



Wimmera  
Health Care  
Group

# ANNUAL REPORT 2007/08

Incorporating... • Wimmera Base Hospital • Dimboola Hospital • Wimmera Nursing Home • Kurrajong Lodge Hostel

**Picture on front cover:**

Visiting Audiologist, Chelsea Scott, examining Jackson Clarke (Chelsea is employed by Tim Raynor Audiology, Warrnambool).

The contribution of staff, patients, residents and visitors in preparing this report is gratefully acknowledged.

**Compiled and edited by:**

Netta Hobbs, Executive Assistant to CEO and Director of Corporate Services and Sue Frankham, Community and Private Patient Liaison Officer

**Designed and produced by:**

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**IMPORTANT FACTS**

Wimmera Health Care Group:

- Is the major specialist referral centre for the Wimmera and Southern Mallee region of Victoria
- Has campuses based in Horsham and Dimboola, servicing an area of 61,000 square kilometres and a population of approximately 54,000 people
- Provides emergency and critical care services for adults and children
- Treats over 10,200 inpatients, 16,000 emergency patients and 123,000 outpatients annually
- Employs approximately 850 staff
- Has an annual budget in excess of \$56 million

# Contents

This report should be read in conjunction with the 2007/08 Quality of Care Report.

## **This report:**

- covers the period 1st July 2007 to 30th June 2008;
- is prepared for the Minister of Health, the Parliament of Victoria and the community;
- is a public document freely available on our website and from Wimmera Health Care Group on request;
- is prepared in accordance with government and legislative requirements;
- provides an accurate record of our activities and achievements against key performance measures; and
- acknowledges the support of our community.

The Annual Report has been prepared in accordance with the Financial Management Act 1994 (clauses 9.1.3 to 9.2.2 inclusive) and directions of the Minister for Finance. The Contents Table has been prepared to meet compliance with statutory disclosure and other requirements.

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The 2007/08 Annual Report was released to the public in November 2008.

The Wimmera Health Service was established in 1874 as the Horsham Hospital and was incorporated by the authority of the Hospitals and Charities Act (No. 5300) on 27th August 1877.

The name of the hospital was changed in 1950 to Wimmera Base Hospital and, following the formal amalgamation with Dimboola District Hospital on 1st November 1995, became officially known as Wimmera Health Care Group.



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# Strategic Plan 2003-2008



## OUR MISSION

We are committed to achieving the best health for all the Wimmera.

## OUR VISION

To be the best provider of rural health services in Australia.

## OUR VALUES

- We are responsive to the health needs of the community.
- We believe that our customers are entitled to quality health care that respects their dignity, beliefs and rights regardless of their cultural, spiritual or socio-economic background.
- We recognise our customers' total needs in order for them to achieve optimal health and wellbeing.
- We are committed to continuous quality improvement.
- We deliver quality health services that are value for money.
- We care for the wellbeing and encourage the ongoing development of our staff whom we recognise as our most valuable resource.

## SERVICES

### Goal

To provide the necessary resources that support the maintenance and appropriate expansion of the following core service areas:

1. Acute
2. Aged Care
3. Community Health

### Strategies to Achieve

- Identify and address service deficiencies that are appropriate for a sub-regional referral health service.
- Develop a plan for new services, including a cost benefit analysis.
- Continue to develop the Health Care Group's Health Promotion Plan.
- Continue involvement in the Primary Care Partnership strategy.

### Outcome Desired

- Provide consumers with a wide range of health services locally, and within the role and function of Wimmera Health Care Group.

### Timeframe

- Ongoing.

### Performance Outcome

- Annual review of self-sufficiency index to determine service gaps.
- Independent and internal analysis of services delivery models to provide optimal range and quality of services.
- Service development subject to cost-benefit analysis, measured on a case-by-case basis and subject to available expertise.
- Annual Health Promotion Plan completed and submitted.

## INFORMATION MANAGEMENT

### Goal

Improve information management across the Group to enhance internal and external communication and decision-making.

### Strategies to Achieve

- Review resource provision in the Information Technology department.
- Develop an Information Systems Plan, the aim of which would be responsive information systems appropriate to Wimmera Health Care Group.
- Develop a maintenance/replacement schedule for all computer applications.
- Provision of clinical support and e-prescribing solutions.

### Outcome Desired

- Provision of timely, accurate and accessible information and communication flow, administratively and clinically.
- Linkages between all information management systems to reduce duplication of data entry.
- To be a centre of excellence in the management of information.

### Timeframe

- Plan – one year.
- Implementation – two years.

### Performance Outcome

- Additional resource allocation in personnel, information technology and software applications.
- Information, Communication and Technology strategic plan completed and staged implementation plan undertaken.
- Three (3) year hardware replacement strategy developed and implemented.

## QUALITY AND CLINICAL GOVERNANCE

### Goal

Enhancement of a quality culture that focuses on patient/residential care and community services.

### Strategies to Achieve

- Commitment to ACHS and Aged Care accreditation process.
- Enhancement of consumer involvement in quality process.
- Enhancement of customer/consumer focus.

### Outcome Desired

- The pursuit of best practice against all accreditation outcomes.
- Provide users with a seamless, user friendly and efficient pathway through their local health services.
- An organisation that is responsive to the needs of the community.
- Effective Clinical Governance.

### Timeframe

- Ongoing.

### Performance Outcome

- Continuous and full compliance to ACHS and Aged Care accreditation requirements.
- Initiation of Community Advisory Committee.
- Development and maintenance of an active consumer feedback reporting system.
- Extension of Clinical Risk Management System to non-clinical risk.
- Enhancement to clinical appointment and privileging process.





## STAFF RECRUITMENT AND RETENTION

### Goal

Wimmera Health Care Group will actively recruit, retain and educate the necessary staff required for quality service delivery.

### Strategies to Achieve

- Develop a profile of risk exposure associated with recruitment and retention of health professional staff.
- Ongoing commitment to an organisation-wide staff development, education and training program.
- Provision of a pathway for future professional staff (bursaries, work experience, clinical placements, student rotations) through improved links with training institutions.
- Develop a career path for staff to achieve their full potential.

### Outcome Desired

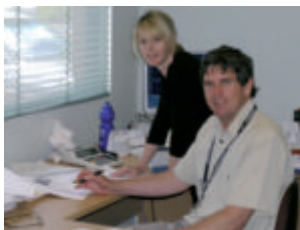
- A well trained and motivated work force that meets the requirements of the organisation.
- To be recognised as a desirable place in which to work.
- Improved staff recruitment and retention.

### Timeframe

- Development of profile – one year.
- Other strategies – ongoing.

### Performance Outcome

- Regular reporting and monitoring of important areas of under employment.
- Ongoing commitment to succession planning and career pathway development.
- Establishment of relationships with local, metropolitan and interstate facilities for higher learning.
- Appointment of Staff Development Officer and Occupational Health and Safety Manager.



## FINANCE AND CORPORATE GOVERNANCE

### Goal

To continue to be an organisation that has long-term financial viability and a flexible, adaptable approach to the changing economic circumstances experienced in the public health sector.

### Strategies to Achieve

Wimmera Health Care Group will be proactive in sourcing additional funding and continue to enhance and extend the business planning approach to include:

- Departmental business plans.
- Divisional business plans.
- Organisational business plan to enable the organisation to perform within agreed budget levels and to maximise independent business unit profits.
- Development of an organisation-wide risk management culture supported by internal audit processes.
- Promotion of the range of measures that have been implemented to attract private revenue.

### Outcome Desired

- Continued financial stability and viability within resources provided by Government and generated by Wimmera Health Care Group business units.
- Achievement of WIES and other performance targets as per the Health Service Agreement.
- Achieving agreed budgetary targets.
- Effective corporate governance.

### Timeframe

- Annual.

### Performance Outcome

- Effective application of annualised departmental and divisional and organisational business plans.
- Effective expansion of the risk management system including multi-disciplinary oversight of inputs and outcomes.
- Increase in private health insurance utilisation by around 23%.



## BUILDINGS AND EQUIPMENT

### Goal

Provide "state-of-the-art" buildings and equipment for patients, residents, staff and visitors across the Group.

### Strategies to Achieve

- Master plan the site to provide future accommodation for the following services:

- Residential care to meet 2008 Accreditation requirements
- Pharmacy
- Mortuary
- Pre-Admission Clinic
- Diabetes Education Clinic
- Resident Medical Officer/ student accommodation
- Specialist consulting rooms
- Hostel activities area
- Child care facilities
- Education Centre

- Maintain existing buildings including formal preventative maintenance program.

- Continue development of equipment replacement and acquisition plan.

- Completion of low cost accommodation for patients/ relatives (Rotary House).

### Outcome Desired

- Improved patient care and residential accommodation, as well as increased efficiencies and integrated services, according to the agreed role of Wimmera Health Care Group.
- Timely maintenance of existing assets.

### Timeframe

- Planning to be completed within one year.
- Ongoing.

### Performance Outcome

- Purchase of professional planning services for future projects.
- Successful funding applications for key renewal projects consistent with planning strategies.
- Implementation of environmental/ energy efficiency modifications.
- Development and implementation of a capital equipment replacement program.
- Compliance with external building code/essential services/ fire safety requirements through preventative maintenance system.
- Completion of Rotary House accommodation facility.



## MARKETING

### Goal

To differentiate Wimmera Health Care Group as the provider of value-added health services.

### Strategies to Achieve

- Development of a three-year Marketing Plan.
- Greater promotion of health services.
- Develop indicators of quality service delivery.
- Enhance consumer involvement in health service delivery.
- Provide mentoring and support to health services in the region.

### Outcome Desired

- Maintain and enhance the pivotal service position provided by Wimmera Health Care Group within the region.
- Broader community understanding of Wimmera Health Care Group's extensive role.

### Timeframe

- Completion of Plan: one year.
- Strategies: Ongoing.

### Performance Outcome

- Marketing Plan developed.
- Engagement with local media.
- Direct involvement with broad range of community groups and representative bodies.
- Development of "partnership" arrangement with like organisations in the sub-region.

# Organisational Structure



## CHIEF EXECUTIVE

**Mr Christopher Scott** B.H.Sc (Mgt), M.B.A.(C.S.U.), A.F.C.H.S.E., A.I.M.M., C.H.E.

### Community Liaison Officer

Public Relations, Marketing and Fundraising

### Human Resource Manager

Industrial Relations, Occupational Health & Safety, Pay Administration, Personnel, Security, Workcover, Administration and Rehabilitation

### Quality Manager

Coordinate Accreditation, Quality Improvement and Legislative Compliance

### Dunmunkle Health Service

General Manager



## DIRECTOR OF MEDICAL SERVICES

**Dr Alan Wolff** M.B., B.S., Dip. R.A.C.O.G., F.R.A.C.G.P., M.B.A., M.R.A.C.M.A., A.F.C.H.S.E. (on sabbatical leave 21/05/2007 - 14/01/2008)

## ACTING DIRECTOR OF MEDICAL SERVICES / DIRECTOR OF EMERGENCY DEPARTMENT

**Dr John Christie** D.M.S., D.T.M.&H., F.A.F.P.H.M., F.R.A.C.M.A., M.A.C.T.M. (16/05/2007 - 14/01/2008)

### Allied Health Services

Anaesthetics, Day Surgery, Dermatology, Emergency, Endoscopy Unit, E.N.T., Family Planning, Gastroenterology, General Surgery, Geriatrics, Obstetrics, Oncology, Ophthalmology, Orthopaedics, Paediatrics, Psychiatry, Rehabilitation, Special Clinics and Urology.

### Diagnostic Services

### Medical Ancillary Services

Audiology, Centre Against Sexual Assault, Dental, Dietetics, Family Services, Health Information Service, Library, Occupational Therapy, Pharmacy, Physiotherapy, Podiatry and Speech Pathology

### Critical Care Services

Intensive/Coronary Care, Operating Suite

### Emergency Department

### Resident Medical Officers

Ward and Emergency Department Services

### Extended Care Service

Geriatric Services and Rehabilitation

### Clinical Risk Management

Coordinates the Risk Management System



## DIRECTOR OF CLINICAL SERVICES

**Mr Don McRae** R.N., M.H. Mgt., R. M., Grad. Dip. Crit Care, C.C. Cert.

### Clinical Nursing Services

After Hours Coordinators, Oxley and Yandilla Wards, Intensive Care, Day Procedure Unit/Operating Suite and CSSD, Emergency Department, Infection Control, Pre-Admission Clinics, Satellite Haemodialysis Unit and Chemotherapy Unit

### Residential Services

Wimmera Nursing Home, Kurrajong Lodge and Dimboola Campus

### Community Services

District Nursing Service, Aged Care Assessment Service, Continence, Community Rehabilitation Service, Wimmera Hospice Care, Wimmera Community Options, Domiciliary Midwives, Lactation Consultant, Family Planning, Diabetes Education, Day Centre and Community Health Nurse

### Nursing Operations Manager

Planning, Clinical Coordination, Nursing Resource Management, Nursing Continuous Quality Improvement and Koori Hospital Liaison Officer

### Staff Development Unit

Staff training and development, Graduate Nurse Program and undergraduate student nurse clinical placements



## DIRECTOR OF CORPORATE SERVICES

**Mr Shaun Eldridge** B.Bus(Acc), M.B.A.,/C.P.A. (date appointed: 10/07/2007)

### Finance Department

Budgets, Financial Planning, General Accounts, Patient Accounts and Supply

### Engineering Department

Energy Control, Gardens and Grounds, Minor Building, Projects, Motor Vehicles, Plant and Building

### Environmental Services Department

### Food Services Department

### Wimmera Group Linen Service

### Information Technology Department

Computer Systems and Development

# Board of Management



## **PRESIDENT**

**Mr PD Wajszel (Pawel)**

B.Eng. (Hons.), M. Sc. (Met.)

Ex-officio of all Board of Management Sub-Committees

Sub Committees:

**Financial Performance, Audit and Corporate Risk Committee, Improving Performance Clinical Governance Committee, Medical Advisory Committee (Chair), Chief Executive Performance Review Committee (Chair), Community Advisory Committee.**

Profession/Occupation: **Foundry Manager**

Date Appointed: **01/11/1996**



## **SENIOR VICE PRESIDENT**

**Mrs LM Sharrock (Leigh-Anne)**

R.N, D.D.S.O.

Sub Committees:

**Finance, Audit and Corporate Risk Committee, Improving Performance/Clinical Governance Committee (Chair) Medical Advisory Committee, Chief Executive Performance Review Committee, Leader and Management Function Committee.**

Profession/Occupation: **Direct Care**

**Disability Officer**

Date Appointed: **1995 - 2002**

Reappointed: **01/11/2004**



## **JUNIOR VICE PRESIDENT**

**Mrs J E Saxton (Joanne)**

Dip. Phys. Ed., H.D.T.S.

Sub Committees:

**Chief Executive Performance Review Committee.**

Profession/Occupation: **Private Company Administrator**

Date Appointed: **01/11/1997**



## **TREASURER**

**Mr M A Williams (Mark)**

B.Bus. (Accounting & Data Processing), C.P.A., M.B.A.

