

# Care Concern Community

A FOCUS ON PEOPLE



ANNUAL REPORT  
2004/05

  
**Barwon**  
Health

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Liam Mullen recently received treatment for his asthma in the Children's Ward of the Geelong Hospital. He is pictured with Sue Lamb, Assistant Unit Nurse Manager of the Children's Ward.

# HIGHLIGHTS FOR 2004/05

**August 2004** - Barwon Health Foundation Patron, Peter Hitchener launched the Gala Appeal through a live broadcast on the Sunday Footy Show at Skilled Stadium.



**January 2005** - Dr Lucy Cuddihy, Executive Director Nursing and Dr Max Alexander, Executive Medical Director and Area Medical Director, commenced their positions at Barwon Health.



**March 2005** - Minister for Health, Brownyn Pike turned the soil of the Andrew Love Cancer Centre redevelopment, a \$20 million project that will be completed in two stages by December 2006.

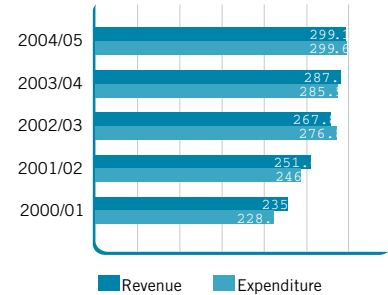


**April 2005** - Premier Steve Bracks and Minister for Aged Care, Gavin Jennings officially opened the first stage of the \$100 million McKellar Centre redevelopment, a state-of-the-art 100-bed Inpatient Rehabilitation Centre.

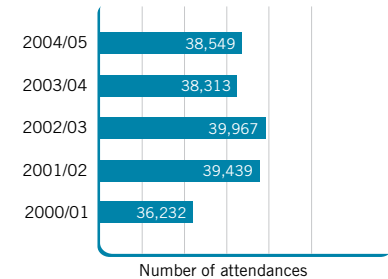
**May 2005** - Jigsaw, a youth specific health service combining mental health, drug and alcohol treatment, community health and bulk billing GPs, commenced operations at Corio Village.

**June 2005** - Barwon Health performed exceptionally well in the Australian Council on Healthcare Standards Survey, achieving a number of commendations and extensive achievement ratings.

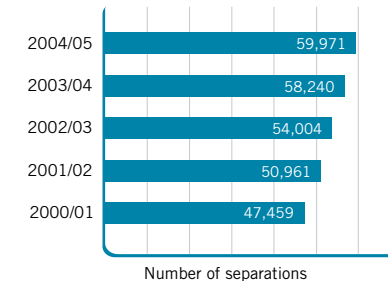
## Revenue and expenditure



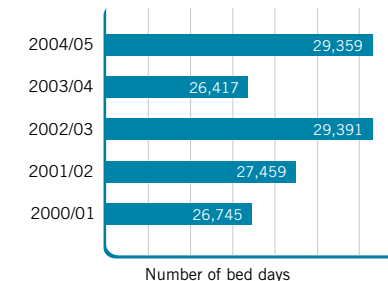
## ED attendances



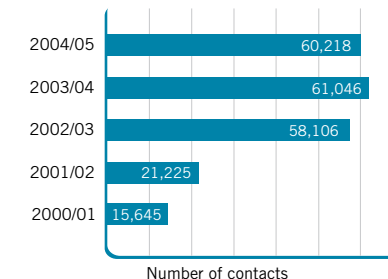
## Inpatient separations



## Rehabilitation, Palliative & GEM bed days



## Dental contacts



# ABOUT US

## How Barwon Health was established

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

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

## Objectives, functions, powers and duties

The objectives of Barwon Health are to

- Operate the business of a public health care, including rehabilitation and palliative care services - as authorised by or under the *Health Services Act 1988*
- Operate nursing homes, hostels and independent living units for older people and people with disabilities ensuring that at all times these facilities comply with the Quality of Care and User Rights Principles pursuant to the *Aged Care Act 1997*
- Operate community and mental health services and provide primary and ancillary health care; including home-based care
- Do other business that may be conveniently done in connection with the business of services listed above or calculated to make any of Barwon Health's assets or activities more profitable and
- Do all things that are incidental or conducive to the attainment of the objectives of Barwon Health.

## Minister responsible

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

## Barwon Health service profile

Barwon Health serves a geographically dispersed population through two major sites with a total of 1,000 beds and a total of 19 sites overall stretching down the coast to Anglesea, Torquay and Lorne.

- Barwon Health is one of the most comprehensive service providers in the state. Health services available through Barwon Health cover the full spectrum from emergency and acute to mental health, primary care, community services, aged care and subacute/rehabilitation.
- Analysis of admission patterns show that the Geelong region is around 93% self-sufficient in health service availability through Barwon Health, with only a very small number of referrals to hospitals outside the area.
- Specialist services extend north to Werribee and 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% with a trend showing Geelong Hospital is maintaining and improving its market share year on year.

## Beds

Acute multi-day	307
Acute same day	63
Subacute	86
Aged residential care	381
Mental health acute	25
Mental health sub-acute	15
Mental health aged residential	30
<b>Total beds</b>	<b>907</b>





‘PROVIDING  
YOU WITH  
HIGH  
QUALITY  
CARE’

# OUR MISSION AND ASPIRATIONS

## 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 organization.

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, 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 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.

# STRATEGIC DIRECTION & PRIORITIES 2004 - 2010

CORNERSTONES	STRATEGIC PRIORITIES	KEY PRIORITIES 2004/05	KEY AREAS OF FOCUS 2005/06
<b>Quality and Safety</b>	To provide strong leadership and strategies to improve quality of service, promote safety and reduce risk to patients and staff.	<ul style="list-style-type: none"> <li>Investing and maintaining a robust focus on clinical safety and quality of care through continuous quality improvement and risk management strategies</li> <li>Undertaking scrutiny of clinical practice through clinical audit and performance monitoring and responding to identified problems.</li> </ul>	Management of: <ul style="list-style-type: none"> <li>Falls</li> <li>Pressure injuries</li> <li>Medication errors</li> <li>Hospital acquired infections</li> <li>Credentialing</li> <li>Performance monitoring.</li> </ul>
<b>Access</b>	To ensure that the community is: <ul style="list-style-type: none"> <li>Informed about and assisted to access services</li> <li>Able to access information about services</li> <li>Able to receive healthcare and treatment in a timely manner and at a location close to home where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening access to health care, treatment and support in terms of timeliness and location</li> <li>Appropriate expansion or enhancement or decentralisation of facilities and services to deliver services either centrally or locally, being cognisant of consideration for ageing in place</li> <li>Managing individual needs and 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>Managing *elective waiting list and outpatients waiting list</li> <li>Continuum of care revised approach</li> <li>Northern area Health precinct (including Lara and Golden Plains)</li> <li>Emergency Dept Geelong Hospital redevelopment</li> <li>Andrew Love Cancer redevelopment</li> <li>McKellar Centre redevelopment</li> <li>Theatres Geelong Hospital.</li> </ul>
<b>Engagement</b>	Working with local services to strengthen and develop communities: <ul style="list-style-type: none"> <li>Improving and developing existing and new collaborative interagency approaches</li> <li>Developing partnerships that enable services to be more responsive</li> <li>Linking with the community through volunteers</li> <li>Involving consumers and the community in improving quality and safety and in service planning</li> <li>Focussing 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> <li>Communicating with communities effectively through an annual plan of activity that engages communities in order to:               <ul style="list-style-type: none"> <li>Inform</li> <li>Contribute to planning services and facilities</li> <li>Contribute to consumer audit</li> <li>Assist services to be user-friendly.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>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/PR</li> <li>Marketing the services and organisation</li> <li>Community Advisory Committee.</li> </ul>



<b>Population Health</b>	<p>To work in partnership with staff and local communities to build healthy communities through the promotion of lifelong health and through a commitment to providing services that meet the needs of the population at a level acceptable to the population, accessible at time of need and within the parameters of safe care.</p>	<ul style="list-style-type: none"> <li>• Promoting a robust approach to population health needs through implementing practices that maximise and promote well health</li> <li>• Taking a strategic approach to secure broader public health outcomes in partnership with staff, local health providers, businesses and local people</li> <li>• Strengthening in development terms the key external health outcome priority areas (cardiovascular, cancer, joint degeneration, cerebrovascular, mental health).</li> <li>• Recognising and addressing future needs and support for an ageing population.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate, assist, support G21 Health &amp; Well Being strategic planning specifically relating to the needs of the ageing population</li> <li>• Population Health Project leading to workforce, service and facility planning and development</li> <li>• G21 Centre for Population Health.</li> </ul>
<b>Sustainability</b>	<p>To ensure the performance of Barwon Health clinically and in business practice:</p> <ul style="list-style-type: none"> <li>• Meets the highest standards</li> <li>• Remains viable through skilled resource and demand management</li> <li>• Builds on strengths and opportunities with 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>• Develop nurse practitioners roles</li> <li>• Multi-disciplinary mix as a standard not exception</li> <li>• Discharge management</li> <li>• Continuum of Care review and redevelopment including HDM targets, HARP and Home Referral Services</li> <li>• Intermittent care model</li> <li>• Building the GP interface</li> <li>• Co-ordinated approach to all education, training, learning and research</li> <li>• Performance monitoring and review</li> <li>• Barwon Health Foundation plan</li> <li>• Investment strategies</li> <li>• Maximise private patient fee revenue within the rules of the Australian Health Care Agreement</li> <li>• Review and update Facilities Master Plan.</li> </ul>
<b>Sound Knowledge Base</b>	<p>To develop a vibrant culture of education and research for all staff fostering clinical excellence, effective leadership and a solid foundation of continuous learning, quest for knowledge and scientific research.</p>	<ul style="list-style-type: none"> <li>• 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>• Co-ordinated approach to all education, training, learning and research</li> <li>• Explore thinking for future clinical sciences centre.</li> </ul>

# FINANCIAL SUMMARY

## Financial Results

The entity financial result for 2004/05, which is prepared according to the statutory accounting standards and Department of Treasury and Finance reporting directives, is a surplus of \$2.4 million. This compares with a surplus of \$2.2 million in the previous year. The entity measure of profitability can vary considerably from year-to-year due to changes in operating profitability as well as the level of Government investment in capital works during the year. Over the past year, we have had an increased level of fund flows in our capital works program.

The measure of profitability to which health service managers and Boards of Directors are held most accountable by the State Minister for Health and the Department of Human Services (DHS), is the operating result which is determined before inclusion of depreciation and capital inflows. Under this measure, Barwon Health reported a deficit of \$0.5 million compared to a deficit of \$0.8 million in the previous year.

## Summary of Financial Results

	2004/05 \$'M	2003/04 \$'M	Change (%)
Grants	226.2	208.7	+8.4
Patient Fees	36.9	35.8	+3.1
Non Cash Contributions	5.8	4.2	+38.0
Other	30.2	28.5	+6.0
<b>Total Revenue</b>	<b>299.1</b>	<b>277.2</b>	<b>+7.9</b>
Expenditure			
Employment Costs	(218.7)	(197.7)	+10.6
Supplies & Consumables	(56.9)	(51.6)	+10.3
Other	(24.0)	(28.7)	-16.4
<b>Total Expenses</b>	<b>(299.6)</b>	<b>(278.0)</b>	<b>+7.7</b>
<b>Surplus/(Deficit) for the Year Before Capital Income and Depreciation</b>	<b>(0.5)</b>	<b>(0.8)</b>	
<b>Capital Income</b>	<b>13.8</b>	<b>10.1</b>	
<b>Net Loss on Sale of Non-Current Assets</b>	<b>-</b>	<b>(0.2)</b>	
<b>Depreciation</b>	<b>(10.9)</b>	<b>(6.9)</b>	
<b>NET RESULT</b>	<b>2.4</b>	<b>2.2</b>	

## Budget Strategy

In 2004/05, the Board of Barwon Health approved a budget plan at break even, which was considered to be quite challenging as we commenced the year with expenses projected to exceed our likely revenue. Unlike a private sector entity, Barwon Health rarely budgets for a surplus of any significant materiality. The reasoning is that we always have proposals, many of which require additional resources, to improve access, to reduce response times in our emergency services and initiatives to continuously improve the quality and safety of our services. We are also often faced with difficult choices, where decisions are made to trade off financial outcomes with meeting the needs of people. For example, over the past year we have worked 3% above our funded casemix workload targets, where our income streams were heavily discounted and in some cases, where no additional payment was received for working in excess of targets. We took the course of action to work above our casemix targets, in an endeavour to do its best to improve or contain waiting times for elective surgery. This unpaid workload represented approximately \$1.9 million for acute inpatient services, which is relevant in assessing the financial results. Similarly, Barwon Health worked above its funded workload cap in outpatient clinics and in its cancer services.

In financial terms, and despite working above target in some services, it was a pleasing outcome to report an acceptable operating result, across a wide range of services and site locations, on expenses totalling \$310 million. For the majority of the year, we did not believe this outcome would be possible.

The table on the left indicates in very simple terms, the changes in our revenue and expenses, compared to the previous year. Our revenues increased by 7.9% and expenses by 7.7%. These increases included an expansion of services at the McKellar Centre for an additional 5 beds (\$0.77 million), an increase of \$1.6 million in Barwon Health's insurance costs, increases in engineering infrastructure works (\$1.3 million) and an increase in public holiday penalties due to decisions from Government (\$1.2 million).

## Statement of Financial Position

Barwon Health's balance sheet reports a very sound position and continues to be in "very good shape" by industry standards. This is very important because commencing from 2005/06; Barwon Health has significant self-funded commitments to achieve its capital facility objectives. These high outlays will continue until the conclusion of the 2007/08 financial year.

During 2004/05, Barwon Health's:

- Equity has increased by \$11.8 million, primarily due to the redevelopment of the McKellar Centre and success in fund- raising.
- Cash reserves have increased by \$6.3 million, although some of these funds are short term income in advance of the timing of capital investment.
- Surplus of current assets over current liabilities has increased by \$9.3 million.

## Capital Income and Investment

### Income

During the year, Barwon Health received capital income and contributed capital totalling \$23 million. The sources of this capital purpose income were:

	\$'m
Department of Human Services	16.4
Fundraising	4.1
Aged Care Infrastructure (Federal Govt & Fees)	2.0
Federal Government – Radiation Oncology	0.4
Other	0.1

### Investment

During the year, Barwon Health invested \$20.2 million in its durable assets. The major investments were:

	\$'m
<b>Buildings (\$14.5m)</b>	
McKellar Centre	11.1
New Kitchen	0.3
Fire & Safety	0.7
Andrew Love Centre	1.5
Engineering Works	0.8
Emergency Department	0.1
	<u>14.5</u>
Equipment	2.2
Motor Vehicles	1.4
Other	2.1

Over the 2005/06 year, investment will increase to approximately double the 2004/05 levels, as some of our major projects gather momentum.

### Thanks

There are a lot of people and parties, which contribute to providing the resources to allow Barwon Health to meet its service objectives. Without individualising them, the Board and the Executive of Barwon Health are very grateful for all of the assistance that we have received over the past year, which both encourages and allows us to better meet the needs of this community.

# FINANCIAL SUMMARY

## FIVE YEAR FINANCIAL SUMMARY

	2004/05	2003/04	2002/03	2001/02	2000/01
	\$'M	\$'M	\$'M	\$'M	\$'M
<b>Revenue &amp; Expenses</b>					
Operating Revenue	299.1	277.2	261.9	245.3	225.4
Operating Expenses	(299.6)	(278.0)	(267.3)	(240.5)	(222.6)
<b>Operating Result (before Capital Income and Depreciation)</b>	(0.5)	(0.8)	(5.4)	4.8	2.8
<b>Operating Result (inclusive of Capital Income and Depreciation)</b>	2.4	2.2	(8.9)	4.8	6.1
<b>Balance Sheet Statistics</b>					
Total Assets	260.3	242.4	223.4	206.8	202.5
Total Liabilities	73.5	67.4	67.0	58.4	60.7
Total Equity	186.8	175.0	156.4	148.4	141.8
<b>Financial Indicators</b>					
Surplus (deficit) of Net Current Assets	9.9	0.6	(0.9)	11.4	9.9
Current Asset Ratio (numeric value)	1.2	1.02	0.98	1.26	1.21
<b>Cash and Investments</b>					
<b>Net Cash from Operating Activities (excluding Capital Income)</b>	1.8	(1.3)	(6.9)	0.2	8.7
<b>Capital Investment</b>	20.2	17.8	14.0	12.4	11.1

# FINANCIAL SUMMARY

## FINANCIAL SUMMARY OF OPERATING REVENUES AND EXPENSES

	2004/05 \$'M	2003/04 \$'M
<b>REVENUES</b>		
<b>SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>		
Government grants	226.2	208.7
Indirect contributions by Human Services	5.8	4.2
Patient fees	34.1	29.3
Recoupment from private practice for use of Hospital facilities	2.8	5.3
Donations and Bequests	-	-
Interest	-	0.0
Other revenue	18.1	19.1
	<b>287.0</b>	<b>266.6</b>
<b>SERVICES SUPPORTED BY HOSPITAL &amp; COMMUNITY INITIATIVES</b>		
Private Practice Fees	1.2	1.1
Research and Program Grants	-	0.5
Donations and Bequests	-	-
Interest	2.2	1.8
Linencare	5.0	4.6
Property Income	0.9	0.6
Other Revenue	2.8	2.0
	12.1	10.6
	<b>299.1</b>	<b>277.2</b>
<b>EXPENSES</b>		
<b>SERVICES SUPPORTED BY HEALTH SERVICES AGREEMENT</b>		
Employee Entitlements	(212.2)	(192.4)
Supplies & Consumables	(56.8)	(51.5)
Borrowing Costs	(0.1)	(0.1)
Other Expenses	(20.7)	(25.4)
	<b>(289.8)</b>	<b>(269.4)</b>
<b>SERVICES SUPPORTED BY HOSPITAL &amp; COMMUNITY INITIATIVES</b>		
Employee Entitlements	(6.5)	(5.3)
Supplies & Consumables	(0.2)	(0.1)
Other Expenses	(3.1)	(3.2)
	<b>(0.5)</b>	<b>(0.8)</b>
<b>SURPLUS/ (DEFICIT) FOR THE YEAR BEFORE CAPITAL PURPOSE INCOME, DEPRECIATION AMORTISATION AND SPECIFIC REVENUES AND EXPENSES</b>		
Capital Purpose Income	13.8	10.1
Proceeds From Sale Of Non Current Assets	-	0.4
Written Down Value Of Assets Sold	-	(0.6)
Depreciation and Amortisation	(10.9)	(6.9)
	<b>2.4</b>	<b>2.2</b>
<b>SURPLUS/ (DEFICIT) FOR THE YEAR BEFORE EXTRAORDINARY ITEMS</b>		
Extraordinary Items	-	-
<b>NET SURPLUS (DEFICIT)</b>	<b>2.4</b>	<b>2.2</b>

# REPORTS FROM CHAIR & CHIEF EXECUTIVE



SUE DE GILIO

CHIEF  
EXECUTIVE

Barwon Health has maintained a steady state throughout 2004/05. We have continued to meet the organisational challenges head-on, building on the robust financial recovery plan commenced in 2003/04. This has enabled us to deliver significant non-clinical efficiencies and once again, deliver more services, primarily elective surgery, than funded for. As forewarned last year, demand continues to accelerate and there continues to be an urgent need for Barwon Health's growth to be addressed.

The year-end financial operating results reflect our determination to ensure that those efficiency gains are used to support clinical work. The \$540,000 operating deficit, in the main, reflects the additional unfunded work, while the \$2.4 million entity surplus, reflects the capital funding received for major works being carried out at McKellar Centre and Geelong Hospital.

Maintaining financial stability is only one indicator of the viability of our organisation. Quality and risk management focussing on safety, best practice and maintenance of highly skilled staff is of equal importance, if not more so.

Barwon Health has a solid reputation across the State and nationally for its robust risk management systems and practice. This has led to Barwon Health taking a leadership role in risk management systems development for Victorian hospitals. Incidence of MRSA for example, which is always a hot topic internationally, is very low in both Geelong Hospital and



CLAIRE HIGGINS

CHAIR,  
BOARD OF DIRECTORS

McKellar Centre thanks to the vigilance of all staff in both environmental and basic hygiene practice.

Considerable effort, also, has been put into preventing hospital admissions and emergency department attendances. This has been done by supporting people with chronic and complex problems in the community. For instance, under a new program started in 2004/05 people with diabetes, respiratory disease and cardiac failure who frequently attend the emergency department, are being managed in the community and at home by community case managers. The case managers support, educate and assist people to manage their condition better. Year-end statistics show an 80% reduction in hospital bed-days for people with diabetes, 87% for people with heart failure and 69% for people with respiratory problems compared with 2003/04. Frequent attendees at emergency department that attend 4 times or more in a year, and often admitted, showed a 53% decrease in bed usage between 2003/04 and 2004/05.

Our future plans are to build on this success by more closely aligning community case management and primary care services, with GP practices to tackle longer term health issues at the time people see their GP. More hospital beds available, means increased access for those waiting. This dynamic synergy between acute and community hospital service is a significant part of the answer to managing acute hospital demand.

The big issue for the Geelong community is elective surgery waiting times. In the main, this is about resourcing to meet the demand but those resources can only be effective if other hurdles are overcome. Significant attention is being given to such issues as bed availability, discharge processes, length of stay, avoiding unnecessary admissions, supporting people in the community and care-co-ordination in the emergency department to fast track people home.

Being part of the wider community network and working with other health services is key to effectively managing our resources. Barwon Health supports and is an integral part of the G21 Alliance in working towards a uniform approach to the strategic needs of the Geelong Region. Building healthy communities, addressing the ageing population needs and strengthening collaboration between agencies and services, all mean less pressure and demand on acute hospital services and increased access at times of need.

We would like to acknowledge the great partnerships that have evolved between Barwon Health and many health, education and local government organisations throughout the region. That mutual support adds strength to meeting community needs and enables a better quality of life for all.

Barwon Health Foundation, the fundraising arm of Barwon Health, has gone from strength to strength in just two years of operation. Four major projects have been established to support Barwon Health's significant building development program.

- The McKellar Centre Project involves a wide range of community groups, businesses and service clubs in landscaping the extensive grounds and establishing bright colour coded signage plus a new entrance. Thanks to Bunnings, Rotary clubs, PathCare (St John of God), Challis Design, Nelson Park School, Botanical Gardens for helping build beautiful gardens out of the building site as each new building is completed. The first stage of this five-year State funded project, a \$20 million 100-bed rehabilitation centre, was opened in December 2004. Stage 2 building work has begun and will cost \$50 million. It will include a community rehabilitation centre, 100 bed complex care facility and 108 bed residential unit.
- The Andrew Love Cancer Appeal touched the hearts, minds and pockets and the new Linear Accelerator has become a reality. The State Government has funded the \$20 million expansion of the Centre.
- The Gala Appeal was launched in 2004 to support the State funded \$26 million redevelopment and expansion of the Emergency Department.
- Our Women, Our Children project will be launched in late 2005 and aims to provide funds and equipment to support women's and children's services across Barwon Health.

