.

Damian Armour, General Manager, Surgical Services resigned from Barwon Health to take up an appointment as Executive Director, Freemasons Hospital, Melbourne. Damian has been with Barwon Health for over nine and a half years, having spent the first four years as the Chief Information Officer of Barwon Health, followed by a five and a half year period where Damian has been the General Manager of Surgical Services. We wish Damian well with his new challenge and thank him for his contribution to our health service.

## GEELONG REGIONAL VOCATIONAL EDUCATION COUNCIL

The McKellar Centre was awarded an Employer Recognition Award for providing a placement in Unit 9 as part of the Structured Workplace Program for 2006.

## LESLIE OLIVER DOWNER AWARDS

The Leslie Oliver Downer Award for 2006 was won by Angie Keating, (HW5 Orthopaedics) and two high commendations were awarded to Mauro Morganti (HW3 Paediatrics) and Stephen Scammell (HARP).

## MICHAEL MURRAY AWARD FOR EXCELLENCE IN CONTINENCE PROMOTION

Barwon Health's Continence Clinic was awarded the Michael Murray Award for Excellence in Continence Promotion for the outstanding success of the 'Continence Expo' targeting local service providers and members of the public and included a range of workshops.

## NATIONAL MENTAL HEALTH AWARD

Strengthening Child and Adolescent Relationships In Families collaborative service between Glastonbury and Barwon Health received a National Mental Health Award in recognition of a multifaceted, partnership approach to children, adolescents and families where there is a parental mental illness.

Barwon Health was highly commended for the Premier's Award for Regional Health Service of the Year. This award recognises the hard work by all staff in making Barwon Health a leading health service.

## PRIMARY AND COMMUNITY HEALTH NETWORK VICTORIA AWARDS

Congratulations to the Community Health Team led by Sue Morgan (Primary Care coordinator), who won the "Research and Evaluation" award in the Early Detection and Management of Falls Risk In Older Adults at the recent Primary and Community Health Network Victoria annual awards. The award which was presented by the Minister for Health, Bronwyn Pike was for a project that evaluated use of a "Quickscreen" tool for early identification and management of falls risks amongst older clients.

## SAVE WATER! AWARDS

Linencare was won the Save Water! Awards Regional Business Category for new water saving technology with the installation of an Aquamiser and Energy Optimiser that will reduce water consumption by 40%.

## SMART GEELONG NETWORK RESEARCHER OF THE YEAR AWARDS

Associate Professor Julie Pasco was awarded the St John of God Pathology – PathCare Population Health and Well Being award for her research project entitled "Osteoporosis in men – a population based study in Geelong". Her research is part of a world first Geelong Osteoporosis Study that characterises risk factors for fracture. Julie also received the CSIRO Textile and Fibre Technology Highly Commended Award.

Dr Kerrie Sanders was awarded the Bendigo Bank Biomedical Award for her research project titled "A randomised control trial of annual vitamin D supplementation to older women". Her research examined whether an annual dose of Vitamin D tablets given to older women is associated with a reduction of falls, fractures, depression and general healthcare usage.

## STATE EXCELLENCE IN NURSING AWARDS

Janis Deppeler, Case Manager for Aged Psychiatry has won the Jen Rusden Memorial Psychiatric State Nursing Award for her work setting up a support group for her clients to help relieve the isolation experienced due to geography, illness, stigma attached to mental illness and diminishing support networks.



## 3.40 PM. EACH DAY...NEW CHALLENGES

**Jo, Nurse Unit Manager, Inpatient Rehabilitation Centre, McKellar Centre**

*I coordinate patient care and ensure appropriate staffing levels to meet patient needs. I make ongoing assessments of not only the individual needs of the patients, but also of the unit as a whole. By being part of a team, we optimise our patients' outcomes and provide an exceptional rehabilitation service.*

### THE UNIVERSITY OF MELBOURNE DEANS AWARD

In March 2007, Infection Prevention Service's Tricia Quek received a University of Melbourne Dean's Awards for her Honours project on "Risk factors for Bairnsdale ulcer". This project is also due to be published in a high profile medical journal.

### VALE – LOUISE SHENNAN

Barwon Health regrets the passing of Louise Shennan. She commenced working with the Barwon Regional Association for Alcohol and Drug Dependence in 1982. Louise moved to the Belmont Community Health Centre when it opened in 2001. As a member of the Belmont Community Health Reception Team, colleagues and friends at Barwon Health will remember Louise as a delightful lady who will be missed.

### VALE – MARJORY WALKOWSKI (TAYLOR)

Barwon Health regrets the passing of Marjory Walkowski, better known as Matron Taylor. Marjory died quietly on the 31 December 2006 at Rice Village, she was 86. She was Director of Nursing at Geelong Hospital from 1956 to 1981. Her contribution to nursing, nursing education and the development of the profession during her career is legendary and her efforts were recognised with her award as a Member of the Order of Australia on the 9 June 1980. Barwon Health honours an exceptional nursing leader who will long be remembered as an outstanding nurse and mentor.

### VICTORIAN HEALTHCARE AWARDS

Gestational Diabetes Ambulatory Care Program received a Highly Commended Award for the Excellence in Care and Service Delivery Category.

# BARWON HEALTH ANNUAL QUALITY AND RISK MANAGEMENT AWARDS

Project entries were judged using the following assessment criteria:

- > importance
- > strength of strategy
- > consumer participation
- > innovation
- > impact
- > spread and sustainability and
- > standard of entry.

Thirty-three projects were considered for this year's awards. The 'PreVenT – VTE risk assessment and decision support' project, which was undertaken across acute and sub acute services, received an "Outstanding Achievement" award. There were four "Highly Commended", nine "Commendations" and nineteen "Certificates of Achievement" awarded.

The Selection Panel comprised of: Janet Farrow, Dr Max Alexander, Dr Lucy Cuddihy, Jo Bourke, Pam Dolley, Gayle Dougherty, Rebecca Smith and Mary Hyland. *Congratulations to all 2007 Annual Quality Improvement award recipients.*

## OUTSTANDING ACHIEVEMENT

### PreVenT – VTE Risk Assessment and Decision Support

Venous Thromboembolism (VTE) is a significant problem for hospitalised patients, leading to the possibility of serious illness and risk of death. Despite the existence of randomised controlled trials to support the implementation of preventative measures, the problem of VTE in hospitalised patients persists, and it is clear that evidenced based guidelines and recommendations are under utilised.

The project's team's objective was to increase the rate of venous thromboembolism risk assessment and appropriate thromboprophylaxis clinical decision-making using an electronic tool in hospitalised patients.

We developed an electronic VTE risk assessment and prophylaxis decision support tool that was linked to the patient management and pathology reporting information systems. The tool used existing computer generated unit based patient lists to identify the risk assessment status of admitted patients and enabled outcome reports to be automatically generated and distributed via email to the heads of medical units.

During this Barwon Health initiative, the proportion of patients who had a VTE risk assessment completed increased from 51.58 per cent in August 2006 to 85.9 per cent in March 2007. Appropriate prophylactic interventions increased from 58.18 per cent in August 2006 to 89.25 per cent in March 2007 for acute and sub acute services.

The implementation of an electronic VTE risk assessment and prophylaxis decision support tool used routinely in both acute and sub acute services and integrated into the existing information management systems of the health service, changed clinical behaviour and improved compliance with evidenced based VTE prevention practice.

## HIGHLY COMMENDED

### Hook, Line and Sinkers

Residents at John Robb House nursing home are able to go fishing. It became apparent at a resident meeting that many of them were interested

in fishing. A fishing trip off Cunningham pier was organised as a trial. The residents had a wonderful experience. A large number of residents requested to be part of the fishing expeditions after the first outing.

Ten fishing excursions have been completed so far this year. The bus makes two trips each time transferring the wheelchairs to the Barwon River in Belmont. The fishing trips have been very successful. We have caught and landed eight large carp and lost quite a few in the landing process. Socialisation has increased throughout the nursing home with fishing stories becoming the topic of conversation for days after each trip.

### Development of a Device to Measure Bed Backrest Angle to Allow Optimal Patient Positioning

Patient positioning with bed backrest at greater than or equal to 30 degrees has been extensively documented in the health care literature as being a factor in decreasing patient morbidity and mortality in the intensive care setting. How to measure the backrest angle accurately, simply and inexpensively has been less well addressed. The purpose of this project was to improve patient care by objective measurement of bed backrest angle.

The initial audit found that the average backrest angle was 27 degrees, only 40 per cent of patients' backrests were at or greater than 30 degrees. After the introduction of an education program and backrest dials, 86 per cent of patient backrest angles were at or greater than 30 degrees, the average being 34 degrees.

The follow up audit showed that all three aims of the project were achieved:

1. 86 per cent of patients were at, or greater than 30 degrees.
2. All ICU beds were fitted with a backrest dial by January 2006.
3. 72 ventilated patient backrest angles measured.

It is now ongoing unit policy that each bed in the Intensive Care Unit and High Dependency Unit has a backrest angle dial in situ. Already other hospitals around Australia are seeking advice regarding introduction of the dial to their units (interest having been generated from a poster display/presentation at the Australian and New Zealand Intensive Care Conference held in Hobart 2006). Monthly spot audits are undertaken on several practices within the Intensive Care Unit. The bed rest angle is one of them.

### Elective Orthopaedics Physiotherapy Project

The aim of this project was to review the Orthopaedic Inpatient Physiotherapy service at The Geelong Hospital and its effect on patient outcome and care, and suggest any ongoing improvements that could be applied. In particular, it compared a period when the Orthopaedic Physiotherapy service was 2.0 FTE, with a period when the service was temporarily increased to 2.9 FTE. The project focused primarily on elective hip or knee arthroplasty patients.

The results of the reviews showed:

- > Since the additional staffing 0.9 FTE of physiotherapy, length of stay decreased in the hip or knee arthroplasty patient group by an average of 1.2 post-operative days.
- > The increased weekend service resulted in decreasing length of hospital stay by an average of 1.8 post-operative days for patients who underwent their hip or knee operation on a Friday.



- > Rehabilitation bed blockages were a cause of extended length of hospital stay in eight hip or knee arthroplasty cases during one eight-week theatre period in 2006.
- > With the additional 0.9 FTE, all patients that were referred for physiotherapy were assessed and treated on that day.
- > Problems were identified with the current hip or knee arthroplasty clinical pathway and possible solutions have been presented.

Recommendations were made to:

- > Continue the extra 0.9 FTE as a permanent position
- > Continue the five to six hours of Saturday physiotherapy service
- > Conduct further investigation into the current system of referral of patients to rehabilitation and
- > Conduct further evaluation of the current hip or knee arthroplasty clinical pathway.

#### Identification of 'missed' Medical Emergency Team calls

Following the introduction of a Medical Emergency Team (MET), we identified instances where patients fulfilled MET criteria, but MET calls were not made (a 'missed' MET call). A system that does not recognise missed MET calls may have hidden morbidity and is undesirable.

We evaluated MET compliance and compared this with other Victorian hospitals. A MET call was considered missed if there were MET call criteria within the previous 24 hours but no MET call.

A point prevalence Study was performed to identify missed MET calls (Study 1). This was repeated after education of doctors and nurses (Study 2) and after a further six months (Study 3). A telephone survey was conducted to benchmark assessment of missed MET calls in Victoria.

The number of MET calls increased by 42.8 per cent following the education programme. The number of missed MET calls decreased from six per cent to two per cent, and to one per cent after a further six months. The telephone survey revealed that no other Victorian hospitals collect data on the incidence of missed MET calls.

Commendations for Quality Improvement awarded to:

- > 'Under the Veneer' - Northern Exposure
- > Clients who self-harm - A targeted and timely service response
- > Reducing the burden of costs of medication in a public community mental health service setting

- > Looking through the window at John Robb House
- > Collaborative goal setting
- > Supporting Kids and Their Environment / Chemical Dependency Unit Project (SKATE)
- > Osteoarthritis Hip and Knee Service
- > Ponseti Method and
- > Priority Instrumentation.

Certificates of Achievement for Quality Improvement awarded to:

- > Come and Try Community Activity Program
- > Early detection and management of falls risk in older adults: Exploring the use of the Quickscreen tool in Barwon Health Primary Care clinical practice settings
- > 'Finding Balance': A community based group program for young men with chronic diseases
- > Palliative Care Family Caregiver Group Education Program
- > The Romp and Chomp Project: Healthy eating and active play for Geelong under 5's
- > Capacity building aged care staff as a transition out approach
- > Capacity building public and private services in providing care in high prevalence disorders
- > Consumer participation in outcome measurement
- > A new approach to additional precautions
- > Bridging the gap
- > Client focused Team Review Meeting
- > Introduction of generalised somatosensory training for stroke survivors, within the community rehabilitation occupational therapy service at McKellar Centre
- > Reconfiguration of clinical pathway
- > Digital Radiology (DR) installation
- > Implementing a triage system for new referrals in the Diabetes Referral Centre
- > Intermittent Care Pilot Project
- > Delirium and sedation in Intensive Care Unit
- > Intragram Register and
- > Introduction of a Liaison Nurse Service at Geelong Hospital.

#### Table of Point Prevalence Audits

	NUMBER OF PATIENTS	AVERAGE NUMBER OF MET CALLS PER MONTH	NUMBER OF MISSED MET CALLS	PREVALENCE
Point Prevalence Study 1	229	70	14	6%
Point Prevalence Study 2	239	100	7	2%
Point Prevalence Study 3	238	100	4	1%

This audit demonstrates that instituting a hospital wide programme of education can reduce missed MET calls. It also demonstrates that there is no established process for identifying missed MET calls in most Victorian hospitals.



# 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 & Mental Health
Aged Care Assessment Service	McKellar Centre	Operations (McKellar Centre)
Aids & Equipment Program	McKellar Centre	Operations (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 Unit	Geelong Hospital Kardinia House Level 4	Surgical Services
Carer Respite and Carelink Services	Barwon Health Newcomb and Warrnambool	Community & Mental Health
Central Sterilizing Unit	Geelong Hospital South Wing Level 5	Surgical Services
Chemical Dependency Unit - Antenatal & Postnatal	Geelong Hospital Bellerine Centre, Level 4	Medical Services
Chronic Heart Failure & COPD Disease Mgt Service (HARP)	Barwon Health, Church Street, Geelong West	Community & Mental Health
Chronic and Complex Case Management (HARP)	Barwon Health, Church Street, Geelong West	Community & Mental Health
Clinical Health Psychology	McKellar Centre	Medical Services
Clinical Nursing Research Unit	Douglas Hocking Research Institute, Level 4	Corporate Services
Community Health Centres	See Primary Care	Community & Mental Health
Community and Mental Health (incl. Children, Adults & Disabled)	McKellar Centre	Community Health
Continence Service	Belmont Community Rehabilitation Service 120 Settlement Rd Belmont	Operations (McKellar Centre)
Cord Blood Bank	Geelong Hospital - Douglas Hocking Research Institute Level 4	Corporate Services
Day Program Centre	Barwon Health Surf Coast – Torquay & Anglesea Belmont Day Centre, 120 Settlement Rd Belmont Dorothy Thompson Day Centre, 2 Wendover Ave, Norlane	Community & Mental Health
Day Surgery Centre	Geelong Hospital Gretta Volum Centre, Bellerine Street	Surgical Services
Dementia Specific High Level Care	McKellar Centre	Operations (McKellar Centre)
Dental Services	Barwon Health Corio Barwon Health Newcomb Barwon Health Belmont	Community & Mental Health
Diabetes Referral Centre	Geelong Hospital Bellerine Centre Level 3	Medical Services
Diabetes Research	Geelong Hospital Myers House, Cnr Bellerine & Myers Street	Corporate Services
Dietetics	Geelong Hospital Heath Wing Level 2	Medical Services
Dietetics	McKellar Centre	Medical Services
District Nursing (incl. Midwifery, Hospital in the Home, Palliative Care)	Barwon Health Corio Barwon Health Belmont Barwon Health Newcomb	Community & Mental Health

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

A woman with short brown hair and glasses, wearing a dark blue patterned shirt and a dark blue vest, is smiling and holding a handheld data entry device. She is wearing a blue lanyard with a badge and a colorful watch. The background is a blurred hospital supply department with metal shelving units.

## 1.25 PM. EACH DAY...NEW PRODUCTS

**Heather, Storeperson, Supply Department**

*My role within the hospital is to check stock levels, order and deliver sterile stock back to the wards. I order my stock on a portable data entry device, which is downloaded, onto our inventory software/program. Our department provides the necessary medical supplies not only to the Hospital but also to our Community Health Centres, McKellar Centre and Barwon Health in its entirety.*



# LIST OF SERVICES continued

SERVICE	LOCATION	PROGRAM
Medical Imaging	Geelong Hospital Heath Wing Level 1 Geelong Private Hospital McKellar Centre	Medical Services
Memory Clinic	McKellar Centre	Operations (McKellar Centre)
Mental Health • 24 bed acute psychiatric facility	Geelong Hospital Swanston Centre – Cnr Swanston & Myers Streets	Community & Mental Health
Mental Health • Aged Psychiatry Team	Geelong Hospital Swanston Centre – Cnr Swanston & Myers Sts, Geelong	Community & Mental Health
Mental Health • 30 bed Aged Care Residential	McKellar Centre Blakiston Lodge Psychiatric Facility	Community & Mental Health
Mental Health • Adult Community Rehabilitation	Community Rehabilitation Facility, Residential Facility	Community & Mental Health 58 Barwon Heads Road, Belmont
Mental Health • Children's Mental Health Team	Barwon Health Belmont	Community & Mental Health
Mental Health • Adult Community Mental Health Teams	Barwon Health Belmont Barwon Health Corio Barwon Health Newcomb Barwon Health Surfcoast – Torquay Barwon Health Colac, 13 Dennis St, Colac	Community & Mental Health
Mental Health • Children of Parents with a Mental Illness	Glastonbury Child & Family Services, Geelong	Community & Mental Health
Mental Health • Court Liaison	Geelong Magistrate's Court	Community & Mental Health
Mental Health • Early Intervention Service	Early Intervention Service Psychiatrists & Clinicians are located at the following Mental Health Teams: • West Geelong • Colac • Bellarine • Surfcoast • Corio • Pathways, West Geelong	Community & Mental Health
Mental Health • Homeless Outreach Psychiatric Services	Barwon Health West Geelong	Community & Mental Health
Mental Health • Jigsaw Young Person's Health Service	Corio Village Shopping Centre, Corio	Community & Mental Health
Mental Health • Primary Mental Health Team	Barwon Health West Geelong	Community & Mental Health
Mental Health • Triage and Consultation Liaison	Geelong Hospital	Community & Mental Health
Midwifery Service – Koori	Geelong Hospital Bellerine Centre Level 4	Medical Services
Midwives - Community	Corio Community Health Service	Medical Services
Mortuary Services	Geelong Hospital Douglas Hocking Wing	Corporate Services
Neurological Services	Geelong Hospital	Medical Services
Neuropsychology	McKellar Centre	Operations (McKellar Centre)
Neurosurgery (Outpatients only)	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Nursing Education Unit	Geelong Hospital, Kitchener House	Corporate Services
Obstetrics Services	Geelong Hospital Bellerine Centre Level 4	Medical Services
Occupational Therapy	Geelong Hospital Heath Wing Level 2 McKellar Centre	Medical Services



# LIST OF SERVICES continued

SERVICE	LOCATION	PROGRAM
Oncology/Haematology	Geelong Hospital Andrew Love Cancer Centre	Medical Services
Operating Services	Geelong Hospital South Wing Level 4	Surgical Services
Ophthalmology	Geelong Hospital	Surgical Services
Oral/Maxillofacial Surgery	Geelong Hospital	Surgical Services
Orthopaedic Surgery	Geelong Hospital	Surgical Services
Orthotics	Geelong Hospital South Wing Level 2	Surgical Services
Outpatients Department	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Paediatric & Adolescent Support Service	Barwon Health East Geelong	Community & Mental Health
Paediatric Bereavement Programme	Geelong Hospital	Medical Services
Paediatric Home & Community Care	Geelong Hospital	Medical Services
Paediatric Services	Geelong Hospital Heath Wing Level 3	Medical Services
Paediatric Specialist Clinics	Geelong Hospital – Clinic Rooms Heath Wing 3	Medical Services
Paediatric Surgery	Geelong Hospital	Surgical Services
Pain Management	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Palliative Care • Inpatient	McKellar Centre	Operations (McKellar Centre)
Palliative Care – Home	Barwon Health Corio Barwon Health Newcomb Barwon Health Belmont	Community & Mental Health
Palliative Care – Sub-Regional Consultancy Service	Barwon Health Belmont	Community & Mental Health
Parenting Program – Young Approach	Geelong Hospital Bellerine Centre Level 4	Medical Services
Pastoral Care	Geelong Hospital Ryrie Centre Level 3	Corporate Services
Pathology Services	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Perioperative Service	Geelong Hospital South Wing Level 4	Surgical Services
Pharmacy Services	Geelong Hospital Bellerine Centre Level 3 McKellar Centre	Medical Services
Physiotherapy	Geelong Hospital Heath Wing Level 2 McKellar Centre	Medical Services
Plastic Surgery	Geelong Hospital	Surgical Services
Podiatry	Geelong Hospital Heath Wing Level 2 McKellar Centre	Medical Services
Post Acute Care	Geelong Hospital Kardinia 2 North	Community & Mental 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 & Mental Health
Prosthetics & Orthotics	McKellar Centre	Corporate Services
Radiation Therapy	Geelong Hospital Andrew Love Cancer Centre	Medical Service

SERVICE	LOCATION	PROGRAM
Rehabilitation • Inpatient	McKellar Centre	Operations (McKellar Centre)
Rehabilitation • Outpatient	McKellar Centre Rehabilitation Centre	Operations (McKellar Centre)
Rehabilitation • Outpatient	Belmont Community Rehabilitation Centre, 120 Settlement Road, Belmont	Operations (McKellar Centre)
Rehabilitation • Home Based Program	McKellar Centre	Operations (McKellar Centre)
Renal Services	Rotary House Corner Swanston & Ryrie Streets Geelong Hospital Kardinia House Levels 2 & 3 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 and Mental Health
Residential Aged Care Nursing Care – low level	McKellar Centre – Hostels	Operations (McKellar Centre)
Residential Aged Care Nursing care – high level	McKellar Centre John Robb House Colac Grove, Belmont Peter Street Nursing Home, Peter Street, Grovedale	Operations (McKellar Centre)
Respiratory Function	Geelong Hospital Kardinia House Level 2	Medical Services
Respiratory Medicine	Geelong Hospital	Medical Services
Respite Care	McKellar Centre	Community & Mental Health
Rheumatology	Geelong Hospital	Medical Services
Rickettsial Reference Laboratory	Geelong Hospital Douglas Hocking Wing Level 3	Corporate Services
Sexual Health Clinic	Geelong Hospital Bellerine Centre Level 3	Surgical Services
Social Work	Geelong Hospital Kardinia House Level 2 McKellar Centre	Medical Services
Special Care Nurser	Geelong Hospital Bellerine Centre	Medical Services
Speech Pathology	Geelong Hospital Heath Wing Level 2 McKellar Centre	Medical Services
Staffcare Clinic	Geelong Hospital Ryrie Centre Level 3 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 & Mental Health
Youth Counselling & Support	Barwon Health Central	Community & Mental Health
Youth Drug Treatment	Barwon Health Central	Community & Mental Health
Youth Mental Health	Barwon Health Central	Community & Mental Health

# SENIOR STAFF LIST

This list is of Barwon Health Senior staff employed by the organisation as at 30 June, 2007.