Sub Committees:

**Financial Performance, Audit and Corporate Risk Committee (Chair), Chief Executive Performance Review Committee.**

Profession/Occupation: **General Manager Business Performance**

Date Appointed: **01/11/2001**



**Mr B J Johansen (Bruce)**

Sub Committees:

**Improving Performance/Clinical Governance Committee, Financial Performance, Audit and Corporate Risk Committee, Medical Advisory Committee, VHA Base Hospital Representative.**

Profession/Occupation: **Retired Company Director and Secretary**

Date Appointed: **26/11/1991**

Date Retired: **30/06/2008**



**Mr E J McCabe (Ted)**

Barrister and Solicitor of the Supreme Court of Victoria

Sub Committees:

**Improving Performance/Clinical Governance Committee, Financial Performance, Audit and Corporate Risk Committee.**

Profession/Occupation: **Lawyer**

Date Appointed: **1990 - 1997**

Reappointed: **01/11/2006**



**Mr P Sabien (Philip)**

B.Appl. Sc, Grad. Dip. Food Sc, M.B.A

Sub Committees:

**Improving Performance/Clinical Governance Committee.**

Profession/Occupation: **Executive Director**

Date Appointed: **01/11/2004**



**Mrs B K Thompson (Bonnie)**

M.A.(Teaching/Ed), B.A.(Linguistics), B.A.(English)

Sub Committees:

**Improving Performance/Clinical Governance Committee, Medical Advisory Committee, Nursing Advisory Committee (Chair) Clinical Research Committee.**

Profession/Occupation: **Businesswoman**

Date Appointed: **01/11/2006**



**Mrs R F Tursi (Rhonda)**

Dip. Bus. (Acc), Dip. Ed, C.P.A.

Sub Committees:

**Financial Performance, Audit and Corporate Risk Committee.**

Profession/Occupation: **Tax Accountant**

Date Appointed: **01/11/2003**

# Year in Review

**In accordance with the *Financial Management Act 1994*, I am pleased to present the *Report of Operations for Wimmera Health Care Group for the year ending 30 June 2008*.**

**It was a year in which we again demonstrated our commitment to the provision of high quality safe care to the community and sub-region. The Health Care Group has achieved these outcomes whilst enduring rising costs, a shrinking workforce and continued demand for services. Notwithstanding these pressures, the Board is pleased to report the maintenance of core medical services, achievement of key performance indicators and the attainment of a small financial surplus.**

In 2003, the Board of Management adopted a well considered and focused strategic plan to guide the future of the Health Care Group over the ensuing five years. That period is now drawing to a close and in reflection, the plan crystallised the organisation's service models and strong commitment to quality and safety. The plan also delivered on creating a fiscally responsible organisation to ensure it moved towards a sustainable and viable entity for the benefit of future generations.

It is clear that as the population shifts happen in the Wimmera, it is essential that Wimmera Health Care Group maintains a strong commitment to delivering a broad range of specialist medical services. It is vital to our future and that of the communities in the Wimmera, that the Health Care Group is a hub for the delivery of complex acute medical care.

## Service

The intent of the organisation is to maintain the highest level of core services possible in the three key areas of acute, aged and community care. Wimmera Health Care Group has continued to ensure that resources are directed to those areas and, in particular, the core acute medical services. This has been achieved through our commitment to active recruitment of specialist medical staff and where necessary, the engagement of locum coverage to achieve this outcome. This can be a substantial drain on our organisation in both time and money, however, success in this area is essential to our survival.

Again, we are pleased to report service expansion in chemotherapy, maternity and emergency care, and the development of new services for the coming year in Geriatric Emergency Management and day procedure. The addition of a third resident specialist surgeon, second dentist and establishment of the Director of Corporate Services and Primary Care Manager positions, have all proved beneficial in raising the level of access and quality of services. The organisation has been successful in recruiting a replacement obstetrician and gynaecologist who will arrive in early 2009.

Aged Care services are generally stable by nature, however, a number of value adding services have been recognised which the health care group is perusing in collaboration with the Department of Human Services. As reported last year, the deterioration of the nursing home buildings are having a negative impact on the take-up of residents. This is a significant issue, as it is the only public aged care facility in Horsham and placing it under increased financial pressure.

Community Health is experiencing strong demand and achieving significant outcomes in the delivery of allied, rehabilitation and health promotional activities. A number of the traditional community health services are maturing through the benefits of recruiting experienced and highly skilled individuals from within the local region.

## Information Management

The strategic plan laid down a path to the development of superior internal and external information, communication and decision-making systems. It is in this field of technology that change has been the greatest.

The Health Care Group has been a predominant player in the development, coordination and delivery of integrated systems and services. Our leadership role in the region through the establishment of the Grampians Rural Health Alliance and the potential transitioning to the HealthSmart policies has demonstrated a high level of engagement and commitment to the government's Future Directions strategy.

## Quality and Clinical Governance

The organisation's goal is to have a quality culture that is client focused. In achieving this outcome, all departments within Wimmera Health Care Group are actively



involved in continuous quality improvement. This is undertaken by reporting against set goals through the completion of annual quality plans that are developed on the various accreditation frameworks operating within the organisation.

Given recent external events, the focus on clinical governance has been heightened, invoking a greater level of scrutiny of clinical appointments. It is pleasing to report that the quality systems acknowledged as fundamental at Wimmera Health Care Group are now being adopted by other organisations in a similar fashion.

The Health Care Group continues to maintain its unbroken record of continuous accreditation with the Australian Council on Healthcare Standards and full compliance to the Aged Care Accreditation Standards.

## Staff Recruitment and Retention

As described earlier, human resources are an area of tremendous importance. A significant amount of energy and resources are committed right across the organisation to not only achieve employment but to ensure that we obtain the best skilled, educated and experienced people we can. It is possible to fill a number of vacancies with 'people', however, we must ensure that the people we recruit are the very best we can find to ensure the best level of care possible.

Our demands for key staffing have extended beyond our traditional groups and have expanded into allied health, clinical nurses and administrative support. All have seen significant turnover, and with an ageing workforce, replacement strategies are an important function within the organisation.

## Finance and Corporate Governance

Our strategic future, although primarily focused on having a secure workforce, is also highly conditional on financial viability. The Board has overseen a number of difficult decisions to deliver a small surplus. The government gave a clear direction and timetable to ensure fiscal responsibility was achieved. The Board adopted the challenge and is pleased to report its success - both on time and within budget.



The organisation has been committed to the process of ensuring it is fiscally accountable in view of increasing demand and rising costs. At times it is a difficult process that requires innovative thinking, calculated assessment and commitment to community needs.

Again, the organisation has worked with the Department of Human Service to ensure that resources are maximised and key pressure areas are recognised. A number of internal and external reviews have been conducted to improve internal efficiencies and gain a greater understanding of funding allocations. This work will continue to be undertaken in the coming year to achieve further productivity improvements and efficiency gains.

### **Buildings and Equipment**

The organisation continues to source and provide funds for the ongoing replacement of clinical and non-clinical equipment. The rapid expansion in medical technology, communications and infrastructure is met through the generosity of our fundraising groups, government grants and success of our business units. The Board strives to meet all priorities in a methodical and calculated allocation.

Building infrastructure is another area where the Board of Management has recognised that considerable investment is required. It is proposed to shortly undertake a master plan review to again have a clear strategy to take the organisation forward. The Board also wishes to acknowledge the generosity of the Handbury Family in assisting with our needs in growing the organisation.

### **Future Outlook**

This has been a year of internal structural growth that has witnessed a number of significant changes. These have materialised in the expansion of specific services, additional human expertise and a broadening of our understanding and control of our environment. It has been a rebuilding year to ensure we meet the needs of the government and the community.

Change is the only constant and the Board itself now moves into a new phase. I am extremely grateful for the chance to have led this fantastic organisation for three and a half years. It has been a period of incredible change and growth, an enjoyable challenge, one which I thank my fellow Board members for and congratulate them on achievements we have made together. Wimmera Health

Care Group has treated more patients than ever before, and has challenged a number of traditional service activities to meet consumer needs. It continues to be the Board's vision to provide the best level of care possible.



**Pawel Wajszel**  
**President**  
**Board of Management**



Surgical Staff - Claire Bywaters, Dr Grazyna Wajszel and Dr Simon Estifo in the operating suite.



Celebrating Mr Bruce Johansen's Retirement from the Board of Management are Mr John Krugger (former CEO), Mr Bruce Johansen, Mr Warrick Knight (former CEO) and Mr Chris Scott (current CEO).

# Year In Brief

## HIGHLIGHTS

- The Dementia Care in Hospitals project is launched at Wimmera Health Care Group
- The Wimmera Base Hospital coffee shop receives a Horsham East Rotary Club Pride of Workmanship Award for outstanding service to the community
- For the first time ever, Wimmera Health Care Group treats in excess of 10,000 inpatients
- Wimmera Health Care Group concludes the 2007/08 financial year with a \$291,000 operating surplus
- Services increase in chemotherapy, maternity and emergency care to cope with growing demands
- Geriatric Emergency Management (GEM) services are approved for development
- A Director of Corporate Services position is established within the Executive to oversee the finance, engineering, environmental, food, linen and information technology functions of Wimmera Health Care Group

## STAFF MILESTONES

### Long Service Awards

#### Ten Years

Nola Bellinger  
Jane Bolwell  
Kerri Chequer  
Beverley Cooper  
Christine Dumesny  
Colleen Dumesny  
Susan Ellis  
David Emslie  
Denise Ford  
Deidre Harrington  
Majella Hunter  
Catherine Jensen  
Melinda Lavithis  
Jennifer Lawes  
Gregor MacKenzie  
Paula McDonald  
Leanne McKenzie  
Carmel Michael  
Kerry Mitton  
Lynette Moar  
Glenda Moorhead  
Marita Ticchi  
Katie Walscott  
Kerrie Ward  
Connie Wong Shee  
Jillian Wright  
Jo-Anne Zippel

#### Twenty Years

Kay Allen  
Peter Burns  
Colleen Clough  
Helen Crome  
Tracey Daffy  
Shirley Glover  
Janine Harfield  
Wendy Kroker  
Leonie Lawson  
Jeffrey Lewis  
Maree Markby  
Margaret McDonald  
Dianne McIntyre  
Shirley Mewett  
Bruce Rentsch  
Anne Richards  
Jillian Roberts  
Heather Robinson  
Fiona Schneider  
Sharon Swaby  
Patricia Taylor  
Roxanne Tucker  
Krystyna Wesolek  
Judith Wood

#### Twenty Five Years

Stephen Bell  
Richard Dumesny  
Karen Goodgame  
Denise Guley  
Pamela Marshman  
Elizabeth Martin  
Denise Queale  
Anne Russell  
Elizabeth Starr

#### Thirty Years

Helen Batty  
Gillian Jarred  
Linda Plunkett  
Gillian Jarred  
David Rissman  
Wendy Sleep  
Cheryl Schirmer



Six of seven Dimboola staff members awarded Certificate III in Hospitality (operations).

## FINANCIAL

(\$'000's)

Total revenue	56,268
Total expenditure	56,907
Net result for the year	(639)
Total assets	38,107
Total liabilities	13,675
Equity	24,432

## FUNDRAISING

(\$'000's)

Donations and Gifts in Kind	131
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## STAFF (EFT)

Number of staff employed	841
Equivalent full time (EFT)	523

FRD 22B Workforce data disclosures - breakdown of statistics - refer to page 56

## PERFORMANCE INDICATORS (ACUTE)

Inpatients treated (separations)	10,349
Complexity adjusted inpatients (WIES)	6,330
Average stay (days)	2.26
Total occasions of non-admitted patient services	123,629



Twelve of 15 Horsham staff members awarded certificate III in Health Support Services.

## ACADEMIC LITERATURE

Wimmera Health Care Group is proud to announce staff who have contributed to academic literature by preparing the following publications:

**Hodge K., Janus E., Sundararajan V., Taylor S., Brand W., Ibrahim J.E. and Wolff A.,** Coordinated anticoagulation management in a rural setting.

Australia Family Physician 2008; 37: 280-283

**Coats S.,** Diabetic peripheral neuropathy: pharmacological interventions or acupuncture – an evidence-based perspective.

Wound Practice and Research 2008; 16(1): 42-47

# New Initiative... Dementia Care In Hospitals Project

An exciting new project to support patients with memory and thinking difficulties within acute services at Wimmera Health Care Group.

Access Economics figures commissioned by Alzheimer's Australia (2005) predict that the incidence of diagnosed dementia in Victoria will almost double over 20 years, growing from 44,300 in 2000 to 83,600 in 2020. This represents an estimated 1,000 people per week diagnosed with dementia in Australia, one in four of who live in Victoria.

Government data also supports the fact that 30% of patients over the age of 70 leave hospital with a reduced capacity to manage their daily living skills due to their hospitalisation.

Wimmera Health Care Group has acknowledged the need to address these issues and has supported the Aged Care CNC within acute to implement and manage the Dementia Care in Hospitals Project.

On 1st May 2008, Wimmera Health Care Group launched this project to its acute services to improve the hospital experience for people with memory and thinking difficulties and their carers. The key component of this project is the use of an identifier at the patient's bedside and in documentation to communicate a clear message to all disciplines, the need for greater attention to communication between, patients, carers and staff.

## **What is the Cognitive Impairment Identifier?**

The Cognitive Impairment Identifier is a bedside identifier first developed by Ballarat Health Services and now being used by a number of health services throughout Victoria including Wimmera Health Care Group to alert staff to patients with memory and thinking difficulties such as dementia, delirium and cognitive impairment.

## **Why a Cognitive Impairment Identifier?**

At any given time, over one third of hospital patients will have difficulties with their memory and thinking.

Hospitals are unfamiliar environments which can be confusing to many people, even more confusing for people with memory and thinking difficulties.

If hospital staff are aware that a patient has memory and thinking difficulties they can take extra time when speaking with that patient to ensure they are being understood.

## **Why this design?**

People living with dementia and their carers were asked through a series of interviews:

1. If they would accept the use of a Cognitive Impairment Identifier?
2. What design would they prefer?

The majority of those interviewed, agreed that the use of the Cognitive Impairment Identifier would be very beneficial in the provision of holistic care for a person living with dementia.

Those interviewed, indicated that the design should be abstract, non-intrusive, reflect an image of inclusiveness and portray a warm calming effect.

Through an extensive elimination process, the preferred final design was agreed upon.

## **Where will I see the Cognitive Impairment Identifier?**

The Cognitive Impairment Identifier is currently used at Wimmera Health Care Group in Oxley, Yandilla, Emergency and the Day Procedure Unit.

You will see the identifier displayed above a patient's bed, on patient documentation and worn as a badge by staff "Champions".

## **What should I do when I see the Cognitive Impairment Identifier?**

The reason Wimmera Health Care Group uses this symbol is to promote effective communication between the patient with memory and thinking difficulties and all hospital staff.

This symbol should prompt staff to take a little extra time to communicate clearly with their patient.

A staff member you see wearing an identifier badge will be able to assist you with any queries you may have.