The redevelopment of services provided in the Northern suburbs, Lara and Golden Plains remains a priority of the Board and we are continuing to work with the Department of Human Services and the Government to deliver against this priority.

We would like to formally welcome to our Executive team, Dr Lucy Cuddihy, Executive Director Nursing and Dr Max Alexander, Executive Medical Director. Both will provide us with added dimensions, solid experience and new ideas.

We would also like to welcome Damian Gorman who joined the Board in November 2004. Ted Mankelov, a member of our Board since the amalgamation, resigned from the Board in October 2004, but continues to play an important role in a Board Emeritus position.

A very good year has been capped off with the recent acknowledgement of Barwon Health's position in the Australian health care industry – as the eighth busiest hospital in Australia and the third busiest in Victoria. In addition, the Australian Council on Healthcare Standards has awarded Barwon Health full accreditation for the maximum period of four years to 2009.

Our substantial capital works are well on track with building progressing well on the McKellar Centre site and the Andrew Love Cancer Centre. Work on the new kitchen on the McKellar Centre site has also commenced to enable the Emergency Department redevelopment at the Geelong Hospital site to commence.

The significant challenges for Barwon Health continues to be the fact that the community demands through growth and a desire for local treatment is outstripping the growth in services that Barwon Health can provide. The continued identification of initiatives to enable Barwon Health to provide additional services over and above our funding levels is a priority for us.

Our special thanks to the staff of Barwon Health, the volunteers, the Barwon Health Foundation, the Department of Human Services, the Executive and the Board for their positive approaches to meeting the hurdles and challenges and coming out winners.



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



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

# BOARD OF DIRECTORS



STANDING FROM LEFT - PROFESSOR JAMES ANGUS, MAREE MARKUS, DAMIAN GORMAN, LOU BRAZIER, MICHAEL HIRST  
SEATED FROM LEFT - JOHN FRAME, CLAIRE HIGGINS, DAVID KENWOOD (PETER THOMAS NOT SHOWN)

## **Claire Higgins – Chair**

Claire Higgins is currently the Finance Manager and Company Secretary for two manufacturing sites in Geelong owned by OneSteel Limited and NV Bekaert SA, a Belgian Company. Claire has had over 20 years finance, governance and management experience with major corporates, OneSteel Limited and BHP Ltd. She has a commerce degree from The University of Melbourne and is a Fellow Certified Practising Accountant. Claire was appointed Chair in December 2002.

## **Peter Thomas – Deputy Chair**

Formerly a board member with the Surfcoast Community Health Centre, Peter Thomas is a recently retired professional public relations/marketing consultant. He has had extensive public relations, community relations and staff communications experience within Australia and overseas spanning more than 40 years. He is also 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. He is President of the Torquay RSL. Peter was appointed Deputy Chair in December 2002.



**Professor James Angus**

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

**Lou Brazier**

Lou Brazier is a Councillor with the City of Greater Geelong. She is currently employed as Coordinator of the Corio/Norlane Neighbourhood Renewal Program and Norlane Neighbourhood House. Lou is a Community Development Worker who has extensive experience working in disadvantaged communities. She has a Master of Science degree in Rehabilitation Counsellor Education and is a graduate of the Mohawk Leadership Program.

**John Frame**

John Frame was former member of the Victoria Police and was appointed Deputy Commissioner (Operations) in 1988. In 1993 he was appointed the inaugural Director of Security and Loss Prevention for Coles Myer Ltd and is currently a member of the Metropolitan Ambulance Service Board and a Community Visitor with the Office of the Public Advocate. In July 2004, he was appointed Deputy Chairperson of the Police Appeals Board. Mr Frame has a BA (Criminal Justice Administration) and a Diploma in Criminology and has been awarded the Australia Police Medal, Centenary Medal and the National Medal and Clasp.

**Damian Gorman**

Damian Gorman is currently the Business Development Manager for Belgravia Leisure – an organisation that provides Leisure Venue Management Services for Local and State Governments throughout Australia. Damian has formal qualifications (BA) in Recreation Management. He has extensive experience in Health Promotion and was involved in establishing the Health & 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.

**Michael Hirst**

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

**David Kenwood**

David Kenwood is currently the Property Manager for Toll Geelong Port Pty Ltd. David has completed an arts degree at Deakin University, followed by a commerce degree at Deakin University's School of Management.

**Ted Mankelow**

Ted Mankelow is a former president of the Corio Community Health Service. London-born Mr Mankelow has an active military service record. He settled in Geelong in 1958 and worked at International Harvester and Ford, retiring in 1991. Ted Mankelow retired from the Board in October 2004 and has been appointed to a Board Emeritus position.

**Maree Markus**

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

## MEETINGS ATTENDED BY DIRECTORS

### Board of Directors Meetings

	2004						2005						% Att
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
<b>Prof James Angus</b> (Appointed Feb 05)								✓	✓	A	✓	A	60%
<b>Lou Brazier</b>	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	A	82%
<b>John Frame</b>	✓	✓	✓	✓	✓	✓	✓	✓	LOA	✓	✓	✓	100%
<b>Damian Gorman</b> (Appointed Nov 04)					✓	✓	✓	✓	✓	✓	✓	✓	100%
<b>Claire Higgins</b> (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
<b>Michael Hirst</b>	✓	✓	A	✓	✓	✓	✓	✓	A	✓	✓	✓	82%
<b>David Kenwood</b>	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	91%
<b>Ted Mankelov</b> (Retired Oct 04)	A	✓	✓	✓	R	R	R	R	R	R	R	R	75%
<b>Maree Markus</b>	A	✓	✓	✓	✓	✓	✓	✓	LOA	LOA	✓	✓	91%
<b>Peter Thomas</b>	✓	✓	✓	✓	✓	✓	✓	✓	LOA	LOA	LOA	LOA	100%

### Project Control Group - McKellar Centre

	2004						2005						% Att
	Jul	Aug	Sept	Oct	Nov	Dec	Feb	Mar	Apr	May	June		
<b>Peter Thomas</b> (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	LOA	LOA	✓	100%
<b>Michael Hirst</b>	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	82%

Peter Thomas also chairs Project control Groups for:

- Radiotherapy Services Redevelopment
- Emergency Dept Redevelopment and Food Services Project

### Primary Care & Population Health - Established 2005

	2005		% Att
	June	July	
<b>Maree Markus</b>	✓	✓	100%
<b>Damian Gorman</b>	✓	✓	100%

### Clinical Quality and Risk Management Committee

	2004						2005						% Att
	Jul	Aug	Sept	Oct	Nov	Dec	Feb	Mar	Apr	May	June		
<b>Claire Higgins</b>	✓	✓	A	✓	✓	✓	A	✓	✓	✓	A	✓	72%
<b>Maree Markus</b> (Chairman appointed Nov 03)	✓	✓	✓	✓	✓	✓	✓	✓	LOA	✓	✓	✓	100%
<b>David Kenwood</b> (Appointed Nov 03)	✓	✓	✓	✓	✓	A	✓	✓	A	✓	✓	✓	82%

### Audit Committee

	2004		2005		% Att
	Sept	Nov	Feb	May	
<b>Claire Higgins</b>	✓	A	✓	✓	75%
<b>John Frame</b>	✓	✓	✓	✓	100%
<b>Michael Hirst</b> (Chair)	✓	✓	✓	✓	100%
<b>Ted Mankelov</b> (Resigned Oct 04)	✓	R	R	R	100%
<b>Maree Markus</b> (Appointed Dec 04)			✓	✓	100%

### Remuneration Committee

	2004		2005		% Att
	Aug	Feb	May	June	
<b>Lou Brazier</b> (Resigned Oct 04)	✓	R	R	✓	100%
<b>John Frame</b> (Appointed Dec 04 as Chair)		✓	✓	✓	100%
<b>Claire Higgins</b>	✓	✓	✓	✓	100%
<b>Michael Hirst</b>	✓	✓	✓	✓	100%
<b>David Kenwood</b>	A	✓	✓	✓	75%

## Community Advisory Committee - Established 2005

	2005		% Att
	April	June	
Lou Brazier	✓	✓	100%
David Kenwood	✓	✓	100%

## Barwon Health Foundation Board

	2004			2005				% Att
	Jul	Aug	Sept	Oct	Nov	Mar	May	
<b>Brian Singer</b> (Chair resigned Mar 05)	✓	✓	✓	✓	✓	✓	✓	100%
<b>Nicholas Carr</b> (Vice Chair 05)	✓	✓	✓	✓	✓	✓	✓	100%
<b>Claire Higgins</b>	✓	✓	A	✓	A	✓	✓	71%
<b>Sue De Gilio</b>	✓	✓	✓	✓	✓	✓	✓	100%
<b>Ian Audsley</b>	A	✓	A	✓	✓	A	R	57%
<b>Pat Murnane</b>	✓	✓	A	✓	✓	A	✓	71%
<b>Barbara Abley</b>	✓	✓	✓	✓	✓	✓	✓	100%
<b>Ron Cronin</b> (Resigned Dec 04)	✓	✓	A	✓	A	R	R	71%

A - Apology

LOA - Leave of absence

R - Resigned

## Barwon Health Foundation Board Member Details

### Brian Singer

Founding Director, Rip Curl

### Nicholas Carr

Managing Director, Harwood Andrews Lawyers

### Claire Higgins

Chair, Barwon Health

### Sue De Gilio

Chief Executive, Barwon Health

## Research and Ethics Committee

	2004						2005				Attended
	Jul	Aug	Sept	Oct	Nov	Dec	Feb	Mar	May	June	
<b>John Frame</b>		✓	✓	✓	✓	✓	✓	✓	A	A	70%
<b>Damian Gorman</b> (Appointed Dec 04)							✓	✓	✓	✓	100%
<b>David Kenwood</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
<b>Maree Markus</b> (Resigned Dec 04)	✓	A	A	A	✓	✓	R	R	R	R	50%

## Governance Committee

	2004			2005			% Att
	July	Sept	Dec	Mar	June		
<b>John Frame</b>	✓	✓	✓	✓	✓	100%	
<b>Claire Higgins</b> (Chair)	✓	✓	✓	✓	✓	100%	
<b>Michael Hirst</b>	✓	✓	✓	✓	✓	100%	
<b>Maree Markus</b>	✓	✓	✓	✓	✓	100%	

### Ian Audsley

General Manager of Operations, GTV 9

### Pat Murnane

Bendigo Bank Regional Manager, Southern Victoria & South Australia

### Councillor Barbara Abley D.S.J.

City of Greater Geelong

### Ron Cronin

Chairperson, Barwon Health Foundation Gala Appeal Board

# EXECUTIVE TEAM



## SEATED CENTRE

CHIEF EXECUTIVE OFFICER

**Sue De Gilio**

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

## STANDING FAR RIGHT

DEPUTY CEO AND EXECUTIVE DIRECTOR OPERATIONS

**John Mulder**

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

## STANDING FROM LEFT

EXECUTIVE MEDICAL DIRECTOR AND AREA MEDICAL DIRECTOR

**Dr Max Alexander**

MBA, MBBS, FRACGP

GENERAL MANAGER COMMUNITY AND MENTAL HEALTH

**Anna Fletcher**

RN, BHA, MHP, FAICD

GENERAL MANAGER SURGICAL SERVICES

**Damian Armour**

B Comm, ACA, MBA

GENERAL MANAGER MEDICAL SERVICES

**Sandy Morrison**

M Bus, BHA, AFCHSE, CHE

EXECUTIVE DIRECTOR FINANCIAL SERVICES

**John Linke**

B Comm, FCPA, BHA, AHSFA

EXECUTIVE DIRECTOR NURSING

**Dr Lucy Cuddihy**

PhD, RN, DN, MBA

## SEATED FROM LEFT

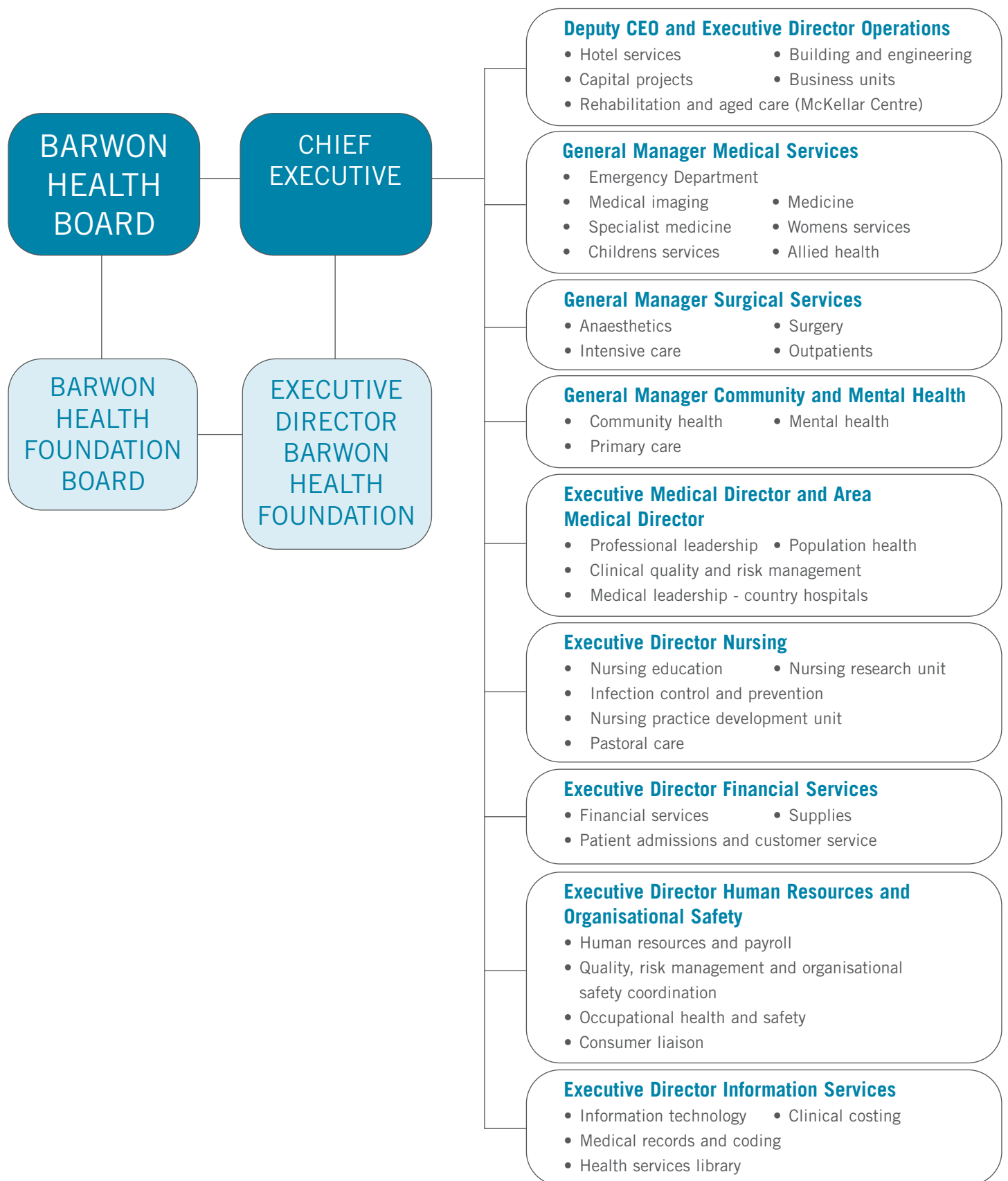
EXECUTIVE DIRECTOR HUMAN RESOURCES AND ORGANISATIONAL SAFETY

**Perry Muncaster**

EXECUTIVE DIRECTOR INFORMATION SERVICES

**Paul Cohen**

BA (Hons) Politics and Govt, HISA



# PERFORMANCE

ADMITTED PATIENT	ACUTE	MENTAL HEALTH	SUB - ACUTE	AGED	TOTAL
<b>Seperations</b>					
Same Day	34,403	51			34,454
Multi Day	25,541	840	1,101	283	27,765
<b>Total Seperations</b>	59,944	891	1,101	283	62,219
<b>Emergency</b>	21,933				21,933
<b>Elective</b>	11,256				11,256
<b>Other (inc maternity)</b>	26,755	891	1,101	283	29,030
<b>Total Seperations</b>	59,944	891	-		62,219
<b>Total WIES</b>	41,522				
<b>Total Bed Days</b>	160,935	7,586	30,087	148,115	346,723

LABOUR CATEGORIES	EFT		HEAD COUNT	
	04/05	03/04	04/05	03/04
<b>Nursing</b>	1,326	1,292	2,229	2,219
<b>Admin</b>	396	373	528	537
<b>Medical Support</b>	516	444	689	656
<b>Hotel and Allied</b>	448	467	684	647
<b>Medical Officers</b>	49	43	55	47
<b>HMO</b>	162	155	371	267
<b>VMS</b>	52	51	186	166
	2,949	2,824	4,742	4,539

NON ADMITTED PATIENT	ACUTE	MENTAL HEALTH	SUB - ACUTE/AGED	OTHER	TOTAL
<b>Emergency Medicine Attendances</b>	38,549				38,549
<b>Outpatient Services - occasions of services</b>	63,903	125,631			189,534
<b>Other Services - occasions of services</b>	38,404		26,985		38,404
<b>Total occasions of service</b>	140,856	125,631			266,487
<b>Victorian Ambulatory Classification System - Number of encounters</b>	71,150				71,150

NON ADMITTED PATIENT	2004/05	2003/04
<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 %	73%	77%
Average waiting time category 2 patients	145	136
Total waiting list	2,218	2,457
<b>2. Emergency Department Performance</b>		
2a Triage performance		
Category 1 patients receiving immediate attention	100%	100%
Cetegory 2 patients receiving attention within 10 minutes	98%	98%
Category 3 patients receiving attention within 30 minutes	95%	96%
2b % of patients requiring admission who are admitted within 12 hours	91%	91%
2c Ambulance bypass	NA	NA
<b>3. Average Available beds Acute only</b>	389	385
<b>4. Critical Care</b>		
4a Number of Intensive Care Beds		
Total Average Open	14	15
Total Average Available	19	18
4b Number of Coronary Care Beds		
Total average open	13	13
Total Average Available	18	18

# STATISTICS

	2000/01	2001/03	2002/03	2003/04	2004/05
	\$m	\$m	\$m	\$m	\$m
<b>Surgical / Medical</b>					
Inpatient Separations	47,459	50,961	54,004	58,240	59,971
Total Operations	13,843	14,048	15,172	15,283	16,513
Births	1,812	1,887	1,703	1,678	1,764
Waiting List	2,469	2,318	2,065	2,457	2,217
Outpatients	56,808	60,709	61,105	60,455	63,903
ED Attendances	36,232	39,439	39,967	38,313	38,549
Total Bed Days	146,056	156,876	162,314	159,340	166,746
<b>Aged Care / Rehabilitation</b>					
Nursing Home Bed days (inc Hostel & Hilary Blakiston House)	142,866	147,402	148,576	148,174	148,843
Rehabilitation, Palliative and GEM Bed Days	26,745	27,459	29,391	26,417	29,359
Sub Acute/Rehab Seratation numbers	933	986	1,051	1,076	1,101
Community Rehab Centre Attendances	28,843	22,350	22,842	23,242	26,440
Falls and Mobility Clinic Attendances	NA	619	514	589	545
<b>Community and Mental Health</b>					
Dental Contacts	15,645	21,225	58,106	61,046	60,218
Alcohol and Drug Episodes of care	2,172	1,357	1,513	1,450	1,268
Child and Adolescent Mental Health Contacts	11,998	14,592	15,252	NA*	6,268
Adult Mental Health Contacts	89,862	72,169	91,603	NA*	111,892
Young Adults	-	-	-	-	8,413
District Nursing Treatment Hours	45,165	45,295	35,879	40,672	37,312
Primary Care Nursing and Allied Health Hours	28,679	26,016	24,162	36,315	40,640
<b>Additional Statistics</b>					
Employees - EFT averaged over the year	2,513	2,633	2,773	2,824	2,949
Employees - Head Count	3,500	4,206	4,384	4,539	4,742
EFT Nurses	1,150	1,219	1,283	1,292	1,326
EFT Medical	212	220	238	248	263
EFT Admin / Clerical	328	349	370	373	396
EFT Allied health	374	392	421	444	516
EFT Hotel	449	453	460	467	448
Fundraising income / donations	\$1.70m	\$1.90m	\$1.12m	\$3.30m	\$4.478m
FOI Requests	400	391	425	447	434
Volunteer numbers	600	700	900	1,100	1,200
Compliments Registered	997	1,102	1,097	950	897
Complaints Registered	229	247	329	265	322

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

# SUPPORTING OUR STAFF

## 2005 RISK MANAGEMENT SYSTEM EVALUATION REPORT



### Application of merit and equity principles

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

### Occupational health and safety

There has been a 39% reduction in assessable Workcover claims (72 in 2003/04 to 44 in 2004/05).

Implementation of the Riskman incident reporting system has improved reporting, particularly in aged care which has increased the frequency rate.

Changes implemented in the way Workcover claims are managed have produced positive results in the number and costs of assessable claims.

	2003/04	2004/05
Workcover premium	\$1.9m	\$2.2m
Total claims cost (inc. actuarial)	\$6.3m	\$4.7m
Premium sensitive remuneration	\$172m	\$187.5m
Barwon Health premium rate	1.3341%	1.0209%
Health Industry premium rate	1.4957%	1.4959%

Note: 2004/05 premium is the Victorian Workcover Authority (Workcover) prediction that is still to be confirmed.

### Risk management

Barwon Health has strengthened organisational wide risk management activities by implementing the structures, processes and tools required to enable all staff to integrate the risk management process into daily management activities. The integration of effective risk management with everyday managerial responsibility has been achieved through the incremental improvement to the formal and informal risk management cultures within Barwon Health.

The informal culture is characterised by the approach to managerial tasks and decision-making; the formal culture comprises the allocation of accountabilities and responsibilities, the setting of objectives and performance targets and the implementation of processes for continuous monitoring and periodic review of outcomes.

Strategic planning for risk management is the role of the Board of Directors. The Quality and Risk Management Unit supports the development of risk reduction action plans, maintains the risk register, manages the incident reporting and investigation program and advises staff at all levels.

A governance reporting and monitoring framework delineates accountabilities and alignment of organisational effort. The Board monitors achievement against objectives by receiving regular reports on key performance indicators (balanced scorecard) and progress against the annual risk plan.

A standardised process and language, guides application of the risk management process.

RISK TYPE	CLOSED	OPEN	TOTAL	% TOTAL RISKS
Governance	4	9	13	16%
Business	22	18	40	49%
Clinical	15	14	29	35%
Total	41	41	82	



### **Integrated risk management approach**

Barwon Health's integrated risk management system has enabled staff to ensure that risk management is an integral facet of all business processes. Its application underpins achievement of organisational objectives and governance responsibilities. The system requires a focus on identified opportunities, as well as avoiding or mitigating losses.