## EXECUTIVE TEAM

### Chief Executive

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

### Executive Director Human Resources and Organisational Safety and Acting Deputy CEO

P Muncaster

### Executive Medical Director and Area Medical Director

M Alexander, MBBS, FRACGP, MBA

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

L Cuddihy, DN, RN, RM, MBA

### General Manager Medical Services

A Morrison, M Bus, BHA, AFCHSE, CHE

### General Manager Surgical Services

Vacant

### General Manager Community and Mental Health

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

### Executive Director Financial Services

J Linke, B Comm, FCPA, BHA, AHSFMA

### Executive Director Central Services

P Cohen, BA (Hons)

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

F McKinnon, B App Sc (Physiotherapy), MHA

## CORPORATE SERVICES

### Executive Officer

D Curwood

### Director Communications and Marketing

A Bavin, BA, B Bus (Marketing)

## BARWON HEALTH FOUNDATION

### Executive Director

G Seidel, Dip Bus Mgt

## BUILDING AND ENGINEERING

### 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

### Manager, Maintenance Operations

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

### 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 Comm, Ass Dip Bus, CPA

### Manager Financial Accounting

M Toulmin, B Comm, CPA

### Supply Manager

N Daffy

### Manager Customer Services

B Jobling, BA, Grad Dip Business Management

### Contracts Manager

T Lane, BA (Hons)

## HUMAN RESOURCE SERVICES

### Manager, Human Resources

A Kirwan

### Occupational Health & Safety Manager

N Tonkin

### Occupational Health Physician

R Gasser, MD

### Payroll and Benefits Manager

D Armstrong

## QUALITY AND RISK MANAGEMENT

### Director of Governance

J Bourke, RN, HDN, GDCM

### Quality Manager

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

### Consumer Engagement Manager

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

## CENTRAL SERVICES

### Manager Health Information Services

A Stott

### Team Leader, Database Services

W Atwell

### Team Leader, Infrastructure Services

M Thomas

### Chief Librarian

S Due, BA (Hons) Grad Dip Lib

### PACS Project Manager

T Conway

### Manager Food Services

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

### Manager Environmental Services

A Sharp

### Manager Volunteer Services

Vacant

### 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

## UNIVERSITY OF MELBOURNE

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

### Head of Department and Professor of Medicine

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

### Deputy Head of Department and Professor of Surgery

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

### Professor of Psychiatry

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

### Associate Professor of Medicine

M Kotowicz, MBBS (Syd), FRACP

### Associate Professor

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

### Senior Lecturer in Medicine

J Amerena, MBBS (Melb), FRACP

### Senior Lecturer in Surgery

G Guest, MBBS, BSc, FRACS

### Senior Research Fellow

K Sanders, BSc, GradDipDiet, MHN (Deakin), PhD (Melb)

### Lecturer in Psychiatry

F Wai-Yan Ng, MBBS (SA), FRANZCP

### Research Fellow

M Henry, BSc (Hons) Deakin, PhD (Melb)

### Clinical Fellow

I Schapkaitz, M B Ch B (South Africa)

## HONORARY APPOINTMENTS

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

E Athan, MBBS, FRACP  
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  
P Martin, MB, CHB, BAO (UK)  
J Pasco, BSc (Hons), Dip Ed, PhD

### Senior Fellows

T Callaly, FRANZCP, MRC (Psych), MBL, MBBCh, BSc, HDipEd  
S Dodd, PhD, MSc, BSc, DipEd, MRACI, C.Chem  
C Nolan

## DOUGLAS HOCKING RESEARCH INSTITUTE

### Director

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

## CONSULTANT PATHOLOGISTS

### Haematologists

G Davey, MB, BS, FRCPA  
G Swinton, MB, BS, FRCPA  
G Kelsey, MB, ChB, FRCPA

### Histopathologists

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

### General Pathologist

O Harris, MB, BS, FRCPA

## CONSULTING MEDICAL STAFF

W Armstrong, MBBS, FRCS, FRACS  
I Backwell, MBBS, DLO (Lond)  
T Banks, OAM, FACHPM, MBBS, BD  
M Benjamin, MBBS, DPM, FRACP, FRANZCP, FRC, Psych  
M Benson, MBBS, MRACR  
A Bothroyd, MBBS, MRCOG, FRAGO  
L Champness, MBBS, DCH, DTM&H, FRACP, FACMA

O Coltman, MBBS, FRCOG, FRACOG  
J Doncaster, MBBS, FFARACS, FANZCA  
G Duigan, MBBS, DTR, MRACR, Dip Dietetics  
B Guaran, MBBS  
H Hardy, MBBS, FRACR  
J Henderson, MBBS, FRCS(Eng), FRACS, FRCS (Edin)  
W Holloway, MB, Ch B (ZN), MRACR, FRACR  
W Huffam, MBBS, FRCS (Edin), FRACS  
R Leggatt, MBBS, FRCS (Edin), FRACS  
I Lyall, MBBS, FRACP, FCCP, FCSANZ, MACLM  
D Maclean, MBBS, FRACR  
R McArthur, FRACS  
W McKellar, MBBS, FRACP, DCH  
B McKie, MBBS, FRARACS  
P Mestitz, MBBS, FRCP (Lond), FRACP  
M Morton, MBBS, DTM&H, FRC Ophth (UK), FRACO  
P Motteram, MBBS, DDU, FRACR  
D Nam, MBBS, FRACS  
D Nye, MBBS, FRACS  
V Plueckhahn, OBE, ED, MD, BS, FRACP, FRCPA, FRC Path, FCAP, FAACB, AMA, MIAC  
E Rossiter, FRCP (Ed), FRACP, MRCS (Eng), MMSA, DCH, D Obst, RCOG, LRCP (Lond)  
J Scudamore, MB ChB, Dobs RCOG, FRCOG  
I Seward, MBBS  
A Waterhouse, MBBS, FRACS  
I Wood, MBBS, DCH

## CENTRE FOR EXCEPTIONAL NURSING THROUGH RESEARCH EXCELLENCE

### 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

## CENTRE FOR EDUCATION AND 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, Cert IV Assessment & Workplace Training, CCRN, Grad Cert Adult Education

### 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 Emergency Department

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

### Clinical Nurse Educator Night Duty

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

A Dennis, RN, DipAppSc, BScN, Grad Cert Crit Care, Coronary Care Cert., MACCCN, MASPAAN, MVCNA

### Clinical Nurse Educator

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

### Clinical Nurse Educator Perioperative Services

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

### Clinical Nurse Educator Rehab

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

### Clinical Nurse Educator Aged Care

J Roney, RN, Grad Dip VET, Cert IV Workplace Training & Assessment

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

### Clinical Support Nurse Rehab & Aged Care

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

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

N Hartney, RN, RM, IBCLC

### Clinical Nurse Educator Paediatrics

J Bryce, RN, Dip Business

### Clinical Nurse Educator

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

### Clinical Nurse Educator

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

### Graduate Nurse Program Facilitator

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

### Graduate Nurse Program Clinical Support Nurse

J Kemp, RGON, BHSc

### Project Nurse

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



# SENIOR STAFF LIST continued

## Community Health Clinical Educator

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

## 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

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

### Sexual Health Physician

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

## Clinical Nurse Consultants

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

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

E Marcucci, RN, BN, Cert Continence Nurse Advisor, Cert Wound Management, Cert Sterilisation and Infec Cont, 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

M Randall, RN, Grad Dip Health Sciences Education and Promotion

K Kendall, RN, Cert Sterilisation & Infec 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 (Infec Cont)

J Heath, RN, BN, Cert Sterilisation & Infec 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

## MEDICAL SERVICES PROGRAM

### 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

### Specialists

J Amerena, MBBS, FRACP

A Appelbe, MBBS, FRACP

D Ridley, MBBS

C Murdock, MBBS, FRACP

E Ryan, MBBS, FRACP

M Sebastian, MBBS, FRACP

T Yip, MBBS, FRACP

### Chief Cardiology Technologist

R Fowler, MSc (Med), BEd, BEc

### Radiographer

M Drane, BAppSc (Medical Radiation)

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

### Cardiac Services Manager (BC5)

M Preusker, RN, Bapp Sci, Grad Cert CC

M Miller, RN, CCRN

### Unit Nurse Manager Cath Lab

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

## DERMATOLOGY

### Specialists

T Hall, MBBS, FACD

D McColl, MBBS, FACD

T O'Brien, MBBS, FACD

## DIABETES

### Manager Diabetes Referral Centre

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

### Senior Clinicians

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

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

## ENDOCRINOLOGY

### Head Of Unit

G Nicholson, MBBS, PhD, MRCP (UK), FRACP

M Kotowicz, MBBS, FRACP

N Sachithanadan

S Worboys, MBBS, FRACP

M Yeo, MBBS, FRACP

## 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)

## GENERAL MEDICAL UNITS

### Specialists

#### UNIT 1

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

J Malone, MBBS, FRACP

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

#### UNIT 2

E Athan, MBBS, FRACP (Infec Dis)

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

A Hughes, MBBS, FRACP (Infec Dis)

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

#### UNIT 3

R Clark, MBBS, FRACP (General)

V Makkada, MBBS, MD, FRACP

A Mander, MBBS, FRACP, B Med Sci

#### UNIT 4

M Kotowicz, MBBS, FRACP  
(Endocrinology/General)

G Nicholson, MBBS, PhD, MRCP (UK),  
FRACP (Endocrinology/General)

M Yeo, MBBS, FRACP

#### UNIT 5

H Griffiths, MBBS, FRACP  
(Rheumatology/General)

R MacGinley, MBBS FRACP

C Somerville, MBBS, FRACP, PhD  
(Nephrology/General)

N C Wood, MBBS, FRACP  
(Rheumatology/General)

## NURSE UNIT MANAGERS

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

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

### Birdsey Wing 6

### Cancer Services – Oncology (Medical & Radiation), Haematology

E Jacobs, Master Nsg, BN, Grad Dip Cancer  
Nsg, Grad Dip Mgt

### **Birdsey Wing 7**

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

Sonya Whitehand, BSN, Cert DE

### **Heath Wing 7**

#### **Medical 1 (General Medicine, Infectious Diseases, Neuro/Stroke, Respiratory)**

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

### **NEUROLOGY**

#### **Director of Neurology**

#### **Director of Stroke**

#### **Director of Basic Physician Training**

P C Gates, MBBS, FRACP

#### **Neurologists**

J Balla, MBBS, FRACP, FRCPE

P Batchelor, MBBS, FRACP, PhD, BMedSci

R Carne, MBBS, FRACP

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

#### **Paediatric Neurologist**

M Mackay, MBBS, FRACP

#### **Ausimmune Centre**

C Chapman, MBBS FRACP

Z Dunlop (Research Assistant)

#### **Stroke Service 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

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

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

K Moon, BApp Sci (Occupational Therapy)

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

G Smith, RN, BHIthSci (Nursing)

R Van Ingen, BA BSW

#### **Veterans Liason 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

R McLennan, MVVS, FRCP(Lond), FRACP

S Sewak, MBBS (Melb), FRACP

K White, MBBA, FRACP

### **HAEMATOLOGY**

#### **Clinical Haematologist**

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

### **PALLIATIVE CARE**

#### **Director of Palliative Care**

P Martin, MB, BCh, BOA, Mmed, FACHPM

#### **Palliative Care Specialist**

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

#### **Genetics Clinic**

D Dowling, MBBS, FRACP (Gastroenterology/General)

#### **Genetics Counsellors**

I Winship, S Devery

#### **Lymphodema Clinic**

D Harley, MBBS, Dip Obs

#### **Paediatric Clinic**

P K Anderson, MBBS, FRACP

#### **Gynaecologic Clinic**

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

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

D Neesham, MBBS, DCH, FRACOG, CGO

#### **Clinical Nurse Consultant**

H Campbell, RN Cert Onc, Cert Mgt

### **RADIATION ONCOLOGY**

#### **Director**

R Lynch, BMed Sc, MBBS, FRACR, MRACMA

#### **Radiation Oncologist**

M Francis, MBBS, FRACR

#### **Radiation Oncology Fellow**

G Pitson, MBBS, FRANZCR

### **APHERESIS**

#### **Clinical Nurse Consultants**

M Molloy, RN

#### **Transfusion Nurse Consultant**

L Stevenson, RN

### **EMERGENCY MEDICINE**

#### **Director**

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

#### **Deputy Director**

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

#### **Director of Emergency Medicine Training**

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

#### **Specialists**

B Bartley, MBBS, FACEM, FRCSE

T Reade, MBBS, BSc (Med), FACEM

N Reid, MBBS, DRANZCOG, FACEM

J Stella, MBBS, FACEM

M White, MBBS (Hons), FACEM

#### **Unit Nurse Manager**

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

D Smith, RN, BN, Grad Dip Nsg (Emergency)

### **MEDICAL IMAGING**

#### **Acting Director**

P Brotchie, MBBS, PhD, FRANZCR

#### **Acting Operations Manager**

J Umbers, Dip App Sc (Med Rad)

#### **Chief Radiographer**

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

#### **Chief Nuclear Medicine Scientist**

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

#### **Unit Nurse Manager**

M Fredericks, RN

### **PHARMACY SERVICES**

#### **Director of Pharmacy**

G Weeks, M Pharm, MHA, FSHP

#### **Deputy Director of Pharmacy**

S Cuell, B Pharm, MHA, FACPP,

#### **Chief Pharmacist McKellar Centre**

G Robson, B Pharm

### **RENAL SERVICES**

#### **Director**

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

# SENIOR STAFF LIST continued

## 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  
M Koutsoukis, MBBS, FRANZCOG, FRCOG  
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 & 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

## NURSE UNIT MANAGERS

### Baxter Maternity Services:

#### Birthing Suite/FBU

C Geldard, RN, Dip Mid

#### Bellerine Centre Level 6 South - Antenatal/Post Natal/Gynae/Domiciliary

D Watkins, RN, Mid Cert

#### Special Care Nursery

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

#### Heath Wing 3 - Paediatric Ward

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

## Paediatric Home & Community Care

### Coordinator

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

## ALLIED HEALTH DIVISION

### Divisional Director (Part Time)

D Schulz, B App Sci (Physio) Mgeron

## AUDIOLOGY

### Chief Audiologist

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

## NUTRITION AND DIETETICS

### Chief Dietitian

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

### Senior Dietitians

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

## OCCUPATIONAL THERAPY

### Chief Occupational Therapist

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

### Senior Clinicians

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

### 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, B App Sci, P Grad  
Dip Pod.

### Senior Clinician

H Game, B App 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 Ingen, BA, BSW (Vic Uni)

### Senior Clinicians

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

## 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  
K Thomas, B App Sci (Speech Path)

### Senior Clinician Community

M Walton, B App Sci (Speech Path)

## DIVISION OF AGED CARE

### Director Aged Care

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

### Redevelopment Project Officer

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

### Aged Care Assessment Service (ACAS) Manager

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

### Admissions

H Jennings, RN Div 1

### Allocations

M Mitchell, Diploma of Business Management

### Hostels Manager

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

## NURSE UNIT MANAGERS

### Unit 6

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

### Blakiston Lodge

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

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

Peter Treloar, RPN, BN, PDACN(MH), Dip AOD  
Work, MN

### Wallace Lodge

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

C Lunardelli, BA Nursing, Grad Dip Aged Services Management

R Koenig, RN Div 1, Cert Aged Care Studies, Cert Dementia Specific, Cert Preceptorship, Dip Bus Mgmt

### Peter Street

L Marsh, RN Div 1, Cert Continence Mgt, Cert IV Workplace Assessment & Training

### John Robb House

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

### Nurse Coordinators

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

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

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

J Fisher, RN Div 1

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

## DIVISION OF SUB-ACUTE SERVICES

### Director Sub Acute Services

F McKinnon, B App Sc (Physiotherapy) MHA

### Divisional Medical Director

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

### Regional Director Palliative Care

P Martin, P Martin, MB, CHB, BAO (UK)

### Program Manager

#### (Improving Care for Older People)

K Heseltine, RN Div 1

### Rehabilitation Medicine

#### Specialists

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

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

J Teh, MB, BS, FAFRM (RACP)

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, MD, 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 Crompton, MB, BS, DGM, M Bioethics

S Watson, MB, BS, DGM

B Mackenzie, MB, BS, Dip Obst

RACOG, FRACGP

#### Orthopaedic Surgeon

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

## NURSE UNIT MANAGERS

### Central Wing (Neuro Rehabilitation)

A Renshaw, RN Div 1, Cert Rehab Nursing

### South Wing (Ortho Rehabilitation)

J Stevens, BN , BA , Cert Rehab Nursing

### North Wing (GEM/Palliative Care)

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

### Community Rehabilitation Centre

#### North Geelong Manager

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

### Community Rehabilitation Centre

#### Belmont Manager

H Ashcroft, RN, BN, Grad Dip Rehab Studies

### Falls & Mobility Clinic

N Crompton, MB, BS, DGM, M Bioethics

### Continence Clinic

R Crone, MBChB, MRCP (UK) FRACP

### Home Based Rehabilitation Program

#### Co-ordinator

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

L Pye, Diploma of Physiotherapy

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

### Cognitive, Dementia And Memory Service

#### Co-ordinator

V George, RN Div1 RPN Grad Dip Gerontology

### Management Accountant

S D'Andrea, B Comm, CPA

## SURGICAL SERVICES

### Clinical Director

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

### Business Manager

Y Hewitt, BCom, CPA, MBA

### Divisional Nursing Director

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

## DIVISION OF SURGERY

### Director

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

## CARDIOTHORACIC

### Specialists

M Mohajeri, MD, FRACS

X-B Zhang, MD, MS, FRACS

## EAR, NOSE AND THROAT SURGERY

### Specialists

R Calder, MBBS, FRACS

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

R Nicholson, BSc, MB, ChB, FAmAChNS, FRACS

N Russell, MBBS, FRACS

J Vorrath, MBBS, FRCS (Edin), FRACS

## NEUROSURGERY

### Specialist

P McNeill, MBBS, FRACS, LLB

## OPHTHALMOLOGY

### Specialists

J Clark, MBBS, FRANZCO

B Lansdell, MBBS (Hons), DO (Lond), FRANZCO

P Lockie, MBBS, FRANZCO

B Munro, MBBS, DO (Lond), FRACS, FRANZCO, FRC Ophth (UK)