## **What is the key communication message?**

There are nine communication points considered by people with dementia and their carers as the most important to take into account when speaking to someone with memory and thinking difficulties. They are:

1. Introduce yourself
2. Make sure you have eye contact at all times
3. Remain calm and speak in a matter of fact way
4. Involve carers
5. Keep sentences short and simple
6. Focus on one instruction at a time
7. Give time for responses
8. Repeat yourself - don't assume you have been understood
9. Don't give too many choices

**Mandy Bryce**  
**Dementia Care in Hospitals**  
**Project Manager**



Launching the Dementia Care in Hospitals Program are WHCG staff from left Mandy Bryce, Anne Richards, Jenny Vague, Estelle French, Leonie Dibdin, Breeanna Saunders and Janette McCabe.

# Service Directory

Wimmera Health Care Group is based in Horsham and Dimboola in the Wimmera sub region of the Grampians, 300 km west of Melbourne and close to the Grampians National Park. Our primary catchment area is the Wimmera sub region (approximately 54,000 people) with over 95% of our patients coming from the sub-region (see table below).



## SOURCE OF INPATIENT ADMISSIONS 2007/08

Horsham	6530	62.49%
Yarriambiack	1694	16.21%
Hindmarsh	813	7.78%
West Wimmera	733	7.01%
Northern Vic	293	2.80%
Stawell	108	1.03%
Metro	55	0.53%
Ballarat	39	0.37%
South Australia	35	0.33%
Southern Grampians	29	0.28%
Other Vic	27	0.26%
Ararat	22	0.21%
Northern Grampians	21	0.20%
South Western Victoria	13	0.12%
NSW	11	0.11%
Central Vic	8	0.08%
Qld	8	0.08%
Other	7	0.07%
Other States	4	0.04%
<b>Total</b>	<b>10,459</b>	<b>100.00%</b>

## PROFILE AND HISTORY

Wimmera Health Care Group's history began in the Carrier's Arms hotel in 1873, when a public meeting agreed on the need for a hospital. From humble beginnings of 12 beds, Wimmera Health Care Group is today the major specialist referral centre for the Wimmera region. The amalgamation of Wimmera Base Hospital and Dimboola and District Hospital in 1995 to form Wimmera Health Care Group, further improved the availability of health care services to residents throughout the Wimmera.

Wimmera Health Care Group is the major specialist referral centre, providing emergency and critical care services for the region. In 2007/08 Wimmera Health Care Group treated over 10,300 inpatients, 16,113 emergency patients and provided in excess of 123,000 outpatient services. In addition, Wimmera Health Care Group is recognised as a training and teaching centre for undergraduate and postgraduate students.

## SPECIALTIES

- Acquired Brain Injury
- Adult Day Activity/Support
- Aged Care Assessment Service
- Alzheimer's Association
- Antenatal Classes
- Anticoagulation Service
- Audiology
- Best Start Program
- Breast Prosthetics
- Breast Screening
- Cancer Support Service
- Cardiac Rehabilitation
- Chemotherapy Day Unit
- Clinical Pathways Project
- Clinical Risk Management
- Clinical Services
- Cognitive Dementia and Memory Service
- Colposcopy Clinic
- Community Advisory Committee
- Community Health Nurse
- Community Rehabilitation Service
- Computer Tomography (CT)
- Consumer Advocate
- Continence Service
- Day Surgery
- Dental and Prosthetic Clinic
- Dermatology
- Diabetes Education
- Dietetics
- District Nursing
- Domiciliary Midwife
- Ear, Nose and Throat
- Echocardiography
- Emergency Department
- Endoscopy
- Extended Care Service
- Family Planning
- Gait and Balance Clinic
- Gastroenterology
- Geriatric Services
- Graduate Nurse Program
- Haemodialysis
- HARP program
- Health Information Services
- Health Promotion
- Hospital in the Home
- Hostel Accommodation
- Infection Control
- Inpatient Medical Care
- Inpatient Surgical Care
- Intensive Care Unit
- Koori Hospital Liaison Officer
- Lactation Consultant
- Low Vision Clinic
- Mammography
- Medical Imaging
- Medical Library
- Memory Clinic
- Midwifery Ward
- Neonatal Nursing
- Nursing Home Accommodation
- Obstetrics and Gynaecology
- Occupational Health and Safety
- Occupational Therapy
- Oncology
- Ophthalmology
- Oral Surgery
- Orthopaedics
- Orthotics Laboratory
- Pacemaker Clinic
- Paediatric Care
- Pathology
- Pharmacy
- Physician
- Physiotherapy
- Podiatry
- Post-Acute Care
- Pre-Admission Clinic
- Pulmonary Rehabilitation
- Quality Manager
- Radiology
- Rehabilitation Assessment
- Residential Services
- Respite for Carers Program
- Social Work
- Speech Pathology
- Spinal Clinic
- Staff Education
- Stomal Therapist
- Stress Testing Clinic
- Team Midwifery Program
- Teleradiology
- Tertiary Student Placement
- Ultrasound
- Undergraduate Medical Training
- Urodynamics Clinic
- Urology
- Vascular Surgery
- Video Fluoroscopy
- Wimmera Centre Against Sexual Assault
- Wimmera Community Options
- Wimmera Hospice Care
- Wound Care Consultants



# Community Support

## COMMUNITY LINKS

Strong community support for Wimmera Health Care Group has continued over the past year. This support comes in the form of auxiliaries, church and community groups, clubs, businesses and individuals.

We extend our thanks to all who have been involved in the many community projects that have supported Wimmera Health Care Group during the past year. In particular, we thank our auxiliaries who have worked tirelessly throughout the year. We are very grateful for their ongoing support.

The Community Advisory Committee has continued to provide invaluable input to the organisation. They have reviewed consumer handouts, the Quality of Care report and the consumer complaints process.

## LIFE GOVERNORSHIPS, CERTIFICATES OF APPRECIATION AND LETTERS AND RECOGNITION

At the Annual General Meeting of Wimmera Health Care Group held on 6th December 2007, the President announced that the Board of Management had forwarded letters of recognition to the following people:

### Wimmera Base Hospital Ladies Auxiliary

- Mrs Dawn Hobbs
- Mrs Beryl Nitschke
- Miss Faye Allan
- Mr Wallace Reynolds

### Wimmera Nursing Home Support Group

- Mrs Rose Smith

### Wimmera Hospice Care Auxiliary

- Mrs Ada Freijah
- Mrs Dawn Hobbs
- Mrs Kay Davey
- Mrs Fay Burge
- Mrs Wendy Johns
- Mrs Ella Lister

## VOLUNTEER PROGRAM

Wimmera Health Care Group is pleased to confirm the ongoing review and update to our Volunteer Program. Volunteer coordinators meet regularly and, where appropriate, attend training applicable to the program. Our volunteers play an important role in the organisation. They are involved in many areas inclusive of musicians, support groups, auxiliaries, clubs, church groups and you – the individual.

**The role of Volunteerism enhances many services we provide**

## COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee was formed in June 2005 and consists of eight community members representing a broad range of community groups and four Wimmera Health Care Group representatives.

The Community members are:

- Mr Bob Mibus (Chairperson)
- Mr Tom Harmsworth (dec June 2008)
- Mrs Gillian van der Waal
- Mr Tim Eagle
- Mrs Nicole Timms
- Mrs Judith Bysouth
- Ms Dorothy McLaren
- Mr Kenneth Shippides

The Wimmera Health Care Group representatives are:

- Mr Pawel Wajszel (President of Board of Management)
- Mr Chris Scott (Chief Executive)
- Mrs Wendy James (Quality Manager/Consumer Advocate)
- Mr Craig Wright (Community Liaison Officer) (resigned May 2008)

Community consultation offers valuable input when determining community demand for health service provision. Wimmera Health Care Group values the feedback facilitated through the Community Advisory Committee as they provide us with a vital communication link between the organisation and our community. The committee provides an ongoing mechanism for local community involvement in Wimmera Health Care Group's strategic planning process and local health service delivery.

The Wimmera Health Care Group Community Advisory Committee has a role in commenting on the service needs of local communities, the development of the organisation's strategic plans, and making recommendations on health service delivery to the Board of Management through the Chief Executive. The committee has contributed to discussions on a wide variety of issues, reviewed consumer handouts and complaints data, participated in a needs assessment to improve signage in and around Wimmera Health Care Group and is working on a Power point presentation to provide the community with information on the Community Advisory Committee. Members also sit on some organisational-wide committees. The committee is involved in the production of the annual Quality of Care Report – a document that describes the quality and safety systems, processes and outcomes of Wimmera Health Care Group.

We would like to acknowledge the work of the Community Advisory Committee's inaugural chairperson, Mr Tom Harmsworth, who sadly passed away in June 2008. Tom brought experience and enthusiasm to the committee as a dedicated community member and helped develop the direction in which the committee still works towards today.



Community Advisory Committee Chairperson, Mr Bob Mibus and Committee Member, Mrs Nicole Timms are given an insight into the operations of the Dental Clinic by Senior Dentist, Dr Meral Layik.

# Community Support

## AUXILIARIES

### Dimboola Campus Appeals Auxiliary

It is with pleasure that I submit my report for another successful year of the Wimmera Health Care Group – Dimboola Campus Appeals Auxiliary.

Our activities during the year included:

- a bus trip to Echuca;
- a Melbourne Cup Sweep;
- the Lochiel Way Side Stop over Christmas period; and
- our Annual Wimmera German Fest - this year was our 14th and still going strong. Although numbers were down from other years, it was still a very successful event.

Over the past year, we were able to support Dimboola Campus with the following purchases:

- Defibrillator
- Ripple/pressure mattress
- 2 x air flow mattress
- Lift care bed to floor

In 2008/09, we are aiming to support the Wimmera Health Care Group to improve the hospital residence for accommodating medical and supporting staff in Dimboola.

We were saddened by the death of our past secretary and auxiliary member Gwen Carll who passed away in May.

With a strong committee of 16 members and an average of 14 attending each month, we will continue to support to the Dimboola campus of Wimmera Health Care Group.

Many thanks to my loyal auxiliary members over the past year.

**Pamela L Bothe**  
**President**



Muriel Conn and Betty Corbett are two of our hardworking volunteers at the WBH Opportunity Shop.

### Dimboola East Ladies Auxiliary

It is time to reflect on the past year for the Dimboola East Ladies Hospital Auxiliary. We mourned the death of two of our loyal members, Una Borgelt and Dorothy Gercovich and also the passing of Gwen Carll, who had been very supportive as the Director of Nursing.

Our activities have been rather limited this year. We thank our members who have contributed to and sold tickets for our two major raffles.

We supported the Appeals Auxiliary at their Annual Wimmera German Fest by serving fruit salad. We also conducted a successful morning coffee and joined staff for the Christmas break-up.

After inspection of the visiting doctor's residence, members have agreed to assist in any way to improve its current condition.

Thanks to all who have supported our auxiliary over the past year.

**Rita McKenzie**  
**President**



Dimboola East Ladies Auxiliary members Rita McKenzie, Maragret Mackenzie, Leslie McKenzie and Dorothy Gercovich (dec) serving fruit salad at the 14th Wimmera German Fest, which is run by the Dimboola Campus Appeals Auxiliary.

### Kurrajong Lodge Support Group

The Support Group maintains a keen interest in the needs of residents of Kurrajong Lodge. Meetings are held monthly and are well attended – we are fortunate to have gained two new members recently.

We always appreciate the time and input to our meetings by Judith Pymer (Residential Services Manager) and Craig Wright (Community Liaison Officer).

Residents' birthdays are remembered with a birthday cake, gift or flowers. Afternoon teas are still enjoyed monthly. Easter eggs are a special treat on Easter Sunday and the AFL grand final day was celebrated with a "Fish and Chips" luncheon.

Raffles have once again proved a great financial result. We hold a fete/market in the Horsham CWA Hall in September and a stall at the Karkana Strawberry Fair in November.

We were pleased to have Mr Chris Scott, Chief Executive of Wimmera Health Care Group, speak to us in relation to the "Community Room" at the July 2007 meeting. He assured us that the building would go ahead. It will be of great benefit to staff, residents and the Support Group.

During the year, several items have been purchased for use by the residents including: a garden seat, DVD's, trays for the kitchen and repairs to the pedestal.

My thanks to the dedicated members of the Support Group for giving of their time, effort and support throughout the year.

**Marjorie Uebergang**  
**President**



The Wimmera Hospice care Auxiliary meets monthly. Their current focus is to raise funds to purchase replacement syringe drivers.

### **Wimmera Base Hospital Ladies Auxiliary**

It gives me great pleasure to present to you my report for the past 12 months.

We've had another amazing and busy year, financially and socially.

We started the year by welcoming Mr Shaun Eldridge, who joined the Wimmera Health Care Group to oversee the supplies, food services, environmental services and technology department. We gave him a lot of cheek and made him feel at ease.

We've had many interesting guest speakers whom we enjoyed hearing about their experiences. They were:

- Kim Galpin, (Koori Liaison Officer at Wimmera Health Care Group) who spoke about his role;
- Pam Muszkiet (Nursing Operations Manager) who explained how an intensive care ventilator works (it takes over the patient's breathing after surgery);
- Joy Juma (a midwife in Yandilla) who shared her experience of growing up in Kenya and then migrating with her family to Horsham;
- Margaret Cadenhead (Primary Care Manager) who talked about her role with Wimmera Health Care Group;
- Melanie Hahn who spoke of her experience as a nurse in India;
- Fiona Cameron (from Goroke) who shared her experience of walking the Kokoda Trail (it was a challenge and joy for her);
- Jeanette Lennon (support worker at the Christian Emergency Food Centre, marriage celebrant and Justice of the Peace) who spoke about her roles in the community; and
- Sue Ward, who talked about the Wimmera Hearing Society.

During the year, we held two successful fashion parades. Fashions were provided by Lili-Annes, 16 Plus, Freijah Menswear and Just Juniors. At both parades, we were able to fulfil Don McRae's dream list. Don is the Director of Clinical Services. At the October 2007 parade, we presented Pam Muszkiet with \$18,000 for a CO<sup>2</sup> monitor for the operating theatre and at the April 2008 parade, we presented Maree Markby with \$35,000 for an Anaesthetic monitor for the theatre. We also presented Mr Wallace Reynolds with a certificate of appreciation for all his hard work.

We attended many functions to support other organisations throughout the year, namely the Hospice Care Annual General Meeting, Dimboola coffee party, musical afternoon at the Catholic Hall, the Catholic fashion parade and luncheon, Hospice morning tea and Christmas stall, Quota International morning tea, Drung South CWA birthday celebrations and Elderly Citizens card afternoon, where all proceeds from that afternoon went to the WBH Ladies Auxiliary. My sincere thanks to all who represented the auxiliary and attended those functions.

We also held two successful functions for all members to get together and get to know each other. Firstly, a Christmas lunch break-up at the Horsham Sports and Community Club where 36 members attended and a good time was had by all. Secondly, an afternoon tea at the Hospital Shop which was a good opportunity for myself, as President, to thank all members for their support and hard work.

My sincere thanks to each and every one of you for your support and encouragement over the past year:

- for all your hard work providing food, time and effort at the fashion parades;
- to the shop committee and all volunteers for the great job you do and the amazing income you generate;
- to Bev Reynolds for sharing her expertise and experience with me;
- to Bev Brown and Jenny McCracken for filling in for me when I was away; and
- to Anne Stevens and all her work organising the parades.