### **Committed and led**

Barwon Health's integrated risk management approach and cultural change has been achieved through strong leadership and a commitment at the highest levels within our organisation. There is an active and committed focus by all senior executives to "champion" the practice of risk management to achieve business success.

### **Positive and proactive focus**

Barwon Health maintains a proactive role in the identification, analysis and treatment of potential risks. It positively aims to provide optimum levels of protection for consumers and staff as well as optimising opportunities for the organisation to minimise cost.

### **Process driven**

Barwon Health's risk management strategy has been implemented within our governance (corporate and clinical) and quality frameworks. This has enabled the risk management process to be seamlessly integrated into all governance, clinical and business processes.

### **Planned for continuous improvement**

There is a continuous application of risk management practice with a clearly defined risk assessment process. Continuous control, performance monitoring, review and improvement of planning and practices are reflective of Barwon Health's organisational culture.

### **Audited and documented**

There are developed and applied mechanisms to ensure ongoing review of risks. Barwon Health has a well-defined risk reporting, identification and documentation systems in place. All Executive Directors are responsible for monitoring and documenting the output from the risk management process within their areas of responsibility.

### **Active communication**

Active communication and consultation occurs with internal and external stakeholders (as appropriate) at each stage of the risk management process and concerning the process as a whole. The "Asoka" stakeholder and risk classification framework has been adopted to guide this process. The Executive Director of Human Resources and Organisational Safety is responsible for communicating risk management policies and the risk management program.

### **Resources**

Barwon Health has identified and committed adequate resources to support the full implementation of risk management practices and processes on a continuing basis. The health service is adequately protected, financially, operationally and contractually, against the risk of losses. Accountability for the management of risks, rests with the Executive Directors and General Managers with operational support from the Quality and Risk Management Unit.

### **Trained and educated**

Barwon Health is committed to the training and education of staff in risk management, and has an ongoing and funded training and education program.

### **Value-based decisions**

Barwon Health's business decisions incorporate a full risk assessment, including cost-benefit analysis of the risks and business value, rather than on assessing the cost of risk alone.



## RECOGNISING OUR STAFF

- **Pamela Jones** was awarded the Marjory Taylor Award 2004. This grant enabled a nursing research project to be undertaken: 'A Gestational Diabetes Service Audit'. The Diabetes Referral Centre, in consultation with Pre Pregnancy Clinic, Endocrinology and Home Referral Service, worked collaboratively to develop a unique program that allowed gestational diabetes to be stabilised without a hospital admission. This was based on best practice diabetes education principles as well as reflecting current clinical management guidelines for gestational diabetes.
- Manager of Nursing Education Services, **Dr Valerie Zielinski** was awarded a PhD in September 2004. Her thesis was titled 'Clinical Nurse Leadership: A Critical ethnography of emancipatory action through transformational leadership education'.
- General Manager, Surgical Services, **Damian Armour** won a Victorian Travelling Fellow to travel to the UK to look at models of care which had eased the burden on outpatient consultations by orthopaedic specialists.
- **Jane Jones**, Cancer Services Program Manager, Special Projects and Service Development, was awarded a Victorian Travelling Fellowship of \$12,000. The Minister for Health, the Hon. Bronwyn Pike MP, presented the Fellowship on 17th September 2004. Jane travelled to the UK and Canada to investigate multidisciplinary care in cancer.
- **Anne Woollett**, Clinical Research Nurse, Andrew Love Cancer Centre, was elected as Deputy Chair to the Clinical Oncology Society of Australia Data Managers Group and was appointed Chair of the Clinical Research Coordinators Group. She was also invited to present at the 31st Annual Scientific COSA meeting.
- **Sue De Gilio**, CEO was awarded Fellow of the Australian Institute of Company Directors.
- **Dr Tom Calally** was appointed to the National Adult Mental Health Expert Group in Outcome Measures.
- **McKellar Centre rehabilitation centre staff** won the Leslie Oliver Downer Award for Nursing Excellence.



- **Dr Philip Campbell** and **A/Prof Richard Bell** participated in a State-wide Hematology Tumour Streams Workshop in April 2005.
- Director of Andrew Love Cancer Centre, **A/Prof Richard Bell** appeared for the Cancer Council of Victoria at a Senate Inquiry into cancer research, ethics and trial indemnity issues.
- **Alison Menner** and **My Trinh Quan** successfully completed the Masters Degree in Clinical Pharmacy, Victorian College of Pharmacy, Monash University. Alison was also awarded the top student in the course.
- Mental Health Promotion Officer, **Chris Scanlon** presented the highly successful “flipper card” at a Youth Mental Health Forum held at Costa Hall in March. The flipper card gives young people contacts with whom they can take up any mental health issues.
- Pharmacists **Jaclyn Baker** and **Rachel Baltetsch** received an award for best first time presenters at the Society of Hospital Pharmacists of Australia (SHPA) State Branch Conference. Their paper outlined the role of pharmacists in detecting a rare adverse effect of the anti-Parkinson’s medication pergolide.
- **A/Prof Richard Bell** presented the findings of the HERA Research study at the American Society of Clinical Oncology. This study in early breast cancer has established the benefits of the drug Herceptin in HER-2 over-expressing breast cancer.
- **A/Prof John Agar’s** Renal Dialysis team has been asked to host the 2nd Australasian Home Haemodialysis Symposium in 2007.
- **Twenty Maternity Services staff at Geelong Hospital** were nominated by patients for the Johnson & Johnson “Midwife of the Year” award. Barwon Health’s maternity unit had the highest number of nominations within the State of Victoria as a ratio of the annual birth rate.
- **Jane Jones**, Project Manager for the Breast Services Enhancement Project, presented a paper titled ‘Multidisciplinary Care – It matters’ at the Leura V International Breast Cancer Conference held from 10-14 November in Sydney. The paper discussed the importance of multidisciplinary care for breast cancer patients. Jane Jones was instrumental in facilitating the multidisciplinary breast cancer clinics in the Geelong Region.
- **Patrice Hall** from Geelong Hospital’s Special Care Nursery won the Leslie Oliver Downer Award for Nursing Excellence on International Nurses Day.
- **A/Prof John Agar’s** abstract ‘Nocturnal Dialysis: Comparing Six Night/Week with Alternate Night Therapy’ was selected from more than 2,500 others as the best abstract submitted to the 11th International Symposium on Haemodialysis of the 25th Annual Dialysis Conference held in Tampa, Florida, from 28 February to 2 March, 2005. The award was presented to John by the President of the International Society for Haemodialysis during the Symposium where John presented two papers and three research abstracts.



# BARWON HEALTH'S ANNUAL QUALITY AND RISK MANAGEMENT AWARDS

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

25 projects were nominated for this year's awards. The Jigsaw project "Innovative Development in Partnership Delivery of Care for a Youth Health Service" received an Outstanding Achievement Award. There were five "Award" winners, fifteen "Commendation" and four "Special Achievement" Certificates awarded. The Selection Panel comprised: Maree Markus, Dr Max Alexander, Perry Muncaster, Pam Dolley, Jo Bourke, Gayle Dougherty, Rebecca Smith and Mary Hyland.

Congratulations to the 2005 winners of the Annual QI & Risk Management Awards.

## OUTSTANDING ACHIEVEMENT AWARD

### The Jigsaw Project

A working group was established to consider the need and viability of developing a youth (16-25) specific health service system in the northern suburbs of Geelong. A plan was established to remodel existing adult mental health teams and integrate youth drug treatment services, early intervention resources, community health youth counselling and youth psychiatric disability rehabilitation and support services resources with youth-focussed primary care resources (Clockwork).

As a result the Jigsaw model was developed with the following features:

- Broad engagement of staff from the evolution of the concept
- Transparent analysis of data and literature
- Development of discussion papers to encourage debate and thought. Strategy to develop a solid awareness of issues and commitment to participate in change
- Memorandum of understanding – a partnership concept
- Identification of staff wanting to join / nominate
- Engagement of community agencies

- Consultation with youth and their carers, agencies, schools and groups
- Development of student and young people's artwork to promote awareness of Jigsaw services
- Within the first two months of operation, the service showed increased access by the target age group.

## COMMUNITY AND MENTAL HEALTH AWARD

### Smiles 4 Miles

This project was developed to improve the oral health of Victorian pre-school aged children.

The objectives of Smiles 4 Miles Program were to:

- Develop health promotion strategies to prevent or reduce risk of oral disease and
- Gain access to families considered at highest risk of oral disease in order to identify children at highest risk of oral disease and refer appropriately for care.

Smiles 4 Miles involves the interlinking of two key oral health strategies for preschool aged children:

- Integrated health promotion programs focussing on building capacity and supportive environments in the early childhood sector
- Targeted treatment services focussing on children at highest risk of oral disease.

Achievements included:

- Introduced active nutrition and water policies in six kindergartens with water and food policy development supported by the Romp and Chomp program
- Provided information booklets at several kindergartens with key messages included
- Introduced project into two additional kindergartens outside the pilot area, supported by water bottles, lunch boxes and pamphlets
- Accessed up to 90 families every month.

- Generated awareness amongst families of ability to access oral health promotion advice and support
- Provided key oral health messages through the distribution of pamphlets
- Increased awareness of dental health by immunisation staff.

### **CORPORATE SUPPORT SERVICES AWARD**

#### **Health Information Services Discharge Summary Project**

Discharge Summaries are an essential requirement of the patient episode for many reasons, ultimately for patient care and also for Casemix funding. Health Information Services (HIS) are responsible for assisting the medical staff to complete the Discharge Summaries. HIS had several time consuming processes in place that were producing inaccurate results. These processes were deemed inadequate both for HIS and the medical staff. A fresh approach in mapping work processes and a review of the collection and presentation of quality data was initiated.

Through this project we have been able to achieve:

- A dramatic reduction in the number of Discharge Summaries required to be completed
- An accurate and comprehensive report to produce information for many different purposes
- A progressive increase in use of CORDis as a centralised repository of clinical information
- Development of an electronic deficiency system
- Strong relationships with the medical staff.

### **MEDICAL SERVICES AWARD**

#### **(REHABILITATION SERVICES & AGED CARE)**

#### **Dysphagia Outpatient Clinic, Speech Pathology & Barwon Medical Imaging**

A high number of clients with swallowing difficulties were being referred directly from the community to Barwon Medical Imaging (Geelong Hospital) for videofluoroscopy without any clinical assessment by a Speech Pathologist. Retrospective analysis revealed that many of these referrals were likely to have been unnecessary procedures and that a clinical assessment of swallow function would have been sufficient.



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A Dysphagia Outpatient Clinic (DOPC) was established at McKellar Centre with outcomes to date as follows:

- Provision of a specialist clinic staffed by a clinician with extensive knowledge and experience in dysphagia rehabilitation at McKellar Centre
- Improved continuity of care for clients with dysphagia
- Cost savings with a reduction in the number of videofluoroscopies with an average of 3 per month to 1 per month (for community based referrals)
- 100% of referrals for videofluoroscopy have undergone a clinical assessment by a Speech Pathologist (now compliant with best practice literature)
- 100% of referrals to DOPC have accessed comprehensive assessment, management and rehabilitation (minimising clinical risk and optimising client outcomes)
- 100% of clients who have attended DOPC have verbalised high-excellent levels of satisfaction with the service provided. Customer feedback to be formally collected via satisfaction survey every six months.

#### **Inpatient Neurology Circuit Group, Physiotherapy Department**

Increasing amounts of rehabilitation input are significantly associated with a reduction in disability, particularly between one and three months post-stroke. The introduction of group physiotherapy has been found to reduce the time that patients spent alone and increase time spent on therapeutic activities. Based on research in this area, circuit group training was commenced at the McKellar Centre. Outcome measures were collected on admission and discharge from the group.

A satisfaction questionnaire was administered on discharge and showed a high level of patient satisfaction with the group. The implementation of a circuit group for neurological inpatients at McKellar Centre was successful in increasing patient's therapy times as well as improving functional outcomes. Patient's demonstrated a high level of satisfaction with the group. The group will continue into the future. Numbers of attendances and length of the group will continue to be collected as an ongoing monitoring activity. Outcome measures for each of the patients will be collected as a part of their routine physiotherapy care.

## **SURGICAL SERVICES AWARD**

### **Ensuring correct side surgery for all patients undergoing surgical intervention**

The Surgical Services Division wanted to eliminate the possibility of incidents involving the incorrect side regional block or surgery. In collaboration with nurses, surgeons and anaesthetists a system was devised to place hazard barriers in the peri-operative phase.

The actions taken included:

- Discussion between all key stakeholders
- A wide search for further information including policy statement from the Royal Australasian College of Surgeons and the Team "time-out" concept from the United States
- The Operating Services Quality Circles committee commenced work at a local level
- Surgical Services Executive fully supported the initiative
- Action Plan devised with responsibilities to designated persons
- Correct patient, correct procedure, correct side form developed and implemented
- Policy formulated and ratified
- Education of all staff, including Nursing staff, Surgeons and Anaesthetists in the operating services which is Main Theatres, Gretta Volum Centre and the Peri-Operative Unit

Achievements included:

- Development of the 3rd edition of the form following audit of compliance and feedback from staff
- Education material being made available to all staff, education sessions conducted
- Continuing audit is tracking the compliance
- Operating team "time-out" is performed allowing all parties to confirm the correct patient, correct side and correct procedure
- Since the introduction of the new procedures no patient incidents have occurred.

# WORKING WITH THE COMMUNITY

## Community engagement

### “Friends of Barwon Health” groups

The Friends groups have continued in 2004/05 with groups based from each of the Belmont, Corio, Newcomb and Surf Coast localities providing a valuable conversation between Barwon Health and the communities that we serve.

Friends of Barwon Health have provided information and feedback to Barwon Health on a number of issues and participated in a range of forums. The Friends continue to be a valued source of contact with our Communities and we are working to ensure that they form a central part to our community engagement strategies with our clients and community in 2005/06.

### Volunteers caring for our community

The Barwon Health Volunteer Services Program continued to grow this year with 200 new volunteers being recruited. This brings the total number of volunteers to over 1,200. New activities introduced throughout the year included:

- Introducing concierges in the new McKellar Centre Rehabilitation building providing assistance to visitors
- Providing companionship and support for people in the Palliative Care Unit and Geriatric Evaluation and Management unit at the McKellar Centre
- Introducing a companionship and support program that is provided by Geelong Hospital Patient Support Volunteers for patients throughout the hospital on an on-call basis
- Community Palliative Care Volunteer Coordinators, joining the Volunteer Services Department and moving to the McKellar Centre.

In 2005/06, the Volunteer Services program will introduce a number of initiatives including

- Expanding palliative care and bereavement support volunteers to aged care residents
- Providing volunteer support to Drug Treatment Services based on model used by St Vincent Hospital for 16 years.

- Producing a video to encourage people from diverse cultural backgrounds to become Barwon Health Volunteers
- Submitting new motor vehicles to cater for growing demand for voluntary transport assistance and
- Launching a volunteer services section of the Barwon Health internet site.

### Volunteer activity report 2004/05

ACTIVITY	NUMBER OF TRIPS / HOURS
Welcome Home Service (incl renal dialysis)	1,701 trips
Emergency Department (after hours on call)	94 trips
Appointments	1,496 trips
Transport Total	7,238 trips
Community Palliative Care	3,394 hours
Companionship & Support	49,700 hours
Total of all volunteer hours	113,099 hours
Monetary value of volunteer contribution	\$3,297,224



Photo taken by Gordon- TAFE photography student Fiona Therese Loader

Patient Support Service volunteer, Valerie Lloyd-Jones serving refreshments and sharing a joke, with renal dialysis patient Ray Spackman at Geelong Hospital's Kardinia House.



## **ETHNIC HEALTH SERVICES ACTIVITIES WITH THE COMMUNITIES**

### **Cultural Diversity Committee**

Cultural Diversity Committee meetings are held every six weeks, and are chaired by Stavroula Surdich, a member of the Greek community and a local social worker. Representatives from a number of Ethnic Communities and service providers are active and enthusiastic members. The committee has helped produce the Cultural Diversity Plan. It has also engaged Culturally and Linguistically Diverse (CALD) communities in a discussion about access and knowledge of Barwon Health services and ensuring that culturally sensitive services are provided. A report has been prepared on the feedback from these groups and given to the Chief Executive. Members will be presenting the report to the Executive staff.

The CALD Network Group has met at regular intervals and is specifically looking at the needs of emerging communities in Geelong with a special emphasis on refugee communities from the South of Sudan. Training materials for health workers have been developed, which will look at the specific needs of refugees and how they came to be within the Barwon Health region.

### **Harmony Day Activities**

Barwon Health collaborated with Diversitat to run a workshop celebrating the many refugees who have come to Geelong over the past 100 years. Members of the Cultural Diversity Committee organised the workshop. Migrants from the post WW2 era (Greeks, Italians and Dutch), the 1970s (Croatians and Serbians) and the present day (the horn of Africa) told poignant stories of their experiences. Many face ongoing physical and mental health problems.

A display explained the cultural diversity of the area, where the migrants came from and the objectives of the community living in harmony as reflected in the Government initiatives.

### **Health Awareness Raising with Communities**

Regular meetings with staff from Diversitat have taken place, in particular with the Aged Care team to prepare information days for a number of different communities. Five communities have been the focus for information and activities in 2004/05. Mental Health is now a key priority.



# BARWON HEALTH FOUNDATION

The Barwon Health Foundation has this year achieved its mission to provide creative, attractive and mutually beneficial opportunities for people and businesses throughout the region with the implementation of a range of initiatives. These initiatives actively demonstrate the level of community support for Barwon Health and have also generated positive outcomes within areas of fundraising, marketing and communications.

The Foundation welcomed Channel Nine's esteemed news presenter, Peter Hitchener as the inaugural Patron. The Foundation invited members of the community, Barwon Health staff and volunteers to consider joining one of the following fundraising committees, chaired by a Member, or representative of the Foundation Board:

- Gala Appeal Board –Nicholas Carr (Chair)
- Andrew Love Cancer Centre Fundraising Committee – John Frame (Acting Chair)
- McKellar Centre Landscaping Committee – Sue De Gilio (Chair)
- Our Women Our Children Appeal Committee –Claire Higgins (Chair)
- Team of Champions Committee – Pat Murnane (Chair)
- Gala Community Events Committee – Tim Humpage (Chair)
- Community Council (Combined Auxiliaries) – Annmarie Faulkner (Acting Chair)

The Barwon Health Foundation recognises the generosity and compassion of all the individuals who have volunteered and dedicated their time, resources and expertise to raise funds for Barwon Health as a member or supporter of these committees.

The Barwon Health Board also accepted the resignations of the Foundation's Board Chair, Brian Singer, and Board Members Ian Audsley and Ron Cronin, and takes this opportunity to thank them sincerely for their immense contribution.

## Gala Appeal

The Gala Appeal continued to 'Celebrate Community' with a series of family filled events that ran throughout the year. Events included the launch of the Appeal by Patron Peter



*Sue, Claire, Peter and Annmarie. Photo: courtesy of Katrina Lawrence*

Hitchener through a live broadcast on the Sunday Footy Show at Skilled Stadium, an exhibition of Robert Ingpen's illustrations from the Centenary Edition of J.M. Barrie's *Peter Pan and Wendy*, and the historic Gala Appeal Parade. The increased profile associated with the Gala Appeal, a result of the successful communications and marketing campaign, saw \$1.7 million raised.

## Andrew Love Cancer Appeal

Cancer is clearly a tough battle to win. The Barwon Health Foundation is assisting the expansion of the Andrew Love Cancer Centre by raising \$4 million for an equipment upgrade. Community support for the Appeal saw \$1.4 million raised this year and is testament to the community's affection for the

# Building on Love

NICOLE MAYNE

ROBYN Schepers is bracing herself for the sound of jackhammers as her office undergoes a multi-million dollar makeover.

Renovations can be a nightmare at the best of times but when you work at the Andrew Love Cancer Centre it throws up a whole new set of challenges.

With work to start on the centre's new third level next week, the administrative assistant is doing her best to minimise any disruptions.

But she knows it is a big task — particularly with 150 to 200 patients a day walking through the door.

"The redevelopment will be fantastic, it will make a big difference," Ms Schepers said yesterday. "It will mean more consulting rooms, from seven to 11 and the day ward will be expanded and the pharmacy."

The assistant to cancer chief Professor Richard Bell heads a team of 19 administrative staff.

Ms Schepers describes Andrew Love staff as a



To donate to the Andrew Love Cancer Centre Call **5260 3355** or visit any Bendigo Bank.

"family" who support each other when faced with sometimes heart-breaking cases.

"I think everyone here is very much a family and that is partly because of the patients," she said.

"The patients just have a huge amount of inner strength which I don't think you get in other fields of medicine."

To coincide with the Victorian Government's \$20-million redevelopment, the Barwon Health Foundation aims to raise \$4 million for a cancer equipment upgrade.

This includes a new linear accelerator to provide vital radiotherapy.

Andrew Love provides almost 15,000 radiotherapy treatments annually.



LOVING IT: Administration assistant Robyn Schepers outside the soon-to-be-renovated Andrew Love Cancer Centre. Photo: TONY KERRIGAN

One of the articles that featured in the Geelong Advertiser promoting the Andrew Love Cancer Appeal

Courtesy of the Geelong Advertiser

Andrew Love Cancer Centre.

## McKellar Centre

The gardens and grounds at the McKellar Centre are integral to the design of the buildings and provide residents with a parkland environment in which to recuperate and enjoy. The significant redevelopment of the site has seen the Barwon Health Foundation, through the McKellar Centre Fundraising Committee raise close to one million dollars to ensure the 30 acres of land provide a graceful park-like surround for the Centre. Over the past year, the Foundation has welcomed community groups, organisations and service groups such as Nelson Park School, Rotary Club of Geelong and Bunnings Waurn Ponds to be part of the landscape development of the Centre.

## BARWON HEALTH FOUNDATION PARTNERS



Geelong **Advertiser**



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OVER \$300 – 2004/05

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Geelong Fidelity Club  
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Harwood Andrews Lawyers  
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Hayden Real Estate  
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Hemmingway, Mr  
Hirst, Mr Michael  
Holmes, Mr & Mrs  
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Howard, Ms

### I

Inverleigh Golf Club – Ladies Members  
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Jackson, Mrs  
Jukes, A

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O'Brien, Mr  
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Reynolds, Ms  
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Rotary Club of Bayside Geelong  
Rotary Club Of Belmont  
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Rotary Club of Colac West  
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Rotary Club of Geelong  
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Rotary Club of Geelong West  
Rotary Club of Grovedale  
Rotary Club of Highton  
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### S

St Lutherans School Geelong  
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### U

Uberang, C  
United Way Geelong

### V

Valajcouski, Mrs  
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Wasik, Mrs  
Wheeler, Mr & Mrs  
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Williams, Mr  
Williams, Mrs

### Y

Young Captains

# NEW INITIATIVES AND SERVICES

## AGED CARE SERVICES

### Improving Care for Older Persons

As part of the DHS policy Improving Care for Older People, \$300,000 funding (over two years) has been provided by DHS to Barwon Health's McKellar Centre Program (as a Centre Promoting Health Independence) to achieve a refocussing of culture towards improved care for older people.