A Narita, MBBS, FRANZCO, FRACS

L Riddington, MBBS, FRANZCO

I Routley, MBBS, FRANZCO

M Whiting, MBBS, FRANZCO

## ORAL/MAXILLOFACIAL SURGERY

### Specialists

D Hewson, MDS, LDS, FRACDS

C McGrath, BDS, Cert OMS, FFDRCSI (Oral Surg) FRACDS (OMS), FACOMS



# SENIOR STAFF LIST continued

## 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),  
FA Orth A

## PAEDIATRIC SURGERY

### Specialists

A Auldlist, 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

## GENERAL SURGERY SPECIALISTS

### SURGICAL UNIT 1

G Kiroff, MBBS, MS, FRACS  
J Hurley, MBBS, FRACS  
K Chao, MBBS, FRACS

### SURGICAL UNIT 2

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

### SURGICAL UNIT 3

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

### SURGICAL UNIT 4

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

## VASCULAR & ENDOVASCULAR SURGICAL UNIT

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

## UROLOGY

### Specialists

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

## OPERATING SERVICES

### Operating Services Manager

V Gibson, RN

### OPERATING SUITE

### NURSE UNIT MANAGERS

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

### Gretta Volum Centre

E Gillett, RN

## PERIOPERATIVE SERVICE

### Nurse Unit Manager

E Hocking, RN, CCC, Dip Bus

## CENTRAL STERILISING UNIT

### Manager

E Jose, RN, Dip Hosp Nsg & Unit Mgt (OR),  
Cert IV Assess & Wkplace Training, Prescribed  
Counsellor HIV Pre & Post testing

## DIVISION OF ANAESTHESIA

### Director of Anaesthesia, Perioperative Medicine and 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  
M Colson, MBBS, FANZCA, Dip Comp Tech  
M Conroy, MBBS, DRANZCOG, FANZCA  
D Dimovski, MBBS, FANZCA  
B Fraser, MBBS, FANZCA  
C Lee, MBBS, FANZCA  
D McCoy, MB BCh BAO(NUI), FFARCSI,  
FFPMANZCA, DPM(CARCSI)  
A Samuel, MBBS, FANZCA  
M Viney, MB BS, FANZCA, FFPANZCA  
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,  
FFPMANZCA, M Sc  
G Murrell, MBBS, FFARACSI, FFARACS,  
FANZCA  
R Neerhut, MBBS, FANZCA  
A Patrick, MBBS, FANZCA  
D Serle, MBBS, FFARACS, FANZCA  
W Sloss, MBBS, FFARACS, FANZCA  
R Solly, MBBS, FANZCA  
B Stringer, MBBS, FFARACS  
M Tisdall, MBBS, FRCA, FANZCA  
P Tolley, MB ChB, FRCA, FANZCA  
A Van Leeuwen, MBBS, Mmed,  
FFARACS, FANZCA  
B Webster, MBBS, FANZCA  
S Worboys, MBBS, FANZCA

## PAIN MANAGEMENT CLINIC

### Service Director

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)

### 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

T Gibbie, BBSoc (Hons), M Psych (Health)

### Physiotherapists

S Monaghan, BSc Hons (Physio)

## 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

N Orford, MBBS, FANZCA, FJFICM

## SURGICAL WARDS

### BELLERINE CENTRE 6 NORTH (BIRDSEY WING 5 FROM 25 JUNE)

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

K Sayers, RN

## HEATH WING 5

### Nurse Unit Manager – Surgical (Orthopaedics)

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

## 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, Cert of Stomal Therapy Nsg, Breast Care Nurse

## OUTPATIENTS DEPARTMENT

### Nurse Unit Manager

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

## SEXUAL HEALTH CLINIC

### Nurse Counsellor

M Randall, RN, Grad Dip Hlth Sc

### Medical Officer

R Milner, MBBS, Dip Ven

## BED MANAGEMENT

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

## NURSING ALLOCATIONS

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

## AFTER HOURS COORDINATION

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

K Gow, BNsg, Cert Emerg Nsg, Dip Bus

K Harrisson, RN, RM, BNsg

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

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

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

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

N Sadler

K Altamari

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

## COMMUNITY AND MENTAL HEALTH

### Clinical Director, Community and Mental Health

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

### Business Manager

R Humphreys, B Comm, BSc, CPA

## COMMUNITY HEALTH DIVISION

### Director Community Health

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

### Manager Community Health Teams

L Pittman, BA, BSW, 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, BDSoc

### 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, BDSoc

H Youssef, BDSoc

E Adamczyk, BDSoc

G Joseph, BDSoc

L Thai, BDSoc

S Leong, BDSoc

L Bourke, BDSoc

A Yong, BDSoc

R Wood, Oral Surgery Registrar –

BLT 1 BDSoc BMed/Surg

S Huang, BDSoc

T Lo, BDSoc

R Fan, B Stomatology Doct of Med (China)

PhD (Uni of Melb)

T Muthuhetti, BDSoc

S Chong, BDSoc

W Saunders, BDSoc

L Cox, BDSoc (NZ)

A Heredia, BDSoc

# SENIOR STAFF LIST continued

J Hung, BDS

D Knight, BDS (SAfrica)

M Li, BDS

L Movva, BDS

C Ng, BDS

B Scully, BDS

## Oral Surgery Registrar BLT1

C Lim, BDS

## Prosthetists

M Fry, 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 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 Nurse Consultant

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

## 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 & 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

## MENTAL HEALTH DIVISION

### Director Mental Health

P Dunn, RN, RPN, Grad Dip Gerontic Nsg

### Clinical Director

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

### Professor of Psychiatry

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

### Director of ECT

R Harvey, FRANZCP, MRC Psych

### Consultant Psychiatrists

P O'Keefe, MBBS, FRANZCP

P Hantz, MBBS, FRANZCP

E van Ammers, MBBS, FRANZCP

Y Khozouei, MBBS, MRC Psych, FRANZCP

M Van der Linden, MBBS, FRANZCP

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

J Black, BSc, MBBS, Mphil, MRCPsych, FRANZCP

E White, MBBS, FRANZCP

S McConnell, MBBS, FRANZCP, Mpsych

### Senior Psychiatric Nurse

S Jennings, RN Dip Nsg Educ, BEd & Counselling

### Quality Manager, Benchmarking Project Manager

M Hyland, RN, BSocSc

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

L O'Reilly, Grad Dip Business Management & eBusiness Communication, Grad Dip Family Therapy, Diploma Management, Critical Incident Debriefing, Registered Psychiatric Nurse RPN

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

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

### Program Manager, Rehabilitation Services

P Moran, RN, Grad Dip Coun Psych

### Program Manager, Drug & Alcohol Services

M Geertsema, M Clin Psych, M Crim





## 6.15 PM. EACH DAY...NEW IMAGES

**Josh, Radiographer, Barwon Medical Imaging, Geelong Hospital**

*I use a variety of technology to perform my medical imaging work such as the Philips Digital Radiography (DR) System. This system was installed at Barwon Health last year and was the first to be installed in Geelong and one of only a handful of such systems in Victoria. As part of a team I find that I am able to provide a service to the community that is most gratifying.*



# PUBLICATIONS

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

DEPARTMENT	SUMMARY
Aged Care	Crone R. Relationship of biomedicine and spirituality. <i>Int J Interdisciplinary Soc Sci.</i> 2007;1(4):11-8.
Allied Health - Physiotherapy	Hakkennes S, Green S. Measures for assessing practice change in medical practitioners. <i>Implement Sci.</i> 2006;1:29.
Allied Health – Speech Pathology	Robson N. A gift of connection: intervention with a 2-year-old boy. In: Thomson Salo F, Paul C, editors. <i>Baby as subject.</i> 2nd ed. Melbourne: Stonnington Press; 2007.
Anaesthesia	Bolsin S, Colson M, Conroy M. Non-cardiac surgery, $\beta$ -blockers & statins: failure to prevent perioperative cardiac complications. <i>BMJ.</i> 2007;334:1283-4.
Anaesthesia	Bolsin SN, Faunce T, Van Leuvan C. The alignment of ethical and technological imperatives in patient safety. <i>Saferhealthcare.</i> In press 2007.
Anaesthesia	Bolsin S, Kara-Brightwell J. Ethics, moral philosophy and incident reporting. <i>Heath Care Risk Report.</i> 2007 April:12-13.
Anaesthesia	Broad L, Lee T, Bolsin S, Orford N, Birdsey G, Black A. Successful management of patients with a drug-eluting coronary stent presenting for elective, non-cardiac surgery. <i>Br J Anaesth</i> 2007;98(1):19-22. Correspondence <i>Br J Anaesth.</i> 2007;98(6):841-2.
Anaesthesia	Colson M. Diminishing returns. <i>New Sci.</i> 2006;(2563):81
Anaesthesia	Conroy M, Bolsin S, Black A. Outcome of patients with drug-eluting coronary stents presenting for non-cardiac surgery. <i>Anaesth Int Care.</i> In press.
Anaesthesia	Freestone L, Bolsin S, Colson M, Patrick A, Creati B. Voluntary incident reporting by anaesthetic trainees in an Australian hospital. <i>Int J Quality Health Care.</i> 2006;18(6):452-457.
Anaesthesia	Wolff R, Bolsin S, Colson M, Stow P. Monitoring the rate of re-exploration for excessive bleeding following cardiac surgery in adults. <i>J Qual Saf Health Care.</i> 2007;16:192-196.
Anaesthesia	McCoy D. The many facets of chronic pain and its management. <i>Partners against Pain.</i> Issue 17.
Cancer Services	Bell R, Lewis R. Assessing the risk of bone fracture among postmenopausal women who are receiving adjuvant hormonal therapy for breast cancer. <i>Curr Med Res Opinion.</i> 2007;23(5):1045-51.
Cancer Services	Yap C, Hair C, Foy S, Sewak S, Francis M, Kenny JF. Resection of right atrial metastatic large-cell neuroendocrine carcinoma. <i>Asian Cardiovasc Thorac Ann.</i> 2007;15:e20-22.
Cancer Services	Harrison ML, Obermueller E, Maisey NR, Hoare S, Edmonds K, Li NF et al. Tumor necrosis factor (TNF-1) as a new target for renal cell carcinoma: two sequential phase II trials of infliximab at standard and high dose. <i>J Clin Oncol.</i> In press 2007.
Cancer Services	Appleton K, Mackay HJ, Judson I, Plumb JA, McCormick C, Strathdee G, et al. Phase I and pharmacodynamic trial of the DNA methyltransferase inhibitor decitabine and carboplatin in solid tumours. <i>J Clin Oncol.</i> In press 2007.
Cancer Services	Field K, McFarlane C, Cheng AC, Hughes AJ, Jacobs E, Styles K, et al. Incidence of catheter-related 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, Kirilkand M, Campbell P. Novel Fibrinogen Aa chain mutation associated with afibrinogenemia. <i>Pathology.</i> In press 2007.
Cardiology	Broad L, Lee T, Conroy M, Bolsin S, Orford N, Black A and Birdsey G, Successful management of patients with a drug-eluting coronary stent presenting for elective, non-cardiac surgery. <i>Br J Anaesth.</i> 2007;98:19-22.
Cardiology	Broad L, Lee T, Conroy M, Bolsin S, Orford N, Black A and Birdsey G, Successful management of patients with a drug-eluting coronary stent presenting for elective, non-cardiac surgery [letter]. <i>Br J Anaesth.</i> 2007;98:841-2.
Cardiothoracic Surgery	Cheng HY, Mohajeri M, Yii M. Obesity and early complications after cardiac surgery. <i>Med J Aust.</i> 2007;186:350-4.
Cardiothoracic Surgery	Cheng HY, Mohajeri M, Yii M. Prosthesis-patient mismatch is associated with higher operative mortality following aortic valve replacement. <i>Heart Lung Circ.</i> 2007;16:1260-4.
Centre For Exceptional Nursing Through Research Excellence	Dunning T. Using essential oils in foot care for people with diabetes. <i>Int J Clin Aromather.</i> 2006;3(1):41-1.
Centre For Exceptional Nursing Through Research Excellence	Quinn K, Hudson P, Dunning T. Diabetes management in patients receiving palliative care. <i>J Pain Symptom Manage.</i> 2006;32(3):275-86.
Centre For Exceptional Nursing Through Research Excellence	Dunning T. Diabetes educators' self-reported experiences, skills and attitudes towards research. <i>J Diab Nurs.</i> 2006;10(8).

DEPARTMENT	SUMMARY
Centre For Exceptional Nursing Through Research Excellence	Aitken R, Manias E, Dunning T. Documentation of medication management by graduate nurses in patient progress notes: a way forward for patient safety. <i>Collegian</i> . 2006;13(4):5-11.
Centre For Exceptional Nursing Through Research Excellence	Williams A, Manias E, Dunning T. Continuity of care of patients with comorbidities requiring joint replacement. <i>J Adv Nurs</i> . 2006;57(3):244-56.
Centre For Exceptional Nursing Through Research Excellence	Rasmussen B, O'Connell B, Dunning T. Young women with type 1 diabetes: management of turning points and transition. <i>Qual Health Res</i> . 2007;17(3):300-10.
Centre For Exceptional Nursing Through Research Excellence	Young D, Furler J, Vale M, Walker W, Segal L, Best J, et al. Patient engagement and coaching for health: the PEACH study-a cluster randomised controlled trial using the telephone to coach people with type 2 diabetes to engage with their GPs to improve diabetes care. <i>BMC Family Practice</i> . 2007;8(20):8-13.
Centre For Exceptional Nursing Through Research Excellence	Rasmussen B, Dunning P, O'Connell B. Young women with diabetes: using Internet communication to create stability during life transitions. <i>J Clin Nurs</i> . 2007;16(3a):17-24.
Centre For Exceptional Nursing Through Research Excellence	Henning D, Ryan A, Sancu L, Dunning T. Screening for Chlamydia trachomatis: barriers for homeless young people. <i>Aust J Adv Nurs</i> . 2007;24(3):8-13.
Centre For Exceptional Nursing Through Research Excellence	Dunning T. Assignment to Kuwait. <i>Aust Diab Educ</i> . In press 2006.
Centre For Exceptional Nursing Through Research Excellence	Dunning T. Health beliefs, myths and misconceptions <i>International Diabetes Monitor</i> . 2006;18(5)19-23.
Centre For Exceptional Nursing Through Research Excellence	Quinn K, Hudson P, Dunning T. Diabetes management in palliative care. <i>Aust Nurs J</i> . 2006;13(8):29.
Centre For Exceptional Nursing Through Research Excellence	Belton A, Dunning T, McGill M. Development of a comprehensive professional diabetes education program. <i>Diabetes Voice</i> . 2006;51(2):14-6.
Centre For Exceptional Nursing Through Research Excellence	Dunning T (ed). <i>Complementary therapies in diabetes and vascular disease: a matter of balance</i> . Oxford: Wiley; 2006.
Centre For Exceptional Nursing Through Research Excellence	Dunning T. <i>Essential oils in therapeutic care</i> . Melbourne: Australian Scholarly Publishing; 2007.
Centre For Exceptional Nursing Through Research Excellence	Michael R, Williams C. Perioperative nurse practitioner: reality or myth? A western and eastern states' perspective. <i>ACORN J</i> . 2006;19(4):24-7.
Centre for Education & 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 & Practice Development	Williams C, Mant T. First line emergency care - extending scope of practice for registered nurses division 2 in Victoria. <i>Connections</i> . 2007;10(1):15.
Emergency Medicine	Ragg M. Heat induced illness. In: Cameron P, Jelinek G, Everitt I, Browne G, Raftos J, editors. <i>Textbook Of paediatric emergency medicine</i> . Edinburgh: Churchill Livingstone; 2006.
Emergency Medicine	Ragg M, Priestley S. Emergency medicine. In: Moller A, Pedersen T. <i>Evidence-based anaesthesia and intensive care</i> . Cambridge: Cambridge University Press; 2006.
Emergency Medicine	Bartley B, J Fisher, J Stella, L Walsh. Bombs, bushfires and big bingles. <i>Emerg Med Australas</i> . 2007;19:39-44.
Infectious Diseases	Cheng AC, Wade AJ, Harris O, Brandt C, Athan E. Postoperative enteritis due to methicillin-resistant <i>Staphylococcus aureus</i> [letter]. <i>ANZ J Surg</i> . 2006;76(8):763.
Infectious Diseases	Cheng AC, Wuthiekanun V, Limmathurotsakul D, Wongsuvan G, Day NP, Peacock SJ. The role of selective and non-selective media for the isolation of <i>Burkholderia pseudomallei</i> from throat swabs in patients with melioidosis. <i>J Clin Microbiol</i> . 2006;44(6):2316.
Infectious Diseases	Das S, Saunders M, Cheng AC, Whiting M. Nodular non-necrotising anterior scleritis due to <i>Nocardia nova</i> infection. <i>Eye</i> . 2007;21(2):276-8.
Infectious Diseases	Cheng A, Bell D. Evidence behind the WHO Guidelines: What is the precision of rapid diagnostic tests for malaria? <i>J Trop Pediatr</i> . 2006;52:386-9.
Infectious Diseases	O'Brien DP, Hughes AJ, Cheng AC, Henry M, Callan P, McDonald A, et al. Outcomes for <i>Mycobacterium ulcerans</i> infection with combined surgery and antibiotic therapy: findings from a south-eastern Australian case series. <i>Med J Aust</i> . 2007;186(2):58-61.
Infectious Diseases	Chantratita N, Wuthiekanun V, Thanwisai A, Limmathurotsakul D, Cheng AC, Chierakul W, et al. Accuracy of ELISA using crude and purified antigens for the diagnosis of melioidosis. <i>Clin Vacc Immunol</i> . 2007;14(1):110-3.
Infectious Diseases	Cheng A, Stephens D, Currie B. Granulocyte colony stimulating factor as an adjunct to antibiotics in the treatment of pneumonia in adults. <i>Cochrane Database Syst Rev</i> . 2007;(2):CD004400