Also, a special thanks to Lorna Woodhart, (our secretary), for all the hours she puts in behind the scene, at our meetings as well as our fashion parades. Thank you to Lorna and also Ula Hall, our very efficient Treasurer.

To one and all, thank you for a great and successful year.

God Bless you as you continue to serve your community.

My congratulations to the incoming President, Betty White. I wish you all the best for the year ahead.

**Helen Freijah  
President**

### **Wimmera Hospice Care Auxiliary**

The auxiliary has had many fundraising activities throughout the year. A well-stocked Christmas stall and morning tea proved to be very successful financially. At Easter we had a biscuit and slice stall, which was also well stocked and supported.

Our annual Mother's Day Luncheon, now in its 13th year, was a happy occasion. Entertainment provided by the Sing Australia Choir was enjoyed by all and \$3,230 was raised on the day, a marvellous effort.

The final event for 2008 will be on Friday 28th November, an afternoon tea, Christmas stall, Christmas parcel wrapping demonstration and craft by Annette Blake.

Throughout the year, our project has been to raise enough money for Hospice Care to put towards the cost of purchasing replacement syringe drivers. These are in constant use by terminally ill patients, making life a little easier for them. We have also updated the bed linen in the Palliative Care room.

Thanks to the wonderful generosity and support from the families of the Hospice Care patients, local businesses, members of the community and a \$2,000 Sponsorship Award from the Horsham Sports and Community Club, we have raised \$20,000 towards the syringe drivers. The Auxiliary is very grateful for all the support given to us, in so many ways, to help us reach this goal for the Hospice Care patients.

**Joan Harrison  
Secretary**

# Our Staff

## VISITING MEDICAL STAFF

### ANAESTHETISTS

G.E. Wajszel, M.D., A.M.C.  
J.C. De Kievit, M.B., B.S., Dip. R.A.C.O.G., F.A.C.R.R.M.  
K.A. Fielke, M.B., B.S., D.A., F.A.C.R.R.M.  
J. N. Provis-Vincent, B.Med.Sc., M.B., B.S., F.A.C.R.R.M.  
R. Williams, M.B., B.S., D.C.H., D.A., D.R.C.O.G., F.R.A.C.G.P.

### DERMATOLOGISTS

P.A. Foley, M.B., B.S., M.D., F.A.C.D.  
R.D. Sinclair, M.B., B.S., F.A.C.D., M.D.  
M.M. Tam, M.B., B.S., F.A.C.D.  
B.J. Tate, M.B., B.S., PhD, F.A.C.D.  
J. Yeatman, M.B., B.S., F.A.C.D.

### GASTROENTEROLOGIST

G.J. Phelps, M.B., B.S., F.R.A.C.P., MBA.

### OBSTETRICIANS AND GYNAECOLOGISTS

D.M. Morris, M.B., B.S., M.R.C.O.G., M.D. (Bristol),  
F.R.A.C.O.G. (resigned 14.9.2007)

### ONCOLOGIST

G. Kavourakis, M.B., B.S., B(Med.Sc.), PhD, F.R.A.C.P.

### OPHTHALMOLOGIST

M. Toohey, M.B., B.S., F.R.A.C.O., F.R.A.C.S.

### ORAL SURGEON

G.G. Fowler, B.D.Sc., L.D.S., M.D.Sc., F.D.S.R.C.P.S.

### ORTHOPAEDIC SURGEON

S. Csongray, M.B., B.S., F.R.A.C.S. (resigned 1.1.2008)  
J. Patrikios, M.B., B.S., M.S., F.R.A.C.S.

### OTOLARYNGOLOGISTS

M. Guirguis, M.B., B.S., F.R.A.C.S.  
N. McConchie, M.B., B.S., F.R.A.C.S.

### PAEDIATRICIAN - ENDOCRINOLOGY

F. Cameron, M.B., B.S., Dip. R.A.C.O.G., F.R.A.C.P., M.D.

### PAEDIATRICIAN - NEUROLOGY

M. Mackay, M.B., B.S., Dip. R.A.C.O.G., F.R.A.C.P., Dip. C.S.C.N.

### PAEDIATRICIAN - CARDIOLOGY

S. Menahem, M.B., B.S., M.D., M.E.D., M.P.M.,  
M.R.A.C.P., F.R.A.C.P., F.A.C.C.

### PATHOLOGIST

D.A.L. Clift, M.B., B.S., F.R.C.P.A.  
(commenced 6.9.2007)

### PHYSICIANS

N.G. Hammerl, M.D. (resigned 12.10.2007)  
B.R. Möller, M.D., F.R.A.C.P.

### PSYCHIATRIST

R.A. Singh, M.B., B.S., M.D.

### PSYCHOLOGIST

M.L. Aitken, B.A. (Psych), Grad. Dip. Voc. Psych, Grad.  
Dip. Mental Hlth. Sciences (Cog Behav Therapy).  
R. Cairns, B.App.Sci., Grad. Dip. Psych., D.Psych.  
C. Waters, B.A. (Psych & Stat), B.A. (Psych).

### RADIOLOGISTS

J.S. Adler, F.R.A.C.R., Dip. Anaesth.  
Z.E. Ballok, M.D., G.P.A.M.C.C., F.R.A.C.P.  
D. Barrie, M.B., B.S., D.R.A.C.R. (parts I and II),  
E.C.F.M.G. (USA), F.R.A.C.R.  
N. Berlinski, M.B.Ch.B., F.R.A.N.Z.C.R.  
J.L.L. Bester, M.B.Ch.B., M.F.G.P., B.Sc (Pharm), M.Med.  
Rad(D), F.R.A.N.Z.C.R.  
C.M. Blecher, M.B., B.S., M.R.A.C.R.  
D.W. Boldt, M.B., Ch.B., R.A.N.Z.C.R., R.A.N.Z.C.R.  
J.M. Cameron, M.B., B.S., F.R.A.N.Z.C.R.  
J.N. Chamberlain, M.B., B.S., D(Obs)R.C.O.G.,  
M.R.A.C.R., F.R.A.C.R., D.R.A.C.O.G.  
M.M.K. Choong, M.B., B.S., D.R.A.C.R., F.R.A.C.R.  
K.C. Chuah, M.B., B.S., D.R.A.C.R. (parts I & 2)  
J.D. Crowe, M.B., B.S., F.R.A.N.Z.R.  
M. Datta, R.A.N.Z.C.R.  
A. Eimany, M.B., B.S., F.R.A.N.Z.C.R. (parts I & 2),  
D.D.U. (part I), D.R. II (MM)  
A.D. Felber, M.B., B.S., F.R.A.C.R., D.D.R.  
P.E. James, M.B., B.S., F.R.A.N.Z.C.R., M.M.  
C.R. Jones, M.B., B.S., F.R.A.N.Z.C.R., M.B.A.

A.B. Kapoor, M.B., B.S., F.R.C.R., M.D.

P.S. Klejn, M.B., B.S., F.R.A.C.R.

J.H.Y. Kuan, M.B., B.S., F.R.A.N.Z.C.R.

D.K. Leung, M.B., B.S., F.R.A.C.R.

K. Leung, M.B., B.S., F.R.A.C.R.

Y.K. Liu, M.B., B.S., F.R.A.C.S.

J. Makhijani, M.B., B.S., M.D., F.R.A.N.Z.C.R.

J.A. Mullins, M.B., B.S., F.R.A.C.R.

K.M. New, M.B., B.S., F.R.A.C.R.

R.M. O'Sullivan, B.Sc., M.B., B.S., F.M.G.E.M.S., F.R.A.N.Z.C.R.

R. Padmanabhan, M.B., B.S., F.R.A.N.Z.C.R.

J. Ptaszniak, M.B., B.S., F.R.A.C.R.

J. Richter, M.B., B.S., F.R.A.C.R., D.R.A.C.R.

J. Robin, M.B., B.S., Dip. Anatomy, Dip. R.A.C.R.

W.J. Rogers, M.B., B.S., F.R.A.C.G.P., F.R.A.C.R.

A.M. Saks, F.R.A.N.Z.C.R.

A. Scott, M.B., B.S., R.A.C.R.

G.J. Smith, M.B., B.S., F.R.A.N.Z.C.R., M.R.I. Fellowship.

S. Spanger, M.B., B.Ch., F.C.R.A.D.(D).

J.W. Stubbe, M.B., B.S., F.R.A.N.Z.C.R., D.D.R., M.A.I.C.D.

D.P.L. Su, M.B., B.S., D.M.R.D., F.H.K.C.R., F.H.K.A.M.

P.G. Tauro, M.B., B.S., E.C.F.M.G., F.R.A.C.P.

P. Walker, M.B., Ch.B., C.R.C.P., F.R.C.P.C., D.D.U.

S.J. Ward, M.B., B.S., D.R.A.C.R., F.R.A.C.R., R.A.C.R. (parts I&2)

R.C. White, M.B., B.S., F.R.A.C.R.

C.S. Woodward, M.B., B.S., D.M.R., R.A.C.R.

### SURGEONS

I.A. Campbell, M.B., B.S., F.R.A.C.S.

T.A. Fisher, M.B., B.S., F.R.A.C.S.

G.S.R. Kitchen, M.B., B.S., F.R.A.C.S.

H. Koehler, Dr. Med. (commenced 3.9.07)

B.T. Stewart, M.B., B.S., F.R.A.C.S.

N.A. Strugnell, M.B., B.S., F.R.A.C.S., M.P.H.

### UROLOGIST

R.I. McMullin, M.B., B.S., F.R.A.C.S.

### REGIONAL GERIATRICIANS

J. Hurley, M.B., B.S., D.Obst R.C.O.G., M.R.C.P.(U.K.),  
F.A.F.R.M. (resigned 30.1.08)

M.W. Yates, M.B., B.S., F.R.A.C.P.

### REGIONAL SUPERVISOR FOR POSTGRADUATE MEDICAL EDUCATION

D.W. Leembruggen, M.B., B.S., F.R.A.C.G.P.

### SUPERVISOR OF INTERN TRAINING

D.L. Wilson, M.B.Ch.B., M.R.C.G.P.(UK),

D.R.C.O.G.(UK), Family Planning Cert.(UK)

### MEDICAL OFFICERS – Horsham Campus

K.L. Archer, M.B.Ch.B., M.R.C.O.G.(Part I), A.M.C.,

D.R.A.C.O.G.

Y.P. Cymbalist, M.B., B.S., Dip. R.A.C.O.G.

C.H. Foord, M.B., B.S., Dip. R.A.C.O.G.

D.A. McG. Jinks, M.B., B.S., Dip. R.A.C.O.G.

D.W. Leembruggen, M.B., B.S., F.R.A.C.G.P.

G.A. O'Brien, M.B., B.S., Dip. Obs., R.C.O.G.

M.B. O'Sullivan, M.B., B.S., Dip. R.A.C.O.G., D.A., F.R.A.C.G.P.

F. Pretorius, M.B.Ch.B., F.R.A.C.G.P.

D.L. Wilson, M.B.Ch.B., M.R.C.G.P.(UK),

D.R.C.O.G.(UK), Family Planning Cert.(UK)

P.C. Wimbury, B.Sc. M.B. Ch., F.R.A.C.G.P. A. Zakharay,

M.B.B.Ch.

### MEDICAL OFFICERS – Dimboola Campus

P.P. Haslau, M.B., B.S., F.R.A.C.G.P.

J. Pickering, M.B., Ch.B., F.R.A.C.G.P.

### VISITING GENERAL PRACTICE REGISTRARS

K.J. Graham, M.B., B.S., D.R.A.N.Z.C.O.G.

D. Sood, M.B., B.S.

### DENTAL OFFICERS

R. Barnes, B.D.Sc.

S. Estifo, B.D.Sc.

R. Jing, B.D.Sc.

M. Layik, B.D.S., Ph.D. Period., A.D.C.

S.F. Smith, B.D.Sc.

B.G. Sonnberger, B.D.Sc.

A. Welch, B.D.S. (Bristol), L.D.S.R.C.S. (Eng).  
(resigned 12.2.08)

## MEDICAL SERVICES DIVISION

### DIRECTOR OF MEDICAL SERVICES / DIRECTOR OF ACCIDENT AND EMERGENCY DEPARTMENT

A.M. Wolff, M.B., B.S., Dip. R.A.C.O.G., F.R.A.C.G.P.,  
M.B.A., M.R.A.C.M.A., A.F.C.H.S.E., M.D. (Sabbatical Leave  
21.5.2007 – 14.1.2008)

### ACTING DIRECTOR OF MEDICAL SERVICES / DIRECTOR OF ACCIDENT AND EMERGENCY DEPARTMENT

J. Christie, D.M.S., D.T.M. & H., F.A.F.P.H.M., F.R.A.C.M.A.,  
M.A.C.T.M. (6.5.2007 – 1.1.2008)

### DIRECTOR OF ANAESTHESIA

G.E. Wajszel, M.D., A.M.C.

### DIRECTOR OF INTENSIVE CARE

N. Hammerl, M.D. (resigned 12.10.2007)

### DIRECTOR OF SURGERY

G.S.R. Kitchen, M.B., B.S., F.R.A.C.S.

### SUPERVISOR OF SURGICAL TRAINING

I.A. Campbell, M.B., B.S., F.R.A.C.S.

### VISITING PHYSICIANS – ECHOCARDIOLOGY

C.S. Allada, M.B., B.S., F.R.A.C.P.

J.H. Van den Broek, M.B., B.S., F.R.A.C.P., D.D.U.

### CONSULTANT PHYSICIAN – PALLIATIVE CARE

D.J. Brumley, M.B., B.S., F.R.A.C.G.P., M.Sc., F.A.Ch.P.M.