## CANCER SERVICES

### Bone Density Trials

The Cancer Services Trials team is in the last stages of setting up a new study regarding protection of bone mineral density (osteoporosis prevention) for post-menopausal women with early breast cancer. The externally funded budget is \$750,000 over five years, and the Barwon Health development trial will be carried out at 10 sites nationally.

### BSWRICS Appointments

The following appointments have been made to the recently established Barwon South Western Regional Integrated Cancer Service (BSWRICS):

- A/Professor Richard Bell, Director
- Maggie Stowers, Cancer Coordinator and
- Sarah Moor, Strategic Planner/Project Manager.

Sarah and Maggie commenced in their respective roles on 17 January 2005 and are based in the Andrew Love Cancer Centre.

## MEDICINE

### Medical Units – Undergraduate Curriculum

The general medical units are, for the first time, experiencing the full effects of the new undergraduate curriculum of the University of Melbourne Faculty of Medicine. It is an 'apprenticeship intern' concept for final year medical students where students are seconded as a 'trainee intern' to functioning hospital units. Usually two students at a time will be attached to medical units to 'learn the intern ropes' by direct involvement in unit activities. This will allow direct clerking and management skills to be absorbed before formal appointment as interns in the following year.

### American Diabetes Association Meeting

Pamela Jones, Diabetes Referral Centre (DRC) Manager, attended the American Diabetes Association meeting in July 2004. The meeting gave her the opportunity to look at current practice here compared with international standards. She concluded we provide a very supportive and collaborative approach in accordance with national best practice guidelines. Our work here in DRC continues to expand and take on more areas with no additional resources. Pre/Post CABG (coronary artery bypass graph) patients are a new group. These patients require intense education pre/post surgery as many start insulin which reduces the risk of another event one to five years post episode of care.

## PHARMACY SERVICES

### PBS On-Line

The Pharmacy Department has become the first public hospital site to pilot PBS on-line. Other parties to the pilot are the Health Insurance Commission (HIC) and 'Pharmhos', the Merlin Pharmacy software vendors. PBS prescriptions are currently used for discharge, outpatients and day chemotherapy patients. As prescription data is entered it is encrypted and sent to the HIC where data sets are verified and messages conveyed back to the pharmacy.

### Pharmacist Assisted Discharge Prescribing

The original project showed that by having a clinical pharmacist prepare the discharge prescriptions for patients with cardiac disease, the error rate fell from one in four prescriptions to zero. Errors avoided included not missing medications to be prescribed under the therapeutic plan. In addition the timelines were improved, with dispensing times halved and the time the patient waited for medications was markedly reduced. This has now continued into the Patient Flow Collaborative Project on Bellarine Centre 5 ward at Geelong Hospital. Pharmacist assisted discharge prescribing is just one of the interventions included in this project.

## REHABILITATION SERVICES

### Accreditation for Training in Rehabilitation Medicine

Advice has been received from the Australasian Faculty of Rehabilitation Medicine (RACP) that from January 2005, Barwon Health (McKellar Centre) is accredited for two training positions

in Rehabilitation Medicine. This accreditation is for a period of two years and means the new registrar position associated with the expansion of sub acute beds on the McKellar site is accredited for both trainees in Rehabilitation Medicine and Geriatric Medicine.

#### **Continence service**

The development of Barwon Health's multidisciplinary integrated Continence Service continues with the relocation of the office base for the two Continence Nurses previously working within the Community Health Division to the Belmont Community Rehabilitation Centre. Continence services will continue to be provided across a number of Barwon Health sites with the multidisciplinary base eventually to be relocated to the McKellar site upon completion of the next stage of the McKellar redevelopment.

#### **McKellar Centre Redevelopment Stage 1B**

On 6 December 2004 the first patients were moved to the new Inpatient Rehabilitation Centre as it is to be known until officially named. The beds have been fully occupied with glowing reports from both patients and staff alike. The amount of work and effort that has gone into this project by many staff to get to this point, whilst still maintaining day to day operations and services on the McKellar Centre site, is to be commended.

#### **RENAL SERVICES**

##### **Renal Unit**

Dr Vincenzo D'intini will be undertaking a locum for A/Prof John Agar in December/January to cover his planned sick leave, with a later view to him joining the Renal Unit as the 3rd Nephrologist to replace Michelle Antonis on her impending resignation from February 2005.

A/Prof Agar attended the American Society of Nephrology in St Louis Missouri in October where he presented two research abstracts on his work in Nocturnal Haemodialysis on behalf of Barwon Health.



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## WOMEN'S & CHILDREN'S SERVICES

### Intrapartum Foetal Surveillance Education Program

A statewide Intrapartum Foetal Surveillance Education Program, based at RANZCOG was delivered at Barwon Health with 70 midwives, student midwives, residents, registrars and consultants attending. This is a DHS & VMIA funded project to improve clinicians' knowledge and understanding in the management of CTGs (monitoring of babies heart rate) during labour. This program was piloted at six sites in Victoria last year and Barwon Health is one of the first sites to receive the finalised program. In the long term the program aims to provide a credentialling component.

### Postnatal Depression Project (PND) – Early Intervention Project

This project has been underway for twelve months and is a Barwon region project. Local working groups have been developed to address local needs and to ensure long term sustainability in each area. One of the key outcomes of the project is to improve the identification of women with/or at risk of PND. Hence a key educational intervention to improve midwives communication skills and active listening skills has just commenced. This program is being delivered in conjunction with Community and Mental Health Services, which will assist in improving the interface between each service for the consumer and the clinician.

### Statewide Training - Maternity Emergency Workshops & Pregnancy Care Workshops

As part of the 'Future directions for Victoria's maternity services', a state-wide training program was developed to support the planned changes in maternity service provision. A key tenet of the training is that it is multidisciplinary to encourage collaborative working relationships amongst all clinicians. At a state-wide level there has been overwhelming demand to participate in the training programs. After a rigorous assessment process, Barwon Health has been successful in gaining access to both programs.

## SURGICAL SERVICES

### Rural Patients Initiative

Surgical Services was successful in receiving 210 WIES and 630 VACS for the 2004/05 financial year under the Rural Patients Initiative funding scheme. Plans are underway to



undertake additional surgery under the conditions of the RPI scheme that requires long waiting Category 2 and Category 3 patients to be given priority. Barwon Health will be focussing on procedures in the following specialities over the course of the next 12 months:

- Orthopaedics
- Ophthalmology
- General Surgery
- Vascular Surgery

### Allied Health in GP Practices Project

Barwon Health is actively working with the local GP community to find ways of preventing unnecessary waits for outpatient consultations. The service works closely with GPs to provide multi-disciplinary care plan support to the GP to enable patients to access a wide range of appropriate non-surgical community



services. The aim of the project is to work with the GP in care planning for the individual to identify other options that will assist in managing their condition, particularly if surgery is not required.

## **COMMUNITY AND MENTAL HEALTH SERVICES**

### **Early Psychosis Service**

The Early Psychosis Service is now operational within Adult Community Teams, with full staffing in place. It provides early care for young people who have signs of an evolving mental illness. The Early Psychosis Service Advisory Group was established in 2004/05. This group is tasked with optimising the functioning of the EPS and its relationships with linkages with other relevant services and agencies.

### **North Geelong Young Adult Health Service - Jigsaw**

The combined mental health, drug treatment and community health counselling services, along with Clockwork and Pathways commenced operations as "Jigsaw" at Corio Village. It involves a real integration of primary health, substance use and mental health services for young adults and assimilates medical and social health models of care. This service is for young people aged between 16 and 25.

### **Smiles 4 Miles**

This innovative project was developed to improve the oral health of Victorian pre-school aged children. It involves implementing integrated health promotion programs focusing on building capacity and supportive environments in the early childhood sector. The program has been very successful resulting in nutrition and water policies being introduced in six kindergartens. The project is supported by the Romp and Chomp program and has accessed up to 90 families every month.

## **SUPPORT SERVICES**

### **South West Alliance of Rural Health (SWARH)**

Barwon Health is part of a Virtual Services Project that extends across 29 sites throughout South-West Victoria that delivers vital health care to remote locations through innovative broadband applications. Clinical monitors (measuring vital signs) in regional hospitals and health care agencies where no local specialist is available will be connected to Barwon Health via the SWARH intranet, to enable vital signs to be professionally interpreted and monitored by cardiac specialists. Specialists will also be

able to react to emergencies from their rooms or homes through internet access.

### **McKellar Centre Redevelopment**

The Victorian Government has committed a total of \$72 million to redeveloping the site's buildings in the first two stages. Stage 1 of the McKellar Centre Redevelopment was completed in 2004/05 with a 100-bed Inpatient Rehabilitation Centre officially opening in April 2005. The new facility increases Barwon Health's rehabilitation service capacity by 25%. Stage 2 of the redevelopment has commenced with the building of the community rehabilitation centre and ambulatory care clinics, along with a new 108 bed high care residential aged care facility and a 100 bed complex care facility. This second stage will be completed in 2007.

### **Andrew Love Cancer Centre Redevelopment**

The Victorian Government has committed \$20 million to a two-stage redevelopment of the Andrew Love Cancer Centre. The first stage involves the outpatients building being expanded and the second stage involves a refit of the Centre. During this second stage, two extra bunkers for cancer treatment will be provided: one will accommodate a third linear accelerator and one is for a new treatment called modality brachytherapy (currently only available in Melbourne). The construction of the extension to the outpatients building and the third level of the Andrew Love Cancer Centre has taken shape during 2004/05. The expected date for completion of the redevelopment is December 2006.

### **Geelong Hospital's new Emergency Department**

Plans for the new Emergency Department at the Geelong Hospital are well underway. It is designed to cater for a 25 per cent growth in patients over the next 15 years. The Government committed \$26.1 million announced in the Budget for the redevelopment. The new ED will provide a new main entry, and the hospital's outpatients area will be expanded and improved. It will provide a state-of-the-art Emergency Department that takes into account an environmentally sustainable design and energy savings. The relocation of Barwon Health's kitchen facilities to the McKellar Centre would provide the room for the expansion of the Emergency Department. The new ED is expected to be finished by the end of 2007.

# EDUCATION AND RESEARCH

Barwon Health is committed to the principle of life long learning in a spirit of partnership through innovative educational and research opportunities. As a teaching health care service we recognise our responsibility to contribute to the health and welfare of our community and continually strive to improve the care that we provide within a multidisciplinary collaborative environment.

## **NURSING EDUCATION SERVICES**

Nursing Education Services promotes evidence-based contemporary nursing practice by delivering innovative continuing education programs for registered nurses in Barwon Health and regional health agencies.

### **Strengthening collaborative partnerships**

During 2004/05, Barwon Health was committed to its education policy to support nursing attendance at courses and in undertaking tertiary programs. Nursing Education Services developed a partnership with Melbourne University to deliver Post Graduate Emergency Nursing course to meet individual and organisational needs. Collaborative partnerships were also maintained with Deakin University, the Gordon Institute of TAFE and other health care program agencies in meeting staff and professional needs.

Nursing Education Services also collaborated with Medical Educators, Community and Mental Health Educators and linkage of education programs and strengthened relationships with Regional Health Care Agencies through SWARH.

### **Nurturing educational needs**

To meet the educational needs of Barwon Health and regional nurses, thirty-one short courses/study days were planned and conducted and advertised in a continuing education brochure circulated throughout Barwon Health and regional health care agencies. In addition, a Graduate Year Nurse Program Specialist Year Program and a Re-entry Program was offered to meet ongoing recruitment needs of nurses working in Rehabilitation and Aged Care Services.

### **Informing staff of educational opportunities**

A newsletter called *Education Hotline* is published monthly to provide staff with information on short courses, continuing education, funding, conferences and other educational

opportunities. In addition, the intranet site has been expanded and Nursing Education Services is now on the Barwon Health internet site.

## **GEELONG HOSPITAL MEDICAL TRAINING**

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. There are also Professorial Departments of Medicine, Surgery and Psychiatry.

Barwon Health provides training programs for interns including a range of tutorials to assist junior doctors to prepare for their first part specialist examinations. Geelong Hospital is the only hospital outside Melbourne to be a fully accredited level three physician teaching facility.

## **RESEARCH AND ETHICS ADVISORY COMMITTEE**

The Barwon Health Research and Ethics Advisory Committee (REAC) reviews and approves research proposals and fulfils the organisation's legal and ethical responsibilities concerning such research. The Committee membership currently runs at 19 members, and apart from the Secretariat, membership is voluntary. The Committee met 11 times during the 2004/05 year.

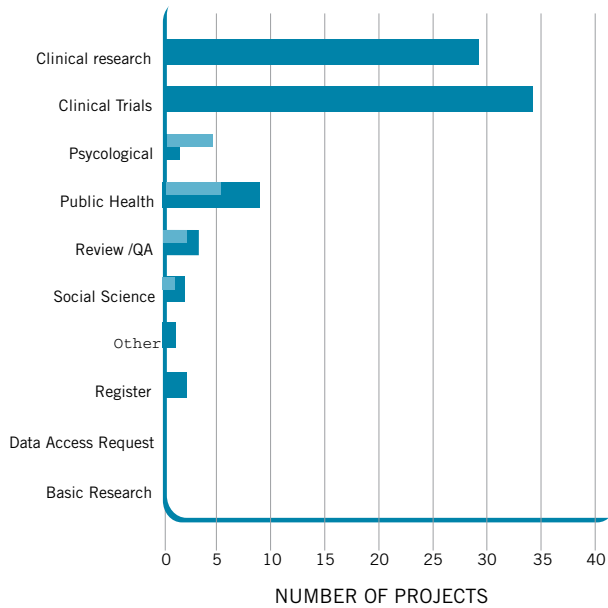
Over the past year, 38 projects have been closed and 87 new projects commenced. However REAC has also provided oversight on a total of 402 research projects throughout this period. This includes reviewing adverse events, variations, reports and other matters involved in an open research project.

Over the past five years, the areas which have the greatest number of research projects are Cardiology, Oncology and the Clinical and Biomedical Sciences.

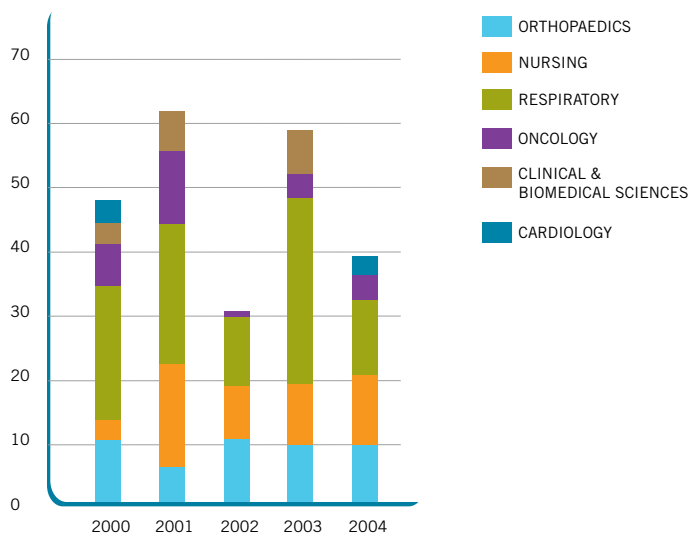
A focus over the past year has been to further develop essential strength of clinical research and develop relationships with other key research centres in the region through G21 and the Smart Geelong Network.

2004/05 new and closed projects

NEW CLOSED



Active research areas over the past 5 years



MEMBERSHIP OF RESEARCH AND ETHICS ADVISORY COMMITTEE

**Current chair** David Kenwood  
**Secretariat** Bernice Davies

**Board members**  
 Damian Gorman John Frame  
 David Kenwood

**Community members**  
 Michelle Plane Anna Bleazby  
 Christine De Boos David Dethridge  
 Peter Ball

**Researchers**  
 Alastair Mander Dr Jane Redden-Hoare  
 A/Prof Mark Kotowicz

**Professional care**  
 Dr Rod Fawcett (Deputy Chair) Greg Weeks  
 Neil Crompton Dr Lucy Cuddihy  
 Rev David Manks Dr Rob Malon  
 Richard Page (MSG representative)

**The Committee welcomes the following new members:**  
 Damian Gorman Anna Bleazby  
 Christine De Boos Rev David Manks  
 Dr Lucy Cuddihy Dr Max Alexander

**The Committee thanks the following people who have resigned during the year:**  
 Robyn Blackman Rev Alex Hilliard  
 Dr Elizabeth Ryan Maree Markus  
 Tony Underwood

**Membership of the Animal Ethics Experimentation Committee**  
**The Committee membership is:**  
 Current Chair Dr Jason Hodge  
 Outgoing Chair Prof Jack Wall  
 Deputy Chair Dr Rodney Fawcett  
 Secretariat Bernice Davies

**Membership:**  
 Category A Veterinary science Dr Jack Ayerbe  
 Category B Recent experience in scientific or teaching activities Mr Scott Lee standing in for Professor Greg Collier  
 Category C Demonstrated commitment to the welfare of animals Mr David Cecil  
 Category D An independent person with no involvement with animal research Mr Ian Inglis

# LIST OF SERVICES

- Aboriginal Health
- Admission Risk Team
- Aged Care Assessment Service
- Aids & Equipment Program
- Anaesthetics
- Apheresis Services
- Audiology
- Birthing Suite
- Bone Bank
- Breast Surgery
- Cancer Services
- Cardiac Rehabilitation
- Cardiac Services
- Cardio Thoracic Unit
- Carer Respite & Support
- Central Sterilizing Unit
- Chemical Dependency Unit
- Chronic Heart Failure & COPD Disease Management Service
- Clinical Health Psychology
- Clinical Nursing Research Unit
- Continence Services
- Cola-Rectal Surgery
- Community Health Centres
- Continence Management
- Cord Blood Bank
- Day Activity Service
- Day Program Centre
- Dementia Specific High Level Care
- Dental Services
- Diabetes Referral Centre
- Diabetes Research
- Dietetics
- District Nursing  
(incl Midwifery, Hospital in the Home, Palliative Care)
- Domiciliary Midwifery Service
- Drug Treatment Services
- Early Parenting Day Stay
- Emergency Medicine
- Endocrine Surgery
- Endocrinology
- Ethnic Services
- Falls & Mobility Service
- Family Planning
- Gastroenterology
- General Medicine
- General Surgery
- Genetic Clinic
- Geriatric Evaluation and Management (GEM)
- Geriatric Medicine
- Gynaecology Services
- Head and Neck Surgery
- Health Promotion
- Home Referral Service  
(incl Hospital in the Home and Post Acute Care)
- Hydrotherapy
- Immunisation
- Infection Control
- Infectious Diseases
- Intensive Care Unit
- Lymphoedema Service
- Maternity Day Assessment Unit
- Medical Imaging
- Memory Clinic
- Mental Health Services
- Midwifery Service – Koori
- Midwives - Community
- Mortuary Services
- Neurological Services
- Neuropsychology
- Nursing Education Unit
- Obstetrics Services
- Occupational Therapy
- Oncology/Haematology
- Operating Services
- Oral Facial Maxillary Surgery
- Orthopaedic Surgery
- Orthotics
- Outpatients Department
- Paediatric Home & Community Care
- Paediatric Surgery
- Paediatric & Adolescent Support Service
- Paediatric Services
- Paediatric Bereavement Programme
- Pain Management
- Palliative Care Services
- Parenting Program – Young Approach
- Pastoral Care
- Pathology Services
- Pharmacy Services
- Physiotherapy
- Plastic Surgery
- Podiatry
- Post Acute Care
- Postnatal & Gynaecological Services
- Postnatal Depression Service
- Pregnancy Risk Assessment
- Pregnancy Care Clinic
- Primary Care Teams
- Prosthetics & orthotics
- Radiation Therapy
- Rehabilitation Services
- Renal Services
- Residential Aged Care
- Nursing Care – low & high level
- Respiratory Function
- Respiratory Medicine
- Respite Care
- Rheumatology
- Rickettsial Reference Laboratory
- Social Work
- Special Care Nursery
- Speech Pathology
- Staffcare Clinic
- STD Clinic
- Stem Cell Laboratory
- Stomal Therapy
- Urology
- Vascular Surgery
- Veterans Services
- Women's & Children's Health
- Youth Counselling & Support
- Youth Drug Treatment
- Youth Mental Health

# SENIOR STAFF LIST

**THIS LIST IS OF BARWON HEALTH SENIOR STAFF EMPLOYED BY THE ORGANISATION AS AT 30 JUNE 2005.**

## EXECUTIVE TEAM

### Chief Executive

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

### Deputy CEO and Executive Director Operations

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

### Executive Medical Director

M Alexander, MBA, MBBS, FRACGP

### Executive Director Nursing

L Cuddihy, PhD, RN, DN, MBA

### Executive Director Financial Services

J Linke B Comm, FCPA, BHA, AHSFMA

### Executive Director Human Resources and Organisational Safety

P Muncaster

### Executive Director Information Services

P Cohen, BA (Hons), HISA

### General Manager Community and Mental Health

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

### General Manager Medical Services

A Morrison, M Bus, BHA, AFCHSE, CHE

### General Manager Surgical Services

D Armour, B Comm, ACA, MBA

## CORPORATE SERVICES

### Executive Officer

D Curwood

### Public Relations Officer

A Kavanagh, BA, B Bus (Marketing)

## BARWON HEALTH FOUNDATION

### Executive Director

A Faulkner, PDM (MBS), B.Ed, Dip.Ed (Melb)

## OPERATIONS

### Deputy CEO and Executive Director Operations

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

### Director Building and Engineering

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

### Manager Clinical Engineering and Communications

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

### Manager Food Services

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

### Manager Environmental Services

A Sharp

### Manager Volunteer Services

N Hulme, AAVA

### Linencare Manager

G Nimmo

### Pastoral Care Services spokesperson

D Manks, B Theol, Dip Past.Stud, Grad Dip Psych.Stud, SMASPEA

## FINANCIAL SERVICES

### Executive Director Financial Services

J Linke, B Comm, FCPA, BHA, AHSFMA

### Manager Financial Information & Systems

G Gray, CPA

### Finance Manager

G Ellis, B Comm, MBA

### Manager Financial Accounting

M Toulmin, B Comm, CPA

### Supply Manager

N Daffy

### Manager Customer Services

B Jobling, BA, Grad Dip Business Management

## HUMAN RESOURCE SERVICES

### Executive Director Human Resources and Organisational Safety

P Muncaster

### Human Resources Manager

D Cook, B Soc Sc, Grad Dip HR Admin, NIA, FAHRI

### Occupational Health & Safety Manager

N Tonkin

### Occupational Health Physician

R Gasser, MD

### Remuneration Manager

C Benson, Adv Dip Bus Mgt

## QUALITY AND RISK MANAGEMENT

### Quality Manager

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

### Consumer Liaison Officer

C Wilcock, Dip Bus

### Risk Manager

J Bourke, RN, HDN, GDCM

### Senior Medical Officer Clinical Safety

A Maclean, MBChB, PGCTe Health Ec; MHSM; FRACMA.