# PUBLICATIONS continued

DEPARTMENT	SUMMARY
Infectious Diseases	Field K, McFarlane C, Cheng AC, Hughes AJ, Jacobs E, Styles K, et al. Incidence of bloodstream infection associated with a mechanical valve needle-free system in an Australian Hematology-Oncology Unit. <i>Infect Control Hosp Epidemiol.</i> 2007;28(5):610-3.
Infectious Diseases	Wiersinga WJ, Dessing MC, Kager PA, Cheng AC, Limmathurosakul D, Day NP, et al. High throughput mRNA profiling characterizes the expression of inflammatory molecules in sepsis caused by <i>Burkholderia pseudomallei</i> (Melioidosis). <i>Infect Immunity</i> 2007;75(6):3074-9.
Infectious Diseases	Cheng AC, Limmathurotsakul D, Chierakul W, Day NPJ, Chaowagul W, White NJ, et al. A randomised controlled trial of granulocyte colony stimulating factor for the treatment of septic shock due to melioidosis in Thailand. <i>Clin Infect Dis.</i> 2007;45(3):308-14.
Infectious Diseases	Wiersinga WJ, Wieland CW, Cheng AC, Limmathurotsakul D, Chierakul W, Leendertse M, et al. Toll-like receptor 2 impairs host defence in Gram-negative sepsis caused by <i>Burkholderia pseudomallei</i> (Melioidosis). <i>PLoS Medicine.</i> In press 2007.
Infectious Diseases	Cheng AC, Johnson DF. Multiloculated hepatosplenic abscesses. <i>Clin Infect Dis.</i> 2006;43(2):264-5.
Infectious Diseases	De Keulenaer BL, Cheng AC. Severe sepsis due to melioidosis [letter]. <i>Chest</i> 2006;130(4):1282.
Infectious Diseases	Cheng A, Bell D. What is the precision of rapid diagnostic tests for malaria? International Child Health Review Collaboration. Geneva: WHO; 2006.
Infectious Diseases	Cheng AC, Currie BJ. C-reactive protein and liver disease in patients with melioidosis [letter]. <i>Int Care Med.</i> 2007 Mar; 33(3):562.
Infectious Diseases	Eisen DP, Cheng AC, McBryde ES. Mannose binding lectin deficiency: cut-off and acute phase profile [letter]. <i>Surg Infect (Larchmt)</i> 2007 Feb;8(1):121-2.
Infectious Diseases	Cheng AC, Robinson PM, Harvey K. Off-label use of medicines ([letter]. <i>Med J Aust.</i> 2007 April;186(7):379-80.
Infectious Diseases	Cheng AC, Zakhidov BO, Babadjonova LJ, Rogers NK, McCollum CJ, Hillyer GV, et al. Ocular fascioliasis. <i>Clin Infect Dis.</i> In press 2007.
Infectious Diseases	Catanchin A, Murdock CJ, Athan E. Pacemaker infections: a 10-year experience. <i>Heart Lung Circ.</i> Epub 2007 Apr 7.
Infectious Diseases	Wang A, Athan E, Pappas PA, Fowler VG Jr, Olaison L, Pare C, et al; International Collaboration on Endocarditis-Prospective Cohort Study Investigators. Contemporary clinical profile and outcome of prosthetic valve endocarditis. <i>JAMA.</i> 2007;297(12):1354-61.
Infectious Diseases	Lye D, Athan E, O'Brien D. Teicoplanin hypersensitivity syndrome. <i>Int J Antimicrob Agents.</i> 2007; 29(4):476-8.
Infectious Diseases	Johnson PD, Hayman JA, Quek TY, Fyfe JA, Jenkin GA, Buntine JA, et al. <i>Mycobacterium ulcerans</i> Study Team. Consensus recommendations for the diagnosis, treatment and control of <i>Mycobacterium ulcerans</i> infection (Bairnsdale or Buruli ulcer) in Victoria, Australia. <i>Med J Aust.</i> 2007 Jan 15;186(2):64-8.
Infectious Diseases	Jones SL, Nguyen VK, Nguyen TM, Athan E. Prevalence of multiresistant Gram-negative organisms in a surgical hospital in Ho Chi Minh City, Vietnam. <i>Trop Med Int Health.</i> 2006 Nov;11(11):1725-30.
Infectious Diseases	Culbert H, Tu D, Ellman T, Ford N, Mills C, O'Brien DP. HIV treatment in a conflict setting: outcomes and experiences from Bukavu, Democratic Republic of Congo. <i>PLoS Med</i> 2007;4(5):e129.
Infectious Diseases	O'Brien DP, Sauvageot D, Olson D, Schaeffer M, Humblet P, Pudjades M, et al. Treatment outcomes stratified by baseline immunological status among young children receiving NNRTI based anti-retroviral treatment in resource-limited settings. <i>Clin Infect Dis.</i> 2007; 44(9):1245-8.
Infectious Diseases	O'Brien DP, Sauvageot D, Zachariah R, Humblet P. In resource-limited settings good early outcomes can be achieved in children using adult fixed-dose combination antiretroviral therapy. <i>AIDS.</i> 2006;20:1955-60.
Infectious Diseases	O'Brien DP, Leder K, Matchett E, Brown GV, Torresi J. Illness in returned travellers and immigrants/refugees: the 6-year experience of two Australian infectious diseases units. <i>J Travel Med.</i> 2006;13(3):145-52.
Infectious Diseases	Bonnet M, Pinoges L, Varaine F, Oberhauser B, O'Brien D, Kebede Y, et al. Tuberculosis after HAART initiation in HIV patients from five MSF programs held in high TB burden countries. <i>AIDS.</i> 2006;20:1275-9.
Information Services	Joyce P, Green R, Winch G. A new construct for visualising and designing e-fulfillment systems for quality healthcare delivery. <i>TQM Magazine</i> 2006;18(3):638-51.
Intensive Care	Bellomo R, Stow PJ, Hart GK. Why is there such a difference in outcome between Australian intensive care units and others? <i>Curr Opin Anaesthesiol.</i> 2007;20(2):100-5.
Intensive Care	Broad L, Lee T, Conroy M, Bolsin S, Orford N, Black A, Birdsey G. Successful management of patients with a drug-eluting coronary stent presenting for elective, non-cardiac surgery. <i>Br J Anaesth.</i> 2007 Jan; 98(1):19-22.

DEPARTMENT	SUMMARY
Intensive Care	Egi M, Bellomo R, Stachowski E, French CJ, Hart G, Stow P. Circadian rhythm of blood glucose values in critically ill patients. <i>Crit Care Med.</i> 2007 Feb; 35(2):416-21.
Intensive Care	Orford N. Intensive insulin therapy: does it improve outcomes and is it safe? <i>Crit Care Resusc.</i> 2006 Dec;8(4):281.
Intensive Care	Orford, NR. Intensive insulin therapy in septic shock. <i>Crit Care Resusc.</i> 2006 Sep;8(3):230-4.
Intensive Care	Stow PJ, Pilcher DV, Wilson J, George C, Bailey M, Higlett T, et al. Improved outcomes from acute severe asthma in Australian intensive care units (1996 - 2003). <i>Thorax.</i> Epub 2007 Mar 27.
Intensive Care	Wolfe R, Bolsin S, Colson M, Stow P. Monitoring the rate of re-exploration for excessive bleeding after cardiac surgery in adults. <i>Qual Saf Health Care.</i> 2007;16(3):192-6
Paediatrics	Vuillermin PJ, Robertson CF and South M. Parent initiated oral corticosteroid therapy for intermittent wheezing illnesses in children. <i>Cochrane Database Syst Rev.</i> 2006 ;3:CD005311.
Paediatrics	Ismail D, Gebert R, Vuillermin PJ, Fraser L, McDonnell CM, Donath SM, et al. Glycaemic control and alcohol consumption. <i>Diabet Med.</i> 2006;23(8):830-3.
Paediatrics	Vuillermin PJ, Robertson CF and South M. Parent initiated oral corticosteroid therapy for intermittent wheezing illnesses in children: a systematic review. <i>J Paediatr Child Health.</i> 2007;43(6):438-42.
Paediatrics	Vuillermin PJ, Biscan M, Brennan S, Carlin J, Robertson C, South M. Parent-initiated oral corticosteroid therapy for asthma: a survey of current practice. <i>J Paediatr Child Health.</i> 2007;43(6):443-45.
Paediatrics	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 Aust.</i> In press 2007.
Paediatrics	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> In press 2007.
Paediatrics	Vuillermin PJ, Robertson CF and South M. Parent-initiated oral corticosteroids for acute asthma. <i>Best Bets evidence based topics.</i> <a href="http://www.bestbets.org/cgi-bin/bets.pl?record=01351">http://www.bestbets.org/cgi-bin/bets.pl?record=01351</a>
Paediatric Surgery	Dewan PA. Predictive factors in the management of primary vesico-ureteric reflux. <i>BJU Int.</i> 2006;98(4):915-6.
Paediatric Surgery	Dewan PA Endoscopic treatment with polymethylsiloxane. <i>BJU Int.</i> 2006;98(1):232.
Medical Services	Steinfort DP, Steinfort C. Effect of long-term nebulized colistin on lung function and quality of life in patients with chronic bronchial sepsis. <i>Int Med J.</i> 2007; 37(7): 495-8.
Medical Services	Gillman A, Steinfort C. Sarcoidosis in Australia. <i>Int Med J.</i> 2007;37(6):356-9.
Medical Services	Walker T, McCaffery, J. Steinfort C. Potential link between HMG-CoA reductase inhibitor (statin) use and interstitial lung disease. <i>Med J Aust.</i> 2007;186(2):91-4.
Mental Health Psychiatric Research Unit	Castle D, Lambert T, Melbourne S, Cox A, Boardman G, Fairest K, et al. A clinical monitoring system for clozapine. <i>M. Australas Psychiatry.</i> 2006;14(2):156-68.
Mental Health Psychiatric Research Unit	Berk M, Dodd S, Malhi G. Depression and Mania in Mixed States. <i>Am J Psychiatry.</i> 2006;163(7):1160.
Mental Health Psychiatric Research Unit	Ng F, Dodd S, Berk M. Combination pharmacotherapy in unipolar depression. <i>Expert Rev Neurother.</i> 2006;6(7):1049-60.
Mental Health Psychiatric Research Unit	Dodd S, Berk M. Commentary on Olanzapine/fluoxetine combination for treatment-resistant depression: a controlled study of SSRI and nortriptyline resistance. <i>Evid Based Ment Health.</i> 2006;9(2):42
Mental Health Psychiatric Research Unit	Ng F. Is mental illness migratory? <i>Acta Neuropsychiatrica.</i> 2006;18:128-9.
Mental Health Psychiatric Research Unit	Hallam K, Berk M, Kader L, Conus P, Lucas N, Hasty M, et al. Seasonal influences on first-episode admission in affective and non-affective psychosis. <i>Acta Neuropsychiatrica.</i> 2006;18:154-61.
Mental Health Psychiatric Research Unit	Berk M, Hallam K, Lucas N, Kader L, MacNeil C, Hasty M, et al. Health-related quality of life and functioning in bipolar disorder: the impact of pharmacotherapy. <i>Expert Rev Pharmacoeconomics Outcomes Res.</i> 2006;6(5):509-23.
Mental Health Psychiatric Research Unit	Jacka FN, Pasco JA, McConnell S, Williams LJ, Kotowicz MA, Nicholson GC, et al Self-reported depression and cardiovascular risk factors in a community sample of women. <i>Psychosomatics.</i> 2007;48(1):54-9.
Mental Health Psychiatric Research Unit	Thase ME, Shelton RC, Khan A, Dodd S, Berk M. Commentary on treatment with venlafaxine extended release after SSRI nonresponse or intolerance. <i>Evid Based Ment Health.</i> 2007; 0(1):17.
Mental Health Psychiatric Research Unit	Berk M, Fitzsimons J, Lambert T, Pantelis C, Kulkarni J, Castle D, et al. Monitoring the safe use of Clozapine: a consensus view from Victoria, Australia. <i>CNS Drugs.</i> 2007;21(2): 117-27.
Mental Health Psychiatric Research Unit	Malhi G, Berk M. Does dopamine dysfunction drive depression? <i>Acta Psychiatr Scand, Suppl.</i> 2007;(433):116-24.



# PUBLICATIONS continued

DEPARTMENT	SUMMARY
Mental Health Psychiatric Research Unit	Berk M. Early intervention in bipolar disorders. <i>Acta Neuropsychiatr.</i> 2007;19:68-9.
Mental Health Psychiatric Research Unit	Horgan D, Dodd S, Berk M. Combination antidepressant usage in Australia: a survey of 1107 psychiatrists. <i>Australas Psychiatry.</i> 2007;15(1):26-9.
Mental Health Psychiatric Research Unit	Berk M, Dodd S, Callaly P, Berk L, Fitzgerald P, de Castella AR, et al. History of illness prior to a diagnosis of bipolar disorder or schizoaffective disorder. <i>J Affect Disord.</i> Epub 2007 Feb 23.
Mental Health Psychiatric Research Unit	Stafford L, Berk M, Reddy P, Jackson H. Co-morbid depression and health-related quality of life in patients with coronary artery disease. <i>J Psychosomatic Res.</i> 2007 Apr; 62(4):401-10.
Mental Health Psychiatric Research Unit	Ng F, Dodd S, Jacka F, Leslie E, Berk M. Effects of a walking program in the psychiatric in-patient treatment setting: a cohort study. <i>Health Promotion J Aust.</i> 2007; 18(1):39-42.
Mental Health Psychiatric Research Unit	Gama CS, Andreazza AC, Kunz M, Berk M, Belmonte-de-Abreu PS, Kapczinski F. Serum levels of brain-derived neurotrophic factor in patients with schizophrenia and bipolar disorder. <i>Neuroscience Letters.</i> Epub 2007 Apr 4.
Mental Health Psychiatric Research Unit	Berk M, Hallam KT, McGorry PD. The potential utility of a staging model as a course specifier: A bipolar disorder perspective. <i>J Affect Disord.</i> 2007;100:279-81.
Mental Health Psychiatric Research Unit	Dean B, Boer SA, Mackinnon A, Berk M. CNS 14-3-3zeta: Changes with sex but not psychiatric diagnoses or psychotropic drug treatment. <i>Schizophrenia Res.</i> 2007;93:51-7.
Mental Health Psychiatric Research Unit	Berk M. The place of placebo? The ethics of placebo controlled trials in bipolar disorder. <i>Acta Neuropsychiatr.</i> 2007;9(2):74-5.
Mental Health Psychiatric Research Unit	Bauer M, Bschor T, Pfennig A, Whybrow PC, Angst J, Versiant M, et al. World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for Biological Treatment of Unipolar Depressive Disorders in Primary Care. <i>The World Journal of Biological Psychiatry,</i> 2007; 8(2):67-104.
Mental Health Psychiatric Research Unit	Ng F, Dodd S, Berk M. The effects of physical activity in the acute treatment of bipolar disorder: a pilot study <i>J Affect Disord.</i> 2007;101:259-62.
Mental Health Psychiatric Research Unit	Ng F. Interface between religion and psychosis. <i>Australas Psychiatry.</i> 2007;15(1):62-6.
Mental Health Psychiatric Research Unit	Berk M, Sanders K, Pasco J, Jacka F, Williams L, Hayles A, et al. Vitamin D deficiency may play a role in depression. <i>Medical Hypotheses.</i> Epub 2007 May 10.
Mental Health Psychiatric Research Unit	Berk M. Should we be targeting smoking as a routine intervention? <i>Acta Neuropsychiatr.</i> 2007;19:131-2.
Mental Health Psychiatric Research Unit	Castle D, Berk M, Berk L, Lauder S, Chamberlain J, Gilbert M. Pilot of group intervention for bipolar disorder. <i>Int J Psychiatry Clin Pract.</i> Epub 2007 May 25.
Mental Health Psychiatric Research Unit	Berk M. Oxidative biology: new intervention opportunities in psychiatry. <i>Acta Neuropsychiatr.</i> 2007;19:259-60
Mental Health Psychiatric Research Unit	Berk M, Dodd S, Kauer-Sant'Anna M, Mahli G, Bourin M, Norman T. Dopamine dysregulation syndrome: implications for a dopamine hypothesis of bipolar disorder. <i>Acta Psychiatr Scand.</i> 2006;116(s434):41-9.
Mental Health Psychiatric Research Unit	Berk M. Should we be targeting exercise as a routine mental health intervention? <i>Acta Neuropsychiatr.</i> 2007;19(3):217-8.
Mental Health Psychiatric Research Unit	Ng F, Trauer T, Dodd S, Callaly T, Campbell S, Berk M. The validity of the 21-item version of the Depression Anxiety Stress Scales (DASS-21) as a routine clinical outcome measure. <i>Acta Neuropsychiatr.</i> Epub 2007 Jul.
Mental Health Psychiatric Research Unit	Berk M, Ng F, Wang W, Calabrese J, Mitchell P, Malhi G, et al. The empirical redefinition of the psychometric criteria for remission in bipolar disorder. <i>J Affect Disord.</i> Epub 2007 July 25.
Neurosciences	Francis D, Batchelor P, Gates P. Post-traumatic spinal cord herniation. <i>J Clin Neurosci.</i> 2006;13(5):582-6.
Neurosciences	Gates PC, Chambers B, Bernard Yan, Chong W, Denton M. Symptomatic and asymptomatic carotid stenosis [review]. <i>Int Med J.</i> 2006;36(7):445-51.
Neurosciences	Gates P, Urquhart J. Electronic, 'paperless' medical office; has it arrived? <i>Int Med J.</i> 2007;37(2):108-11.
Neurosciences	Carne RP, O'Brien TJ, Kilpatrick CJ, Macgregor LR, Litewka L, Hicks RJ, et al. MRI-negative PET-positive temporal lobe epilepsy (TLE) and mesial TLE differ with quantitative MRI and PET: a case control study. <i>BMC Neurol.</i> 2007 Jun 24; 7:16.
Neurosciences	Salzberg M, Taher T, Davie M, Carne R, Hicks RJ, Cook M, et al. Depression in temporal lobe epilepsy surgery patients: an FDG-PET study. <i>Epilepsia.</i> 2006 Dec;47(12):2125-30.
Neurosciences	Carne RP, Cook MJ, MacGregor LR, Kilpatrick CJ, Hicks RJ, O'Brien TJ. Magnetic resonance imaging negative positron emission tomography positive temporal lobe epilepsy: FDG-PET pattern differs from mesial temporal lobe epilepsy. <i>Mol Imaging Biol.</i> 2007;9(1):32-42.

DEPARTMENT	SUMMARY
Neurosciences	Vinton AB, Carne R, Hicks RJ, Desmond PM, Kilpatrick C, Kaye AH, et al. Extent of resection of FDG-PET hypometabolism relates to outcome of temporal lobectomy. <i>Brain</i> . 2007;130(Pt 2): 548-60.
Neurosciences	Kiernan M, Talman P, Henderson R, Harris R. Establishment of an Australian Motor Neurone Disease Registry. <i>Med J Aust</i> . 2006;184:367-8.
Neurosciences	Talman P, Reid C, Mathers S. Function of registries in motor neurone disease. In: Kiernan MC, editor. <i>Motor neurone disease handbook</i> . Sydney: MJA Books; 2007.
Renal Services	MacGregor MS, Agar JWM, Blagg CR. Home haemodialysis: international trends and variation. <i>Nephrol Dial Transplant</i> . 2006;21(7):1934-45.
Renal Services	Mahadevan K, Pellicano R, Reid AB, Kerr PK, Polkinghorne KR, Agar JW. Comparison of biochemical, haematological and volume parameters in two treatment schedules of nocturnal home haemodialysis. <i>Nephrology (Carlton)</i> 2006;11(5):413-8.
Renal Services	Toussaint ND, Polkinghorne KR, Kerr PG, Somerville CA, Agar JWM. Comparison between different dialysate calcium concentrations in nocturnal hemodialysis. <i>Kidney Int</i> . In press 2006.
Renal Services	Agar JWM, MacGregor MS, Blagg CR. Making sense of hemodialysis terminology. <i>Hemodialysis Int</i> . In press 2007.
Renal Services	Agar JWM and Pierratos A. The serum albumin and hemoglobin: Behavior patterns in nocturnal hemodialysis. <i>Hemodialysis Int</i> . In press 2007.
Surgery, Department of	Watters DA, Miller F, Miller C, Fox A, Craig G, Influence of training on the family. <i>ANZ J Surg</i> 2006; 76:907-11.
Surgery, Department of	Watters DA, Keavau I, Specialist surgical training in Papua New Guinea: the outcomes after 10 years. <i>ANZ J Surg</i> 2006;76:937-41.
Surgery, Department of	Watters DA. Health issues in the Pacific Islands. <i>Far East and Australasia</i> 2007;899-908.
Surgery, Department of	Watters DA, Niblett J, Guidelines for the treatment of cancer in Papua New Guinea. 3rd ed. Sydney: Australasian Medical Publishing Company; 2007.
Surgery, Department of	Watters DA, Bowles TA, Time to Cusum: Simplified reporting of outcomes in colorectal surgery. <i>ANZ J Surg</i> 2007; 77(7):587-91.
Surgery, Department of	Watters DA, Cheng-Hon Y, Colson ME, Cumulative sum techniques for surgeons. <i>ANZ J Surg</i> 2007;77(7):583-6.
Surgical Services (Orthopaedic Research Unit)	Fransen M, et al for the HIPAID Collaborative Group, Safety and efficacy of routine postoperative ibuprofen for pain and disability related to ectopic bone formation after hip replacement surgery (HIPAID): randomised controlled trial. <i>BMJ</i> 2006 Sept 9; 333(7567):519.
Surgical Services Research Unit)	Page R and Oppy AJR, Complex unstable distal radial fracture management. <i>Medimond</i> . (Orthopaedic 2007;H311C0407:27-31.
Surgical Services	Cheng A, Postoperative enteritis due to methicillin resistant staphylococcus aureus. <i>ANZ J Surg</i> . 2006;76(8):763.
University of Melbourne Department of Clinical and Biomedical Sciences	Amerena J, Julius S, Weber M, Kjeldsen S, Mcinnes G, Zanchetti A, et al. Valsartan antihypertensive long-term use evaluation (VALUE) trial outcomes in patients receiving monotherapy. <i>Hypertension</i> . 2006;48(3):385-91.
University of Melbourne Department of Clinical and Biomedical Sciences	Baldock P, Thomas G, Hodge J, Baker S, Dressel U, O'Loughlin P, et al. Vitamin D action and regulation of bone remodelling: suppression of osteoclastogenesis by the mature osteoblast. <i>J Bone Mineral Res</i> . 2006; 21(10):1618-26.
University of Melbourne Department of Clinical and Biomedical Sciences	Berk M, Berk L, Moss Ms, Dodd S, Malhi S. Diagnosing bipolar disorder: how can we do it better? <i>Med J Aust</i> . 2006;184(9):459-62.
University of Melbourne Department of Clinical and Biomedical Sciences	Berk M, Dodd S, Henry M. Do ambient electromagnetic fields affect behaviour? A demonstration of the relationship between geomagnetic storm activity and suicide. <i>Bioelectromagnetics</i> . 2006;27:151-5.
University of Melbourne Department of Clinical and Biomedical Sciences	Berk M, Dodd S, Henry M. Effect of macroeconomic variables on suicide. <i>Psychological Med</i> . 2006; 36:181-9.
University of Melbourne Department of Clinical and Biomedical Sciences	Berk M, Dodd S, Malhi S. Depression and mania in mixed states. <i>Am J Psychiatry</i> . 2006;163(7): 1160.