### CONSULTANT PHYSICIAN - NEPHROLOGY

J. Richmond, M.B., B.S., F.R.A.C.P.

### RESIDENT MEDICAL STAFF INTERNS

G. Walpole - 13.08.07 – 28.10.07

K. Sung - 13.08.07 – 28.10.07

G. Huang - 13.08.07 – 28.10.07

S-P. Chow - 13.08.07 – 28.10.07

P. Wallbridge - 13.08.07 – 28.10.07

M. Hong - 13.08.07 – 28.10.07

J. Churchill - 13.08.07 – 28.10.07

L. Hirst - 13.08.07 – 28.10.07

S. Richardson - 29.10.07 – 13.01.08

M. Sinclair - 29.10.07 – 13.01.08

J. Manski-Nankervis - 29.10.07 – 13.01.08

M. Chen - 29.10.07 – 13.01.08

J. Evans - 29.10.07 – 13.01.08

E. Littlejohn - 29.10.07 – 13.01.08

M. Watts - 29.10.07 – 13.01.08

A. Carpenter - 29.10.07 – 13.01.08

F. Wayne - 14.01.08 – 30.03.08

L. Tee - 14.01.08 – 30.03.08

D. Williams - 14.01.08 – 30.03.08

A. Lim - 14.01.08 – 30.03.08

T. Chittleborough - 14.01.08 – 30.03.08

I. Laska - 14.01.08 – 30.03.08

F. Connon - 14.01.08 – 30.03.08

H-S. Lee - 14.01.08 – 30.03.08

H. Harman - 31.03.08 – 15.06.08

E. Wong - 31.03.08 – 15.06.08

M. Fonti - 31.03.08 – 15.06.08

V. McClure - 31.03.08 – 15.06.08

R. Dwyer - 31.03.08 – 15.06.08

M. Lin - 31.03.08 – 15.06.08

S. Tsao - 31.03.08 – 15.06.08

N. Rajadevan - 31.03.08 – 15.06.08

W.J. Song - 16.06.08 – 24.08.08

M. Qian - 16.06.08 – 24.08.08

A. Cardin - 16.06.08 – 24.08.08

D.J. Lown - 16.06.08 – 24.08.08

J. Hayarajan - 16.06.08 – 24.08.08

M. Kyi - 16.06.08 – 24.08.08

F. Brownfoot - 16.06.08 – 24.08.08



D. Williams - 16.06.08 – 24.08.08

#### **SURGICAL REGISTRARS**

B. Thomas - 07.08.07 – 30.12.07  
T. Dissanayake - 31.12.07 – 03.02.08  
L. Liu - 03.02.08 – 03.08.08  
J. Russell - 03.02.08 – 03.08.08  
T. Furlong - 04.08.08 – 02.02.09  
P. Verma - 04.08.08 – 02.02.09

#### **MEDICAL REGISTRARS**

A. Chung - 03.09.07 – 07.10.07  
E. Christie - 03.09.07 – 14.10.07  
M. Alamgeer - 08.10.07 – 18.11.07  
P. Sathasivam - 15.10.07 – 28.10.07  
L. Chen - 19.11.07 – 24.12.07  
J. Lim - 29.10.07 – 16.12.07  
C. Gordon - 24.12.07 – 20.01.08  
L. Huang - 21.01.08 – 03.02.08  
E. Dapiran - 17.12.07 – 03.02.08  
P. Ho - 04.02.08 – 13.04.08  
S. Harris - 04.02.08 – 13.04.08  
R. Mendis - 14.04.08 – 22.06.08  
H. Sugumar - 14.04.08 – 22.06.08

#### **EMERGENCY REGISTRARS**

S. Issa - 02.09.07 – 25.01.08  
J. Leslie - 17.02.08 – 30.06.08

#### **OBSTETRICS & GYNAECOLOGY REGISTRAR**

Y. Angue - 01.07.07 – 30.06.08

#### **MEDICAL LIBRARIAN**

S. Mewett, A.L.A.A.

#### **CLINICAL RISK MANAGER**

S. Taylor, Div 1 R.N., R.M., H.D.N.C., Bachelor of Nursing,  
Master of Applied Management (Health)

#### **AUDIOLOGIST**

T. Rayner, B.Sc.Dip.Aud., M.Aud.S.A.(C.C.P)

#### **CHIEF OCCUPATIONAL THERAPIST**

K. Coats, B.App.Sc.(O.T), Acc. OT.

#### **CHIEF PHARMACIST**

B. Inkster, B.Pharm. (maternity leave from 6.6.08)  
L. Pham, B.Pharm. (commenced 7.7.07)

#### **CHIEF PHYSIOTHERAPIST**

E. Ram, B.Sc. (Phyt). Resigned 16.9.07  
D. Kingan, B.Sc. (Phyt). (commenced 14.11.07)  
(resigned 14.7.08)

#### **CHIEF PODIATRIST**

S. Coats, B. Pod., M.A.P.A.

#### **CHIEF SOCIAL WORKER**

S. Glover, B.S.W.

#### **CHIEF SPEECH PATHOLOGIST**

C. Esmonde, B.App.Sc.(Sp.Path).  
(maternity leave from 9.7.2007)  
L. Mason, B.App.Sc. (Sp.Path.)

#### **CHIEF DIETICIAN**

P. Marshman, B.Sc., Grad.Dip.Diet.

#### **CHIEF HEALTH INFORMATION MANAGER**

B. Farr, B.H.I.M.

### **CLINICAL SERVICES DIVISION**

#### **DIRECTOR OF CLINICAL SERVICES**

D. McRae, R.N., M.H. Mgt., R.M., Grad.Dip. Crit Care,  
C.C. Cert., M.R.C.N.A., A.F.C.H.S.E.

#### **NURSING OPERATIONS MANAGER**

P. Muszkiet, R.N., M.B.A., B.Nurs., Cert.Steril. & Infect.  
Control, H.D.N.C., Cert IV Workplace Assessor and Trainer,  
M.R.C.N.A.

#### **AFTER HOURS CO-ORDINATORS**

K. Chilver, R.N.  
K. Hinch, R.N.  
J. Hopper, R.N.  
L. Hoskins, R.N.  
M. Huebner, R.N., R.M., B.Nurs., C.C.Cert.

J.W. Richards, R.N., B.Nurs., Cert.Microcomputer  
Business Software.

B. Ryan, R.N., Grad Dip Crit Care.

S. Swaby, R.N., H.D.N.C.

B. Taylor, R.N., R.M., B.Nurs., H.D.N.C.

J. Thomson, R.N.

K. Walscott, R.N., Grad.Dip.Midwifery, Periop.Cert.

D. Wickham, R.N. R.M.

J. Wood, R.N., B.Nurs.

#### **STAFF DEVELOPMENT OFFICER**

S. Besomo, R.N., M. Nursing., Assoc. Dip. Train. &  
Dev. (resigned 3.8.2007).

J. Akker, RN., B.Nurse., Grad Dip Inten. Care Nurse.  
(Commenced 12.12.2007)

#### **CLINICAL FACILITATOR**

K. Wilkinson, R.N., BHSC., M.N. (clin.ed.)

#### **ADMISSION AND DISCHARGE CO-ORDINATOR**

P. Dodson, R.N., B.Nurs., Grad. Dip. H. Mgt., H.D.N.C.

#### **ACAS - ASSESSMENT CLINICIAN**

H. Torey, R.N., Grad.Dip.Comm.Hth., Assoc.Dip.Hth Sci.  
(Rehab.Couns.)

#### **CLINICAL PATHWAYS CO-ORDINATOR**

A. McGrath, B.H.Sc., M.H.Sc.

#### **NURSE UNIT MANAGER - EMERGENCY DEPARTMENT**

J. Akker R.N., B.Nurs., Grad. Dip. Int. Care.  
(resigned 11.12.2007)

J. Chalmers R.N., R.G.N., R.M.N.

(commenced 11.2.2008)

#### **CLINICAL NURSE CONSULTANT - INFECTION CONTROL**

J. Spencer, RN., R.M., Cert.Steril. & Infect.Control

#### **NURSE UNIT MANAGER - OPERATING SUITE/DAY PROCEDURE UNIT/CSSD**

M. Markby, R.N., H.D.N.C. Grad. Cert. Anaes. &  
Rec. Room Nsg.

#### **NURSE UNIT MANAGER - OXLEY (SURGICAL/MEDICAL/ICU)**

J. McCabe R.N., M.App.M.(Health), Crit Care Cert.,  
F.R.C.N.A.

#### **NURSE UNIT MANAGER – YANDILLA (MIDWIFERY, PAEDIATRICS)**

H. Jones, R.N., R.M., M.P.H. - Trop.Med., B.App.Sc. (Adv.  
Nurs.), Dip.App.Sc.N.

#### **WIMMERA HOSPICE CARE CO-ORDINATOR**

A. Hayes, R.N., Dip.Comm.H.Nurs., F.R.C.N.A.

#### **WIMMERA COMMUNITY OPTIONS MANAGER**

K. McEwan, Adv. Cert Res. & Comm. Serv.  
(resigned 20.7.2007)

R. Tuohy, R.N., (commenced 1.10.2007)

#### **COMMUNITY REHABILITATION CENTRE**

A. Richards, R.N., R.M., M.R.C.N.A., B.H.Sc. (Mgt.),  
Cert. Micro Comp. Bus. Software, Cert. IV W.T.A.,  
Cert IV Vol. Mgt

#### **NURSE UNIT MANAGER - DISTRICT NURSING SERVICE**

B. Arnott, RN, Cert. High Dep., Adv. Dip. Bus. Mgt., Bach.  
Nsg. Post Regn. (commenced 11.2.2008)

#### **PRIMARY CARE MANAGER**

M. Cadenhead, RN., Dip. Comp N., BN., MN., MHSc.  
(resigned 4.1.2008)

#### **RESIDENTIAL SERVICES MANAGER – HORSHAM CAMPUS**

J. Pymer, RN., B.H.Sc.Mgt., Cert.Gerontology., Cert.Q.A.

#### **NURSE UNIT MANAGER - DIMBOOLA CAMPUS**

G. Carll, RN., B.Nurs., Dip.Nurs., Cert.Gerontology.,  
Grad.Cert.Adv.Nurs., Dip.Comm.Serv.Mgt.  
(deceased 10.5.2008).

S. Walter, R.N., B.N., M.B.A, Grad. Dip. Crit. Care  
(7.4.08 - 11.5.08)

A. Richards, R.N., R.M., M.R.C.N.A., B.H.Sc. (Mgt.),

Cert. Micro Comp. Bus. Software, Cert. IV W.T.A.,

Cert IV Vol. Mgt. (commenced 12.5.08)

#### **CLINICAL NURSE CONSULTANT – AGED CARE**

M. Bryce, R.N., Quality Assessor, Resp. Patient Choices

Consultant, Cert IV W.T.A., Grad Cert.Aged Serv., Grad.

Dip. Aged Serv.Mgt., M.Hlth. Sc. (commenced 1.10.2007).

#### **CLINICAL NURSE CONSULTANT – DIABETES EDUCATION**

L. Fraser, RN., R.M., Cert.Diab.Ed.

#### **KOORI HOSPITAL LIAISON OFFICER**

K. Galpin

#### **ABORIGINAL BEST START**

N. Illin.

#### **COMMUNITY HEALTH NURSE**

N. Smith, R.N., B.N., Grad.Dip.Nsg. (anaesth & Recov),

Cert IV in W.T.A., Adv.Dip. Bus. Mgt.

#### **HOSPITAL ADMISSION RISK PROGRAM (HARP)**

M. Martin, R.N. (resigned 13.6.2008).

A. Richards, R.N., R.M., M.R.C.N.A., B.H.Sc. (Mgt.),

Cert. Micro Comp. Bus. Software, Cert. IV W.T.A.,

Cert IV Vol. Mgmt (commenced 16.6.2008)

#### **PRE-ADMISSION CLINIC**

T. Daffy, R.N.

### **CORPORATE SERVICES DIVISION**

#### **DIRECTOR OF CORPORATE SERVICES**

S. Eldridge, B.Bus (Acc), M.B.A., C.P.A.

#### **FINANCE MANAGER**

S. Bell, F.C.P.A.

#### **ENGINEERING SERVICES MANAGER**

P. Crammond, Dip. Eng. Mech., M.I.H.E. Aust.

#### **ENVIRONMENTAL SERVICES SUPERVISOR**

D. Queale

#### **FOOD SERVICES MANAGER**

T. Patten, Qual.Chef, Adv. Cert. Hosp. Studies

#### **SUPPLY MANAGER**

D. Tonissen, Cert.A.H.S.P.O., Cert. Hospital Supply Mgt.

#### **WIMMERA GROUP LINEN SERVICES MANAGER**

R. Dumesny, Cert. Comp. Applic.

#### **INFORMATION TECHNOLOGY MANAGER**

K. Loughran, B.Sc., Dip. Comp. Sc.

### **ADMINISTRATIVE SERVICES DIVISION**

#### **CHIEF EXECUTIVE**

C. G. Scott, B.H.Sc. (Mgt), M.B.A.(C.S.U.), A.F.C.H.S.E.,  
A.I.M.M., C.H.E.

#### **COMMUNITY LIAISON OFFICER**

C. Wright, M.F.I.A. (resigned 22.5.2008)

#### **HUMAN RESOURCES MANAGER & HOSPITAL MEDICAL OFFICER**

D. Pinyon, A.F.A.H.R.I., Cert 3 Man., Cert IV W.T.A.

#### **OHS & SECURITY MANAGER**

M. Mellington, Dip. OH&S., Cert IV WTA

#### **QUALITY MANAGER / CONSUMER ADVOCATE**

W.A. James, R.N., R.M., B.Nurs., I.B.C.L.C., M.B.A.

# Our Staff



Hospital Kiosk Staff - Monique Harris, Sarah Pohlner, Bev Pekin and Michelle Baker accepting the Horsham East Rotary Club 'Pride of Workmanship' Award.



Shirley Mewett hard at work in the Handbury Library.



David Emslie repairing a wheelchair in the hospital's engineering department.



Engineering staff received a ParksVictoria Environment and Sustainability Award for water conservation.



Jan McKenzie, Cheryl Freak, Pam Cookson and Leanne Nesbit preparing meal trays for patients.



Stephen Schuller and Mark Delahunty programming washers in the hospital laundry.

## Wimmera Base Hospital Foundation

Wimmera Base Hospital Foundation is an effective and efficient arm of Wimmera Health Care Group's fundraising activities. Our Charter is to raise funds for items of need and necessity for the Health Care Group. The Trustees are proud to report that this has been dutifully performed once again during the 2007/08 financial year.

Our main project for the past year has been planning for the relocation of the Wimmera Health Care Group Pharmacy. Due to some unexpected problems there has been a delay of this very important project, however we trust that these problems will be overcome in the coming year.

As Inaugural Chairman of the Wimmera Base Hospital Foundation, I thank my fellow Trustees:

- Mrs Kaye Valpied
- Mr Graeme Hardman
- Mrs Jan John
- Cr Michael Ryan and
- Mr Peter Brown

for their continued interest and support.

During the year, Mr Peter Brown resigned to take up a position in Warrnambool and Mrs Kaye Valpied retired to Ballarat. I thank them most sincerely for their outstanding contribution and interest in the Foundation. Appointments will be made in the new Financial Year.

**Mr Don Johns**  
**Chairman**  
**Wimmera Base Hospital Foundation**

### FOUNDATION DONORS 2007/2008

Al Anon Family Group  
Anonymous  
Brigden, Mr & Mrs R C & G J  
Brown, Mrs Wendy  
Guest, Mrs Jessie  
Iris Financial Group  
Miller, Mr George  
Pilgrim, Mr & Mrs Roger & Rhonda  
Shade, Mr Kerry  
Smith, Mr & Mrs Noel & Doreen  
Whicker, Mr David

### MEMBERSHIP

The Wimmera Base Hospital Foundation Trustees appreciate and recognise the generosity of all donors by awarding the following membership titles.

**Patrons**  
**(Donations of \$250,000 and above)**

None to date

**Benefactors**  
**(Donations of \$50,000 to \$250,000)**

Mr Frank Lockwood  
Horsham United Friendly Society  
Mrs J Clifford  
Mrs J Hardman  
Mrs M Taberner  
Mrs Clifford, Mrs Hardman and Mrs Taberner have been awarded Benefactor status in recognition of having donated Charitable Life Insurance Policies assigned to the Wimmera Base Hospital Foundation. The exact amount of their ultimate donation is dependant upon their respective life expectancy and the performance of the fund.