### Aboriginal Health Liaison Officer

L McInnes, BA App Sci (Health Promotion)

### Ethnic Services Officer

A Martinez, RN, Reg Midwife, BA, B Nursing

### GP Liaison Officer

J Urquhart, MB, BS, FRACGP, M Sports Med, Grad Dip Comp Sc

## INFORMATION SERVICES

### Executive Director Information Services

P Cohen, BA (Hons), HISA

### Information Technology Manager

F Emanuele, BSc (Hons)

### Manager Health Information Services

J Trethowan, BHIM, GCHI, HIMMA

### Health Information Mgr-Data & Information

– McKellar Centre

K Hutchinson, BHIM

### Chief Librarian

S Due, BA (Hons) Grad Dip Lib

## MEDICAL STAFF GROUP

### Chairman

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

### Secretary

R Angliss, MBBS, FRACS (orth)

### Treasurer

A Hughes, MBBS, FRACP (Infec Dis)

## MEDICAL RESOURCE UNIT

### Director Medical Resource Unit

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

### Secretary to Barwon Health Research & Ethics Advisory Committee

B Davies, RN, B.AppSci (Nursing), Adv Dip Man

## CLINICAL TRAINING

### Director of Clinical Training (HMO)

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

### Supervisor of HMO 1 2 3 Training

C Somerville, MBBS, FRACP (Nephrology/General)

### Director of Physician Training

P Gates, MBBS, FRACP

B Champion, MBBS, FRACP

### Director of Paediatric Physicians Training

P Hewson, MD MBBS, FRACP

### Supervisor of Advanced Training - Cardiology

A Black, MBBS, FRACP

### Supervisor of Advanced Training - Diabetes and Endocrinology

M Kotowicz, MBBS, FRACP (Endocrinology/General)

### Supervisor of Advanced Training - Infectious Diseases

E Athan, MBBS, FRACP

### Supervisor of Advanced Training – Gastroenterology

R Knight, MBBS, FRACP

**Supervisor of Geriatric Training**

A Hua, MBBS, FRACP

**Supervisor of Advanced Training Medical Oncology**

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

**Supervisor of Advanced Training Rehabilitation**

T Hogg, MBBS, FACRM, FAFRM (RACP)

**Supervisor of Advanced Training Renal**

J Agar, MBBS, FRACP, (Nephrology)

**Supervisor Basic Surgical Training**

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

**Supervisor of Training in ENT Surgery**

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

**Supervisor of Training in General Surgery**

S Crowley, MBBS, FRACS (Colorectal/General/Breast)

**Supervisor of Training in Ophthalmology**

B Clark, MBBS, FRANZCO

**Supervisor of Training in Orthopaedics**

S Williams, MBBS, FRACS, FAOrthA, Grad Dip Clin.epid.

**Supervisor of Training in Plastic Surgery**

P Callan, MBBS, FRACS

**Supervisor of Training in Urology**

G Neerhut, MBBS, FRACS (Urol)

**Supervisor Obstetrics & Gynaecological Training**

G Barker, MBBS, FRANCOG, MRCOG

**Supervisor of Anaesthetics Training**

A Patrick, MBBS, FANZCA

**Director of Emergency Medicine Training**

M Ragg, MBBS, DRACOG, FACEM

**Supervisor of Medical Imaging Training**

C Styles, MBBS, FRACP, FRANZCR

**Supervisor of Radiation Oncology Training**

R Lynch, MBBS, FRACR, Bmed Sc, MRACMA

**Supervisor of Psychiatry Training**

J Blacket, FRANZCP, FACHAM

**Supervisor of Pathology Anatomical Training**

R Spokes, MBBS, FRACPA

**Supervisor of Pathology Haematology Training**

G Davey, MBBS, FRCPA

**Medical Education Officers**

A Fraser, RN, CCN, Grad Dip Business

**B King, RN BN, CCC Cert, Grad Dip N Ed**

A Bone, RN BN Grad Dip Crit Care

**Clinical Medical Educator**

C Loy, MBBS FRACGP BmedSc (Hon) DCH DRPNZCOG GDRGP

**HOSPITAL MEDICAL OFFICERS:****Registrars & Senior Medical Officers**

N Africa

D Alexander

M Anderson-Hunt

S Appu

M Baker

R Bauer

S Baumann

M Borschmann

T Bowles

L Broad

N Brown

F Busch

M Cahue-Urrutia

C Cattigan

M Cheung

C Chia

M Chowdury

C Clark

M Conroy

N Crump

K Cukier

B Dagge

A Davis

B Elobadi

J Eng

K Field

J Fisher

B Fraser

T Fraser

A Gillman

I Grant

C Hair

D Hanna

N Harrison

M Hartnell

E Hassan

R Hay

G Hayden

A Henry

E Janowska

M Kareem

M Kasim

S Khan

K Kibbey

S Kosmider

T Kraemer

M Kulik

M Labattaglia

S Lau

T Lee

L Le-Kim

Y Ling

M Louie-Johnsun

C Loy

M Mansour

K Marcus

F McCann

A Michael

W Miles

A Miller

S Mitchell

C Myers

R Nair

D Neoh

I Nordstrand

T Noutsos

C Oakman

F Okedara

A Oppy

C Osborne

M Page

J Pollard

F Ponnuthurai

R Price

M Rahman

N Reid

A Richards

L Ross

T Roydhouse

A Saraswat

L Saravanan

D Sepetavc

D Shilson

N Simpson

A Subramanian

M Swan

T Tahir

J Tansy

S Tawasu

N Toussaint

P Tran

M Vagg

P Vuillermin

A Wade

B Wai

T Walker

A Ward

T Wei

R Young

L Yuan

A Zhao

**HMO Year 3**

K Bertram

H Chew

P Codoceo-Perez

D Francis

J Giannakakis

E Huning

S Khan

A Ko

J McCaffrey

T Nguyen

A Ong

**HMO Year 2**

R Abbas

N Agar

B Allen

S Boyd

G Craig

A Crowe

T Crowe

S D'Cruze

A Du Guesclin

M El Souki

T Follett

B Francis

A Friebe

S Frost

N Harris

S Jones

S Jones

G Kantianis

M Kluger

M Lycett

E Ma

D Marrow

C McFarlane

N Patterson

K Robins-Browne

Z Rochford

R Thurman

S Watty

N Zannat

M Zhang

**Interns**

S Alford

L Allardyce

Z Asher

G Berra

S Brownell

K Carison

J Charles

F Chiu

P Collyer

J Dikiciyan

E Donelan

F Enkelmann

C Jackson

R Jarvis

A Kelly

H Lakey

S Low

H Marcus

L Mitchell

B Munzel

V Nguyen

C Pesti

R Phair

T Prasad

H Richards

M Richardson

S Robertson

K Saunders

**UNIVERSITY OF MELBOURNE**

Department of Clinical and Biomedical Sciences:

Barwon Health Head of Department

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

**Professor of Surgery**

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

**Fellow in Rural Surgery**

T Bowles, MBBS, FRACS (provisional)

**DOUGLAS HOCKING RESEARCH INSTITUTE****Director**

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

**CONSULTANT PATHOLOGISTS****Haematologists**

G Davey, MB BS FRCPA

G Swinton, MB BS FRCPA

**Histopathologists**

H Armstrong, MB BS FRCPA

D Gee, MB BS FRCPA MIAC

A Jones, MB BS FRCPA

M Robson, MB BS FRCPA

R Spokes, MB BS FRCPA

D Trethewie, MB BS, FRCPA

**General Pathologist**

O Harris, MB BS FRCPA

#### Clinical Biochemist

I Farrance, BSc MCB FAACB FRCPath

#### CONSULTING MEDICAL STAFF

W Armstrong, MBBS, FRCS, FRACS

I Backwell, MBBS, DLO (Lond.)

T Banks, OAM, FACHPM, MBBS, BD

M Benjamin, MBBS, DPM, FRACP, FRANZCP, FRC, Psych

M Benson, MBBS, MRACR

A Bothroyd, MBBS, MRCOG, FRAGO

L Champness, MBBS, DCH, DTM&H, FRACP, FACMA

O Coltman, MBBS, FRCOG, FRACOG

G Darby, MBBS, FFARCS

J Doncaster, MBBS, FFARCS, 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, FACD

D Maclean, MBBS, FRACR

R McArthur, FRACS

W McKellar, MBBS, FRACP, DCH

B McKie, MBBS, FRARACS

P Mestitz, MBBS, FRCP (London), FRACP

M R 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

H Smith, MBBS

A Waterhouse, MBBS, FRACS

I Wood, MBBS, DCH

#### NURSING SERVICES

##### Executive Director Nursing

L Cuddihy, PhD, RN, DN, MBA

#### PRACTICE DEVELOPMENT UNIT

##### Practice Development Co-ordinator

J Redden-Hoare, PhD BN (Hons), Dip App Science (Maternal & Child Health & Community Health, RM, RN, FRCNA

#### NURSING EDUCATION SERVICE

##### Manager Nursing Education Services (CORP)

Dr V Zielinski, RN, RM, Cert Bus St (Hosp Admin), DNE B Ed, M Ed Admin, PhD, Cert IV Assessment & Workplace Training, FRCNA

##### CNE Cardiac Services

S Smith, RN, Cert IV Assessment & Workplace Training, CCRN

##### CNE Critical Care Services

T Elderkin, RN, CCRN, B App Sc (Adv Nsg), Grad Dip Crit Care Nsg, Master Health Science (Nursing), Cert IV Assessment & Workplace Training MRCNA

##### CNE - Emergency Department

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

##### CNE Intensive Care

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

##### CNE Night Duty

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

##### CNE Perioperative Services

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

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

##### CNE Rehab & Aged Care

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

##### CNE Rehab & Aged Care

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

##### CNE Rehab & Aged Care

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

##### CNE Women's & Children's Services

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

##### CNE Paediatrics

J Bryce, RN, Dip Business

##### Clinical Nurse Educator

M Bennett, RN, BN, Grad Cert Health (Palliative), MN, Cert IV Assessment & Workplace Training, MRCNA

##### 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

B King, RN, RM, Crit Care Cert, Grad Dip Nsg Ed

##### Grad Year Nurse Program Facilitator

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

##### Psychiatric Nurse Consultant (Educator)

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

##### Psychiatric Nurse Consultant (Educator)

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

##### 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 Physicians

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

A Hughes, MBBS, FRACP (Infec Dis)

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

##### Sexual Health Physician

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

##### Clinical Nurse Consultants

J Low, RN, Grad Dip Inf Cont, Cert Sterilisation & Inf Cont, Cert in Mgmt, Cert IV Workplace Assess & Trng.

K Styles, RN, BN, Cert Sterilisation & Inf Control, Acc HIV Counsellor, Cert IV Workplace Assess & Trng.

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

M Randall, RN, Grad Dip Health Sciences Education & Promotion.

K Kendall, RN, Cert Sterilisation & Inf Cont, Acc HIV Counsellor, Dip, Workplace & Assess Trng.

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

E Marcucci, BN, Cert Continence Nurse Advisor, Cert Wound Management, Cert Sterilisation and Inf Cont, Acc HIV Counsellor, Cert IV Workplace Assess & Trng

## MEDICAL SERVICES PROGRAM

### General Manager Medical Services

A Morrison, M Bus, BHA, AFCHSE, CHE

### Clinical Director

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

### Business Manager

W Fawkes, B Com, CPA,

### Business Support Officer

P Eltringham, RN, B Ed.

## DIVISION OF MEDICINE

### Divisional Medical Director - Medicine

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

### Divisional Nursing Director – Medicine and Specialist Medicine

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

## CARDIOLOGY SERVICES

### Director

A J Black, Assoc Prof, MBBS, FRACP

### Specialists

J Amerena, MBBS, FRACP

A Appelbe, MBBS, FRACP

C Murdock, MBBS, FRACP

M Sebastian, MBBS, FRACP

E Ryan, MBBS, FRACP

T Yip, MBBS, FRACP

D Ridley, MBBS,

Chief Cardiology Technologist

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

### Radiographer

T Duplessis, BRad (Radiography) Hons Oncology

### Cardiac Services Manager

M Preusker, RN, B App Sc, Grad Cert CC.

### Unit Nurse Manager Cath Lab

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

## DERMATOLOGY

### Specialist

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, B Nsg, Grad Cert DE, CDE

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

## GASTROENTEROLOGY

### Specialists

R Knight, MBBS, FRACP (Gastroenterology/General) (Head of Unit)

P Dabkowski, MBBS, FRACP (Gastroenterology/General)

E Prewett, MBBS, FRACP (Gastroenterology/General)

D Dowling, MBBS, FRACP (Gastroenterology/General)

## GENERAL MEDICAL UNITS

### Specialists

#### UNIT 1

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

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

J Malone, MBBS, FRACP

#### UNIT 2

E Athan, MBBS, FRACP

D O'Brien, MBBS, FRACP

A Hughes, MBBS, FRACP

#### UNIT 3

R Clark, MBBS, FRACP (General)

S El-Kaissi, MBBS, FRACP (Endocrinology/General)

A Mander, MBBS, FRACP, B Med Sci

#### UNIT 4

M Kotowicz, MBBS, FRACP (Endocrinology/General)

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

S Worboys, MBBS, FRACP

B Champion, MBBS, FRACP

#### UNIT 5

H Griffiths, MBBS, FRACP (Rheumatology/General)

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

N Wood, MBBS, FRACP (Rheumatology/General)

V D'Intini, MBBS, FRACP (Nephrology/General)

## NURSE UNIT MANAGERS

### Birdsey Wing 5

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

S Whitehand, BSN, Cert DE, Dip.Mgt

### Birdsey Wing 6

#### Medical (Oncology, Haematology)

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

### Birdsey Wing 7

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

C Napthine, RN, BN, Grad Dip (Bioethics), Advanced Cert Mgt.

### Heath Wing 7

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

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

## NEUROLOGY

### Director

P Gates, MBBS, FRACP

### Head of Stroke Service

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

### Neurologists

P Batchelor, MBBS, FRACP, PhD, BMedSci

R Carne, MBBS, FRACP

J Balla, MBBS, FRACP, FRCPE

J Laidlaw, MBBS, FRACS

P McNeill, MBBS, FRACS, LLB

### Paediatric Neurologist

M Mackay, MBBS, FRACP

### Stroke Service Co-ordinator

P Hocking, RN, M.HSc

## COMPLEX PATIENT CARE CO-ORDINATORS

A Friend, RN, Cert Gerontology

A Cooper, RN, Cert Inf Control

K Folwell, BApp Sci(Occ Therapy)

J Heath, RN, BN, Grad Dip Public Health, Cert Int Care, Cert Inf Control

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

## VETERANS LIAISON OFFICER

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

## DIVISION OF SPECIALIST MEDICINE

## CANCER SERVICES

### Director

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

## MEDICAL ONCOLOGY

### Consultant Medical Oncologists

R McLennan, MBBS, FRCP (Lond), FRACP

K White, MBBS, FRACP

S Sewak, MBBS, FRACP

A Broad, MBBS, FRACP

### Consultant Clinical Haematologist

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

### Palliative Care Specialist

S Haynes, MBBS, FRACGP, FACHPM

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

### Genetics Clinic

D Dowling, MBBS, FRACP (Gastroenterology/General)



#### Genetics Counsellors

S Fawcett

#### Lymphoedema 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

##### Consultant Radiation Oncologists

M Francis, MBBS, FRACR

J Kiffer, MBBS, FRACR, FACHPM

I Porter, MBBS, FRANZCR

#### APHERESIS

##### Clinical Nurse Consultants

A Edwards, RN

S Burt, RN

A Favalaro, RN

##### Transfusional Nurse Consultant

L Stevenson

#### EMERGENCY MEDICINE

##### Director

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

##### Deputy Director

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

##### Senior Principal Specialist

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

##### Specialists

P Bailey, MBBS, BSc (Hons), Dip Ed, DipRACOG, FACEM

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

J Stella, MBBS, FACEM

B Bartley, MBBS, FACEM, FRCSE

M White, MBBS (Hons), FACEM

#### Unit Nurse Manager

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

#### MEDICAL IMAGING

##### Director

C Styles, MBBS, FRACP, FRANZCR

##### Specialists

D Boldt, MBChB, FRANZCR

P Brotchie, MBBS, PhD, FRANZCR

P Carman, MBBS, FRANZCR

D Lun, MBBS, FRANZCR, CR

D Ma, MBBS, FRACP

P Morris, MBBS, FRANZCR

D Robertson, MBBS, DRACR, FRANZCR

L West, MBBS (Hons), FRANZCR

A Whan, MBBS, FRANZCR

##### Chief Radiographer

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

##### Tutor Radiographer

B Harvey, FIR, Grad.Dip.Ed.

##### Chief Nuclear Medicine Scientist

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

##### Unit Nurse Manager

M Fredericks, RN

#### PHARMACY SERVICES

##### Director of Pharmacy

G Weeks, M Pharm, MHA, FSHP

##### Deputy Director of Pharmacy

S Cuell, B Pharm, MHA, FACPP,

##### Chief Pharmacist McKellar Centre

G Robson, B Pharm

#### RENAL SERVICES

##### Director

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

##### Specialists

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

V D'Intini, MBBS, FRACP (Nephrology/General)

##### Unit Nurse Manager

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

#### DIVISION OF WOMEN'S SERVICES

##### Divisional Medical Director

A Hotchin, MBBS, FRANZCOG

##### Divisional Nursing Director

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

#### OBSTETRICS AND GYNAECOLOGY

##### Specialists

G Barker, MBBS, MRCOG, FRANZCOG

M Koutsoukis, MBBS, FRANZCOG, MRCOG

A Hotchin, MBBS, FRANZCOG

T Mason, MBBS, FRANZCOG, MRCOG

P R Mayall, BA, MBBS, FRANZCOG, FRCOG

B McCully, MBBS, FRANZCOG

M Shembrey, MBBS, Dip Obs, FRANZCOG

J Swan, MBBS, FRANZCOG, MRCOG

J Viggers, MBBS, D Obst, FRANZCOG

#### DIVISION OF CHILDREN'S SERVICES

##### Divisional Medical Director

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

##### Divisional Nursing Director

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

#### PAEDIATRICS

##### Specialists

K Anderson, MBBS, FRACP

C Cooper, MBBS, FRACP

P Hewson, MBBS, FRACP, MD

C Sanderson, BSc, (Hons) MBBS, FRACP

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

#### NURSE UNIT MANAGERS

##### Baxter Maternity Services:

##### Birth Suite/FBU

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

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

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

##### Special Care Nursery

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

##### Heath Wing 3 – Paediatric Ward

K Morison, RN, RM, Grad Dip Mid, Cert Bus Mgt.

##### Paediatric Home & Community Care Co-ordinator

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

#### ALLIED HEALTH DIVISION

##### Divisional Director (Part Time)

D Schulz, B App Sci (Physio) Mgeron

#### AUDIOLOGY

##### Chief Audiologist

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

#### NUTRITION AND DIETETICS

##### Chief Dietitian

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

#### Senior Dietitians

D Wynd, BSc, Grad Dip ND, APD  
J Hill, Dip IM, Cert Dietetics, 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 Skeen, B App Sci (Occ Ther), ACCOT

#### PHYSIOTHERAPY

##### Chief Physiotherapist

D Schulz, B App Sci (Physio) Mgeron

##### Senior Clinicians

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

#### PODIATRY

##### Chief Podiatrist

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

##### Senior Clinician

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

##### Chief Psychologist

J Morison, B Ed, Grad Dip Child & Adolescent Psych.MAPS

#### SOCIAL WORK

##### Chief Social Worker

R Van Ingen BA, BSW (Vic Uni)

##### Senior Clinicians

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

#### SPEECH PATHOLOGY

##### Chief Speech Pathologist

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

##### Senior Clinicians Acute

R Janes, B App.Sci (Speech Path)

##### Rehab & Aged Care

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

##### Community

M Walton, B App Sci (Speech Path)

#### DIVISION OF REHABILITATION SERVICES AND DIVISION OF AGED CARE

##### Divisional Medical Director

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

##### Divisional Nursing Director

G Nagle, RN, B App Sc (Adv Nsg), M HSc, FRCNA, AFACHSE, Williamson Fellow

##### 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)

##### Geriatric Medicine Specialists

A Hua, MBBS, FRACP  
A Mander, MBBS, B Med Sci, FRACP  
V Makkada, MBBS.MD,FRACP.