# PUBLICATIONS continued

DEPARTMENT	SUMMARY
University of Melbourne Department of Clinical and Biomedical Sciences	Berk M, Hallam K, Dodd S, Lucas, Kader, Macneil C, et al. Health-related quality of life and functioning in bipolar disorder: the impact of pharmacotherapy. <i>Expert Rev Pharmacoecon Outcomes Res.</i> 2006;6(5):509-23.
University of Melbourne Department of Clinical and Biomedical Sciences	Birks J, Harvey R. Donepezil for dementia due to Alzheimer's disease. <i>Cochrane Database Syst Rev.</i> 2006 Jan 25;(1):CD001190.
University of Melbourne Department of Clinical and Biomedical Sciences	Cade R, Woodcock SA, Watson DI, Lally C, Archer S, Bessell JR, et al. Quality of life following laparoscopic 90o versus nissen fundoplication. <i>World J Surg.</i> 2006;30:1856-63.
University of Melbourne Department of Clinical and Biomedical Sciences	Callaly T, Hyland M, Coombs T, Trauer T. Routine outcome measurement in public mental health: results of a clinician survey. <i>Aust Health Rev.</i> 2006;30(2):164-73.
University of Melbourne Department of Clinical and Biomedical Sciences	Castle D, Lambert TJ, Melbourne S, Cox A, Boardman G, Fairest, D, et al. Clinical monitoring system for clozapine. <i>Australas Psychiatry.</i> 2006;14(2):156-68.
University of Melbourne Department of Clinical and Biomedical Sciences	Conus P, Berk M, McGorry P. Pharmacological treatment in the early phase of bipolar disorders: what stage are we at? <i>Aust N Z J Psychiatry.</i> 2006;40:199-207.
University of Melbourne Department of Clinical and Biomedical Sciences	Conus P, Cotton, Abdel-Baki A, Lambert, Berk M, McGorry P. Symptomical and functional outcome 12 months after a first episode of psychotic mania: barriers to recovery in a catchment area sample. <i>Bipolar Disorders.</i> 2006;8:221-31.
University of Melbourne Department of Clinical and Biomedical Sciences	Dodd S, Berk M. Commentary: Olanzapine plus fluoxetine reduce depressive symptoms faster than either drug alone in people with treatment resistant depression. <i>Evid Based Ment Health</i> 2006; 9(2):42.
University of Melbourne Department of Clinical and Biomedical Sciences	Dodd S, Berk M. Safety of medications for the treatment of bipolar disorder during pregnancy and the puerperium. <i>Current Drug Safety.</i> 2006;1:25-33.
University of Melbourne Department of Clinical and Biomedical Sciences	Dodd S, Opie J, Berk M. Pharmacological treatment of anxiety and depression in pregnancy and lactation. In: Castle D. <i>Mood and anxiety disorders in women.</i> Cambridge: Cambridge University Press; 2006: 163-84.
University of Melbourne Department of Clinical and Biomedical Sciences	Doecke J, Day C, Stephens A, Carter M, Van Daal m, Kotowicz M, et al. Association of functionally different RUNX2 P2 promoter alleles with BMD. <i>J Bone Mineral Res.</i> 2006; 21(2): 265-73.
University of Melbourne Department of Clinical and Biomedical Sciences	Guest G, Waxman BP, Atkinson RN. Disaster preparedness and humanitarian aid - the medical response to the Indian Ocean disaster. <i>ANZ J Surg</i> 2006;76:1-3.
University of Melbourne Department of Clinical and Biomedical Sciences	Hallam K, Berk M, Kader L, Conus P, Hasty, McGorry P. Seasonal influences on first-episode admission in affective and non-affective psychosis. <i>Acta Neuropsychiatr.</i> 2006;18:154-61.
University of Melbourne Department of Clinical and Biomedical Sciences	Henry M, Pasco J, Sanders K, Nicholson G, Kotowicz M. Fracture Risk (FRISK) Score: Geelong Osteoporosis Study. <i>Radiology.</i> 2006;241(1):190-96.
University of Melbourne Department of Clinical and Biomedical Sciences	Kirkland M, Quesenberry PJ, Roeder I. Discrete stem cells: subsets or a continuum [letter]. <i>Blood.</i> 2006;108 (12):3949.
University of Melbourne Department of Clinical and Biomedical Sciences	Morley R, Carlin J, Pasco J, Wark J. Maternal 25-hydroxyvitamin D and parathyroid hormone concentrations and offspring birth size. <i>J Clin Endocrinol Metab.</i> 2006;91(3):906-12.
University of Melbourne Department of Clinical and Biomedical Sciences	Munns C, Rodda C, Batch J, Morley R, Cranswick N, Craig M, et al. Prevention and treatment of paediatric Vitamin D deficiency in Australia and New Zealand: a consensus statement. <i>Med J Aust.</i> 2006;185(5):268-72.
University of Melbourne Department of Clinical and Biomedical Sciences	Ng F. Is mental illness migratory? <i>Acta Neuropsychiatr.</i> 2006;18:128-9.
University of Melbourne Department of Clinical and Biomedical Sciences	Ng F, Dodd S, Berk M. Combination pharmacotherapy in unipolar depression. <i>Expert Rev Neurother.</i> 2006;6(7):1-12.

DEPARTMENT	SUMMARY
University of Melbourne Department of Clinical and Biomedical Sciences	Pasco J, Henry M, Wilkinson I, Nicholson G, Schneider H, Kotowicz M. Antioxidant supplements and markers of bone turnover in a community sample of non-smoking women. <i>J Women's Health</i> . 2006;15:295-300.
University of Melbourne Department of Clinical and Biomedical Sciences	Pasco J, Kotowicz M, Henry M, Nicholson G, Spilsbury H, Box J, et al High-Sensitivity C-Reactive Protein and Fracture Risk in Elderly Women. <i>JAMA</i> . 2006;296(11):1353-5.
University of Melbourne Department of Clinical and Biomedical Sciences	Sanders K, Nicholson G, Watts J, Pasco J, Henry M, Kotowicz M, et al. Half the burden of fragility fractures in the community occur in women without osteoporosis. When is fracture prevention cost-effective? <i>Bone</i> . 2006;38:694-700.
University of Melbourne Department of Clinical and Biomedical Sciences	Watters D. Health issues in the Pacific Islands. In: <i>Far East and Australasia 2007</i> . London: Europa Publications, 2007: 899-908.
University of Melbourne Department of Clinical and Biomedical Sciences	Watters D, Green AJ, Van Rij A. Guidelines for surgical audit in Australia and New Zealand. <i>ANZ J Surg</i> . 2006;76(1/2):78-83.
University of Melbourne Department of Clinical and Biomedical Sciences	Watters D, Green AJ & Van Rij A. Requirements for trainee logbooks. <i>ANZ J Surg</i> . 2006;76(3):181-4.
University of Melbourne Department of Clinical and Biomedical Sciences	Watters D, Guest G, Merry C, Goodall-Wilson D, Pappas C, Selvidge J. Surgical trainee log we need. <i>ANZ J Surg</i> . 2006;76(3):185-9.
University of Melbourne Department of Clinical and Biomedical Sciences	Williams LJ, Jacka FN, Pasco J, Dodd S & Berk M. 2006. Depression and pain: an overview. <i>Acta Neuropsychiatrica</i> . 18: 79-87.
University of Melbourne Department of Clinical and Biomedical Sciences	Bolsin S, Kara-Brightwell J. Why reporting adverse incidents is the right thing for doctors to do. <i>Health Care Risk Report</i> . April: 12-13.
University of Melbourne Department of Clinical and Biomedical Sciences	Dean B, Boer SA, Berk M. CNS 14-3-3zeta: Changes with sex but not psychiatric diagnoses or psychotropic drug treatment. <i>Schizophrenia Res</i> . 2007;93:51-7.
University of Melbourne Department of Clinical and Biomedical Sciences	Dodd S, Berk M. Higher dose venlafaxine may improve response compared with standard doses in people with major depressive disorder and intolerance or non-responsiveness to SSRIs. <i>Evid Based Ment Health</i> . 2007 Feb;10(1):17.
University of Melbourne Department of Clinical and Biomedical Sciences	Horgan D, Dodd S, Berk M. Combination antidepressant usage in Australia: a survey of 1107 psychiatrists. <i>Australasian Psychiatry</i> . 2007;15(1):26-9.
University of Melbourne Department of Clinical and Biomedical Sciences	Jacka FN, Pasco J, Mcconnell SR, Williams LJ, Kotowicz M, Nicholson G, et al. Self-reported depression and cardiovascular risk factors in a community sample of women. 2007;48(1):54-9.
University of Melbourne Department of Clinical and Biomedical Sciences	Kanis JA, Oden, Johnell, Johansson, De Laet , Sanders K. Use of clinical risk factors enhances the performance of BMD in the prediction of hip and osteoporotic fractures in men and women. <i>Osteoporosis Int</i> . 2007;18(8):1033-46.
University of Melbourne Department of Clinical and Biomedical Sciences	Stafford L, Berk M, Reddy P, Jackson H. Co-morbid depression and health-related quality of life in patients with coronary artery disease. <i>J Psychosom Res</i> . 2007; 62(4):401-10.
University of Melbourne Department of Clinical and Biomedical Sciences	Wolfe R, Bolsin S, Colson M, Stow P. Monitoring the rate of re-exploration for excessive bleeding after cardiac surgery in adults. <i>Qual Safety Health Care</i> . 2007;16:192-6.
Urology	Louie-Johnsun MW, Braslis KG, Murphy DL, Neerhut GJ, Grills RJ. Radical cystectomy for primary bladder malignancy: a 10-year review. <i>ANZ J Surg</i> . 2007;77(4):265-9.
Urology	Hallamore SL, Grills RJ, Neerhut G, Lawrentschuk N. Submucosal vesical varicosities causing hematuria and retention of urine in pregnancy: cystovarix. <i>Am J Obstet Gynecol</i> . 2007;196(5):e29-30.
Urology	Louie-Johnsun MW, Munzel B, Murphy D. Hospital medical officers and basic urology. <i>BJU</i> . 2006;98(3):491-2.
Urology	Ooi J, Lawrentschuk N, Murphy D. Training model for open or laproscopic pyelocoplasty. <i>J Endourol</i> . 2006;20(2):149-52.



# COMPLIANCE INDEX DISCLOSURE REQUIREMENTS

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

REPORT OF OPERATIONS	PAGE NUMBER
<b>Charter &amp; purpose</b>	
9.1.3(i)(a) Manner of establishment and Relevant Minister	1
9.1.3(i)(b) Objectives, functions, powers and duties	1
9.1.3(i)(c) Services provided and persons or sections of community served	1, 46-51
<b>Management &amp; structure</b>	
9.1.3(i)(d)(i) Names of governing board members, audit committee & chief executive officer	8-9, 34-36, 111
9.1.3(i)(d)(ii) Names of senior office holders and brief description of each office	38-39
9.1.3(i)(d)(iii) Chart setting out organisational structure	39
9.1.3(i)(e) Workforce data and application of merit & equity principles	40
9.1.3(i)(f) Application and operation of FOI Act 1982	71
<b>Financial and other information</b>	
9.1.3(ii)(a) Summary of financial results with previous four year comparatives	11
9.1.3(ii)(b) Summary of significant changes in financial position	10
9.1.3 (ii)(c) Operational & budgetary objectives for the year and performance against those objectives	10
9.1.3(ii)(d) Major changes or factors affecting achievement of objectives	10
9.1.3(ii)(e) Events subsequent to balance date	10
9.1.3(ii)(f) Consultancies >\$100,000 – Full details of each consultancy	71
9.1.3(ii)(g) Consultancies <\$100,000 – Number and total cost of consulting engagements	71
9.1.3(ii)(h) Extent of compliance with Building Act 1993	71
9.1.3(ii)(i) Statement that information listed in Part 9.1.3(iv) is available on request	71
9.1.3(ii)(k) Statement on implementation and compliance with National Competition Policy	71
9.8.2(i) A statement of Occupational Health and Safety (OHS) matters	40
9.8.2 (ii) OHS performance measures	40
<b>Financial Statements</b>	
<b>Preparation</b>	
9.2.2(ii)(a) Statement of preparation on an accrual basis	78
9.2.2(ii)(b) Statement of compliance with Australian Accounting Standards and associated pronouncements	78
9.2.2(ii)(c) Statement of compliance with accounting policies issued by the Minister for Finance	78, 111
<b>Statement of financial operations</b>	
9.2.2(i)(a) A statement of financial operations for the year	74
9.2.3(ii)(a) Operating revenue by class	84-88
9.2.3(ii)(b) Investment income by class	77, 84, 85, 88
9.2.3(ii)(c) Other material revenue by class including sale of non-goods assets and contributions of assets	77, 84, 86, 87
9.2.3(ii)(d) Material revenues arising from exchanges of goods or services	84
9.2.3(ii)(e) Depreciation, amortisation or diminution in value	78, 79, 89
9.2.3(ii)(f) Bad and doubtful debts	89, 91, 94, 97
9.2.3(ii)(g) Financing Costs	74, 77, 92, 97
9.2.3(ii)(h) Net increment or decrement on the revaluation of each category of assets	74, 75, 79, 96, 97
9.2.3(ii)(i) Auditor-General's fees	92
<b>Statement of financial position</b>	
9.2.2(i)(b) A statement of financial position for the year	75
<b>Assets</b>	
9.2.3(iii)(a)(i) Cash at bank or in hand	75, 105
9.2.3(iii)(a)(ii) Inventories by class	75, 91, 96, 98
9.2.3(iii)(a)(iii) Receivables, including trade debtors, loans and other debtors	75, 78, 85, 87, 97
9.2.3(iii)(a)(iv) Other assets, including prepayments	75, 96, 102, 103
9.2.3(iii)(a)(v) Investments by class	88, 99
9.2.3(iii)(a)(vi) Property, plant & equipment	75
9.2.3(iii)(a)(vii) Intangible assets	75, 96, 100
<b>Liabilities</b>	
9.2.3(iii)(b)(i) Overdrafts	75, 102
9.2.3(iii)(b)(ii) Bank loans, bills payable, promissory notes, debentures and other loans	75, 102
9.2.3(iii)(b)(iii) Trade and other creditors	75, 107
9.2.3(iii)(b)(iv) Finance lease liabilities	75, 91, 106, 108
9.2.3(iii)(b)(v) Provisions, including employee entitlements	75, 90, 91, 103
<b>Equity</b>	
9.2.3(iii)(c)(i) Authorised capital	104
9.2.3(iii)(c)(ii) Issued capital	104
9.2.3(iii)(d) Reserves, and transfers to and from reserves (shown separately)	104

# STATUTORY REQUIREMENTS

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

## COMPETITIVE NEUTRALITY

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

## FEES

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

## FREEDOM OF INFORMATION REQUESTS

Barwon Health is an agency subject to the *Freedom of Information Act (Victoria) 1982*. As required under the Act, Barwon Health has nominated Amanda Bavin as the Freedom of Information Officer-Corporate and Business and Susan Bell as the Freedom of Information Officer – Medical. A legislation fee of \$22 per application and a copying charge of 20 cents per page applies.

Financial Year	06/07	05/06	04/05	03/04	02/03
Number of requests	513	428	434	447	425

## AVERAGE COLLECTION DAYS

	06/07	05/06	04/05
Acute	36.9	52.0	45.6
Rehabilitation and Aged Care	66.0	58.5	53.9

## CONSULTANCIES

Total number of consultancies	15
Total value of consultancies	\$188,410

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

NIL	\$-
-----	-----

## OUTSTANDING DEBTORS

	Total	Current	30 days	60 days	+60 days
2006/07	8.80	5.65 (64.2%)	1.23 (14.0%)	.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%)
2004/05	7.76	4.36 (56.2%)	1.36 (17.5%)	0.62 (8.0%)	1.42 (18.3%)

## COMPLIANCE WITH BUILDING ACT

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

## WHISTLEBLOWERS PROTECTION ACT

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

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

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

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

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

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

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

For further information contact:

Executive Director Human Resources  
Corporate Office  
Barwon Health  
Ryrie Street  
Geelong Vic 3220  
Phone: 03 5226 7235  
Fax: 03 5226 7672  
Email: perry@barwonhealth.org.au

No disclosure under the Act were received during 2006/07.



## 10.50 AM. EACH DAY...NEW OPPORTUNITY

**Danielle, Psychologist, Surfcoast Mental Health Team**

*I really enjoy working with young people and find it satisfying when you see them recover from the mental health difficulties they have experienced. Being able to offer specific mental health services at an early stage means that we can often help prevent longer-term difficulties and enable young people to move forward and participate in the things they want to do in their lives.*

# BARWON HEALTH FINANCIAL REPORT

## FOR THE YEAR ENDED 30 JUNE 2007

### CONTENTS

OPERATING STATEMENT	74
BALANCE SHEET	75
STATEMENT OF CHANGES IN EQUITY	76
CASHFLOW STATEMENT	77
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT	78-112
BARWON HEALTH CERTIFICATION	113-115



## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### Operating Statement

For the year ended 30 June 2007

	Note	2007 \$000	2006 \$000
Revenue from Operating Activities	2	334,811	311,414
Revenue from Non-Operating Activities	2	15,428	13,556
Employee Benefits	4	(248,406)	(228,166)
Non Salary Labour Costs	4	(3,483)	(2,586)
Supplies & Consumables	4	(63,800)	(63,543)
Other Expenses from Continuing Operations	4	(33,151)	(27,409)
Share of Net Result of Joint Venture	2	(117)	(28)
<b>Net Result from Operations before Capital</b>		<b>1,282</b>	<b>3,238</b>
Capital Purpose Income	2	15,604	19,018
Specific Income		-	1,239
Depreciation and Amortisation	4	(17,227)	(12,495)
Finance Costs	4	(96)	(115)
Expenditure Using Capital Purpose Income	4	(429)	(766)
<b>NET RESULT FOR THE YEAR</b>		<b>(866)</b>	<b>10,119</b>

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

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Balance Sheet

As at 30 June 2007

	Note	2007 \$000	2006 \$000
<b>ASSETS</b>			
<i>Current Assets</i>			
Cash and Cash Equivalents	22	16,087	18,394
Receivables	10	16,936	17,107
Inventories	12	2,802	2,733
Other Current Assets	11	35,151	39,455
<b>Total Current Assets</b>		<b>70,976</b>	<b>77,689</b>
<i>Non-Current Assets</i>			
Receivables	10	6,687	6,438
Other Financial Assets	13	2,595	2,178
Investments Accounted for using the Equity Method	14	494	610
Property, Plant & Equipment	15	299,434	265,375
Intangible Assets	16	184	290
Investment Properties	17	5,418	5,418
<b>Total Non-Current Assets</b>		<b>314,812</b>	<b>280,309</b>
<b>TOTAL ASSETS</b>		<b>385,788</b>	<b>357,998</b>
<b>LIABILITIES</b>			
<i>Current Liabilities</i>			
Payables	18	27,710	31,086
Interest Bearing Liabilities	19	793	551
Employee Benefits	20	51,832	47,275
<b>Total Current Liabilities</b>		<b>80,335</b>	<b>78,912</b>
<i>Non-Current Liabilities</i>			
Interest Bearing Liabilities	19	557	1,121
Employee Benefits	20	6,896	6,470
<b>Total Non-Current Liabilities</b>		<b>7,453</b>	<b>7,591</b>
<b>TOTAL LIABILITIES</b>		<b>87,788</b>	<b>86,503</b>
<b>NET ASSETS</b>		<b>298,000</b>	<b>271,495</b>
<b>EQUITY</b>			
Asset Revaluation Reserve	21	57,687	59,264
Available for Sale Revaluation Reserve	21	911	491
Linencare Business Unit Reserve	21	3,751	6,895
Restricted Specific Purpose Reserve	21	14,247	22,153
Internally Managed Reserves	21	30,861	30,429
Contributed Capital	21	191,766	163,238
Accumulated Surplus / (Deficits)	21	(1,223)	(10,975)
<b>TOTAL EQUITY</b>		<b>298,000</b>	<b>271,495</b>