**Member**  
**(Donations of \$5,000 to \$50,000)**  
Van Dyk, HWF and Estate JAC

# Donations

All donations to Wimmera Health Care Group are valued and appreciated. The following details are in recognition of donations exceeding \$100 during 2007/08:

Active After School Community Program  
Adelphian Craft & Hobby Shop  
Argall, Mr & Mrs Russell & Maureen  
B & S Harberger Pty Ltd  
Ballard, Mrs Pat  
Bedggood, Mr Alan  
Berry, Mr Gregory  
Best Employment  
Both, Mr Ross  
Breuers Pty Ltd  
Brown, Mrs Wendy  
Carr, Mrs Noeline  
Cec Hopper and Sons  
Clarke, Mrs Nicola  
Clugsten, Mr Gavin  
Commonwealth Bank  
Community Axis  
Conserve Framing  
Conundrum Holdings Pty Ltd  
Cuddihy, Mr Max  
Da Mena Pizza Bar  
Dahlsens Building Centre  
Dickson, Mr Brendan  
Dimboola Campus Appeals Auxiliary  
Dimboola Lions Club  
Driscoll, McIlfree & Dickinson  
Dumesny, Mrs Jenny  
Duncan, Mr Stuart  
Earle Eldridge Store for Men  
Elliott, Mr Daryl  
Farmoz  
Fisher & Paykel Healthcare Pty Ltd  
Forty Winks Pty Ltd  
Fred Blake Crane Hire  
French, Mr Daryl  
Goode, Mr Mark  
Green Taylor Partners  
Handby, Mrs Joyce  
Harvey Norman Electrical & Furnishings  
Haslau, Dr Peter & Mrs Ros  
Hayes, Ms Anne  
Heart Support Group  
Hoffman, Mr Stuart  
Holden, Ms Laura

Horsham Amcal Chemist  
Horsham Betta Electrical  
Horsham Cyclery  
Horsham Cycling Club  
Horsham Fire Brigade  
Horsham Junior Soccer Club Inc  
Horsham Mid City Meats  
Horsham RSL Sub Branch  
Horsham Sports & Community Club  
Horsham Spring Garden Festival Committee  
Hose, Mrs Norma  
J J O'Connor & Sons  
Janus, Prof Edward  
Jetset – Horsham  
Kerber, Mr Graeme  
Kerber, Mr Morris  
Kerrigan, Mr Michael  
Kids Capers Play Café  
KLM Concreting Pty Ltd  
Kurrajong Lodge Support Group  
LA Tap N Jazz  
Lions Club of Horsham  
Locks Constructions  
Lupton, Mrs Jean  
Macchia's Jewellery  
May, Mrs Shirley  
McCartney, Mr Jacob  
McDonalds Family Restaurant  
McIntyre, Mr John  
Moore Bulk Haulage  
Moore, Ms Kylie  
Murray to Moyne Team  
Neverfail Spring Water  
O'Callaghans Parade Vet Clinic  
Owens, Mrs Lee  
P Miller Contractors Pty Ltd  
Pizzoni Furniture  
Powercor Australia  
Preston, Miss Kay  
Rabone, Mr Keith  
Regional Valuation Services  
Reliance Pty Ltd  
Robertson's Furniture  
Rotary Club of Dimboola  
Rowse-Morcom, Mr & Mrs R  
Russell, Mr Phillip  
Safeway Supermarket  
Sibson, Mrs Dianne

Signs Online  
Sinclair, Mr Murray  
Smallaire Pty Ltd  
Smith Heating and Airconditioning  
St Peters Lutheran Women's Guild Bargain  
Testro Bros International Pty Ltd  
Uebergang, Mrs M  
Voigt, Mrs Betty  
Walker, Mrs Angela  
Walscott, Mr Peter  
Wes Davidson Real Estate Pty Ltd  
Westendorf, Mrs Win  
Wheeler, Mr Edward  
Wigney, Mrs K  
Wilson, Dr David  
Wimmera Base Hospital Ladies Auxiliary  
Wimmera Base Hospital Past Trainees & Associates  
Wimmera Container Line Pty Ltd  
Wimmera Design and Print  
Winiam Hall Committee Incorporated

## DONATIONS IN KIND

During 2007/08, Wimmera Health Care Group has received support in many ways including financial, in-kind and our valued volunteers who support us in many ways. There have been a number of significant fundraising events for Wimmera Health Care Group over the past year including the Murray to Moyne Cycle Relay (the Horsham Cycling club team raised funds for the Dimboola campus whilst a Wimmera Health Care Group team supported the Horsham Campus), the Wimmera German Fest in Dimboola, the Blue Ribbon Foundation Ball, the charity auction ball, fashion parades and raffles, just to name a few. These events have received strong support from local businesses, clubs and community groups for which we are very grateful.

We sincerely thank all who have made donations of ANY KIND to Wimmera Health Care Group and the Wimmera Base Hospital Foundation over the past year.



Members of Wimmera Health Care Group and Horsham Cycling Club, Murray to Moyne cycling relay teams - 2008.



David Johns and Tim Coller with some of the items auctioned at the inaugural Blue Ribbon Foundation Black Tie Ball in Horsham - an event that raised \$20,000 for the emergency department.



# Compliance

## FREEDOM OF INFORMATION

Wimmera Health care Group has received 99 requests for information under the Freedom of Information Act (1982) during the 2007/08 year. In three instances no documents were available and one application was declined. Using discretion, the Health Care Group continues to promote a policy of giving staff, patients and the general public access to information.

## RISK MANAGEMENT COMPLIANCE

Wimmera Health Care Group has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system that enables the executive to understand, manage and satisfactorily control risk exposures. The Improving Performance/Clinical Governance Committee verifies this assurance and that the risk profile of Wimmera Health Care Group has been critically reviewed within the last 12 months.

## EX-GRATIA PAYMENTS

No ex-gratia payments have been incurred and written off during the reporting period.

## VICTORIAN INDUSTRY PARTICIPATION POLICY

Wimmera Health Care Group complies with the requirements of the Victorian Industry Participation Policy Act 2003.

## WHISTLEBLOWERS ACT

Wimmera Health Care Group supports The Whistleblowers Protection Act 2001 by encouraging and facilitating the disclosure of improper conduct to provide protection for persons who make these disclosures and to provide for the investigation of disclosures. Wimmera Health Care Group also complies with the legislation that agencies need to establish procedures and reporting systems including identifying staff responsible for various roles.

### Requirements

- The Human Resources Manager will be the contact person to whom a whistleblower makes a disclosure. The Human Resources Manager will advise the Chief Executive immediately any disclosures have occurred (i.e. the incidence of the disclosure rather than the nature).
- The roles of assessment and investigation of a disclosure are to be kept distinct from welfare management. In the absence of the Human Resources Manager, the Chief Health Information Manager will act as the contact person. Should a disclosure be made regarding the Chief Executive

or member of the Board of Management, it must be reported in the first instance to the President of the Board of Management of Wimmera Health Care Group, then to the Health Ombudsman.

### When a Person Can Make a Disclosure

The whistleblower must believe on reasonable grounds that any of the following has occurred:

Corrupt behaviour by:

- Adversely affecting the honest performance of a staff member, Board member or Wimmera Health Care Group's functions.
- Dishonesty.
- Inappropriate partiality.
- Breach of public trust.
- Misuse of information or material.
- Conspiracy or attempt to engage in corrupt conduct.
- Substantial mismanagement of public resources.
- Conduct involving risk to public health and safety.
- Conduct involving substantial risk to the environment.

### Circumstances in Which a Whistleblower is Protected

For a disclosure to be protected, it must satisfy the following criteria:

- The disclosure must be made to the Human Resources Manager, or their absence, the Chief Health Information Manager, or the Ombudsman.
- The disclosure must relate to the conduct of the Wimmera Health Care Group or a staff member acting in an official capacity.
- The whistleblower must have reasonable grounds for believing that the alleged conduct has occurred.

### Office Bearers

- Protected Disclosure Officer - Chief Health Information Manager.
- Protected Disclosure Co-ordinator - Human Resources Manager.
- Investigator - VHIA representative.
- Welfare Manager - Chief Social Worker.

The roles of the above office bearers and their associated reporting system are contained within the Ombudsman's guidelines, which can be obtained from [www.ombudsman.vic.gov.au](http://www.ombudsman.vic.gov.au).

Number & Type of disclosures made to WHCG since the commencement of the Act

0

Number & Type of disclosures referred to the Ombudsman

0

Number & Type of disclosures referred to WHCG by the Ombudsman

0

Number & Type of disclosures referred by WHCG to the Ombudsman for investigation

0

Number & Type of investigations of disclosures taken over by the Ombudsman from WHCG

0

Number of requests by complainants to have their disclosure investigated by the Ombudsman due to their dissatisfaction with the way that WHCG is investigating the matter.

0

Number & Type of disclosure that WHCG has declined to investigate

0

Number & Type of disclosed matters that were substantiated on investigation & action taken on completion of the investigation

0

Any recommendations made by the Ombudsman that relate to WHCG

0

Authorisation of Compliance  
By Accountable Officer



**CHRIS SCOTT**  
Chief Executive



## CONSULTANCIES

During 2007/08 there were no consultancies over \$100,000. There were 10 consultancies which were individually less than \$100,000 and totalled \$121,831.00. Details are as follows:

	\$
• Day Nielson Internal Audit	6,009
• Wavelength Medical Consulting RMO Recruitment	14,193
• Cleveland McBride Physician Recruitment	38,549
• Howard G Riach Model of Care Review	11,363
• Health Recruitment Specialists Staff Recruitment	10,330
• Inspired HR Human Resources Dept Review	9,200
• Health Financial Staff Recruitment	2,200
• Vanston Consulting Workplace Mediation	3,500
• Reed Personnel Services Staff Recruitment	5,550
• Genesis Now Energy Improvement Project	20,937
<b>Total</b>	<b>121,831</b>

## FINANCIAL MANAGEMENT ACT 1994

In accordance with the direction of the Minister for Finance, Part 9.1.3 (IV), information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request.

## COMPETITIVE NEUTRALITY

All competitive neutrality requirements were met in accordance with Government costing policies for public hospitals.

## DECLARATIONS OF PECUNIARY INTEREST

All necessary declarations have been completed and duly noted at the time of occurrence. Refer to note 18 of the financial statements.

## BUILDING AND MAINTENANCE

All building works have been designed in accordance with DHS Capital Development Guidelines and comply with the Building Act 1993, Building (Interim) Regulations 2005 and Building Code of Australia 2004.

## OCCUPATIONAL HEALTH AND SAFETY

In accordance with the Occupational Health and Safety Act 2004, responsibility is accepted to be proactive and take reasonable practicable measures to ensure health and safety, exchange information and ideas with staff about risks to health and safety and take measures to eliminate or reduce occupational risk.

## COMPLIANCE INDEX

This Annual Report of Wimmera Health Care Group is prepared in accordance with all relevant Victorian legislations. This index has been prepared to facilitate identification of the Health Care Group's compliance with statutory disclosure requirements.

### Ministerial Directions

#### Report of Operations

Wimmera Health Care Group is established under the health Services Act 1988. The responsible Minister during the reporting period is the Hon Bronwyn Pike, MP, and effective 3rd August 2007 the Minister for Health is the Hon Daniel Andrews, MP.

#### Charter & Purpose

FRD 22B	Manner of establishment and the relevant Ministers	(Page 1)
FRD 22B	Objectives, functions, powers and duties	(Page 4)
FRD 22B	Nature and range of services provided	(Page 10)

#### Management & Structure

FRD 22B	Organisational structure	(Page 4)
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#### Financial & Other Information

SD 4.2(j)	Accountable officer, signed report of operations	(Page 6)
SD 4.5.5	Risk Management Compliance	(Page 18)
FRD 22B	Operational and budgetary objectives and performance against objectives	(Page 6)
FRD 22B	Statement of merit and equity	(Page 8)
FRD 22B	Workforce data disclosures	(Page 8)
FRD 22B	Occupational health and safety	(Page 19)
FRD 22B	Summary of the financial results for the year	(Page 22)
FRD 22B	Significant changes in financial position during the year	(Page 22)
FRD 22B	Major changes or factors affecting performance	(Page 6)
FRD 22B	Subsequent events	(Page 6)
FRD 22B	Application and operation of Freedom of Information Act 1982	(Page 18)
FRD 22B	Compliance with building and maintenance provisions of Building Act 1993	(Page 19)
FRD 25	Victorian Industry Participation Policy disclosures	(Page 18)
FRD 22B	Statement on national Competition Policy	(Page 19)
FRD 22B	Application and operation of the Whistleblowers Protection Act 2001	(Page 18)
FRD 22B	Details of consultancies over \$100,000	(Page 18)
FRD 22B	Details of consultancies under \$100,000	(Page 18)
FRD 22B	Statement of availability of other information	(Page 1)
FRD 10	Disclosure index	(Page 19)
FRD 11	Disclosure of ex-gratia payments	(Page 18)
FRD 21A	Responsible person and executive officer disclosures	(Page 53)

#### Financial Statements

Financial statements required under Part 7 of the FMA:

SD 4.2(b)	Operating statement	(Page 24)
SD 4.2(b)	Balance sheet	(Page 25)
SD 4.2(b)	Statement of changes in equity	(Page 26)
SD 4.2(b)	Cash flow statement	(Page 27)
SD 4.2(c)	Accountable officer's declaration	(Page 53)
SD 4.2(c)	Compliance with Australian accounting standards and other authoritative pronouncements	(Page 53)
SD 4.2(c)	Compliance with Ministerial directions	(Page 54)
SD 4.2(d)	Rounding of amounts	(Page 28)

#### Legislation

• Freedom of Information Act 1982, Whistleblowers Protection Act 2001 and Victorian Industry Protection Act 2003	(Page 18)
• Building Act 1993 and Financial Management Act 1994	(Page 19)
• Audit Act 1994	(Page 54)

# Patient Statistics

## WIMMERA COMMUNITY OPTIONS - Linkages / Community Aged Care

Client Referrals	2008	2007	2006
Hindmarsh Shire	39	27	25
Horsham Rural City	68	84	86
West Wimmera Shire	10	22	22
Yarriambiack Shire	26	26	19
Out of Region	0	0	0
<b>Total</b>	<b>143</b>	<b>157</b>	<b>152</b>

## WIMMERA COMMUNITY OPTIONS - Carer Respite Centre

Client Referrals	2008	2007	2006
Hindmarsh Shire	14	30	24
Horsham Rural City	128	130	108
West Wimmera Shire	12	13	13
Yarriambiack Shire	41	46	38
<b>Total</b>	<b>195</b>	<b>219</b>	<b>206</b>

## WIMMERA HOSPICE CARE

Activity	2008	2007	2006
Admissions	113	103	121
Discharges	122	101	126
Occasions of Service	7,692	7,217	7,629

## WIMMERA CENTRE AGAINST SEXUAL ASSAULT

Client Statistics	2008	2007	2006
Clients Registrations	366	227	181
Crisis Care to Assault Victims (includes after hours contacts)	95	97	83
Individual Counselling (telephone & face to face contacts)	506	585	632
Information/ Marketing & Referral	-	-	488
Community Education Activities	416	562	85
Professional Education & Development	-	-	316
Advocacy	308	255	-
Group Work	749	-	-