##### Palliative Care Specialist

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

##### Visiting Medical Officers

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

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

R Nunan, (Hons), FAFRM (RACP)

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

##### Orthopaedic Surgeon

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

##### Hostels Manager

S Lam, RN Div 1, Grad Dip Com Health

#### NURSE MANAGERS

##### Rehabilitation / Sub Acute Services

Inpatient Rehabilitation Centre - Central Wing (Neuro Rehabilitation)  
S Blair, BN

##### Inpatient Rehabilitation Centre – South Wing (Ortho Rehabilitation)

A Renshaw, RN Div 1, Cert Rehab Nursing

##### Inpatient Rehabilitation Centre – North Wing (GEM / Palliative Care)

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

##### Aged Care

###### Unit 5

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

###### Unit 6

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

###### Unit 7

M Grace, RN Div 1, Cert Gerontology, Cert Continence Mgt, Grad Dip Aged Care Services Management

###### Unit 8

C Lunardelli, BN, Cert Aged Services Management

###### Unit 9

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

###### Unit 10

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

###### Unit 11

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

##### Peter Street

L Marsh, RN Div 1, Cert Continence Mgt

##### John Robb House

S White, BN, Grad Dip Bus, Dip Mgt, Cert Sml Bus Mgt

##### After Hours Nurse Coordinators

L Finch, RN Div 1, BN, Cert Rehab, Grad Dip Rehab Studies, MRCNA

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

J Stevens, RN Div 1, BN, BA, Cert Rehab

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

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

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

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

##### CRC North Geelong Manager

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

##### CRC Belmont Manager

H Ashcroft, RN, BN, Grad Dip Rehab Studies

##### Falls & Mobility Clinic

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

##### Home Based Rehabilitation Program Co-ordinator

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

L Pye, Diploma of Physiotherapy

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

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

V George, RN, RPN, Grad Dip Gerontology

##### Management Accountant

H Wood, B Comm, ACA

#### SURGICAL SERVICES

##### General Manager Surgical Services

D Armour, B Comm, ACA, MBA

##### Clinical Director

R Weaver, MBBS, FANZCA, FJFICM, FFPANZCA

##### Business Manager

G Allen, BSc, MBA, FCHSE, CHE

**Divisional Nursing Director**  
S Brereton, RN, BAppSc (Adv Nsg–Nsg Ed), Grad  
Dip Hlth Ser M'nt, FRCNA

## **DIVISION OF SURGERY**

**Divisional Medical Director**  
D Watters, BSc, MB, ChB, FRCSEd, ChM, FRACS

## **CARDIOTHORACIC**

**Specialists**  
M Mohajeri, MD, FRACS  
J Kenny, MB, BCh, FRCSEd, FRACS  
X-B Zhang, MD, FRACS (Locum)

**Cardiothoracic Perfusion**  
M Bayly, BSc (Hons), CCP, FASCP  
K O'Reilly, CCP FASCP  
C Morley, BSc, Dip Perfusion, CCP, ASCVP

## **EAR, NOSE & THROAT SURGERY**

**Specialists**  
R Calder, MBBS, FRACS  
D Connelly, MBBS, FRACS (ENT), FRACS  
(Gen Surg)  
R Nicholson, BSc, MB, ChB, FAmAcHNS, FRACS  
N Russell, MBBS, FRACS  
J Vorrath, MBBS, FRCS (Edin), FRACS

## **NEUROSURGERY**

**Specialist**  
P McNeill, MBBS, FRACS, LL.B

## **OPHTHALMOLOGY**

**Specialists**  
J Clark, MBBS, FRANZCO  
B Lansdell, MBBS (Hons), DO (Lond), FRANZCO  
P Lockie, MBBS, FRANZCO  
N 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 (Locum)

## **Orthoptics**

N Coleman, BAppSc, BOrth  
J Fitzpatrick, BSc (Biochemistry/Microbiology),  
BAppSc (Orth), Grad Dip Hlth Res  
B Lavcanska, BOrth (Hons)  
M Pritchard, MAppSc, Grad Dip (Neurosciences),  
Dip AppSc (Orth), DOBA

## **ORAL/MAXILLOFACIAL SURGERY**

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

## **ORTHOPAEDIC SURGERY**

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

## **PAEDIATRIC SURGERY**

**Specialists**  
A Auldish, MBBS, FRACS  
P Dewan, PhD, MD, MS, MMedSc, MRACMA, FRCS,  
FRACS

## **PLASTIC SURGERY**

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

## **GENERAL SURGERY**

**Specialists**  
**SURGICAL UNIT 1**  
G Kiroff, MBBS, MS, FRACS  
J Hurley, MBBS, FRACS  
**SURGICAL UNIT 2**  
G Mitchell, MBBS, FRACS  
R White, MB, MS, FRACS  
(Breast/Colorectal/Endoscopy/General)  
A Lawler, MBBS, FRCS(Edin), 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  
**SURGICAL UNIT 4**  
S Crowley, MBBS, FRACS  
(Colorectal/General/Breast/Laprosopic Surgery)  
D Kidman, MBBS, FRACS (General/Breast, Varicose  
Veins, Colorectal)  
K Prince, BSc (Hons), MBBS, FRACS  
K Chao, MBBS, FRACS

## **VASCULAR & ENDOVASCULAR SURGICAL UNIT**

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

## **UROLOGY**

**Specialists**  
K Braslis, MBBS, MS, FRACS (Urol)  
D L Murphy, MBBS, FRACS (Urol)  
G Neerhut, MBBS, FRACS (Urol)  
R Grills, 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**

**Nurse Unit Manager**  
E Gillett, RN

## **PERIOPERATIVE SERVICE**

**Nurse Unit Manager**  
H Lowe, RN, CCC, Grad Cert Mgt

## **CENTRAL STERILISING UNIT**

**Manager**  
A Williams, RNDiv2, CSSD Cert, Cert Sterilisation &  
Infection Control

## **DIVISION OF ANAESTHESIA**

**Divisional Medical Director**  
S Bolsin, B.Sc, MBBS, FRCA(Lon), FANZCA,  
MRACMA, MHM, D Litt(Hon)

**Deputy Director**  
A Plowman, MBBS, FFARACS, FANZCA

## **STAFF ANAESTHETISTS**

M Colson, MBBS, FANZCA, Dip Comp Tech  
D Dimovski, MBBS, FANZCA  
L Freestone, MBBS, FANZCA  
C Gordon, BHB, MB, ChB, FFARACS, FANZCA,  
Dip Comp Tech  
C Lee, MBBS, FANZCA  
D McCoy, MBCh BAO(NUI), FFARCSI,  
FFPMANZCA, DPM(CARCSI)  
A Patrick, MBBS, FANZCA  
S Tomlinson, MB, ChB, FANZCA Cert Health  
Services Mgt

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

#### **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  
G Murrell, MBBS, FFARACSI, FFARACS, FANZCA  
R Neerhut, MBBS, FANZCA  
D Serle, MBBS, FFARACS, FANZCA  
W Sloss, MBBS, FFARACS, FANZCA  
R Solly, MBBS, FANZCA  
B Stringer, MBBS, FFARACS  
M Tisdall, MBBS, FFARACS, FFARACS, FANZCA  
P Tolley, MB ChB, FRCA  
A Van Leeuwen, MBBS, Mmed, FFARACS, FANZCA  
B Webster, MBBS, FANZCA  
S Worboys, MBBS, FANZCA

#### **PAIN MANAGEMENT CLINIC**

**Service Director**  
R Weaver, MBBS, FANZCA, FJFICM, FFPMANZCA  
**Pain Specialists**  
A Muir, MBBS, FANZCA, FFPMANZCA  
M Viney, MBBS, Grad Dip Med (Pain Med), FANZCA, FFPMANZCA  
D McCoy, MBCh, BAO(NUI), FFARACSI, FFPMANZCA, DPM(CARCSI)  
**Pain Fellow**  
M Vagg, MBBS(Hons), FAFRM (RACP)  
**Clinical Nurse Consultant**  
P Reeves, RN, BAppSc (Nsg), CC Cert, MSc (Pain Management)

**Clinical Nurse Specialist**  
J Hunt, B.Sc (Nursing), Grad Dip (Pain Management)

**Psychiatrist**  
J Black, BSc, MBBS, MPhil MRCPsych, FRANZCP

**Clinical Psychologists**  
H Flavell, BA, BBS (Hons), M. Psych, PhD, TSTC, MAPS

L Jurjevic, B.Ec (Soc Sc) (Hons), M. Psych. MAPS

**Physiotherapists**  
L Lester, BAppSc (Physio)  
S Strachan, BAppSc (Physio)

#### **INTENSIVE CARE UNIT**

**Divisional Medical 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), FFARACSI, FJFICM  
N Orford, MBBS, FANZCA, FJFICM

#### **SURGICAL WARDS**

**BELLERINE CENTRE 6 NORTH**  
**Nurse Unit Manager – Surgical (Plastics, ENT, Vascular, Ophthalmology, Oral Surgery)**  
S Lam, RN, Mid Cert, Grad Dip Com. Hlth, Dip Mgt.

**HEATH WING 5**  
**Nurse Unit Manager – Surgical (Orthopaedics)**  
M O'Donnell, RN, BSN, CCC

**HEATH WING 6**  
**Nurse Unit Manager – Surgical (General Surgery, Urology)**  
V Wall, RN, BA, Grad Dip Bus & Communication

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

**Clinical Nurse Consultant**  
F Hector, RN, RM, Cert Stomal Th, MWH, MRCNA

**OUTPATIENTS DEPARTMENT**  
**Nurse Unit Manager**  
L Adair, RN, BN, Post Grad Dip Clinical Nsg Prac & Mgt, Grad Dip Business

**SEXUAL HEALTH CLINIC**  
**Nurse Counsellor**  
M Randall, RN, Grad Dip Hlth Sc  
**Medical Officer**  
R Milner, MBBS, Dip Ven

#### **BED MANAGEMENT**

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

#### **NURSING ALLOCATIONS**

**Nurse Coordinator**  
C Brook, RN, CCC, BAppSc (Nsg), MHA, MRCNA

#### **AFTER HOURS COORDINATION**

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

K Gow, BNsg, Cert Emerg Nsg, Dip Bus

K Harrison, RN, RM, BNsg  
T Johnston, RN, BN, Dip Hosp Nsg & Ward Mgt, MRCNA

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

D More, RN, BA

P O'Donohue, RN, BN

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

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

**General Manager Community and Mental Health**  
A Fletcher, RN, BHA, MHP, FAICD, AFCHSE, CHE

**Clinical Director Community & Mental Health**  
T Callaly, FRANZCP, MRC Psych. BSc, HDip Ed, M. Bus. Leadership, Cert. Adv. Training in Child & Adolescent Psychiatry

**Business Manager**  
R Humphreys, B Comm, BSc, CPA

#### **COMMUNITY HEALTH DIVISION**

**Director Community Health**  
M Lee, Grad Dip (Health Admin), MHA, AFCHSE  
**Manager Regional Programs**

\*J Walters, BA, BSW (Hons), Grad Cert Mgmt

**Manager Local Area Teams**  
K Smith, RN, B Nsg, Grad Dip Comm Health, M Nursing, MRCNA

**Manager Planning and Services**  
M Dertien, RN, BN, Grad Dip Comm Hlth Nurs, Dip Mgmt, MHS

#### **CARER RESPITE SERVICES & DAY PROGRAMS**

**Co-ordinator**  
R Beavis, Dip Bus Mgmt

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\*Joanne Walters lost her life in a car accident on 20th July 2005

## COMMUNITY DENTAL SERVICE

### Director of Dentistry

M Smith, BDS

### Dentists

N Youssef, BDS

H Youssef, BDS

K Wong, BDS

E Adamczyk, BDS

G Joseph, BDS

L Thai, BDS

J Dandy, Dip AppSci (Dental Therapy)

S Howard, Ass Dip AppSci

S Leong, BDS

L Bourke, BDS

A Pham, BDS

A Yong, BDS

H Huang, BDS

K Sun, BDS Oral Surgery Registrar

L Liang, BDS

K Al-Dabagh, BDS

W Saunders, BDS

## COMMUNITY PALLIATIVE CARE

### Consultant Palliative Care Physician

S Haynes, MBBS, FRACGP, FACHPM

### Palliative Care Nurse Consultant

J Hall, RN, Grad Cert Health Management

### Palliative Care Clinical Co-ordinator

A King, RN, Grad Dip Pall Care

### Palliative Care Clinical Nurse Consultant

H Newell, RN, Grad Dip Pall Care

## DISTRICT NURSING

### Clinical Co-ordinators

S White, BN, Grad Dip Bus, Dip Mgmt, Cert Plast Surg & Wound Mgmt, Cert Small Bus Mgmt, MRCNA

N Walter, RN, Dip Mgmt

H Wadsworth, RN, B Nsg, Dip Mgmt

## IMMUNISATION

### Acting Co-ordinator

E Hutchinson, RN

### Medical Consultant

E Athan, MBBS (Hons), FRACP

## PAEDIATRIC & ADOLESCENT SUPPORT SERVICE

### Co-ordinator

J Morison, B Ed, Grad Dip Child & Adol Psych, Grad Dip Health Admin

## PRIMARY CARE SERVICES

### Clinical Co-ordinators

C Mioduchowski, BSc, BAppSc, Grad Dip Pod

A Gill, BAppSc in Physio (Hons), Dip of Bus

M Harris, BSc Hons AppSc, BSc Hons Physio, Mast Bus Admin

### Acting Clinical Co-ordinator

C Clarke, B Physio

## ADMISSION RISK PROJECTS

### Program Manager – Admission Risk Projects

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

### ART Team Leader

G Kotz, RN,CCRN,RPN,RMW

### Home Referral Service Coordinator

A Redden, RN, BN, Grad Dip Community Health

### Home Referral Service Medical Consultant

E Athan, MBBS(Hons), FRACP

### Care Development Consultant

J Featonby, RN, BHSc, BSW

### IDM (COPD & CHF)

A McKinnon, RN, CCRN

C Gielen, RN

M Wilson, RN, BN, Certificate Coronary Care

## MENTAL HEALTH DIVISION

### Director Mental Health

P Dunn, RN, RPN, Grad Dip Gerontic Nsg

### Professor of Psychiatry

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

### Director of ECT

P Hantz, FRANZCP

### Consultant Psychiatrists

R Harvey, FRANZCP, MRC Psych

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

J Mohr, MBBS, FRANZCP

J Blacket, MBBS, FRANZCP

E White, MBBS, FRANZCP

M Cameron, FRANZCP

S McConnell, MBBS, FRANZCP, Mpsych

A Thampi, MRCPsych, FRANZCP

### Senior Psychiatric Nurse

S Jennings, RN Dip Nsg Educ, BEd & Counselling

### Quality Coordinator

M Hyland, RN, BSocSc

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

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

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

S Pope, RPN Div 3

### Program Manager, Rehabilitation Services

P Moran, RN, Grad Dip Coun Psych

### Program Manager, Drug Treatment Services

M Geertsema, M. Clin Psych, M. Crim

### Psychiatric Nurse Consultant

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

# ARTICLES AND PUBLICATIONS

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DEPARTMENT	SUMMARY
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	Urology

# COMPLIANCE INDEX

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

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# STATUTORY REQUIREMENTS

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

## COMPETITIVE NEUTRALITY

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

## FEES

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

## FREEDOM OF INFORMATION REQUESTS

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

2000	2001	2002	2003	2004	2005
286	400	391	425	447	434

## Average Collection Days

	2004/05	2003/04
Acute	45.63	45.9
RAC	53.93	33.41

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

Total Number of Consultancies	4
Total Value of Consultancies	\$93,324

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

NIL	\$ -
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## Debtors Outstanding as at 30 June 2005 (\$M)

	Total	Current	30 Days	60 Days	+60 Days
2004/05	7.76	4.36 (56.2%)	1.36 (17.5%)	0.62 (8.0%)	1.42 (18.3%)
2004/04	6.47	3.94 (60.9%)	0.87 (13.4%)	0.39 (6%)	1.27 (19.7%)

## COMPLIANCE WITH BUILDING ACT

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

## WHISTLEBLOWERS PROTECTION ACT

This policy statement is made in accordance with the Victorian Whistleblowers Protection Act which came into effect on 1st January 2002.

Consistent with the 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: [perrym@barwonhealth.org.au](mailto:perrym@barwonhealth.org.au)

No disclosure under the Act were received during 2004/05.

# BARWON HEALTH

## FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30 JUNE 2005

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BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

STATEMENT OF FINANCIAL PERFORMANCE

For the Year Ended 30 June 2005

	Note	2005 \$000	2004 \$000
<b>REVENUE FROM ORDINARY ACTIVITIES</b>	2,3	312,888	287,477
<b>SHARE OF NET RESULT OF JOINT VENTURE</b>		69	191
<b>TOTAL REVENUE</b>		<b>312,957</b>	<b>287,668</b>
<b>EXPENSES FROM ORDINARY ACTIVITIES</b>			
Employee Benefits		(218,724)	(197,742)
Supplies & Consumables		(56,949)	(51,577)
Depreciation & Amortisation		(10,903)	(6,926)
Other Expenses from Ordinary Activities		(23,817)	(29,171)
Borrowing Costs		(131)	(80)
<b>TOTAL EXPENSES</b>		<b>(310,524)</b>	<b>(285,496)</b>
<b>NET RESULT FOR THE YEAR</b>		<b>2,433</b>	<b>2,172</b>
Net Increase in Asset Revaluation Reserve	17	234	6,055
<b>TOTAL REVENUES, EXPENSES AND VALUATION ADJUSTMENTS RECOGNISED DIRECTLY IN EQUITY</b>		<b>234</b>	<b>6,055</b>
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM CHANGES IN CONTRIBUTED CAPITAL</b>		<b>2,667</b>	<b>8,227</b>

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



BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

STATEMENT OF FINANCIAL POSITION

As at 30 June 2005

	Note	2005 \$000	2004 \$000
<b>ASSETS</b>			
<i>Current Assets</i>			
Cash Assets	18	9,676	11,611
Receivables	9	14,315	13,766
Prepayments	11	275	0
Inventory	12	2,445	2,206
Other Financial Assets	10	31,176	22,954
<b>Total Current Assets</b>		<b>57,887</b>	<b>50,537</b>
<i>Non-Current Assets</i>			
Property, Plant & Equipment	13	192,114	183,874
Receivables	9	10,359	8,020
<b>Total Non-Current Assets</b>		<b>202,473</b>	<b>191,894</b>
<b>TOTAL ASSETS</b>		<b>260,361</b>	<b>242,431</b>
<b>LIABILITIES</b>			
<i>Current Liabilities</i>			
Payables	14	22,007	21,796
Employee Benefits	16	25,631	27,960
Interest Bearing Liabilities	15	367	195
<b>Total Current Liabilities</b>		<b>48,006</b>	<b>49,951</b>
<i>Non-Current Liabilities</i>			
Employee Benefits	16	24,033	16,623
Interest Bearing Liabilities	15	1,514	807
<b>Total Non-Current Liabilities</b>		<b>25,547</b>	<b>17,430</b>
<b>TOTAL LIABILITIES</b>		<b>73,553</b>	<b>67,381</b>
<b>NET ASSETS</b>		<b>186,808</b>	<b>175,050</b>
<b>EQUITY</b>			
Asset Revaluation Reserve	17	20,565	20,331
Contributed Capital	17	128,464	119,373
General Purpose Reserve	17	5,728	4,397
Restricted Specific Purpose Reserve	17	21,151	20,142
Other Reserves	17	23,395	16,121
Accumulated Surplus / (Deficits)	17	(12,495)	(5,314)
<b>TOTAL EQUITY</b>		<b>186,808</b>	<b>175,050</b>

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

## STATEMENT OF CASH FLOWS

For the year ended 30 June 2005

	Note	2005 \$000	2004 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Receipts</b>			
Government Grants		231,231	203,812
Patient Fees		32,797	27,754
Private Practice Fees		4,015	6,452
Donations & Bequests		4,123	3,004
Capital Grants Government		9,754	7,247
GST Recovered from ATO		27,060	24,734
Other Revenue		25,232	30,912
<b>Payments</b>			
Employee Benefits		(213,643)	(195,266)
Supplies & Consumables		(56,949)	(51,577)
Other Expenses		(29,637)	(32,029)
GST Paid to ATO		(18,259)	(16,132)
<b>NET CASH FLOWS FROM / (USED IN) OPERATING ACTIVITIES</b>	18(b)	<u>15,724</u>	<u>8,911</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from Sale of Property, Plant & Equipment		778	429
Purchases of Property, Plant & Equipment		(20,185)	(17,863)
Purchase of Investments		(8,222)	1,843
Proceeds from Redemption of Investments		0	0
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<u>(27,629)</u>	<u>(15,591)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayment of Borrowings		(211)	(189)
Proceeds from Borrowings		1,090	0
Contributed Capital from Government		9,091	10,366
<b>NET CASH FROM / (USED) IN FINANCING ACTIVITIES</b>		<u>9,970</u>	<u>10,177</u>
<b>NET INCREASE / (DECREASE) IN CASH</b>		(1,935)	3,497
<b>CASH BALANCE - 1 JULY 2004</b>		<u>11,611</u>	<u>8,114</u>
<b>CASH BALANCE - 30 JUNE 2005</b>	18(a)	<u>9,676</u>	<u>11,611</u>

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

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the year ended 30 June 2005

### NOTE 1 STATEMENT OF ACCOUNTING POLICIES

The general purpose Financial Statements of Barwon Health have been prepared in accordance with the provisions of the *Financial Management Act 1994*, Australian accounting standards, statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Boards and Urgent Issues Group Consensus Views.

The principal accounting policies adopted by Barwon Health are set out below to assist in the general understanding of these accounts. These policies have been consistently applied by Barwon Health except where otherwise indicated.

#### 1.1 Accrual Basis

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

#### 1.2 Historical Cost Basis

The Financial Statements have been prepared on an historical cost basis, whereby assets, with the exception of land and buildings, are recorded at purchase price plus costs incidental to the acquisition, and do not take into account changing money values nor the current costs of non-current assets (unless specifically stated).

#### 1.3 Receivables

Trade debtors are carried at amounts receivable and are due for settlement within 30 days. The collectability of debts is assessed on an individual item basis at regular intervals and specific provision is made for any doubtful accounts when the assessment is made. Debts which are known to be uncollectable, are written off.

#### 1.4 Financial Assets

##### Cash

Cash includes cash on hand and in banks, net of outstanding bank overdrafts, and are stated at nominal values.

##### Other Financial Assets

Investments 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. Interest revenue from investments is brought to account when it is earned.

#### 1.5 Depreciation

Depreciable assets with a cost in excess of \$2,000 are capitalised and depreciation has been provided so as to allocate their value over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives 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.

	2005	2004
<b>Buildings</b>	Up to 50 years	Up to 50 years
<b>Plant &amp; Equipment</b>	Up to 15 years	Up to 10 years
<b>Furniture &amp; Fittings</b>	Up to 7 years	Up to 7 years
<b>Linen</b>	Up to 5 years	Up to 5 years
<b>Leased Assets</b>	Up to 5 years	Up to 5 years

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the year ended 30 June 2005

As of 1 July 2000, Barwon Health introduced a policy of not depreciating motor vehicles purchased after 1 July 2000. The change in policy was due to the initial full cost of additional vehicles, frequently being provided through DHS funding, and the current vehicle changeover policy, resulting in most vehicles being changed within 18 months of purchase. There was a loss on changeover of motor vehicles of \$415,698 in the current year (2004, \$140,647) as a result of the motor vehicles not being depreciated.

### 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.

### 1.7 Payables

Trade creditors, other creditors and accrued expenses represent liabilities for goods and services provided to the entity prior to balance date and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

### 1.8 Employee Benefits

Employee benefits liabilities are based on pay rates expected to apply when the obligation is settled. On costs such as Workcover and superannuation are included in the calculation of leave provisions.

#### Long Service Leave

The provision for long service leave is determined in accordance with Accounting Standard AASB 1028. The liability for long service leave expected to be settled within 12 months of the reporting date is recognised in the provision for employee benefits as a current liability. The liability for long service leave expected to be settled more than 12 months from the reporting date is recognised in the provision for employee benefits as a non-current liability and 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.

#### Wages and Salaries, Annual Leave and Accrued Days Off

Liabilities for wages and salaries, annual leave and accrued days off are recognised and are measured as the amount unpaid at the reporting date in respect of employee's services up to that date. The amounts are measured at the expected rates to be paid when the liabilities are settled.

#### Superannuation

The amount charged to the statement of financial performance in respect of superannuation represents the contributions made by Barwon Health to the superannuation funds.

#### Employee Benefit On-Costs

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

### 1.9 Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred. Borrowing costs include interest on short-term and long-term borrowings and finance charges in respect of leases.

### 1.10 Donations and Bequests

Donations and bequests are recognised as revenue when the cash is received. Donations from the community and estate bequests are included in the Statement of Financial Performance under Revenue from Ordinary Activities, and as Funds Held for Restricted Purposes as part of the Reserves balance in the Statement of Financial Position.

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the year ended 30 June 2005

### 1.11 Principles of Consolidation

The assets, liabilities, revenues and expenses of all controlled entities of the Hospital have been included at the values shown in their audited Annual Financial Reports. Any inter-entity transactions have been eliminated on consolidation.

### 1.12 Restricted Purpose Funds

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.

### 1.13 Leased Property and Equipment

A distinction is made between finance leases, which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to the ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Where a non-current asset is acquired by means of a finance lease, the minimum lease payments are discounted at the interest rate implicit in the lease. The discounted amount is established as a non-current asset at the beginning of the lease term and 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 representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

### 1.14 Private Practice Fees

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

### 1.15 Revenue Recognition

Revenue is generally recognised in accordance with AAS15. Income is recognised as revenue to the extent that it is probable that the economic benefit will flow to the entity and that the revenue can be reliably measured. Should there be unearned income at reporting date, it is reported as income in advance.