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

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### Statement of changes in Equity

For the year ended 30 June 2007

	Note	2007 \$000	2006 \$000
<b>Total Equity at beginning of Financial Year</b>		<b>271,495</b>	<b>186,775</b>
Gain/(Loss) on Asset Revaluation		(1,577)	38,699
Gain on Available for Sale Financial Assets		420	491
SWARH Previous Year Adjustment		-	637
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>		<b>(1,157)</b>	<b>39,827</b>
<b>Net Result for the Year</b>		<b>(866)</b>	<b>10,119</b>
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		<b>(2,023)</b>	<b>49,946</b>
Transactions with the State in its capacity as owner		28,528	34,774
<b>Closing Balance</b>	<b>21</b>	<b>298,000</b>	<b>271,495</b>

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

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Cashflow Statement

For the year ended 30 June 2007

	Note	2007 \$000	2006 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		308,874	284,296
Patient and Resident Fees Received		26,537	21,971
GST Received from/ (paid to) ATO		(20,011)	(19,942)
Recoupment from Private Practice for use at hospital facilities		3,039	3,967
Drug Income		4,783	5,186
Linencare Fees		5,549	5,392
Pharmaceutical Benefits Scheme		4,594	3,633
Other Receipts		19,042	25,180
Interest Received		3,565	2,887
Employee Benefits Paid		(245,913)	(227,057)
Payments for Supplies & Consumables		(77,345)	(75,787)
Finance Costs		(96)	(115)
Fuel, Light, Power and Water		(3,172)	(4,698)
Maintenance Contracts		(2,692)	(3,111)
Repairs and Maintenance		(6,271)	(5,400)
Other Payments		(17,644)	(578)
<i>Cash Generated from Operations</i>		<i>2,839</i>	<i>15,824</i>
Capital Grants from Government		13,962	17,124
Capital Donation and Bequests Received		1,746	3,973
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	<b>22(b)</b>	<b>18,547</b>	<b>36,921</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchases of Property, Plant & Equipment		(53,903)	(53,891)
Proceeds from Sale of Property, Plant & Equipment		542	1,121
Purchase of Investments		-	(10,000)
Proceeds from Sale of Investments		4,304	-
<b>NET CASH (OUTFLOW) FROM INVESTING ACITIVITIES</b>		<b>(49,057)</b>	<b>(62,770)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of Borrowings		(253)	(64)
Repayments of Finance Leases		(69)	(143)
Contributed Capital from Government		28,525	34,774
<b>NET CASH INFLOW FROM FINANCING ACTIVITIES</b>		<b>28,203</b>	<b>34,567</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>(2,307)</b>	<b>8,718</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD</b>		<b>18,394</b>	<b>9,676</b>
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	<b>22(a)</b>	<b>16,087</b>	<b>18,394</b>

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



# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Notes to and forming part of the Financial Report

For the year ended 30 June 2007

### 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, Accounting Standards issued by the Australian Accounting Standards Board and Urgent Issues Group Interpretations. Accounting Standards include Australian equivalents to International Financial Reporting Standards (A-IFRS).

The Financial Statements were authorised for issue by Mr. John Linke, Executive Director Financial Services, Barwon Health on 24 August 2007.

#### Basis of Preparation

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

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

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 2007, and the comparative information presented in this Financial Report for the year ended 30 June 2006.

#### 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 A-IFRS.

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

##### 1.5 Receivables

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

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

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

##### 1.8 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.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Notes to and forming part of the Financial Report

### For the year ended 30 June 2007

#### 1.10 Revaluations of Property, Plant and Equipment

Financial Reporting Direction (FRD) 103B *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 FRD103B 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.

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

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

Revaluation 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.

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

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

	2007	2006
Buildings	Up to 50 years	Up to 50 years
Plant & Equipment	Up to 15 years	Up to 15 years
Furniture & Fittings	Up to 7 years	Up to 7 years
Linen	Up to 5 years	Up to 5 years
Leased Assets	Up to 5 years	Up to 5 years
Intangible Assets	Up to 5 years	Up to 5 years
Motor Vehicles	Up to 5 years	Up to 5 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 its recoverable amount, the difference is written off by a charge to Operating Statement except to the extent that the write down can be debited to an asset revaluation reserve amount applicable to that class of asset. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair values less costs to sell.

#### 1.14 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.

#### 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.

#### 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.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Notes to and forming part of the Financial Report

For the year ended 30 June 2007

### 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 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 venture operations and jointly controlled assets are recognised by including in the respective classifications, the share of individual assets, liabilities, revenue, expenses and commitments. Details of the Joint venture are set out in note 14.

### 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.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Notes to and forming part of the Financial Report

For the year ended 30 June 2007

### 1.23 Revenue Recognition continued

#### 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 AASB1004 *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 Comparative Information

There have been no changes to previous year's figures other than detailed below:

Revenues and Expenses by category in notes 3 and 5 have been reclassified to accord with the government's requirements for reporting under the Australian Health Care Agreement with the Commonwealth government. This reclassification is to reflect the new category groups as detailed in note 1 as follows:

	2005-06 Acute \$000	Admitted Patients \$000	Reclassified to: EDS \$000	Ambulatory \$000
Revenue-HSA	216,143	177,093	9,569	29,481
Expenses-HSA	145,847	120,865	9,090	15,892

	2005-06		Reclassified to: RAC inc Mental Health \$000
	RAC \$000	RAC Mental Health \$000	
Revenue-HSA	27,052	1,503	28,555
Expenses-HSA	19,506	4,232	23,738

### 1.27 Asset Revaluation Reserve

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

### 1.28 Available for Sale Revaluation Reserve

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

### 1.29 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.

### 1.30 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.

### 1.31 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.

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## Notes to and forming part of the Financial Report

For the year ended 30 June 2007

### 1.32 Research Funds

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

### 1.33 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.

### 1.34 Net Result before Capital and Specific Items

The subtotal 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 and depreciation. 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
- 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.

### 1.35 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, Kooris 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.



## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### Notes to and forming part of the Financial Report

#### For the year ended 30 June 2007

##### 1.36 New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2007 reporting period. As at 30 June 2007, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2007.

Barwon Health has not and does not intend to adopt these standards early.

Standard Interpretation	Summary	Applicable for Reporting periods beginning on or ending on	Impact on Health Service's Annual Statements
AASB 7 Financial Instruments: Disclosures.	New standard replacing disclosure requirements of AASB 132.	Beginning 1 Jan 2007.	AASB 7 is a disclosure standard so will have no direct impact on the amounts included in the Barwon Health financial statements. However, the amendments will result in changes to the financial instrument disclosures included in the Barwon Health annual report.
AASB 2005-10, Amendments to Australian Accounting Standards (AASB's 132, 101, 114, 117,133, 139, 1, 4, 1023 & 1038.	Amendments arising from the release in Aug 05 of AASB 7 Financial Instruments: Disclosures.	Beginning 1 Jan 2007.	Amendments may result in changes to the financial statements.
AASB 101 Presentation of Financial Statements (revised).	Removes Australian specific requirements from AASB 101, including the Australian illustrative formats of the income statement, balance sheet, and the statement of changes in equity which Health Services were previously 'encouraged' to adopt in preparing their financial statements.	Beginning 1 Jan 2007.	Amendments may result in changes to the financial statements.
AASB 2007-1 Amendments to Australian Accounting Standards arising from AASB Interpretation 22 (AASB 2).	Additional paragraphs added underneath transitional payments.	1 March 2007.	Amendments may result in changes to the financial statements.

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 2 REVENUE

	Note	HSA 2007 \$000	HSA 2006 \$000	Non-HSA 2007 \$000	Non-HSA 2006 \$000	Total 2007 \$000	Total 2006 \$000
<b>Revenue from Operating Activities</b>							
Government Grants							
- Department of Human Services		256,757	240,729	-	-	256,757	240,729
- Dental Health Services Victoria		4,609	3,362	-	-	4,609	3,362
- State Gov Equipment and Infrastructure Maintenance		1,429	1,377	-	-	1,429	1,377
- Commonwealth Government – Residential Aged Care Subsidy		14,142	14,344	-	-	14,142	14,344
- Other		6,465	5,009	-	-	6,465	5,009
Indirect Contributions by Human Services		7,985	5,551	108	47	8,093	5,598
Recoupment from Private Practice for use of Hospital Facilities		3,039	2,770	-	-	3,039	2,770
Patient and Resident Fees	6	25,108	22,095	-	-	25,108	22,095
Other Revenue from Operating Activities		15,169	16,130	-	-	15,169	16,130
<b>Sub-Total Revenue from Operating Activities</b>		<b>334,703</b>	<b>311,367</b>	<b>108</b>	<b>47</b>	<b>334,811</b>	<b>311,414</b>
<b>Revenue from Non- Operating Activities</b>							
Interest		-	-	3,491	2,745	3,491	2,745
Dividends		-	-	74	67	74	67
Property Income		-	-	920	907	920	907
Private Practice Fees Donated		-	-	945	1,197	945	1,197
Other Revenue from Non-Operating Activities	8	-	-	9,998	8,640	9,998	8,640
<b>Sub Total Revenue from Non-Operating Activities</b>		<b>-</b>	<b>-</b>	<b>15,428</b>	<b>13,556</b>	<b>15,428</b>	<b>13,556</b>
<b>Revenue from Capital Purpose Income</b>							
State Government Capital Grants							
- Targeted Capital Works & Equipment		415	1,376	-	-	415	1,376
- Other		12,408	12,203	-	-	12,408	12,203
Commonwealth Government Capital Grants		-	-	36	390	36	390
Residential Accommodation Payments		-	-	821	746	821	746
Donations & Bequests		-	-	1,746	3,973	1,746	3,973
Net Gain / (Loss) on Disposal of Non Current Assets		-	-	(152)	(80)	(152)	(80)
Other Capital Purpose Income		-	-	330	410	330	410
<b>Sub-Total Revenue from Capital Purpose Income</b>		<b>12,823</b>	<b>13,579</b>	<b>2,781</b>	<b>5,439</b>	<b>15,604</b>	<b>19,018</b>
<b>Specific Income</b>							
Share of net profits/(losses) of joint venture using the equity method		(117)	(28)	-	-	(117)	(28)
Revaluation of Investment Property		-	1,239	-	-	-	1,239
<b>Total Revenue from Ordinary Activities</b>		<b>347,409</b>	<b>326,157</b>	<b>18,317</b>	<b>19,042</b>	<b>365,726</b>	<b>345,199</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## NOTE 3 ANALYSIS OF REVENUE BY SOURCE

Note	Admitted		EDS 2007 \$000	Ambulatory 2007 \$000	Mental Health 2007 \$000	RAC Inc		Aged Care 2007 \$000	Primary Care 2007 \$000	Other 2007 \$000	Total 2007 \$000
	Patients 2007 \$000	Outpatients 2007 \$000				Mental Health 2007 \$000	Mental Health 2007 \$000				
<b>Revenue from Services Supported by Health Services Agreement</b>											
Government Grants											
- Department of Human Services	153,995	20,797	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	
Residential Accommodation Payments	-	-	-	-	-	821	-	-	-	821	
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
Interest & Dividends	-	-	-	-	-	-	4	-	-	-	4
Capital Purpose Income	11,703	330	-	-	-	-	-	-	-	-	12,033
Other	8,182	884	25	101	528	76	-	1,136	3,367	14,299	
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>											
	<b>197,478</b>	<b>26,280</b>	<b>10,486</b>	<b>32,313</b>	<b>22,833</b>	<b>27,380</b>	<b>1,419</b>	<b>15,726</b>	<b>12,767</b>	<b>346,682</b>	

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 3 ANALYSIS OF REVENUE BY SOURCE continued

Note	Admitted		EDS	Ambulatory	Mental Health	RAC Inc		Aged Care	Primary Care	Other	Total
	Patients	Outpatients				Mental Health	Mental Health				
	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>											
<b>Internal and Restricted Specific Purpose Fund</b>											
Interest	-	-	-	-	-	-	-	-	-	3,487	3,487
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	-	-	-	-	-	-	-	-	-	1,969	1,969
<b>Capital Purpose Income</b>											
Donations and Bequests	-	-	-	-	-	-	-	-	-	1,746	1,746
Capital Purpose Income	-	-	-	-	-	1,056	-	-	-	-	1,056
Private Practice	-	-	-	-	-	-	-	-	-	-	-
Fees Donated	-	-	-	-	-	-	-	-	-	945	945
Net Gain/(Loss) from Disposal of Non-Current Assets	-	-	-	-	-	-	-	-	-	(152)	(152)
Other	-	-	-	-	-	-	-	-	-	100	100
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>											
	-	-	-	-	-	1,056	-	-	-	17,988	19,044
<b>TOTAL REVENUE FROM OPERATIONS</b>											
	197,478	26,280	10,486	32,313	22,833	28,436	1,419	15,726	30,755	365,726	

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 3 ANALYSIS OF REVENUE BY SOURCE continued

Note	Admitted		EDS 2006 \$000	Ambulatory 2006 \$000	Mental Health 2006 \$000	RAC Inc		Aged Care 2006 \$000	Primary Care 2006 \$000	Other 2006 \$000	Total 2006 \$000
	Patients 2006 \$000	Outpatients 2006 \$000				Mental Health 2006 \$000	Mental Health 2006 \$000				
<b>Revenue from Services Supported by Health Services Agreement</b>											
Government Grants											
- Department of Human Services	144,158	20,376	9,515	24,835	20,700	7,616	1,352	10,743	2,811	242,106	
- Dental Health Services Victoria	-	-	-	-	-	-	-	-	3,362	3,362	
Commonwealth Government											
- Residential Aged Care Subsidy	-	-	-	-	-	14,006	-	1,714	-	15,720	
-Other	-	-	-	-	-	-	-	3,633	-	3,633	
Indirect Contributions by Department of Human Services											
-Insurance	4,115	-	-	-	-	-	-	-	-	4,115	
-Long Service Leave	800	123	80	72	129	183	5	49	42	1,483	
Residential Accommodation Payments	-	-	-	-	-	746	-	-	-	746	
Share of net profits/ (losses) of joint venture using equity method	(28)	-	-	-	-	-	-	-	-	(28)	
Recoupment from Private Practice for use of Hospital Facilities	2,770	-	-	-	-	-	-	-	-	2,770	
Patient and Resident Fees <sup>6</sup>	8,158	3,247	420	4,627	-	4,416	-	71	1,156	22,095	
Interest & Dividends	2820	-	-	-	-	-	-	-	-	2,820	
Capital Purpose Income	12,757	-	-	-	-	1,595	-	-	-	14,352	
Other	14,405	157	31	-	464	94	12	76	883	16,122	
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>189,955</b>	<b>23,903</b>	<b>10,046</b>	<b>29,534</b>	<b>21,293</b>	<b>28,656</b>	<b>1,369</b>	<b>16,286</b>	<b>8,254</b>	<b>329,296</b>	



# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## NOTE 3 ANALYSIS OF REVENUE BY SOURCE continued

Note	Admitted		EDS	Ambulatory	Mental Health	RAC Inc		Aged Care	Primary Care	Other	Total
	Patients	Outpatients				Mental Health	Mental Health				
	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>											
<b>Internal and Restricted Specific Purpose Fund</b>											
Pharmacy Services	-	-	-	-	-	-	-	-	-	142	142
Linencare	-	-	-	-	-	-	-	-	-	5,392	5,392
Salary Package Admin Charges	-	-	-	-	-	-	-	-	-	795	795
Laboratory Research Medicine	-	-	-	-	-	-	-	-	-	1,154	1,154
Hydrotherapy	-	-	-	-	-	-	-	-	-	136	136
Television System	-	-	-	-	-	-	-	-	-	151	151
Property Income	-	-	-	-	-	-	-	-	-	662	662
Car Park	-	-	-	-	-	-	-	-	-	245	245
Other	-	-	-	-	-	-	-	-	-	118	118
<b>Capital Purpose Income</b>											
Donations and Bequests	-	-	-	-	-	-	-	-	-	3,972	3,972
Capital Purpose Income	-	-	-	-	-	-	-	-	-	780	780
Private Practice Fees Donated	-	-	-	-	-	-	-	-	-	1,197	1,197
Revaluation of Investment Property	-	-	-	-	-	-	-	-	-	1,239	1,239
Net Gain/(Loss) from Disposal of Non-Current Assets	-	-	-	-	-	-	-	-	-	(80)	(80)
Other	-	-	-	-	-	-	-	-	-	-	-
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>											
	-	-	-	-	-	-	-	-	-	15,903	15,903
<b>TOTAL REVENUE FROM OPERATIONS</b>											
	189,955	23,903	10,046	29,534	21,293	28,656	1,369	16,286	24,157	345,199	

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 4 EXPENSES

	HSA 2007 \$000	HSA 2006 \$000	Non-HSA 2007 \$000	Non-HSA 2006 \$000	Total 2007 \$000	Total 2006 \$000
<b>Employee Benefits</b>						
Salaries & Wages	212,158	197,179	6,958	5,856	219,116	203,035
Workcover	2,338	1,900	107	217	2,445	2,117
Departure Packages	172	228	-	-	172	228
Long Service Leave	6,673	4,367	233	153	6,906	4,520
Superannuation	19,098	17,715	669	551	19,767	18,266
<b>Total Employee Benefits</b>	<b>240,439</b>	<b>221,389</b>	<b>7,967</b>	<b>6,777</b>	<b>248,406</b>	<b>228,166</b>
<b>Non Salary Labour Costs</b>						
Agency Costs – Nursing	1,484	992	-	-	1,484	992
Agency Costs – Other	1,902	1,522	97	72	1,999	1,594
<b>Total Non Salary Labour Costs</b>	<b>3,386</b>	<b>2,514</b>	<b>97</b>	<b>72</b>	<b>3,483</b>	<b>2,586</b>
<b>Supplies and Consumables</b>						
Drug Supplies	18,179	19,978	24	24	18,203	20,002
S100 Drugs	5,112	4,977	-	-	5,112	4,977
Medical, Surgical Supplies and Prosthesis	30,720	29,154	131	102	30,851	29,256
Pathology Supplies	5,569	5,518	1	6	5,570	5,524
Food Supplies	4,048	3,752	16	32	4,064	3,784
<b>Total Supplies and Consumables</b>	<b>63,628</b>	<b>63,379</b>	<b>172</b>	<b>164</b>	<b>63,800</b>	<b>63,543</b>
<b>Expenditure using Capital Purpose Income</b>						
Employee Benefits	-	-	332	383	332	383
Non Salary Labour Costs	-	-	92	383	92	383
Other Expenses	-	-	5	-	5	-
<b>Total Expenditure using Capital Purpose Income</b>	<b>-</b>	<b>-</b>	<b>429</b>	<b>766</b>	<b>429</b>	<b>766</b>
<b>Other Expenses from Continuing Operations</b>						
Domestic Services and Supplies	1,556	1,406	700	679	2,256	2,085
Fuel, Light, Power and Water	2,921	4,698	251	255	3,172	4,953
Insurance Costs funded by DHS	4,829	4,115	-	-	4,829	4,115
Motor Vehicle Expenses	558	635	166	198	724	833
Repairs and Maintenance	5,349	5,400	922	682	6,271	6,082
Maintenance Contracts	1,918	3,111	774	80	2,692	3,191
Patient Transport	863	720	7	7	870	727
Bad & Doubtful Debts	261	184	-	-	261	184
Lease Expenses	111	103	99	97	210	200
Other Expenses	2,753	2,474	860	209	3,613	2,683
Other Administrative Expenses	7,855	2,265	204	(147)	8,059	2,118
Audit Fees	192	231	2	7	194	238
<b>Total Other Expenses from Continuing Operations</b>	<b>29,166</b>	<b>25,342</b>	<b>3,985</b>	<b>2,067</b>	<b>33,151</b>	<b>27,409</b>
Depreciation and Amortisation	16,578	11,839	649	656	17,227	12,495
Finance Costs	96	115	-	-	96	115
	16,674	11,954	649	656	17,323	12,610
<b>TOTAL EXPENSES</b>	<b>353,293</b>	<b>324,578</b>	<b>13,299</b>	<b>10,502</b>	<b>366,592</b>	<b>335,080</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 5 ANALYSIS OF EXPENSES BY SOURCE