HACC PROGRAMS - Day Centre	Clients	Occasions	Hours
Planned Activity Group High	131	4,993	17,999
Planned Activity Group Core	86	2,554	9,384
Flexible Response	1	116	116
Volunteer Social Support	44	208	111
Allied Health	309	-	1,380
<b>Total</b>	<b>571</b>	<b>7,871</b>	<b>28,990</b>

NON HACC PROGRAMS - Day Centre	Clients	Occasions	Hours
National Respite for Carers Program	31	331	1,888

HACC PROGRAMS - District Nursing	Clients	Occasions	Hours
Nursing	1,213	21,449	10,996

## NON HACC PROGRAMS - District Nursing Service

	Clients	Occasions	Hours
Hospital in the Home	13	448	459
Post Acute Care	94	1,377	793
Hospital to Home	38	631	343
DVA	75	4,288	1,440
Day Centre	3	252	133
Residential	14	263	88
Benetas - (EACH Packages)	2	55	286
TAC	5	97	52
Workcover	5	39	21
Continence Child Disability	12	52	27
Safety Link	112	153	190
Other Services	5	153	234
<b>Total</b>	<b>378</b>	<b>7,808</b>	<b>4,066</b>

## Acute Inpatients 2007/08

Number of Beds	84
Admissions	10,349
Bed Days	23,427
% Occupancy	80.23
Separations	10,349
Average Length of stay (days)	2.26
Deaths	99
Births	377
Operation	4,603
Same Day Patients	5,962
WIES	6,330

## Visiting Specialist Outpatient Clinics 2007/08

Dermatology (various)	557
ENT	668
Low Vision	53
Obstetrics & Gynaecology	30
Oncology	1,010
Ophthalmology	960
Orthopaedic	1334
Professors	24
Urology	1,198
Vascular	110
<b>Total</b>	<b>5,944</b>

<b>ACAS – Aged Care Assessment Service</b>	<b>High Care</b>	<b>Low Care</b>	<b>Funded Packages</b>	<b>General Assessments</b>	<b>Total</b>
2007/08	77	122	44	164	372

## **RESIDENTIAL SERVICES**

	<b>2008</b>	<b>2007</b>	<b>2006</b>
<b>Wimmera Nursing Home</b>			
Occupancy	99.45%	98.88%	99.7%
Separations	124	158	101
Hospital Admissions	5	17	6
<b>Kurrajong Lodge Hostel</b>			
Occupancy	97.54%	99.67%	99.7%
Separations	227	280	130
Hospital Admissions	36	19	28
<b>Residential Services – Dimboola Campus</b>			
Occupancy	91.39%	99.1%	98%
Separations	12	10	16
Hospital Admissions	5	7	5

## **PRIMARY HEALTH AND SUPPORT SERVICES**

<b>Occasions Of Service</b>	<b>Outpatient</b>	<b>Regional</b>	<b>Group Activities</b>	<b>Group Attendances</b>	<b>Dom. Visits</b>	<b>Inpatient</b>	<b>Emergency</b>
<b>2007/08</b>							
Audiology	811						
Community Rehabilitation Centre	4,407		295				
Community Nursing	2,022		33	1,416			
Dental	6,135		5	89		187	
Dietetics	628		10	300		1,750	
Domiciliary Nursing			17	218	658		
Emergency							16,113
Lactation Consultant	75		21	73	13	268	
Occupational Therapy	1,239	152	85	425	1,498	998	
Pharmacy (items dispensed)	8,146					3,106	3,271
Pharmacy (patient occasions)	3,321					1,683	1,952
Physiotherapy	7,910	130	214	1271	35	3,119	
Podiatry	2,138				269	65	
Social Work	1,116		37	395		947	
Speech Pathology	1,647	239	8	64	43	617	35
<b>Total</b>	<b>39,595</b>	<b>521</b>	<b>725</b>	<b>4,251</b>	<b>2,516</b>	<b>12,740</b>	<b>21,371</b>

## **HARP CHRONIC DISEASE MANAGEMENT**

	<b>New Clients</b>	<b>Contacts</b>
Chronic Respiratory Disease	23	444
Chronic Heart Failure	11	298
Diabetes	1	73
People with Complex Psychosocial needs	43	1,097
<b>Total</b>	<b>78</b>	<b>1,912</b>

# Finances at a Glance

The financial stability of Wimmera Health Care Group continues to be a major focus of the Board of Management, Department Heads and the Executive Group. A pleasing operating result for the year is evidence of the close scrutiny applied to ensuring an efficient and effective use of the financial resources made available to the Group through Government, client and other contributors.

Key highlights of the 2007/08 financial year included:

- An operating surplus (prior to depreciation and capital items) for the 2007/08 financial year of \$291,000.
- Current Asset Ratio improvement from 0.50 to 0.62 indicating improved ability to pay commitments as they fall due.
- A healthy increase in cash held by the organisation whilst recognising that the major proportion of cash held is tied to particular projects.
- Inpatients treated exceeding 10,000 for the first time in history.

In recognising these highlights, Wimmera Health Care Group is mindful that maintaining a surplus in future years will remain a challenge.

In celebrating the financial result, the Group is mindful of the following:

- Whilst more inpatients were treated during the financial year, in general the complexity of what they were treated for was lower. This in part reflects the challenges of recruiting specialists into rural areas. As such, Wimmera Health Care Group failed to achieve its WIES targets for the financial year.
- Some of the contributing factors to the positive financial result were one-off in nature.
- An ageing infrastructure, particularly in residential aged care, requiring significant funds to maintain, replace and enhance.

The Department of Human Services continues to be committed to ensuring health services achieve a satisfactory operating result. Wimmera Health Care Group has worked in conjunction with the Department and appreciates its assistance in monitoring our financial result and planning for the financial impacts of meeting the future needs of our community.

During the 2007/08 financial year, implementation of a new residential aged care system was commenced. This management system is expected to go live during the 2008/09 financial year and is anticipated to assist in compiling information that will ensure funding is more aligned to the care each resident actually requires. It would be expected that implementation of this technology would therefore ensure a better financial result in this area.

New information systems are currently under consideration in the areas of patient management and financial management. A new financial management system would be likely to further increase efficiency in relation to the management of supplies within the organisation. If implementation of these systems is agreed they are likely to be achieved in the 2008/09 and 2009/10 financial years respectively.

With continued scrutiny to the management of the Wimmera Health Care Group's finances by the Executive Group, it is anticipated that the organisation will achieve a satisfactory operating result in the 2008/09 financial year.

WHERE THE MONEY CAME FROM	2007/08	2006/07	2005/06
	\$'000	\$'000	\$'000
Government	48,236	48,343	45,280
Patients	4,079	4,026	3,618
Other	5,914	4,969	4,098
<b>Total</b>	<b>58,229</b>	<b>57,338</b>	<b>52,996</b>

HOW THE MONEY WAS SPENT	2007/08	2006/07	2005/06
	\$'000	\$'000	\$'000
Salaries and Wages	36,496	33,313	31,538
Suppliers	18,802	20,883	19,869
Interest	61	71	73
Building and Equipment	1,372	1,778	1,899
Repayment of Borrowings	78	23	17
<b>Total</b>	<b>56,809</b>	<b>56,068</b>	<b>53,396</b>
<b>Net Increase(Decrease) in Cash Held</b>	<b>1,420</b>	<b>1,270</b>	<b>(400)</b>

COMPARATIVE FINANCIAL RESULTS	2007/08	2006/07	2005/06
	\$'000	\$'000	\$'000
Total Revenue	56,268	50,552	50,035
Total Expenses	56,907	51,805	51,415
Net Result For The Year	(639)	(1,253)	(1,380)
Retained Surplus (Accumulated Deficit)	(4,984)	(3,769)	(2,273)
Total Assets	38,107	37,313	38,556
Total Liabilities	13,675	12,564	12,608
Net Assets	24,432	24,749	25,948
<b>Total Equity</b>	<b>24,432</b>	<b>24,749</b>	<b>25,948</b>

## SERVICE ACTIVITY AND EFFICIENCY MEASURES

Efficiency Indicators	2007/08	2006/07	2005/06
Untrimmed AN - DRG Weight	0.6085	0.6524	0.6694
Inpatient Costs - Acute	\$30,080,000	\$28,380,000	\$25,533,000
- Nursing Homes	\$8,980,000	\$8,474,000	\$7,920,000
Outpatient Costs	\$6,315,000	\$5,957,000	\$5,602,000
Cost per Separation	\$2,890	\$2,886	\$2,630
Cost per Inpatient Day	\$1,286	\$1,208	\$1,133
Cost per Separation DRG Adjusted	\$4,749	\$4,423	\$3,930
Cost per Outpatient Occasion	\$52	\$48	\$45

MAJOR EQUIPMENT PURCHASES	2007/08
	\$'0
Bariatric Drive Wheelchair	6,600
Body Fat Analyser	2,645
Breastpump	2,000
Carpet Extractor	5,000
Carrum Manipulation Table	2,500
Datascope Vital Signs Monitor	62,500
Dental Chair	14,170
Duress Security Alarm	11,878
Econolift RMS	5,760
Emergency Cart	2,750
Emergency Trolley	2,644
Fire Service Upgrade	55,880
Heartsteam Monitor Upgrade	5,124
Heat Exchanger	5,520
Heating/Cooling Unit x 2	15,195
Jumbo Coolers	22,209
M Series Defibrillator	11,594
Manipulation Table	2,750
Model Trimmer	4,335
Patient Trolley x 2	13,827
Phototherapy Unit	3,500
Pulse Oximeter	4,337
Stress ECG System	35,850
Treadmill	8,316
Utensil Washer	5,488
Ventilators x 2	73,956
Video Colonoscope x 2	62,950
Vital Signs Monitor x 5	17,150
Water Main Extension	7,260
<b>TOTAL</b>	<b>473,688</b>





Wimmera  
Health Care  
Group

## Financial Statements 2007/08

# Financial Statements

## WIMMERA HEALTH CARE GROUP OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

		2008	2007
	NOTE	\$'000	\$'000
Revenue from Operating Activities	2	54,486	49,122
Revenue from Non-Operating Activities	2a	555	424
Employee Benefits	2b	(37,223)	(32,906)
Non Salary Labour Costs	2b	(2,569)	(2,751)
Supplies and Consumables	2b	(5,259)	(5,089)
Other Expenses from Continuing Operations	2b	(9,638)	(8,808)
Finance Costs	5	(61)	(71)
<b>Net Result Before Capital &amp; Specific Items</b>		291	(79)
Capital Purpose Income	2	1,227	938
Depreciation	4	(2,157)	(2,168)
Expenditure Using Capital Purpose Income		-	(11)
<b>NET RESULT FOR THE YEAR</b>	14c	(639)	(1,320)

This statement should be read in conjunction with the accompanying notes

**WIMMERA HEALTH CARE GROUP**  
**BALANCE SHEET AS AT 30 JUNE 2008**

	NOTES	2008 \$'000	2007 \$'000
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Cash Equivalents	6	4,902	3,208
Receivables	7	1,275	1,037
Other Financial Assets	8	852	785
Inventory	9	401	373
Prepayments		166	119
<b>Total Current Assets</b>		<b>7,596</b>	<b>5,522</b>
<b>Non-Current Assets</b>			
Receivables	7	374	222
Property, Plant & Equipment	10	30,137	31,006
<b>Total Non-Current Assets</b>		<b>30,511</b>	<b>31,228</b>
<b>TOTAL ASSETS</b>		<b>38,107</b>	<b>36,750</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	11	2,884	2,848
Interest Bearing Liabilities	12	113	50
Provisions	13	7,497	6,751
Other Liabilities	8a	1,840	1,500
<b>Total Current Liabilities</b>		<b>12,334</b>	<b>11,149</b>
<b>Non-Current Liabilities</b>			
Interest Bearing Liabilities	12	482	623
Provisions	13	859	792
<b>Total Non-Current Liabilities</b>		<b>1,341</b>	<b>1,415</b>
<b>TOTAL LIABILITIES</b>		<b>13,675</b>	<b>12,564</b>
<b>NET ASSETS</b>		<b>24,432</b>	<b>24,186</b>
<b>EQUITY</b>			
Asset Revaluation Reserve	14a	2,730	2,282
Restricted Specific Purpose Reserve	14a	730	591
Contributed Capital	14b	25,956	25,519
Accumulated Surplus/(Deficit)	14c	(4,984)	(4,206)
<b>TOTAL EQUITY</b>	14d	<b>24,432</b>	<b>24,186</b>
Contingent Liabilities and Contingent Assets	20		
Commitments for Expenditure	17		
This statement should be read in conjunction with the accompanying notes			

# Financial Statements

## WIMMERA HEALTH CARE GROUP STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2008

	2008	2007
NOTE	\$,000	\$,000
<b>Total equity at beginning of financial year</b>	24,186	25,506
Gain on Asset Revaluation	448	-
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>	24,634	25,506
Net result for the year	(639)	(1,320)
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>	23,995	24,186
Transactions with the state in its capacity as owner	437	-
<b>Total Equity at the end of the financial year</b>	24,432	24,186

This statement should be read in conjunction with the accompanying notes



**WIMMERA HEALTH CARE GROUP**  
**CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2008**

	2008	2007
NOTE	\$'000	\$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Operating Grants from Government	46,699	48,068
Patient and Resident Fees Received	4,079	4,026
Donations and Bequests Received	107	640
Other Receipts	4,059	3,522
GST Received from (paid to) ATO	1,164	(2,480)
Employee Benefits Paid	(36,496)	(33,313)
Fee for Service Medical Officers	(2,569)	(2,751)
Payments for Supplies and Consumables	(5,958)	(5,465)
Finance Costs	(61)	(71)
Other Payments	(10,275)	(10,186)
<b>Cash Generated from Operations</b>	<u>749</u>	<u>1,990</u>
Capital Grants from Government	1,100	275
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	<u>15</u> <u>1,849</u>	<u>2,265</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of Plant & Equipment	(1,372)	(1,778)
Proceeds from Sale of Property Plant & Equipment	584	739
<b>NET CASH (OUTFLOW) FROM INVESTING ACTIVITIES</b>	<u>(788)</u>	<u>(1,039)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Contributed Capital from Government	437	-
Repayment of Borrowings	(78)	(23)
<b>NET CASH INFLOW FROM FINANCING ACTIVITIES</b>	<u>359</u>	<u>(23)</u>
<b>NET INCREASE/(DECREASE) IN CASH HELD CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<u>1,420</u>	<u>1,203</u>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<u>6</u> <u>2,493</u>	<u>1,290</u>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<u>6</u> <u>3,913</u>	<u>2,493</u>

This statement should be read in conjunction with the accompanying notes

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

#### 1.1 Statement of Compliance

The financial report is a general purpose financial report which has been prepared on an accrual basis in accordance with the Financial Management Act 1994, applicable Australian Accounting Standards (AAS), which includes the Australian accounting standards issued by the Australian Accounting Standards Board (AASB), Interpretations and other mandatory professional requirements.

#### 1.2 Basis of Preparation

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

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

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

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

#### 1.3 Reporting Entity

The financial statements include all the controlled activities of the Group. The Group is a not-for-profit entity and therefore applies the additional Aus paragraphs applicable to not-for-profit entities under the AASs.