#### Patient Fees

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

#### Private Practice Fees

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

#### Indirect Contributions

Insurance is recognised as revenue following advice from DHS. 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 as revenue when Barwon Health gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grant is received or receivable.

### 1.16 Comparative Information

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

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the year ended 30 June 2005

### 1.17 Research Funds

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

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

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

### 1.19 SWARH Joint Venture

Interest in the joint venture operation is recognised by including in the respective classifications, the share of individual assets employed and share of liabilities, revenue, expenses and commitments.

### 1.20 Rounding Off

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

### 1.21 Fund Accounting

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

### 1.22 Economic Dependency

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

### 1.23 Carrying Values of Property, Plant and Equipment

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.

The Aged Care Buildings (the McKellar Centre) are presently undergoing redevelopment and therefore will not be reassessed until the end of Stage 2, which is expected to be completed by 30 June 2007. The remaining Barwon Health Land and Buildings have been revalued to independent valuations obtained in June 2003 and the McKellar Centre land was revalued in June 2004.

Revaluations will be made with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at the reporting date. Revaluations are assessed annually and supplemented by independent assessments at least every three years. Revaluations are conducted in accordance with the Victorian Government Policy Paper "Revaluations of Non-Current Physical Assets".

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

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

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

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

For the year ended 30 June 2005

### 1.24 Contributed Capital

Consistent with UIG Abstract 38 "Contributions by Owners Made to Wholly-Owned Public Sector Entities" and Financial Reporting Direction 2 "Contributed Capital", transfers that are in the nature of contributions or distributions, have been designated as contributed capital.

### 1.25 Asset Revaluation Reserve

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

### 1.26 Goods and Services Tax

Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense. The net amount of GST recoverable from, or payable to, the Australian Taxation Office (ATO) is included as part of receivables or payables in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows in accordance with Accounting Standard AAS 28 *Statement of Cash Flows*.

### 1.27 Interest Bearing Liabilities

Interest bearing liabilities in the Statement of Financial Position are carried at face value less unamortised discount/premium. Discount/premium is treated as an interest charge and amortised over the term of the debt. Interest is accrued over the period it becomes due and is recorded as part of other creditors.

### 1.28 Nursing Home

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

### 1.29 Adoption of International Financial Reporting Standards (IFRS)

For reporting periods beginning on or after 1 January 2005, all Australian reporting entities are required to adopt the financial reporting requirements of the Australian equivalents to International Financial Reporting Standards (A-IFRSs).

Barwon Health has established a project team to manage the transition to A-IFRS, including training of staff and systems and internal control changes necessary to gather all the required financial information.

The project team has analysed all of the A-IFRS and A-IFRS Financial Reporting Directions to identify the accounting policy changes that will be required.

The known or reliably estimable impacts on the financial report for the year ended 30 June 2005 had it been prepared using AIFRS are set out in Note 26.

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 2 REVENUE

	Note	HSA 2004/05 \$000	HSA 2003/04 \$000	Non-HSA 2004/05 \$000	Non-HSA 2003/04 \$000	Total 2004/05 \$000	Total 2003/04 \$000
<b>Revenue from Operating Activities</b>							
<i>Recurrent</i>							
Government Contributions							
- Department of Human Services		221,862	205,643	-	-	221,862	205,643
- Dental Health Services Victoria		2,986	1,946	-	-	2,986	1,946
- State Government Other		-	-	-	-	-	-
- Commonwealth Government		1,376	1,105	-	-	1,376	1,105
Indirect Contributions by Human Services		5,771	4,216	-	-	5,771	4,216
Recoupment from Private Practice for use of Hospital Facilities		2,801	5,320	-	-	2,801	5,320
Patient & Resident Fees	5	34,134	29,313	-	-	34,134	29,313
Other		18,032	18,838	-	-	18,032	18,838
		<u>286,962</u>	<u>266,381</u>	<u>-</u>	<u>-</u>	<u>286,962</u>	<u>266,381</u>
<i>Capital Purpose Income</i>							
State Government Capital Grants							
- Targeted Capital Works & Equipment		6,719	2,563	-	-	6,719	2,563
- Other		128	844	-	-	128	844
Commonwealth Government Capital Grants		2,081	2,664	-	-	2,081	2,664
Resident Contributions		-	-	658	604	658	604
Donations & Bequests		-	-	4,123	3,004	4,123	3,004
Other		-	-	168	388	168	388
		<u>8,928</u>	<u>6,071</u>	<u>4,949</u>	<u>3,996</u>	<u>13,877</u>	<u>10,067</u>
<b>Sub-Total Revenue from Operating Activities</b>		<u>295,890</u>	<u>272,452</u>	<u>4,949</u>	<u>3,996</u>	<u>300,839</u>	<u>276,448</u>
<b>Revenue from Non-Operating Activities</b>							
Interest		-	-	2,233	1,735	2,233	1,735
Property Income	3	-	-	904	620	904	620
Private Practice Fees Donated	3	-	-	1,213	1,131	1,213	1,131
Proceeds from Sale of Non-Current Assets	6	-	-	778	429	778	429
Other	3	-	-	6,921	7,114	6,921	7,114
<b>Sub-Total Revenue from Non-Operating Activities</b>		<u>-</u>	<u>-</u>	<u>12,049</u>	<u>11,029</u>	<u>12,049</u>	<u>11,029</u>
<b>Total Revenue from Ordinary Activities</b>		<u>295,890</u>	<u>272,452</u>	<u>16,998</u>	<u>15,025</u>	<u>312,888</u>	<u>287,477</u>
Share of net profits (losses) of joint venture	23	69	191	-	-	69	191



BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 3 ANALYSIS OF REVENUE BY SOURCE

	Note	Acute Care	Mental Health	RAC	RAC Mental Health	Aged Care	Primary Health	Other	Total	Total
		2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2003/04 \$000
<b>Revenue from Services Supported by Health Services Agreement</b>										
Government Grants										
- Department of Human Services		161,735	18,963	25,404	3,132	1,188	2,589	8,851	221,862	205,643
- Dental Health Services Victoria		-	-	-	-	-	-	2,986	2,986	1,946
- Commonwealth Government		-	-	-	-	-	-	1,376	1,376	1,105
Indirect Contributions by Human Services										
- Insurance		3,516	-	-	-	-	-	-	3,516	3,417
- Long Service Leave		2,255	-	-	-	-	-	-	2,255	799
Recoupment from Private Practice for use of Hospital Facilities		2,801	-	-	-	-	-	-	2,801	5,320
Patient & Resident Fees	5	15,506	-	16,663	1,522	94	132	217	34,134	29,313
Interest & Dividends		47	-	-	-	-	-	-	47	5
Other revenue		16,957	337	46	-	9	81	555	17,985	18,833
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>		<b>202,817</b>	<b>19,300</b>	<b>42,113</b>	<b>4,654</b>	<b>1,291</b>	<b>2,802</b>	<b>13,985</b>	<b>286,962</b>	<b>266,381</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>										
<b>Business Units</b>										
Pharmacy Services		-	-	-	-	-	-	119	119	96
Linencare		-	-	-	-	-	-	4,944	4,944	4,587
Salary Package Admin Charges		-	-	-	-	-	-	751	751	661
Bone Densitometry		-	-	-	-	-	-	300	300	243
Car Park		-	-	-	-	-	-	187	187	233
Laboratory Research Medicine		-	-	-	-	-	-	355	355	491
Hydrotherapy		-	-	-	-	-	-	99	99	83
Other		-	-	-	-	-	-	353	353	720
<b>Other Activities</b>										
Interest		-	-	-	-	-	-	2,233	2,233	1,735
Property Income		-	-	-	-	-	-	717	717	620
Private Practice Fees Donated		-	-	-	-	-	-	1,213	1,213	1,131
Donations & Bequests		2,389	-	515	-	-	-	1,219	4,123	3,004
Residential Accommodation Payments		-	-	658	-	-	-	-	658	604
Capital Purpose Income		4,044	-	5,052	-	-	-	-	9,096	6,459
Proceeds from Sale of Non-Current Assets		-	-	-	-	-	-	778	778	429
<b>Sub-Total Revenue from Services Supported by Hospital &amp; Community Initiatives</b>		<b>6,433</b>	<b>-</b>	<b>6,225</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,268</b>	<b>25,926</b>	<b>21,096</b>
<b>TOTAL REVENUE FROM ALL SOURCES</b>		<b>209,250</b>	<b>19,300</b>	<b>48,338</b>	<b>4,654</b>	<b>1,291</b>	<b>2,802</b>	<b>27,253</b>	<b>312,888</b>	<b>287,477</b>
Share of net profits (losses) of joint venture using the equity method	1.19	69							69	191

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 4 ANALYSIS OF EXPENSES BY SOURCE

	Acute Care	Mental Health	RAC	RAC Mental Health	Aged Care	Primary Health	Other	Total	Total
	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2003/04 \$000
<b>Services Supported by Health Service Agreement</b>									
Employee Benefits									
- Salaries & Wages	136,859	12,775	13,678	3,048	7,416	9,577	3,432	186,785	171,131
- Workcover	1,303	117	130	29	67	89	34	1,769	1,157
- Departure Packages	103	-	-	-	3	-	-	106	24
- Long Service Leave	3,406	395	494	99	247	197	99	4,937	3,821
- Superannuation	12,291	1,125	1,367	275	785	886	286	17,015	16,236
Non Salary Labour Costs									
- Agency Costs - Nursing	260	59	137	6	4	-	-	466	332
- Agency Costs - Other	464	116	-	47	12	-	452	1,091	763
Supplies & Consumables									
- Drug Supplies	21,260	279	59	3	1	3	437	22,042	20,797
- Medical & Surgical Supplies & Prosthesis	19,285	76	317	23	5	39	6,408	26,153	22,132
- Pathology Supplies	5,102	16	1	-	-	-	26	5,145	5,115
- Food Supplies	3,187	41	97	15	87	30	3	3,460	3,423
Other Expenses									
- Domestic Services & Supplies	956	33	120	37	131	7	16	1,300	1,763
- Fuel, Light, Power & Water	2,273	26	554	7	52	3	11	2,926	2,321
- Insurance costs funded by DHS	3,516	-	-	-	-	-	-	3,516	3,450
- Motor Vehicle Expenses	112	166	-	29	31	23	115	476	434
- Operating Lease Payments	52	29	-	-	-	10	10	101	227
- Maintenance Contracts	2,728	7	21	1	1	1	9	2,768	1,848
- Bad & Doubtful Debts	156	-	-	-	-	-	-	156	146
- Other Administrative Expenses	419	256	43	21	20	19	384	1,162	8,336
- Repairs & Maintenance	3,706	570	62	81	25	13	414	4,871	2,879
- Patient Transport	495	52	3	2	29	-	33	614	585
- Other	1,190	34	51	1	1	2	64	1,343	2,126
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>219,123</b>	<b>16,172</b>	<b>17,134</b>	<b>3,724</b>	<b>8,917</b>	<b>10,899</b>	<b>12,233</b>	<b>288,202</b>	<b>269,046</b>

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 4 ANALYSIS OF EXPENSES BY SOURCE CONT...

	Acute Care	Mental Health	RAC	RAC Mental Health	Aged Care	Primary Health	Other	Total	Total
	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2003/04 \$000
<b>Services Supported by Hospital and Community Initiatives</b>									
Employee Benefits									
- Salaries & Wages	-	-	-	-	-	-	5,586	5,586	4,620
- Workcover	-	-	-	-	-	-	135	135	231
- Departure Packages	-	-	-	-	-	-	56	56	-
- Long Service Leave	-	-	-	-	-	-	151	151	86
- Superannuation	-	-	-	-	-	-	510	510	436
Non Salary Labour Costs									
- Agency Costs - Nursing									
- Agency Costs - Other	-	-	-	-	-	-	117	117	37
Supplies & Consumables									
- Drug Supplies	-	-	-	-	-	-	26	26	3
- Medical, Surgical Supplies & Prosthesis	-	-	-	-	-	-	95	95	83
- Pathology Supplies	-	-	-	-	-	-	15	15	4
- Food Supplies	-	-	-	-	-	-	13	13	20
Other Expenses									
- Domestic Services & Supplies	-	-	-	-	-	-	599	599	445
- Fuel, Light, Power & Water	-	-	-	-	-	-	243	243	231
- Insurance costs funded by DHS									
- Motor Vehicle Expenses	-	-	-	-	-	-	169	169	116
- Operating Lease Payments	-	-	-	-	-	-	108	108	118
- Maintenance Contracts	-	-	-	-	-	-	15	15	15
- Administrative Expenses	-	-	-	-	-	-	1,162	1,162	1,306
- Repairs & Maintenance	-	-	-	-	-	-	675	675	465
- Patient Transport	-	-	-	-	-	-	1	1	-
- Bad & Doubtful Debts	-	-	-	-	-	-	4	4	3
Other	-	-	-	-	-	-	162	162	465
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	-	-	-	-	-	-	9,842	9,842	8,684

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 4 ANALYSIS OF EXPENSES BY SOURCE CONT...

	Acute Care	Mental Health	RAC	RAC Mental Health	Aged Care	Primary Health	Other	Total	Total
	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2004/05 \$000	2003/04 \$000
Depreciation and Amortisation	7,786	190	2,208	81	26	2	610	10,903	6,926
Audit Fees									
- Auditor General	114	-	-	-	-	-	0	114	111
- Other	40	-	-	-	-	-	17	57	50
Borrowing Costs	124	-	-	-	-	-	7	131	80
Written Down Value of Non-Current Assets Sold	1,275	-	-	-	-	-	-	1,275	599
	9,339	190	2,208	81	26	2	634	12,480	7,766
<b>Total Expenses from Ordinary Activities</b>	<b>228,462</b>	<b>16,362</b>	<b>19,342</b>	<b>3,805</b>	<b>8,943</b>	<b>10,901</b>	<b>22,709</b>	<b>310,524</b>	<b>285,496</b>

The depreciation expenses shown in the "Other" column relates to the depreciation allocated to Services Supported by Hospital and Community Initiatives. The balance is allocated between the relevant areas of Services Supported by the Health Services Agreement.

NOTE 5 PATIENT FEES AND RESIDENT FEES

	Note	Patients Fees Raised 2005 \$000	2004 \$000
<b>Recurrent:</b>			
Acute			
- Inpatients		8,354	6,087
- Outpatient		-	-
- Other		7,127	4,523
Residential Aged Care (excluding residential accommodation payments)			
- Geriatric		4,138	4,059
- Psychogeriatric Other		337	276
Mental Health			
- Other		462	1,238
<b>Total Recurrent Patient Fees Raised</b>		<b>20,418</b>	<b>16,183</b>
Capital Purpose:			
Residential Accommodation Payments		13,716	13,130
<b>Total Capital</b>		<b>13,716</b>	<b>13,130</b>
<b>Total Patient and Resident Fees</b>		<b>34,134</b>	<b>29,313</b>

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 6 SALE OF NON-CURRENT ASSETS

	2005 \$000	2004 \$000
Proceeds from Disposal of Non-Current Assets		
- Buildings	-	-
- Equipment	1	7
- Motor Vehicles	777	422
<b>Total Proceeds from Disposal of Non-Current Assets</b>	<b>778</b>	<b>429</b>
Less: Written Down Value of Non-Current Assets Sold		
- Buildings	67	-
- Equipment	2	37
- Motor Vehicles	1,206	562
<b>Total Written Down Value of Non-Current Assets Sold</b>	<b>1,275</b>	<b>599</b>
<b>Net Gains / (Losses) on disposal of Non-Current Assets</b>	<b>(497)</b>	<b>(170)</b>
Proceeds from auction of property donated for Gala Board Fundraising	-	360
Total Written Down Value of property donated for Gala Board Fundraising	-	(173)
<b>Net gain from auction of property donated for Gala Board Fundraising transferred to donations</b>	<b>-</b>	<b>187</b>

NOTE 7 ANALYSIS OF EXPENSES BY BUSINESS UNIT SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

	2005 \$000	2004 \$000
Pharmacy Services	80	107
Linencare	6,345	5,581
Salary Packaging	385	398
Property Income & Car Parking	84	97
Bone Densitometry	186	256
Hydrotherapy	189	151
Barwon Health Foundation	465	351
Laboratory Research Medicine	440	419
Staff Health Clinic	535	488
Other	1,767	1,355
	<b>10,476</b>	<b>9,203</b>

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 8 BORROWING COSTS

	2005 \$000	2004 \$000
Finance Charges on Finance Leases	34	15
Interest on Long Term Borrowings	97	65
<b>TOTAL</b>	<u>131</u>	<u>80</u>

NOTE 9 RECEIVABLES

	Note	2005 \$000	2004 \$000
<b>CURRENT</b>			
Patient Fees		5,611	4,114
Accrued Revenue – DHS		-	2,244
Accrue Investment Income		223	226
Sundry Debtors		3,424	4,332
Accrued Revenue		2,474	225
Refundable Entrance Fees		2,981	2,863
<b>LESS Provision for Doubtful Debts</b>			
Patient Fees		(398)	(238)
		<u>14,315</u>	<u>13,766</u>
<b>NON-CURRENT</b>			
DHS – Long Service Leave		<u>10,359</u>	<u>8,020</u>
<b>NET DEBTORS AND ACCRUED REVENUE</b>		<u>24,674</u>	<u>21,786</u>
<b>BAD AND DOUBTFUL DEBTS</b>			
Inpatient		5	55
Pharmacy		-	10
Diagnostic		65	43
Sundry Debtors		63	20
Other		27	21
		<u>160</u>	<u>149</u>

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 10 OTHER FINANCIAL ASSETS

	Operating	Special Purpose Fund	Capital Fund	2005	2004
	\$000	\$000	\$000	\$000	\$000
Current					
- Shares	-	1,720	-	1,720	154
- Short Term Investments	625	28,750	76	29,451	22,795
	625	30,470	76	31,171	22,949
Non-Current					
- Long Term Investments	-	5	-	5	5
	625	30,475	76	31,176	22,954

	2005	2004
	\$000	\$000

**INVESTMENT COMPOSITION**

Bank Term Deposits	29,451	22,795
Debentures	5	5
Shares in Listed Companies	1,720	154
	31,176	22,954

Shares in 39 listed companies comprise 126,481 ordinary shares valued at officers valuation based on market value as at 30 June 2005. The Geelong Hospital Medical Staff Group also hold 50 debentures in Timbercorp Limited.

NOTE 11 PREPAYMENTS

	2005	2004
	\$000	\$000
<b>Current</b>		
Microsoft Server Licence	275	-
<b>Total Prepayments</b>	275	-

NOTE 12 INVENTORY

	2005	2004
	\$000	\$000
Pharmaceuticals	1,127	838
Bulk Store	403	392
Medical & Surgical Lines	915	962
Other Stock	-	14
	2,445	2,206

Inventory is valued at the lower of cost and net realisable value. The valuation method used is the average purchase price of items.

NOTE 13 PROPERTY, PLANT AND EQUIPMENT

	At Cost/ Valuation \$000	Accumulated Depreciation \$000	Net Assets 2005 \$000	Net Assets 2004 \$000
<b>Based on Historical Cost</b>				
Plant & Equipment				
- Plant	8,022	4,271	3,751	1,424
- Transport	5,879	243	5,636	5,515
- Medical	39,912	27,510	12,402	14,644
- Other	14,720	9,440	5,280	5,233
	68,533	41,464	27,069	26,816
Furniture & Fittings	423	307	116	120
Linen	3,627	2,000	1,627	1,600
	72,583	43,771	28,812	28,536
<b>Based on Fair Value</b>				
Land at revaluation on 30 June 2003	17,176	-	17,176	17,600
Land at revaluation on 30 June 2004	8,360	-	8,360	8,360
Land at revaluation on 30 June 2005	500	-	500	-
Buildings at valuation on 30 June 2004	97,890	13,576	84,314	86,474
Buildings at valuation on 30 June 2005	400	13	387	-
Buildings – construction in progress	59,467	7,622	51,845	42,810
	183,793	21,211	162,582	155,244
<b>Leased Assets</b>				
Plant & Equipment	1,009	289	720	94
<b>Total Non-Current Assets</b>	257,385	65,271	192,114	183,874



BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 13 PROPERTY, PLANT AND EQUIPMENT CONT...

Reconciliations of the carrying amounts of each class of land, buildings, plant & equipment, furniture & equipment, motor vehicles, linen and leased equipment at the beginning and end of the current year are set out below:

	Land	Buildings	Plant	Medical	transport	Other	Furniture & Fittings	Linen	Leased Assets	Total
	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Carrying amount at start of year	25,960	129,284	1,424	14,644	5,515	5,233	120	1,600	94	183,874
Additions	6	11,836	2,669	2,266	1,356	1,114	15	288	734	20,284
Revaluations/Increments	70	164	-	-	-	-	-	-	-	234
Write Down of Stock	-	-	-	-	-	-	-	(100)	-	(100)
Disposals	-	(67)	-	-	(1,206)	(2)	-	-	-	(1,275)
Depreciation Expense	-	(4,671)	(342)	(4,508)	(29)	(1,067)	(19)	(161)	(106)	(10,903)
Carrying amount at end of year	26,036	136,546	3,751	12,402	5,636	5,278	116	1,627	722	192,114

The Aged Care Buildings (the McKellar Centre) are presently undergoing redevelopment and therefore will not be reassessed until the end of Stage 2, which is expected to be completed by 30 June 2007. The remaining Barwon Health Land and Buildings have been revalued to independent valuations obtained in June 2003, June 2004 and June 2005. The fair value of the Land and Buildings have been determined by the independent valuation undertaken by Shane Irwin [Certified Practising Valuer] of the Landlink Property Group.

Barwon Health will formally revalue the assets every 3 years as management deems this to be sufficiently regular to ensure that the carrying value does not differ materially from fair value.

Included in depreciation expenses for Buildings is an amount of \$1.76 million relating to the write off of accelerated depreciation for the McKellar Centre demolished to make way for improvements.

NOTE 14 PAYABLES

	2005	2004
	\$000	\$000
Trade Creditors	5,877	6,625
Salaries & Wages	3,436	3,416
GST Payable	2,053	1,717
Accrued Expenses	3,754	3,609
Government Creditor – DHS	449	-
Other	1,257	1,421
Patient Monies held in Trust	687	590
Research Funds held in Trust	1,513	1,555
Refundable Entrance Fees	2,981	2,863
	22,007	21,796

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 15 INTEREST BEARING LIABILITIES

		2005 \$000	2004 \$000
<b>Current</b>			
Australian Dollar Borrowings		240	144
Lease Liabilities	20	127	51
		367	195
<b>Non-Current</b>			
Australian Dollar Borrowings		929	780
Lease Liabilities	20	585	27
		1514	807
<b>Total Interest Bearing Liabilities</b>		1,881	1,002

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 one secured Finance Lease for the purchase of Laundry Equipment. The facility is for 5 years with an interest rate of 6.975%.

Barwon Health has 25 unsecured Finance Leases for Motor Vehicles. The facilities vary from 12 to 36 months, with interest rates between 6 and 6.5%.