	Admitted				RAC Inc		Aged	Primary	Other	Total
	Patients	Outpatients	EDS	Ambulatory	Mental	Mental	Care	Care		
	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Health Service Agreement</b>										
Employee Benefits										
- Salaries & Wages	114,499	15,449	11,979	15,265	15,663	22,123	816	10,741	5,623	212,158
- Workcover Premium	1,169	225	139	185	180	259	7	115	59	2,338
- Departure Packages	138	14	-	-	-	11	-	9	-	172
- Long Service Leave	3,804	268	302	500	696	613	29	360	101	6,673
- Superannuation	9,640	2,151	915	1,212	1,409	2,040	96	1,012	623	19,098
Non Salary Labour Costs										
- Agency Costs - Nursing	469	-	59	197	40	719	-	-	-	1,484
- Agency Costs - Other	659	167	68	279	211	-	50	19	449	1,902
Supplies & Consumables										
- Drug Supplies	11,069	5,751	412	496	246	163	-	37	5	18,179
- S100 Drugs	5,112	-	-	-	-	-	-	-	-	5,112
- Medical & Surgical Supplies & Prosthesis	20,839	1,499	700	1,026	353	664	-	2,404	3,235	30,720
- Pathology Supplies	5,530	11	9	-	5	2	-	-	12	5,569
- Food Supplies	658	34	11	54	42	500	1	29	2,719	4,048
Other Expenses										
- Domestic Services & Supplies	933	106	112	59	42	195	1	82	26	1,556
- Fuel, Light, Power & Water	2,029	1	-	83	30	564	43	164	7	2,921
- Insurance costs funded by DHS	4,829	-	-	-	-	-	-	-	-	4,829
- Motor Vehicle Expenses	28	37	16	41	174	7	19	201	35	558
- Lease Expenses	25	2	-	18	31	2	-	33	-	111
- Maintenance Contracts	973	460	170	113	6	23	1	11	161	1,918
- Bad & Doubtful Debts	250	-	-	-	-	-	-	-	11	261
- Other Administrative Expenses	2,597	662	114	1,210	640	1,436	29	977	395	8,060
- Repairs & Maintenance	2,023	438	45	802	168	1,331	44	436	62	5,349
- Patient Transport	307	6	188	262	51	1	-	37	11	863
Other	675	202	5	364	57	683	1	115	446	2,548
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>188,255</b>	<b>27,483</b>	<b>15,244</b>	<b>22,166</b>	<b>20,044</b>	<b>31,336</b>	<b>1,137</b>	<b>16,782</b>	<b>13,980</b>	<b>336,427</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## NOTE 5 ANALYSIS OF EXPENSES BY SOURCE continued

	Admitted		EDS	Ambulatory	Mental Health	RAC Inc		Aged Care	Primary Care	Other	Total
	Patients	Outpatients				Mental Health	Mental Health				
	2007	2007				2007	2007				
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Hospital and Community Initiatives</b>											
Employee Benefits											
- Salaries & Wages	-	-	-	-	-	-	-	-	-	7,029	7,029
- Workcover Premium	-	-	-	-	-	-	-	-	-	104	104
- Departure Packages	-	-	-	-	-	-	-	-	-	-	-
- Long Service Leave	-	-	-	-	-	-	-	-	-	227	227
- Superannuation	-	-	-	-	-	-	-	-	-	645	645
Non Salary Labour Costs											
- Agency costs - Other	-	-	-	-	-	-	-	-	-	90	90
Supplies & Consumables											
- Drug Supplies	-	-	-	-	-	-	-	-	-	24	24
- Medical, Surgical Supplies and Prosthesis	-	-	-	-	-	-	-	-	-	131	131
- Pathology Supplies	-	-	-	-	-	-	-	-	-	1	1
- Food Supplies	-	-	-	-	-	-	-	-	-	16	16
Other Expenses											
- Domestic Services & Supplies	-	-	-	-	-	-	-	-	-	699	699
- Fuel, Light, Power & Water	-	-	-	-	-	-	-	-	-	251	251
- Motor Vehicle Expenses	-	-	-	-	-	-	-	-	-	164	164
- Lease Expenses	-	-	-	-	-	-	-	-	-	99	99
- Maintenance Contracts	-	-	-	-	-	-	-	-	-	774	774
- Administrative Expenses	-	-	-	-	-	-	-	-	-	359	359
- Repairs & Maintenance	-	-	-	-	-	-	-	-	-	922	922
- Patient Transport	-	-	-	-	-	-	-	-	-	7	7
- Bad & Doubtful Debts	-	-	-	-	-	-	-	-	-	-	-
- Other	-	-	-	-	-	-	-	-	-	677	677
<b>Sub-total Expenses from Services Supported by Hospital and Community Initiatives</b>											
	-	-	-	-	-	-	-	-	-	12,219	12,219

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 5 ANALYSIS OF EXPENSES BY SOURCE continued

	Admitted		EDS 2007 \$000	Ambulatory 2007 \$000	Mental Health 2007 \$000	RAC Inc		Aged Care 2007 \$000	Primary Care 2007 \$000	Other 2007 \$000	Total 2007 \$000
	Patients	Outpatients				Mental	Mental				
	2007 \$000	2007 \$000				Health 2007 \$000	Health 2007 \$000				
<b>Services Supported by Capital Sources</b>											
Employee Benefits											
- Salaries and Wages	-	-	-	-	-	-	-	-	-	261	261
- Workcover Premium	-	-	-	-	-	-	-	-	-	3	3
- Long Service Leave	-	-	-	-	-	-	-	-	-	6	6
- Superannuation	-	-	-	-	-	-	-	-	-	24	24
Non Salary Labour Costs											
- Agency Costs – Other	-	-	-	-	-	-	-	-	-	7	7
Other Expenses											
- Domestic Services & Supplies	-	-	-	-	-	-	-	-	-	1	1
- Motor Vehicle Expenses	-	-	-	-	-	-	-	-	-	2	2
- Administrative Expenses	-	-	-	-	-	-	-	-	-	124	124
- Other	-	-	-	-	-	-	-	-	-	1	1
<b>Sub-total Expenses from Services Supported by Capital Sources</b>	-	-	-	-	-	-	-	-	-	<b>429</b>	<b>429</b>
Depreciation and Amortisation	8,282	1,647	422	513	674	4,121	34	828	706	17,227	
Audit Fees											
- Auditor General	125	-	-	-	-	-	-	-	-	-	125
- Other	69	-	-	-	-	-	-	-	-	-	69
Finance Costs	78	8	-	-	-	-	-	-	-	10	96
	8,554	1,655	422	513	674	4,121	34	828	716	17,517	
<b>Total Expenses</b>	<b>196,809</b>	<b>29,138</b>	<b>15,666</b>	<b>22,679</b>	<b>20,718</b>	<b>35,457</b>	<b>1,171</b>	<b>17,610</b>	<b>27,344</b>	<b>366,592</b>	



## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 5 ANALYSIS OF EXPENSES BY SOURCE continued

	Admitted				RAC Inc		Aged	Primary	Other	Total
	Patients	Outpatients	EDS	Ambulatory	Mental	Mental	Care	Health		
	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Health Service Agreement</b>										
Employee Benefits										
- Salaries & Wages	106,915	14,415	10,895	13,998	15,058	20,824	708	9,371	4,995	197,179
- Workcover Premium	956	194	111	142	144	213	2	88	50	1,900
- Departure Packages	169	-	-	20	-	38	-	-	1	228
- Long Service Leave	2,601	190	99	313	443	440	25	195	61	4,367
- Superannuation	9,115	1,977	818	1,008	1,332	1,928	106	864	567	17,715
Non Salary Labour Costs										
- Agency Costs - Nursing	443	-	32	183	86	248	-	-	-	992
- Agency Costs - Other	424	140	41	234	334	46	-	32	271	1,522
Supplies & Consumables										
- Drug Supplies	11,640	6,976	332	476	334	144	-	46	6	19,954
- S100 Drugs	4,977	-	-	-	-	-	-	-	-	4,977
- Medical & Surgical Supplies & Prosthesis	18,977	2,152	801	817	327	722	1	251	5,130	29,178
- Pathology Supplies	5,195	19	14	-	5	1	-	-	284	5,518
- Food Supplies	615	31	10	38	46	453	-	29	2,530	3,752
Other Expenses										
- Domestic Services & Supplies	957	113	114	17	18	132	-	26	29	1,406
- Fuel, Light, Power & Water	3,342	1	-	122	24	980	2	216	11	4,698
- Insurance costs funded by DHS	4,115	-	-	-	-	-	-	-	-	4,115
- Motor Vehicle Expenses	37	50	31	45	188	7	25	203	49	635
- Lease Expenses	32	3	-	16	21	3	-	27	1	103
- Maintenance Contracts	1,618	636	286	236	11	37	1	11	275	3,111
- Bad & Doubtful Debts	-	-	175	-	-	-	-	-	9	184
- Other Administrative Expenses	735	190	23	342	181	390	23	272	110	2,266
- Repairs & Maintenance	2,013	379	28	799	230	1,212	20	668	51	5,400
- Patient Transport	254	5	138	206	71	4	-	32	10	720
Other	671	196	14	345	46	650	1	100	451	2,473
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>175,801</b>	<b>27,667</b>	<b>13,962</b>	<b>19,357</b>	<b>18,899</b>	<b>28,472</b>	<b>914</b>	<b>12,431</b>	<b>14,891</b>	<b>312,393</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 5 ANALYSIS OF EXPENSES BY SOURCE continued

	Admitted		EDS	Ambulatory	Mental Health	RAC Inc		Aged Care	Primary Health	Other	Total
	Patients	Outpatients				Mental Health	Mental Health				
	2006	2006				2006	2006				
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Hospital and Community Initiatives</b>											
Employee Benefits											
- Salaries & Wages	-	-	-	-	-	-	-	-	-	5,911	5,911
- Workcover Premium	-	-	-	-	-	-	-	-	-	214	214
- Departure Packages	-	-	-	-	-	-	-	-	-	-	-
- Long Service Leave	-	-	-	-	-	-	-	-	-	149	149
- Superannuation	-	-	-	-	-	-	-	-	-	526	526
Non Salary Labour Costs											
- Agency costs - Other	-	-	-	-	-	-	-	-	-	70	70
Supplies & Consumables											
- Drug Supplies	-	-	-	-	-	-	-	-	-	24	24
- Medical, Surgical Supplies and Prosthesis	-	-	-	-	-	-	-	-	-	102	102
- Pathology Supplies	-	-	-	-	-	-	-	-	-	6	6
- Food Supplies	-	-	-	-	-	-	-	-	-	32	32
Other Expenses											
- Domestic Services & Supplies	-	-	-	-	-	-	-	-	-	672	672
- Fuel, Light, Power & Water	-	-	-	-	-	-	-	-	-	255	255
- Motor Vehicle Expenses	-	-	-	-	-	-	-	-	-	197	197
- Lease Expenses	-	-	-	-	-	-	-	-	-	97	97
- Maintenance Contracts	-	-	-	-	-	-	-	-	-	80	80
- Administrative Expenses	-	-	-	-	-	-	-	-	-	341	341
- Repairs & Maintenance	-	-	-	-	-	-	-	-	-	182	182
- Patient Transport	-	-	-	-	-	-	-	-	-	7	7
- Bad & Doubtful Debts	-	-	-	-	-	-	-	-	-	-	-
- Other	-	-	-	-	-	-	-	-	-	209	209
<b>Sub-total Expenses from Services Supported by Hospital and Community Initiatives</b>											
	-	-	-	-	-	-	-	-	-	<b>9,074</b>	<b>9,074</b>

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## NOTE 5 ANALYSIS OF EXPENSES BY SOURCE continued

	Admitted				RAC Inc		Aged	Primary	Other	Total
	Patients	Outpatients	EDS	Ambulatory	Mental	Mental	Care	Health	2006	2006
	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Services Supported by Capital Sources</b>										
Employee Benefits										
- Salaries and Wages	-	-	-	-	-	-	-	-	328	328
- Workcover Premium	-	-	-	-	-	-	-	-	3	3
- Superannuation	-	-	-	-	-	-	-	-	4	4
- Long Service Leave	-	-	-	-	-	-	-	-	25	25
Non Salary Labour Costs										
- Agency Costs – Other	-	-	-	-	-	-	-	-	3	3
Other Expenses										
- Domestic Services & Supplies	-	-	-	-	-	-	-	-	7	7
- Motor Vehicle Expenses	-	-	-	-	-	-	-	-	1	1
- Administrative Expenses	-	-	-	-	-	-	-	-	221	221
- Other	-	-	-	-	-	-	-	-	174	174
<b>Sub-total Expenses from Services Supported by Capital Sources</b>	-	-	-	-	-	-	-	-	<b>766</b>	<b>766</b>
Depreciation and Amortisation	5,231	859	534	530	1,171	2,469	156	1,159	386	12,495
Audit Fees										
- Auditor General	119	-	-	-	-	-	-	-	6	125
- Other	112	-	-	-	-	-	-	-	-	112
Finance Costs	96	-	-	-	-	-	-	-	19	115
	5,558	859	534	530	1,171	2,469	156	1,159	411	12,847
<b>Total Expenses</b>	<b>181,359</b>	<b>28,526</b>	<b>14,496</b>	<b>19,887</b>	<b>20,070</b>	<b>30,941</b>	<b>1,070</b>	<b>13,590</b>	<b>25,142</b>	<b>335,080</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 6 PATIENT AND RESIDENT FEES

	2007 \$000	2006 \$000
<b>Patient and Residential Fees Raised</b>		
Acute		
- Inpatients	6,170	5,993
- Other	13,436	10,870
Residential Aged Care		
- Geriatric	4,462	4,168
- Mental Health	348	357
- Other	692	707
<b>Total Patient Fees Raised</b>	<b>25,108</b>	<b>22,095</b>

### NOTE 7 NET (LOSS) ON DISPOSAL OF NON-CURRENT ASSETS

	2007 \$000	2006 \$000
<b>Proceeds from Disposal of Non current Assets</b>		
- Other Equipment	48	32
- Motor Vehicles	494	1,089
<b>Total Proceeds from Disposal of Non Current Assets</b>	<b>542</b>	<b>1,121</b>
Less: Written Down Value of Non Current Assets Sold		
- Land	-	8
- Buildings	-	275
- Equipment	164	313
- Motor Vehicles	530	605
<b>Total Written Down Value of Non Current Assets Sold</b>	<b>694</b>	<b>1,201</b>
<b>Net (Losses) on disposal of Non Current Assets</b>	<b>(152)</b>	<b>(80)</b>

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

	2007 \$000	2006 \$000
Pharmacy Services	125	70
Linencare	6,743	6,021
Salary Packaging	437	439
Bone Densitometry	216	219
Hydrotherapy	183	302
Laboratory Research Medicine	1,517	1,026
Staff Health Clinic	506	518
Other	271	45
<b>TOTAL</b>	<b>9,998</b>	<b>8,640</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 9 FINANCE COSTS

	2007 \$000	2006 \$000
Finance Charges on Finance Leases	45	49
Interest on Borrowings	51	66
<b>TOTAL</b>	<b>96</b>	<b>115</b>

### NOTE 10 RECEIVABLES

	2007 \$000	2006 \$000
<b>CURRENT</b>		
Patient Fees	4,287	5,616
Accrued Revenue - DHS	770	154
Accrued Investment Income	474	309
Sundry Debtors	3,830	2,453
Accrued Revenue- Other	2,636	2,514
Refundable Entrance Fees	4,446	4,699
GST Receivable	1,119	1,705
Prepayments	-	183
<b>LESS Provision for Doubtful Debts</b>		
Patient Fees	(590)	(490)
Sundry Debtors	(36)	(36)
	16,936	17,107
<b>NON CURRENT</b>		
DHS – Long Service Leave	6,687	6,438
<b>NET DEBTORS AND ACCRUED REVENUE</b>	<b>23,623</b>	<b>23,545</b>



## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 11 OTHER FINANCIAL ASSETS

	Operating \$000	Specific Purpose Fund \$000	Capital Fund \$000	2007 \$000	2006 \$000
<b>Current</b>					
Australian Dollar Term Investments	-	34,903	243	35,146	39,450
	-	34,903	243	35,146	39,450
<b>Non-Current</b>					
Australian Dollar Term Investments	-	5	-	5	5
	-	34,908	243	35,151	39,455

	2007 \$000	2006 \$000
<b>Investment Composition</b>		
Bank Term Deposits	35,146	39,450
Debentures	5	5
	35,151	39,455

The Geelong Hospital Medical Staff Group have 50 debentures in Timbercorp Limited.

### NOTE 12 INVENTORIES

	2007 \$000	2006 \$000
Pharmaceuticals	538	1,153
Bulk Store at cost	1,148	438
Medical and Surgical Lines at cost	1,116	1,142
<b>TOTAL INVENTORIES</b>	<b>2,802</b>	<b>2,733</b>

### NOTE 13 NON-CURRENT OTHER FINANCIAL ASSETS

	2007 \$000	2006 \$000
Shares at Fair Value	2,595	2,178
<b>TOTAL</b>	<b>2,595</b>	<b>2,178</b>

Shares in 35 listed companies comprise 138,390 ordinary shares.

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

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

	2007 \$000	2006 \$000
Investment in Jointly Controlled Entities	494	610
<b>TOTAL</b>	<b>494</b>	<b>610</b>

#### Jointly controlled Operation and Assets

	Country of Incorporation	Ownership Interest	
		2007 %	2006 %
South West Alliance of Rural Health (Vic)	Australia	15	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.

	2007 \$000	2006 \$000
<b>Summarised Financial Information of Jointly Controlled Entities</b>		
<b>Balance Sheet:</b>		
Current Assets	680	640
Non- Current Assets	2,333	2,490
<b>Total Assets</b>	<b>3,013</b>	<b>3,130</b>
Current Liabilities	1,203	596
Non –Current Liabilities	95	42
<b>Total Liabilities</b>	<b>1,298</b>	<b>638</b>
<b>Net Assets</b>	<b>1,715</b>	<b>2,492</b>
Share of Net Assets	494	610
<b>Share of Jointly Controlled Entities' Profit and Loss</b>	<b>(117)</b>	<b>(28)</b>
<b>Operating Contract Commitments</b>	<b>356</b>	<b>-</b>
<b>Operating Lease Commitments</b>	<b>21</b>	<b>-</b>
<b>Share of Capital Commitments</b>	<b>27</b>	<b>84</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 15 PROPERTY, PLANT AND EQUIPMENT

	At Cost/ Valuation \$000	Accumulated Depreciation \$000	Net Assets 2007 \$000	Net Assets 2006 \$000
<b>Based on Historical Cost</b>				
Plant and Equipment				
-Plant	9,504	5,641	3,863	3,397
-Transport	6,242	3,505	2,737	3,098
-Medical	47,375	29,921	17,454	12,429
-Other	19,250	11,801	7,449	6,652
	82,371	50,868	31,503	25,576
Furniture & Fittings	447	339	108	121
Linen	4,050	2,229	1,821	1,801
	86,868	53,436	33,432	27,498
<b>Based on Fair Value</b>				
Land at revaluation on 30 June 2006	35,910	-	35,910	35,781
Buildings at valuation on 30 June 2006	280,417	139,531	140,886	148,535
Buildings at cost	71,100	1,484	69,616	-
Buildings – construction in progress	18,920	-	18,920	52,818
	406,347	141,015	265,332	237,134
<b>Leased Assets</b>				
Motor Vehicles and Equipment	888	218	670	743
<b>Total Non-Current Assets</b>	<b>494,103</b>	<b>194,669</b>	<b>299,434</b>	<b>265,375</b>

Reconciliation 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 \$000	Buildings \$000	Plant \$000	Medical \$000	Motor Vehicle \$000	Other Equipment \$000	Furniture & Fittings \$000	Linen \$000	Leased Assets \$000	Total \$000
Carrying amount at start of year	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 end of year</b>	<b>35,910</b>	<b>229,422</b>	<b>3,863</b>	<b>17,454</b>	<b>2,737</b>	<b>7,449</b>	<b>108</b>	<b>1,821</b>	<b>670</b>	<b>299,434</b>

Financial Reporting Direction (FRD) 103B *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 FRD103B, 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 land and buildings was performed by Shane Irwin, (Certified Practising Valuer) of the Landlink Property Group, to determine the fair value of the land and buildings. The valuations which conforms to the Australian Valuation Standards, was determined by reference to the amounts by which assets could be exchanged between knowledgeable willing parties in an arms length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2006.

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 16 INTANGIBLE ASSETS

	2007 \$000	2006 \$000
Financial Information System	184	290
<b>Total Written Down Value</b>	<b>184</b>	<b>290</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	290
Amortisation	(106)
Balance at end of financial year	184

### NOTE 17 INVESTMENT PROPERTIES

	2007 \$000	2006 \$000
Balance at the Beginning of the Period	5,418	4,179
Revaluation	-	1,239
<b>Balance at the end of the Period</b>	<b>5,418</b>	<b>5,418</b>

### NOTE 18 PAYABLES

	2007 \$000	2006 \$000
<b>Current</b>		
Trade Creditors	7,761	7,450
Salaries & Wages	3,895	4,108
GST Payable	3,180	3,770
Accrued Expenses	4,134	6,550
Patient Monies held in Trust	962	840
Research funds held in Trust	2,325	2,277
Refundable Entrance Fees	4,275	4,986
Other	1,178	1,105
<b>TOTAL</b>	<b>27,710</b>	<b>31,086</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 19 INTEREST BEARING LIABILITIES

	Note	2007 \$000	2006 \$000
<b>Current</b>			
Australian Dollar Borrowings		270	254
Lease Liabilities	24	523	297
		793	551
<b>Non- Current</b>			
Australian Dollar Borrowings		410	679
Lease Liabilities	24	147	442
		557	1,121
<b>Total Interest Bearing Liabilities</b>		<b>1,350</b>	<b>1,672</b>

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

Barwon Health has 31 unsecured Finance Leases for Motor Vehicles. The facilities vary from 12 to 36 months, with interest rates between 6 and 7.12%.

The Hospital has an overdraft facility of \$500,000 with the National Australia Bank. This facility is not secured and not used as at 30 June 2007.

The amount of \$95,699 (\$114,663 2005/06) was recognised as borrowing costs.



## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 20 EMPLOYEE BENEFITS

	2007 \$000	2006 \$000
<b>Current</b>		
- Annual Leave	20,641	19,741
- Accrued Salaries and Wages	5,818	5,006
- Accrued Days Off	600	604
- Unconditional Long Service Leave Entitlements	24,773	21,924
<b>Total</b>	<b>51,832</b>	<b>47,275</b>
<b>Non- Current</b>		
- Conditional Long Service Leave Entitlements (present value)	6,896	6,470
<b>Total</b>	<b>6,896</b>	<b>6,470</b>
<b>TOTAL EMPLOYEE BENEFITS</b>	<b>58,728</b>	<b>53,745</b>
<b>Movement in Long Service Leave:</b>		
Balance at start of year	28,394	26,889
Provision made during the year	7,026	4,426
Settlement made during the year	(3,751)	(2,921)
<b>Balance at end of year</b>	<b>31,669</b>	<b>28,394</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 4.5% 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.

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 21 EQUITY AND RESERVES

	Total 2007 \$000	Accumulated Surpluses/ (Deficits) 2007 \$000	Contributed Capital 2007 \$000	Building Reval Reserve 2007 \$000	Land Reval Reserve 2007 \$000	Available for sale Financial Assets Reserve 2007 \$000	Linencare Business Unit Reserve 2007 \$000	Restricted Specific Purpose Reserve 2007 \$000	Internally Managed Specific Purpose Reserve 2007 \$000
Balance at Beginning of Reporting Period	271,495	(10,975)	163,238	35,962	23,302	491	6,895	22,153	30,429
Operating Surplus/(Deficit) for the Year	(866)	(866)	-	-	-	-	-	-	-
Contributed Capital – received from Victorian Government	28,528	-	28,528	-	-	-	-	-	-
Transfer to Reserves	-	(5,590)	-	-	-	-	856	94	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>298,000</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>14,247</b>	<b>30,861</b>

Barwon Health was instructed to record the McKellar Centre Redevelopment costs to 30 June 2007 of \$28,528,275 as Contributed Capital.

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

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

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

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

#### Note 22 (a)

	2007 \$000	2006 \$000
Cash at Bank and on Hand	2,571	3,377
Cash At Call	13,516	15,017
<b>TOTAL</b>	<b>16,087</b>	<b>18,394</b>

#### Note 22 (b)

	2007 \$000	2006 \$000
<b>Net Result for the Year</b>	<b>(866)</b>	<b>10,119</b>
Depreciation	17,227	12,495
(Profit)/Loss on Sale of Assets	152	80
Increase/ (Decrease) Payables	311	1,574
Increase /(Decrease) in Other Payables	(3,147)	7,506
Increase /(Decrease) in Employee Benefits	4,982	4,081
Decrease/(Increase) in Patient Fees Receivable	1,429	124
Decrease/(Increase) in Other Receivables	(1,476)	(1,074)
Decrease/(Increase) in Other Assets	4	2,303
Decrease/(Increase) in Inventories	(69)	(287)
<b>Net Cash Used in Operating Activities</b>	<b>18,547</b>	<b>36,921</b>

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 23 FINANCIAL INSTRUMENTS

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

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

	Floating interest rate (a) \$000	Fixed interest rate maturing			Non- interest bearing \$000	Total 2007 \$000	Total 2006 \$000	Weighted Average Interest Rates \$000
		1 year or less \$000	1 to 5 years \$000	Over 5 years \$000				
<b>Financial Assets</b>								
Cash	16,087	-	-	-	-	16,087	18,394	-
Patient fees receivable	-	-	-	-	4,287	4,287	5,616	-
Other receivables	-	-	-	-	12,649	12,649	11,491	-
Other Financial Assets	-	35,151	-	-	-	35,151	39,455	5.98
Non-Current Other Financial Assets	-	-	-	-	2,595	2,595	2,178	-
Other non-current receivables	-	-	-	-	6,687	6,687	6,438	6.23
<b>Total Financial Assets</b>	<b>16,087</b>	<b>35,151</b>	<b>-</b>	<b>-</b>	<b>26,218</b>	<b>77,456</b>	<b>83,572</b>	<b>-</b>
<b>Financial Liabilities</b>								
Payables	-	-	-	-	27,710	27,710	31,087	
Lease liability	-	523	147	-	-	670	739	
Borrowings	-	270	410	-	-	680	933	
<b>Total Financial Liabilities</b>	<b>-</b>	<b>793</b>	<b>557</b>	<b>-</b>	<b>27,710</b>	<b>29,060</b>	<b>32,759</b>	
<b>Net Financial Asset/Liabilities</b>	<b>16,087</b>	<b>34,358</b>	<b>(557)</b>	<b>-</b>	<b>(1,492)</b>	<b>48,396</b>	<b>50,813</b>	

#### 23 (b) Credit Risk Exposure

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

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

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

#### 23 (d) Risk Management Policy

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

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 23 FINANCIAL INSTRUMENTS continued

The following table details the fair value of Financial Assets and Financial Liabilities

	Book Value 2007 \$000	Fair Value 2007 \$000	Book Value 2006 \$000	Fair Value 2006 \$000
<b>Financial Assets</b>				
Cash	16,087	16,087	18,394	18,394
Patient fees receivable	4,287	4,287	5,616	5,616
Other receivables	12,649	12,649	11,491	11,491
Other Financial Assets	35,151	35,151	39,455	39,455
Non-Current Other Financial Assets	2,595	2,595	2,178	2,178
Other non-current receivables	6,687	6,687	6,438	6,438
<b>Total Financial Assets</b>	<b>77,456</b>	<b>77,456</b>	<b>83,572</b>	<b>83,572</b>
<b>Financial Liabilities</b>				
Trade creditors and accruals	27,710	27,710	31,087	31,087
Lease Liability	670	670	739	739
Borrowings	680	680	933	933
<b>Total Financial Liabilities</b>	<b>29,060</b>	<b>29,060</b>	<b>32,759</b>	<b>32,759</b>

- i) Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost, which approximates to fair value.
- ii) Interest bearing liability amounts are based on the present value of expected future cash flows, discounted at current market one year bond rates.

### NOTE 24 COMMITMENTS

#### Note 24 (a) Capital Commitments under Contract

	Note	2007 \$000	2006 \$000
Building Projects		2,733	8,283
Equipment Upgrades		344	7,819
		<b>3,077</b>	<b>16,102</b>

Capital Commitments for Building and Equipment Upgrades do not extend beyond one year.



## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 24 COMMITMENTS continued

#### Note 24 (b) Operating Leases

	Note	2007 \$000	2006 \$000
Motor Vehicles			
- Not later than one year		115	69
- Later than one year and not later than 5 years		49	21
		<b>164</b>	<b>90</b>

There are 9 Motor Vehicles on non-cancellable operating leases.

#### Note 24 (c) Finance Lease

	Note	2007 \$000	2006 \$000
Equipment and Motor Vehicles			
-Not later than one year		523	428
-Later than one year and not later than 5 years		147	66
	<b>19</b>	<b>670</b>	<b>494</b>

There are 31 non-cancellable finance leases for the purchase of motor vehicles.

#### Note 24 (d) Commitments from SWARH Joint Venture

	Note	2007 \$000	2006 \$000
Maintenance & Agreement Obligations			
- Not later than one year		292	84
- Later than one year and not later than 5 years		111	-
		<b>403</b>	<b>84</b>

The Service agreements provide support for communication networks and are non-cancellable

### NOTE 25 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 26 SEGMENT REPORTING

	Hospital 2007 \$000	RACS 2007 \$000	Linen 2007 \$000	Community & Mental Health 2007 \$000	Other 2007 \$000	Eliminations 2007 \$000	Total 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)	-
Total Revenue	286,457	34,971	8,122	40,224	22,529	(30,025)	362,278
<b>Net Result from ordinary activities</b>	<b>2,351</b>	<b>(7,829)</b>	<b>1,379</b>	<b>231</b>	<b>(350)</b>	<b>-</b>	<b>(4,218)</b>
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>2,152</b>	<b>(7,829)</b>	<b>1,871</b>	<b>231</b>	<b>2,709</b>	<b>-</b>	<b>(866)</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	-	-	-	-	81,256	-	81,256
<b>Total Liabilities</b>	<b>467</b>	<b>5,708</b>	<b>287</b>	<b>70</b>	<b>81,256</b>	<b>-</b>	<b>87,788</b>
Investments in joint venture	494	-	-	-	-	-	494
Acquisition of property, plant and equipment and intangible assets	9,556	44,264	10	73	-	-	53,903
Depreciation and Amortisation expense	11,725	3,967	488	886	161	-	17,227
Non cash expenses other than depreciation	4,829	-	-	-	-	-	4,829

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## NOTE 26 SEGMENT REPORTING continued

	Hospital 2006 \$000	RACS 2006 \$000	Linen 2006 \$000	Community & Mental Health 2006 \$000	Other 2006 \$000	Eliminations 2006 \$000	Total 2006 \$000
<b>REVENUE</b>							
External Segment Revenue	250,618	30,025	5,392	37,579	18,794	-	342,408
Intersegment Revenue	7,697	-	2,227	2,076	2,612	(14,612)	-
Total Revenue	258,315	30,025	7,619	39,655	21,406	(14,612)	342,408
<b>Net Result from ordinary activities</b>							
Interest Expense	82	-	14	19	-	-	115
Interest Income	2,820	-	-	-	-	-	2,820
Share of Net Result of Joint Venture	(29)	-	-	-	-	-	(29)
<b>Net Result for Year</b>	<b>9,170</b>	<b>(1,986)</b>	<b>1,167</b>	<b>3,920</b>	<b>(2,152)</b>	<b>-</b>	<b>10,119</b>
<b>OTHER INFORMATION</b>							
Segment Assets	139,000	54,815	5,287	14,584	262	-	213,948
Unallocated Assets	-	-	-	-	144,049	-	144,049
<b>Total Assets</b>	<b>139,000</b>	<b>54,815</b>	<b>5,287</b>	<b>14,584</b>	<b>144,311</b>	<b>-</b>	<b>357,997</b>
Segment Liabilities	1,368	5,826	203	99	-	-	7,496
Unallocated Liabilities	-	-	-	-	79,008	-	79,008
<b>Total Liabilities</b>	<b>1,368</b>	<b>5,826</b>	<b>203</b>	<b>99</b>	<b>79,008</b>	<b>-</b>	<b>86,504</b>
Investments in joint venture	610	-	-	-	-	-	610
Acquisition of property, plant and equipment and intangible assets	7,212	36,134	421	36	8,810	-	52,613
Depreciation and Amortisation expense	2,160	2,083	413	1,756	6,083	-	12,495
Non cash expenses other than depreciation	4,115	-	-	-	-	-	4,115

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

#### Business Segments

Hospital  
Residential and Aged Care Services (RACS)  
Linen Service  
Community and Mental Health  
Share of SWARH Joint Venture  
Other

#### Services

Acute and sub-acute health services  
Health services for the aged in a residential facility  
Provision of linen and laundry services (Internal and external)  
Provision of community based health and mental health services  
Joint venture which implements and processes information technology  
All other services and activities

# BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

## 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.

<b>27.1 Responsible Minister</b>	The Honorable Bronwyn Pike MLA Minister for Health.	01/07/2006 – 30/06/2007
<b>Governing Board</b>	Mrs Claire Higgins	01/07/2006 – 30/06/2007
	Mr Peter Thomas	01/07/2006 – 30/06/2007
	Mr Michael Hirst	01/07/2006 – 30/06/2007
	Mr John Frame	01/07/2006 – 30/06/2007
	Mr Christopher Burrell	01/07/2006 – 30/06/2007
	Mr Damian Gorman	01/07/2006 – 30/06/2007
	Ms Janet Farrow	01/07/2006 – 30/06/2007
	Mrs Maree Markus	01/07/2006 – 31/10/2006
	Prof James Angus	01/07/2006 – 28/07/2006
<b>Accountable Officer</b>	Mrs Sue De Gilio	01/07/2006 – 30/06/2007

<b>27.2 Remuneration for Responsible Persons</b>		<b>2007</b>	<b>2006</b>
<b>Number of Responsible Persons are shown in their relevant income bands:</b>	<b>Salary Range \$</b>	<b>No.</b>	<b>No.</b>
	0 - 9,999	3	4
	10,000 - 19,999	5	5
	20,000 - 29,999	-	1
	30,000 - 39,999	-	1
	40,000 - 49,999	1	-
	320,000 - 329,999	1	-
	330,000 - 339,999	-	1
<b>Total Number</b>		<b>10</b>	<b>12</b>

### Income received or due and receivable by Responsible Persons of entities which comprise Barwon Health:

	<b>2007</b>	<b>2006</b>
	<b>\$000</b>	<b>\$000</b>
	473	496

Amounts relating to Responsible Ministers are reported in the Financial Statements of the Department of Premier and Cabinet.

### 27.3 Other Transactions with Related Parties

Michael Hirst, Director, is an executive of Bendigo Bank and a Director of Treasury Corporation Victoria (TCV). In accordance with Barwon Health's Board approved investment policy, Bendigo Bank is one of a number of approved financial institutions with whom investment transactions are conducted. At 30 June 2007 \$nil (2006, \$2.0m) was invested with Bendigo Bank. Barwon Health currently has two loan facilities with TCV with an original combined principal sum of \$0.456m. Interest paid on the loans for 2007 was \$14,965 (2006, \$19,938).

Claire Higgins, Chair, Board of Directors holds a position as an independent member of the Surf Coast Shire's Audit Committee. Total payments made to the Surf Coast Shire in the financial year were \$14,112 (2006, \$13,042). Whilst the transaction was not completed by 30th June 2007, Barwon Health has been negotiating to purchase a property in Anglesea, from the Surfcoast Shire.

James Angus, Director (resigned 28 July 06), is the Dean of the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Barwon Health has agreements with Melbourne University relating to the teaching of undergraduate medical students, research activities and

professorial and senior lecturer staff. Total payments made to Melbourne University in the financial year were \$839,887.28 (2006, \$762,034). John Frame, Director, is also a Director of the Metropolitan Ambulance Service (MAS). Barwon Health's business unit (Linencare) provides linen and laundry services to MAS. Total payments for the financial year were \$1,250,965 (2006, \$1,020,609). Total payments made to MAS for ambulance services in the financial year were \$21,820 (2006, \$22,166).

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

- > Resigned as a director of G-Force on 25th July 2006 G-Force Recruitment conducts employment programs for apprentices and trainees. Total payments to G-Force in July 06 were \$9,819 (2006, \$193,237) for their services.
- > Leave of absence from Deakin University from 12/10/06 to 30/06/07 Barwon Health transacts with Deakin University which includes a joint appointment Professor of Nursing (Research) and an Adjunct Professor of Nursing with financial contribution from both parties. Total payments made to Deakin University in the financial year were \$7,770 (2006, \$10,468).

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### NOTE 27 RESPONSIBLE PERSONS - DISCLOSURES continued

#### 27.4 Executive Officers Disclosures

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	
	2007 No.	2006 No.	2007 No.	2006 No.
120,000 - 129,999	-	-	-	1
140,000 - 149,999	-	-	-	1
150,000 - 159,999	-	1	1	1
160,000 - 169,999	-	2	4	2
170,000 - 179,999	1	-	-	-
180,000 - 189,999	3	1	1	1
190,000 - 199,999	1	1	1	2
200,000 - 209,999	-	2	1	1
210,000 - 219,999	1	-	-	-
220,000 - 229,999	1	1	-	-
230,000 - 239,999	-	1	-	-
240,000 - 249,999	1	-	1	-
280,000 - 289,999	1	-	-	-
<b>Total Number</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>

	2007 \$000	2006 \$000
	1,893	1,724

In 2007, income received by Executive Officers, included a termination payment of \$51,148.

### NOTE 28 REMUNERATION OF AUDITORS

	2007 \$000	2006 \$000
Audit fees paid or payable to the Victorian Auditor-General's Office for audit of Barwon Health's Financial Report		
Paid	-	-
Payable	125	125
<b>Total Paid and Payable</b>	<b>125</b>	<b>125</b>

### NOTE 29 EVENTS OCCURRING AFTER REPORTING DATE

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

## BARWON HEALTH FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2007

### Board Members, Accountable Officers, and Chief Executive Director of Financial 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 2007 and financial position of Barwon Health as at 30 June 2007.

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



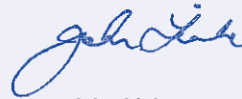
**Claire Higgins**  
**Chairperson**

Geelong  
24 August 2007



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

Geelong  
24 August 2007



**John Linke**  
**Executive Director Financial Services**

Geelong  
24 August 2007





Victorian Auditor-General's Office

## INDEPENDENT AUDIT REPORT

### Barwon Health

#### To the Members of the Parliament of Victoria and Members of the Board of the Hospital

##### *Matters Relating to the Electronic Presentation of the Audited Financial Report*

This auditor's report for the financial year ended 30 June 2007 relates to the financial report of Barwon Health included on its web site. The Board of Barwon Health is responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

##### *The Financial Report*

The accompanying financial report for the year ended 30 June 2007 of Barwon Health which comprises the 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, and Chief Executive Director of Financial Services Declaration has been audited.

##### *The Responsibility of the Members of the Board for the Financial Report*

The Members of the Board 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 Board Members' 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 Hospital'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.

1

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 Audit Report (continued)

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

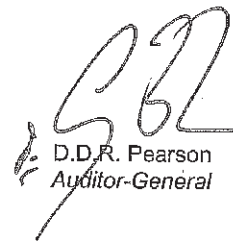
### *Independence*

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. The Auditor-General, his staff and delegates comply 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 2007 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  
18 September 2007



D.D.R. Pearson  
Auditor-General



24 HOURS... EACH DAY

[www.barwonhealth.org.au](http://www.barwonhealth.org.au)

## BARWON HEALTH LOCATIONS

[www.barwonhealth.org.au](http://www.barwonhealth.org.au)



### **GEELONG HOSPITAL**

Bellarine Street Geelong  
PH.5226 7111

### **MCKELLAR CENTRE**

45-95 Ballarat Road North Geelong  
PH.5279 2222

### **CORIO COMMUNITY HEALTH CENTRE**

Gellibrand Street Corio  
PH.52732200

### **NEWCOMB COMMUNITY HEALTH CENTRE**

104-108 Bellarine Hwy Newcomb  
PH.5260 3333

### **BELMONT COMMUNITY HEALTH CENTRE**

1-17 Reynolds Road Belmont  
PH.5260 3778

### **BELMONT COMMUNITY REHABILITATION CENTRE**

120 Settlement Road Belmont  
PH.5243 8333

### **TORQUAY COMMUNITY HEALTH CENTRE**

100 Surfcoast Highway Torquay  
PH.5261 1100

### **ANGLESEA COMMUNITY HEALTH CENTRE**

McMillan Street Anglesea  
PH.5263 1952

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