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

The amount of \$97,594 (\$72,255, 2003/04) was recognised as borrowing costs.

NOTE 16 EMPLOYEE BENEFITS

		2005 \$000	2004 \$000
<b>Current</b>			
- Annual Leave		18,397	17,184
- Accrued Salaries & Wages		3,864	2,920
- Accrued Days Off		514	418
- Long Service Leave		2,856	7,438
		25,631	27,960
<b>Non- Current</b>			
- Long Service Leave		24,033	16,623
		24,033	16,623
Total Provisions		49,664	44,583
<b>Movement in Long Service Leave:</b>			
- Balance 1 July 2004		24,061	23,158
- Provision made during the year		5,684	3,830
- Settlement made during the year		(2,856)	(2,927)
<b>Balance 30 June 2005</b>		26,889	24,061

Provision for Annual Leave is calculated as the amount which has been accrued by employees over the year using remuneration rates which are expected to apply when the obligation is settled.

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

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 17 EQUITY AND RESERVES

	Total Accumulated Surpluses/ (Deficits)		Contributed Capital	Building Reval Reserve	Land Reval Reserve	Linencare Business Unit Reserve	Restricted Special Purpose Reserve	Other Specific Purpose Reserve
	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000	2005 \$000
Balance at Beginning of Reporting Period	175,050	(5,314)	119,373	6,852	13,479	4,397	20,142	16,121
Operating Surplus/(Deficit) for the Year	2,433	2,433	-	-	-	-	-	-
Contributed Capital								
– received from Victorian Government	9,091	-	9,091	-	-	-	-	-
Transfer To Reserves	0	(9,614)	-	-	-	1,331	1,009	7,274
Increase in Asset Revaluation Reserve	234	-	-	164	70	-	-	-
<b>BALANCE AT END OF REPORTING PERIOD</b>	<b>186,808</b>	<b>(12,495)</b>	<b>128,464</b>	<b>7,016</b>	<b>13,549</b>	<b>5,728</b>	<b>21,151</b>	<b>23,395</b>

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

	Total Accumulated Surpluses/ (Deficits)		Contributed Capital	Building Reval Reserve	Land Reval Reserve	Linencare Business Unit Reserve	Restricted Special Purpose Reserve	Other Specific Purpose Reserve
	2004 \$000	2004 \$000	2004 \$000	2004 \$000	2004 \$000	2004 \$000	2004 \$000	2004 \$000
Balance at Beginning of Reporting Period	156,457	(20,998)	109,007	6,852	7,424	6,365	18,856	28,951
Operating Surplus/(Deficit) for the Year	2,172	2,172	-	-	-	-	-	-
Contributed Capital								
– received from Victorian Government	10,366	-	10,366	-	-	-	-	-
Transfer From Reserves	0	19,041	-	-	-	(3,000)	-	(16,041)
Transfer To Reserves	0	(5,529)	-	-	-	1,032	1,286	3,211
Increase in Asset Revaluation Reserve	6,055	-	-	-	6,055	-	-	-
<b>BALANCE AT END OF REPORTING PERIOD</b>	<b>175,050</b>	<b>(5,314)</b>	<b>119,373</b>	<b>6,852</b>	<b>13,479</b>	<b>4,397</b>	<b>20,142</b>	<b>16,121</b>

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 18 NOTES TO THE STATEMENT OF CASH FLOW

	2005 \$000	2004 \$000
<b>Note 18 (a)</b>		
Cash at Bank and on Hand	976	700
Cash At Call	8,700	10,911
	9,676	11,611
	<b>2005 \$000</b>	<b>2004 \$000</b>
<b>Note 18 (b)</b>		
<b>Net Result for the Year</b>	2,433	2,172
Depreciation	10,903	6,926
(Profit) Loss on Sale of Assets	497	170
Increase (Decrease) Trade Creditors	(749)	1,433
Increase (Decrease) in Other Payables	960	(3,066)
Increase (Decrease) in Employee Benefits	5,082	1,841
Decrease (Increase) in Patient Fees Receivable	(1,337)	469
Decrease (Increase) in Other Receivables	514	437
Decrease (Increase) in Other Assets	(2,340)	(799)
Decrease (Increase) in Stores	(239)	(672)
<b>Net Cash From / (Used in) Operating Activities</b>	15,724	8,911

NOTE 19 FINANCIAL INSTRUMENTS

**(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 statements. Exposure arises predominantly from assets and liabilities bearing variable interest rates.

*Interest rate exposure*

	Floating interest rate (a) \$000	Fixed interest rate maturing in			Non- interest bearing \$000	Total 2005 \$000	Total 2004 \$000
		1 year or less \$000	1 to 5 years \$000	Over 5 years \$000			
<b>Financial Assets</b>							
Cash	9,676	-	-	-	-	9,676	11,611
Patient Fees Receivable	-	-	-	-	5,611	5,611	3,876
Other Receivables	-	-	-	-	8,980	8,980	9,890
Investments	-	29,456	-	-	1,720	31,176	22,954
Other Non-Current Receivables	-	-	-	-	10,359	10,359	8,020
<b>Total Financial Assets</b>	9,676	29,456	-	-	26,670	65,802	56,351
<b>Financial Liabilities</b>							
Trade Creditors & Accruals-	-	-	-	-	22,007	22,007	21,796
Lease Liability	-	127	585	-	-	712	78
Borrowings	-	240	929	-	-	1,169	924
<b>Total Financial Liabilities</b>	-	367	1,514	-	22,007	23,888	22,798
<b>Net Financial Asset/Liabilities</b>	9,676	29,089	(1,514)	-	4,663	41,914	33,553

NOTE 19 FINANCIAL INSTRUMENTS...CONT

Weighted Average Interest Rate – Financial Assets 5.98%  
 Weighted Average Interest Rate – Financial Liabilities 7.03% 6.23%

**(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 Statement of Financial Position, as the carrying amount, net of any provisions for doubtful debts.

**(c) Net Fair Value of Financial Assets and Liabilities**

The carrying amount of financial assets and liabilities contained within these financial statements is representative of the net fair value of each financial asset or liability.

	<b>Book Value 2005 \$000</b>	<b>Net Market Value 2005 \$000</b>	<b>Book Value 2004 \$000</b>	<b>Net Market Value 2004 \$000</b>
<b>Net Fair Value</b>				
<b>Financial Assets</b>				
Cash	9,676	9,676	11,611	11,611
Patient Fees Receivable	5,611	5,611	3,876	3,876
Other Receivables	8,980	8,980	9,890	9,890
Investments	31,176	31,176	22,954	22,954
Other Non-Current Receivables	10,359	10,359	8,020	8,020
<b>Total Financial Assets</b>	<b>65,802</b>	<b>65,802</b>	<b>56,351</b>	<b>56,351</b>
<b>Financial Liabilities</b>				
Trade Creditors & Accruals	22,007	22,007	21,796	21,796
Lease Liability	712	712	78	78
Borrowings	1,169	1,169	924	924
<b>Total Financial Liabilities</b>	<b>23,888</b>	<b>23,888</b>	<b>22,798</b>	<b>22,798</b>

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

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 20 COMMITMENTS

	2005 \$000	2004 \$000
<b>(a) Capital Commitments not under Contract</b>		
Building Projects	3	1,501
Equipment Upgrades	70	124
	73	1,625
<b>(b) Capital Commitments under Contract</b>		
Building Projects	7,953	138
Equipment Upgrades	4,146	745
	12,099	883

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

**(c) Operating Leases**

Motor Vehicles		
- Not later than one year	71	61
- Later than one year and not later than 5 years	36	3
	107	64

There are 7 Motor Vehicles on non-cancellable operating leases.

**(d) Finance Leases**

Equipment and Motor Vehicles		
- Not later than one year	127	55
- Later than one year and not later than 5 years	585	27
	712	82

Laundry Equipment has been purchased utilising a non-cancellable finance lease. During the year 25 non-cancellable finance leases were entered into for the purchase of motor vehicles.

**(e) Commitments from SWARH Joint Venture**

Maintenance & Agreement Obligations		
- Not later than one year	254	221
- Later than one year and not later than 5 years	402	840
	656	1,061

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

NOTE 21 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 22 SUPERANNUATION

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

**22.1 Barwon Health Employees**

**22.1.1** Employees have the option of having contributions paid to either Health Super or Hesta. Contributions are made to the Health Super Fund Defined Benefits Scheme and also the Accumulated Benefits Scheme, established under the *Hospital Superannuation Act 1988*, with Health Super Pty Ltd acting as Trustee of Health Super Fund. The Accumulated Benefits Scheme is fully funded. If an employee has elected Hesta, contributions are made to the Hesta Super Fund with H.E.S.T. Australia Ltd acting as trustee. Hesta operates as an accumulated benefits fund and is fully funded.

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

	2004/05	2003/04
<b>Health Super</b>	\$17,296,606	\$14,624,492
<b>Hesta</b>	\$2,160,380	\$1,734,646

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

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

**22.1.4** There were no outstanding contributions as at 30 June 2005 (\$9,476.03 @ 30 June 2004).

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

**22.1.6** The fund has advised that the basis of calculating contributions is in accordance with Section 29(2)(a) of the *Hospitals Superannuation Act 1988*. Participating employer contributions are calculated as a percentage of the employee's salary. Separate contributions are determined for Health Super Fund and optional Contributory Benefits in accordance with Section 29(3). The rates for 2004/05 for all Class A participating employers were: -

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

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

**22.2 Section 97 State Public Service Employees**

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

BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

NOTE 22 SUPERANNUATION CONT...

**22.2.2** Barwon Health contributions to the funds for the financial year ending 30 June 2004 were: -  
Government Superannuation Office \$420,333 (\$316,952 @ 30 June 2004)

**22.2.3** There were no outstanding contributions as at 30 June 2005.

**22.2.4** The Fund has advised that the basis of calculating contributions is in accordance with the State Superannuation Act. The rates for 2004/2005 for participating employees were: -

Government Suerannuation Office (GSO)		New Scheme	
		Employee	Employer
Section 97 State Public Service Employees	9%	3%	0.0%
		5%	0.5%
		7%	1.0%
		Revised Scheme	
		Employee	Employer
		9%	6.5%
		9.5%	6.5%

NOTE 23 RESPONSIBLE PERSONS - RELATED PARTY DISCLOSURES

**23.1 Responsible Persons**

The Hon. Bronwyn Pike MLC Minister for Health.

**Directors**

*Current:* Mrs Claire Higgins Mr Peter Thomas Mr Michael Hirst Mr John Frame  
Mr David Kenwood Mr Damian Gorman Mrs Lou Brazier Mrs Maree Markus Prof James Angus

*Outgoing:* Mr Ted Mankelow

**Chief Executive**

Mrs Sue De Gilio

**23.2 Remuneration for Responsible Persons**

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

Directors	Salary Range \$	2005 No.	2004 No.
	0 - 9,999	3	1
	10,000 - 19,999	5	7
	20,000 - 29,999	1	1
<b>Total Number</b>		<b>9</b>	<b>9</b>

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

	2005 \$000	2004 \$000
	116	125

The remuneration of the Chief Executive is reported under 23.3.



NOTE 23 RESPONSIBLE PERSONS - RELATED PARTY DISCLOSURES...CONT

**23.3 Executive Officers' Remuneration**

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

Executive Officers	2005 No.	2004 No.
130,000 - 139,999	-	1
140,000 - 149,999	-	2
150,000 - 159,999	1	1
160,000 - 169,999	2	-
170,000 - 179,999	1	2
180,000 - 189,999	-	1
190,000 - 199,999	1	-
200,000 - 209,999	1	-
220,000 - 229,000	1	-
230,000 - 239,999 (a)	-	2
280,000 - 289,999	1	-
300,000 - 309,999 (a)	-	1
310,000 - 319,999	-	-
<b>Total Number</b>	<b>8</b>	<b>10</b>

Two of the Executive Officers (not included above) commenced in the second half of the year and did not reach the threshold for reporting.

(a) Payments within these bands for 2004 include payments to two officers for outstanding annual and long service upon resignation totalling \$322,757.

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

2005 \$000	2004 \$000
1,566	1,887

**23.4 Other Transactions with Related Parties**

Michael Hirst, Director, is an executive of Bendigo Bank and a Director of Treasury Corporation Victoria (TCV). In accordance with Barwon Health's Board approved investment policy, Bendigo Bank is one of a number of approved financial institutions with whom investment transactions are conducted. At 30 June 2005 \$1.0m (2004, \$2.5m) 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 2005 was \$20,216 (nil 2004).

Lou Brazier, Director, is a Councillor for the City of Greater Geelong (COGG). Barwon Health contracts with COGG for a range of services, including a contract for immunisation. Total payments made to COGG in the financial year were \$212,775 (2004, \$266,025).

James Angus, Director, is the Dean of the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Barwon Health has agreements with Melbourne University relating to the teaching of undergraduate medical students, research activities and professorial and senior lecturer staff. Total payments made to Melbourne University in the financial year were \$639,469 (2004, \$503,569).

## BARWON HEALTH FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

### NOTE 23 RESPONSIBLE PERSONS - RELATED PARTY DISCLOSURES...CONT

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John Frame, Director, is the Chairman of the Metropolitan Ambulance Service (MAS). Barwon Health's business unit (Linencare) provides linen and laundry services to MAS. Total payments made to MAS for ambulance services in the financial year were \$11,372 (2004, \$25,443).

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

- G Force Recruitment conducts employment programs for apprentices and trainees. Barwon Health has accepted placements of approximately 9 apprentices and trainees (2004, 9) employed by G Force Recruiting during the financial year and has paid \$206,155 (2004, \$277,637) for their services.
- Barwon Health transacts with Deakin University to provide nursing education services and to jointly support an Associate Professor of Nursing Chair. Total payments made to Deakin University in the financial year were \$26,444 (2004, \$112,040).

### NOTE 24 REMUNERATION OF AUDITORS

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Audit fees paid or payable to the Victorian Auditor-General's Office for audit of Barwon Health's Financial Report

	<b>2005</b>	<b>2004</b>
	<b>\$000</b>	<b>\$000</b>
Paid	-	-
Payable	114	111
<b>Total</b>	<b>114</b>	<b>111</b>

### NOTE 25 EVENTS OCCURRING AFTER REPORTING DATE

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

## NOTE 26 IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS

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

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

An A-IFRS compliant financial report will comprise a new statement of changes in equity in addition to the three existing financial statements, which will all be renamed. The Statement of Financial Performance will be renamed as the Operating Statement, the Statement of Financial Position will revert to its previous title as the Balance Sheet and the Statement of Cash Flows will be simplified as the Cash Flow Statement. However for the purpose of disclosing the impact of adopting A-IFRS in the 2004-2005 financial report, which is prepared under existing accounting standards, existing titles and terminologies will be retained.

With certain exceptions, entities that have adopted A-IFRS must record transactions that are reported in the financial report as though A-IFRS had always applied. This requirement also extends to any comparative information included within the financial report. Most accounting policy adjustments to apply A-IFRS retrospectively will be made against accumulated surplus/(deficit) at the 1 July 2004 opening balance sheet date for the comparative period.

Barwon Health has taken the following steps in managing the transition to A-IFRS and has achieved the following scheduled milestones:

- established an A-IFRS project team to review the new accounting standards to identify key issues and the likely impacts resulting from the adoption of A-IFRS and any relevant Financial Reporting Directions as issued by the Minister for Finance;
- participated in an education and training process to raise awareness of the changes in reporting requirements and the processes to be undertaken; and
- initiated reconfiguration and testing of user systems and processes to meet new requirements.

This Financial Report has been prepared in accordance with Australian accounting standards and other financial reporting requirements (Australian GAAP). A number of differences between Australian GAAP and A-IFRS have been identified as potentially having an impact on Barwon Health's financial position and financial performance following the adoption of A-IFRS. The following tables outline the estimated impacts on the financial position of Barwon Health as at 30 June 2005 and the likely impact on the current year result had the financial statements been prepared using A-IFRS.

The estimates disclosed below are Barwon Health's best estimates of the significant quantitative impact of the changes as at the date of preparing 30 June 2005 financial report. The actual effects of transition to A-IFRS may differ from the estimates disclosed due to:

- a) changes in facts and circumstances;
- b) ongoing work being undertaken by the A-IFRS project team;
- c) potential amendments to A-IFRS and Interpretations; and
- d) emerging accepted practice in the interpretation and application of A-IFRS and UIG Interpretations.

NOTE 26 IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS...CONT

**Table 1: Reconciliation of net result as presented under Australian GAAP and that under A-IFRS**

	<b>2005</b>
	<b>\$000</b>
<b>Net result as reported under Australian GAAP</b>	2,433
Total estimated A-IFRS impact on net results	228
<b>Net result under A-IFRS</b>	<u>2,661</u>

**Table 2: Reconciliation of total assets and total liabilities as presented under Australian GAAP and that under A-IFRS**

	<b>2005</b>
	<b>\$000</b>
<b>Total Assets under Australian GAAP</b>	260,361
<i>Estimated A-IFRS impacts on assets</i>	
Investment properties	228
Total estimated A-IFRS impact on assets	228
<b>Total assets under A-IFRS</b>	<u>260,589</u>
<b>Total liabilities under Australian GAAP</b>	73,553
<i>Estimated A-IFRS impact on liabilities</i>	
Total estimated A-IFRS impact on liabilities	0
Total liabilities under A-IFRS	<u>73,553</u>

**Table 3: Reconciliation of equity as presented under Australian GAAP and that under A-IFRS**

	<b>2005</b>
	<b>\$000</b>
<b>Total equity under Australian GAAP</b>	186,808
<i>Estimated A-IFRS impact on equity</i>	
Accumulated Surplus / (Deficit)	
Total estimated A-IFRS impact on equity	228
<b>Total equity under A-IFRS</b>	<u>187,036</u>

With limited exceptions Barwon Health will be required to recognise adjustments on first time adoption of A-IFRS directly in accumulated surplus/(deficit) at the date of transition to A-IFRS.

**1. Employee Benefits.**

Under existing Australian accounting standards, employee benefits such as wages and salaries, annual leave and sick leave are required to be measured at their nominal amount regardless of whether they are expected to be settled within 12 months of the reporting date. On adoption of A-IFRS, a distinction is made between short-term and long-term employee benefits and AASB 119 Employee Benefits requires liabilities for short-term employee benefits to be measured at nominal amounts and liabilities for long-term employee benefits to be measured at present value. AASB 119 defines short-term employee benefits as employee benefits that fall due wholly within 12 months after the end of the period in which the employees render the related service.

**2. Non-Current assets held for sale.**

AASB 5 Non-Current Assets Held for Sale and Discontinued Operations requires an entity to classify a non-current asset as held for sale if it's carrying amount will be recovered principally through it's sale rather than through continuing use. A non-current asset classified as held for sale is to be measured at the lower of it's carrying amount and fair value less costs to sell.

NOTE 26 IMPACTS OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS...CONT

The effect of this change in accounting policy will result in a reclassification of the Gala Board Land from "land" to "non-current assets held for sale". The reclassification is not expected to have a material impact on the financial statements.

**3. Investment properties.**

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

Accordingly this change in accounting policy is expected to result in an adjustment to the Statement of Financial Position of \$228,241 as at 30 June 2005, with an expected decrease in depreciation expense in the Statement of Financial Performance of \$228,241 for the year ended 30 June 2005.

**4. Intangible Assets.**

In accordance with AASB 138 Intangible Assets, costs incurred with the purchase and application of internal-use software can be recognised as an asset. The Peoplesoft FMIS will be reclassified as an Intangible Asset in the Statement of Financial Position. The reclassification is not expected to have a material impact on the financial statements.

**5. Impairment of assets.**

AASB 136 Impairment of Assets requires assets to be assessed for indicators of impairment each year. This standard applies to all assets, other than inventories, financial assets and assets arising from construction contracts, regardless of whether they are measured on a cost or fair value basis. If indicators of impairment exist, the carrying value of an asset will need to be tested to ensure that the carrying value does not exceed its recoverable amount, which is the higher of its value-in-use and fair value less costs to sell. For not-for-profit entities, value-in-use of an asset is generally its depreciated replacement cost.

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BARWON HEALTH  
CERTIFICATION FOR THE YEAR ENDED 30 JUNE 2005

We certify that the attached financial statements for Barwon Health have 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 statement of financial performance, statement of financial position, statement of cash flows and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2005 and financial position of Barwon Health as at 30 June 2005.

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



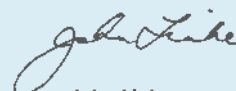
**Claire Higgins**  
Chairperson

2 September 2005



**Sue De Gilio**  
Chief Executive Officer

2 September 2005



**John Linke**  
Executive Director Financial Services

2 September 2005



AUDITOR GENERAL  
VICTORIA

**INDEPENDENT AUDIT REPORT**

**Barwon Health**

**To the Members of the Parliament of Victoria and Members of the Board of the Service**

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

This audit report for the financial year ended 30 June 2005 relates to the financial report of Barwon Health included on its web site. The Members of the Board of Barwon Health are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The audit report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

**Scope**

*The Financial Report*

The accompanying financial report for the year ended 30 June 2005 of Barwon Health consists of the statement of financial performance, statement of financial position, statement of cash flows, notes to and forming part of the financial report, and the supporting declaration.

*Members' Responsibility*

The Members of the Board of Barwon Health are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

*Audit Approach*

As required by the *Audit Act 1994*, an independent audit has been carried out in order to express an opinion on the financial report. The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement.

The audit procedures included:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.



AUDITOR GENERAL  
VICTORIA

**Independent Audit Report (continued)**

These procedures have been undertaken to form an opinion as to whether the financial report is presented in all material respects fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Service's financial position, and its financial performance and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

**Independence**

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers are to be exercised. The Auditor-General and his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

**Audit Opinion**

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of Barwon Health as at 30 June 2005 and its financial performance and cash flows for the year then ended.

MELBOURNE  
2 September 2005

  
JW CAMERON  
Auditor-General





# HOW TO FIND US

## **Barwon Health**

### **Geelong Hospital**

272-322 Ryrie Street, Geelong

Ph: (03) 5226 7111

## **Barwon Health**

### **McKellar Centre**

45-95 Ballarat Road, North Geelong

Ph: (03) 5279 2222

## **Barwon Health**

### **Anglesea Community Health Centre**

McMillan Street, Anglesea

Ph: (03) 5263 1952

## **Barwon Health**

### **Belmont Community Health Centre**

1-17 Reynolds Road, Belmont

Ph: (03) 5260 3778

## **Barwon Health**

### **Belmont Community Rehabilitation Centre**

120 Settlement Road, Belmont

Ph: (03) 5243 8333

## **Barwon Health**

### **Corio Community Health Centre**

Gellibrand Street, Corio

Ph: (03) 5273 2200

## **Barwon Health**

### **Newcomb Community Health Centre**

104-108 Bellarine Highway, Newcomb

Ph: (03) 5260 3333

## **Barwon Health**

### **Torquay Community Health Centre**

100 Surfcoast Highway, Torquay

Ph: (03) 5261 1100

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