#### 1.4 Rounding off

All amounts shown in the financial report are expressed to the nearest \$1,000 unless otherwise stated.

#### 1.5 Deconsolidation of Controlled Entity

The Wimmera Health Care Group was previously consolidated to include the Wimmera Base Hospital Foundation. The Wimmera Health Care Group no longer meets the requirement of control in accordance with AASB 127 *Consolidated and Separate Financial Statements* as a result of the removal of the guidance to this Accounting Standard in April 2006, therefore this foundation was deconsolidated in June 2006.

#### 1.6 Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For the cash flow statement presentation purposes, cash and cash equivalents include bank overdrafts, which are included as current borrowings in the balance sheet.

#### 1.7 Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists. Bad debts are written off when identified. Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

#### 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. Cost is determined principally by the first-in, first-out method.

#### 1.9 Other Financial Assets

Other financial assets are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transactions costs. The Group classifies its other financial assets between current and non current assets based on the purpose for which the assets were acquired. The Group assesses at each balance sheet date whether a financial asset or group of financial assets is impaired. Dividend revenue is recognised on a receivable basis. Interest revenue is recognised on a time proportionate basis that takes into account the effective yield on the financial asset.

**WIMMERA HEALTH CARE GROUP  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2008**

**1.10 Property Plant and Equipment**

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

**Land and Buildings** are recognised initially at cost and subsequently measured at fair value less accumulated depreciation.

**Plant, Equipment and vehicles** are measured at cost less accumulated depreciation and impairment.

**1.11 Revaluation of Property, Plant and Equipment**

Non-current physical assets measured at fair value are revalued in accordance with FRD103C. This revaluation process normally occurs every five years, as dictated by timelines in FRD103C which sets the next revaluation to occur on 30 June 2009, or earlier should there be an indication that fair values are materially different from the carrying value.

Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

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

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

Revaluation increases and revaluation decreases relating to individual assets within a class of property, plant and equipment are offset against one another within that class but are not offset in respect of assets in different classes.

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

**1.12 Depreciation**

Assets with a cost in excess of \$1,000 (2006-07 and 2007-08) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the straight-line method.

Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually.

This depreciation charge is not funded by the Department of Human Services.

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

	2008	2007
Buildings	40 to 50 years	40 to 50 years
Plant and Equipment	4 to 20 years	4 to 20 years
Motor Vehicles	4 years	4 years
Furniture and Fittings	4 to 20 years	4 to 20 years
Linen	6 years	6 years

**1.13 Impairment of Assets**

Assets are assessed annually for indications of impairment, except for inventories.

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

The recoverable amount of most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash flows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell. It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made.

**1.14 Payables**

These amounts consist predominantly of liabilities for goods and services.

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

The normal credit terms are usually Nett 30 days.

**1.15 Provisions**

Provisions are recognised when the Group has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

**1.16 Interest Bearing Liabilities**

Interest bearing liabilities in the Balance Sheet are recognised at fair value upon initial recognition. Subsequent to initial recognition, interest bearing liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability using the effective interest rate method. Fair value is determined in the manner described in Note 12.

**1.17 Functional and Presentation Currency**

The presentation currency of the Group is the Australian dollar, which has also been identified as the functional currency of the Group.

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### 1.18 Goods and Services Tax

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable.

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

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

### 1.19 Employee Benefits

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

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

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

#### Long Service Leave

**Current Liability-unconditional LSL** (representing 10 or more years of continuous service) is disclosed as a current liability regardless of whether the Group does not expect to settle the liability within 12 months as it does not have the unconditional right to defer the settlement of the entitlement should an employee take leave.

The components of this current LSL liability are measured at:

present value -component that the Group does not expect to settle within 12 months; and

nominal value-component that the Group expects to settle within 12 months.

**Non-Current Liability-conditional LSL** (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until 10 years of service has been completed by an employee.

Conditional LSL is required to be measured at present value.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service.

Expected future payments are discounted using interest rates of national Government guaranteed securities in Australia.

### Superannuation

#### Defined Contribution Plans

Contributions to defined contribution superannuation plans are expensed when incurred.

#### Defined benefit plans

The amount charged to the Operating Statement in respect of defined benefit plan superannuation represents the contributions made by the Group to the superannuation plan in respect to the current services of current Group staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of the Group are entitled to receive superannuation benefits and the Group contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service and final average salary.

The name and details of the major superannuation funds and contributions made by the Wimmera Health Care Group are as follows:

Fund	Contributions Paid or Payable for the year	
	2008 \$'000	2007 \$'000
<b>Defined benefits plans:</b>		
Health Super	302	283
<b>Defined contribution plans:</b>		
Health Super	2566	2446
Other	148	105
<b>Total</b>	<b>3016</b>	<b>2834</b>

The Group does not recognise any defined benefit liability in respect of the superannuation plans because the Group has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial report.

### On-Costs

Employee benefit on-costs (workers compensation, superannuation, annual leave) are recognised separately from provision for employee benefits.

### 1.20 Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred.

Finance Costs include interest on bank overdrafts and short-term and long-term borrowings.

### 1.21 Operating Leases

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Operating lease payments, including any contingent rentals, are recognised as an expense in the operating statement on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset.



**WIMMERA HEALTH CARE GROUP  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2008**

**1.22 Income Recognition**

Revenue is recognised in accordance with AASB 118 *Revenue* and is recognised as revenue to the extent they are earned. Unearned income at reporting date is reported as income received in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

**Government Grants**

Grants are recognised as income when the Group gains control of the underlying assets in accordance with AASB 1004. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as income when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

**Indirect Contributions**

- Insurance is recognised as revenue following advice from the Department of Human Services.
- Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 13/2008.

**Patient and Resident Fees**

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

**Donations and Other Bequests**

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as specific restricted purpose reserve.

**Dividend Revenue**

Dividend revenue is recognised on a receivable basis.

**Interest Revenue**

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

**1.23 Fund Accounting**

The Group operates on a fund accounting basis and maintains three funds: operating, specific purpose and capital funds. The Group's Capital and Specific Purpose Fund comprise unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds.

**1.24 Services Supported by Health Services Agreement and Services supported by Hospital and Community initiatives**

The activities classified as Services Supported by Health Services Agreement (HSA) are substantially funded by the Department of Human Services and includes Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while Services Supported by Hospital and Community Initiatives (Non HSA) are funded by the Group's own activities or local initiatives and/or the Commonwealth.

**1.25 Comparative Information**

There have been no changes to previous year's figures.

**1.26 Asset Revaluation Reserve**

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

**1.27 Information Technology Alliance**

In June 2008, the Department of Human Services issued circular number 17/2008, which outlines government requirements for the operation of rural health information and communication technology (ICT) alliances. The policy outlines the accepted governance model for the operation of the ICT alliances. The policy requires public hospitals, public health services and community health centres which are declared or established under the Health Services Act 1988, to enter into the alliance for the region in which they operate, in accordance with a Joint Venture Agreement (JVA). Consistent with this policy, upon the commencement of the JVA, Wimmera Health Care Group will assume certain rights and obligations, as member of the joint venture.

**1.28 Restricted Specific Purpose Reserve**

The restricted specific purpose reserve is established where the Group has possession or title to the funds but has no discretion to amend or vary the restriction and/or condition underlying the funds received.

**1.29 Residential Aged Care Services**

Residential Aged Care Service operations are an integral part of the group and share its resources. The results of operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### 1.30 Net Result Before Capital & Specific Items

The subtotal entitled 'Net Result Before Capital & Specific Items' is included in the Operating Statement to enhance the understanding of the financial performance of the Group. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The Net Result Before Capital & Specific Items is used by the management of the Group, the Department of Human Services and the Victorian Government to measure the ongoing result of Health Services in operating hospital services.

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

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Specific income/expense, comprises the following items, where material:
  - Forgiveness of loans
- Impairment of non current assets, includes all impairment losses (and reversal of previous impairment losses), related to non current assets only which have been recognised in accordance with note 1.13.
- Depreciation and amortisation, as described in note 1.12.
- Expenditure using capital purpose income, which comprises expenditure using capital purpose income which falls below the asset capitalisation threshold and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

### 1.31 Category Groups

The Group has used the following category groups for reporting purposes for the current and previous financial years.

**Admitted Patient Services (Admitted Patients)** comprises all recurrent health revenue/expenditure on admitted patient services, where services are delivered in public hospitals, or free standing day hospital facilities, or alcohol and drug treatment units or hospitals specialising in dental services, hearing and ophthalmic aids.

**Outpatient Services (Outpatients)** comprises all recurrent health revenue/expenditure on public hospital type outpatient services, where services are delivered in public hospital outpatient clinics, or free standing day hospital facilities, or alcohol and drug treatment units, or outpatient clinics specialising in ophthalmic aids or palliative care.

**Emergency Department Services (EDS)** comprises all recurrent health revenue/expenditure on emergency department services that are available free of charge to public patients.

**Off Campus, Ambulatory Services (Ambulatory)** comprises all recurrent health revenue/expenditure on public hospital type services including palliative care facilities and rehabilitation facilities, as well as services provided under the following agreements: Services that are provided or received by hospitals ( or area health services ) but are delivered/received outside a hospital campus, services which have moved from a hospital to a community setting since June 1998, services which fall within the agreed scope of inclusions under the new system, which have been delivered within the hospital's i.e. in rural/ remote areas.

**Aged Care** comprises revenue/expenditure from Home and Community Care (HACC) programs, Allied Health, Aged Care Assessment and support services.

**Primary Health** comprises revenue/expenditure for Community Health Services including health promotion and counselling, physiotherapy, speech therapy, podiatry and occupational therapy.

**Other Services excluded from Australian Health Care Agreement (AHCA) (Other)** comprises revenue/expenditure for services not separately classified above, including: Public health services including Laboratory testing, Blood Borne Viruses/ Sexually Transmitted Infections clinical services, Kooris liaison officers, immunisation and screening services, Drug services including drug withdrawal, counselling and the needle and syringe program, Dental Health services including general and specialist dental care, school dental services and clinical education, Disability services including aids and equipment and flexible support packages to people with a disability, Community Care programs including sexual assault support, early parenting services, parenting assessment and skills development, and various support services. Health and Community Initiatives also falls in this category group.

**WIMMERA HEALTH CARE GROUP**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2008**

**1.32 New Accounting Standards and Interpretations**

Certain new accounting standards and interpretations have been published that are not mandatory for June 2008 reporting period. As at 30 June 2008, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008. The Group has not and does not intend to adopt these standards early.

Standard/ Interpretation	Summary	Applicable for reporting periods beginning on or ending on	Impact on Health Service's Annual Statements
AASB 7-2 Amendments to Australian Accounting Standards arising from AASB Interpretation 12.	Amendments arise from the release in Feb 2007 of interpretation 12 Service Concession Arrangements.	Beginning 1 Jan 2008	The impact of any changes that may be required cannot be reliably estimated and is not disclosed in the financial report.
AASB 8 Operating Segments.	Supersedes AASB 114 Segment Reporting.	Beginning 1 January 2009	Not applicable
AASB 2007-3 Amendments to Australian Accounting Standards arising from AASB 8 (AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 and AASB 1038)	An accompanying amending standard, also introduced consequential amendments into other Standards.	Beginning 1 January 2009	Impact expected to be not significant.
AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 (AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretation 1 & 12)	Option to expense borrowing cost related to a qualifying asset had been removed. Entities are now required to capitalise borrowing costs relevant to qualifying assets.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101.	Editorial amendments to Australian Accounting Standards to align with IFRS terminology.	Beginning 1 January 2009	Impact expected to be not significant.
Interpretation 12 Service Concession Agreements	Amendments arising from the release of AASB 2007-06	Beginning 1 January 2009	Impact expected to be not significant.
AASB 1004 (Revised) Contributions	Relocation of requirements on contributions from AAS's 27, 29 and 31, into AASB 1004.	Beginning 1 July 2008	Impact expected to be not significant.
AASB 1050 Administered Items	Relocation of the requirements for the disclosure of administered items from AAS 29 into a new topic-based Standard.	Beginning 1 July 2008	Impact expected to be not significant.

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 2: REVENUE

	HSA 2008 \$'000	HSA 2007 \$'000	Non HSA 2008 \$'000	Non HSA 2007 \$'000	Total 2008 \$'000	Total 2007 \$'000
<b>Revenue from Operating Activities</b>						
Government Grants						
- Department of Human Services	37,652	34,846	-	-	37,652	34,846
- Other Victorian State Government	95	-	-	-	95	-
- Dental Health Services Victoria	922	772	-	-	922	772
- Commonwealth Government						
- Residential Aged Care Subsidy	5,239	4,725	-	-	5,239	4,725
- Other	2,660	2,045	-	-	2,660	2,045
<b>Total Government Grants</b>	<b>46,568</b>	<b>42,388</b>	<b>-</b>	<b>-</b>	<b>46,568</b>	<b>42,388</b>
Indirect Contributions by Department of Human Services						
- Insurance	810	989	-	-	810	989
- Long Service Leave	273	(670)	-	-	273	(670)
<b>Total Indirect Contributions by Department of Human Services</b>	<b>1,083</b>	<b>319</b>	<b>-</b>	<b>-</b>	<b>1,083</b>	<b>319</b>
Patient and Resident Fees						
- Patient and Resident Fees (refer note 2b)	2,064	1,952	-	-	2,064	1,952
- Residential Aged Care (refer note 2b)	2,090	1,979	-	-	2,090	1,979
<b>Total Patient and Resident Fees</b>	<b>4,154</b>	<b>3,931</b>	<b>-</b>	<b>-</b>	<b>4,154</b>	<b>3,931</b>
Residential Accommodation Payments	-	-	54	49	54	49
Other Revenue from Operating Activities	1,488	1,169	1,139	1,266	2,627	2,435
<b>Sub-Total Revenue from Operating Activities</b>	<b>53,293</b>	<b>47,807</b>	<b>1,193</b>	<b>1,315</b>	<b>54,486</b>	<b>49,122</b>
<b>Revenue from Non-Operating Activities</b>						
Donations and Bequests	-	-	33	27	33	27
Interest	-	-	350	228	350	228
Property Income	-	-	172	169	172	169
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>-</b>	<b>-</b>	<b>555</b>	<b>424</b>	<b>555</b>	<b>424</b>
<b>Revenue from Capital Purpose Income</b>						
State Government Capital Grants						
- Other	-	-	1,100	275	1,100	275
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	-	-	53	50	53	50
Donations and Bequests	-	-	74	613	74	613
<b>Sub-Total Revenue from Capital Purpose Income</b>	<b>-</b>	<b>-</b>	<b>1,227</b>	<b>938</b>	<b>1,227</b>	<b>938</b>
<b>Total Revenue (refer note 2a)</b>	<b>53,293</b>	<b>47,807</b>	<b>2,975</b>	<b>2,677</b>	<b>56,268</b>	<b>50,484</b>



**NOTE 2a: ANALYSIS OF REVENUE BY SOURCE**

Indirect contributions by the Department of Human Services:-  
Department of Human Services makes certain payments on behalf of the Group. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 2a: ANALYSIS OF REVENUE BY SOURCE (Continued)

	Admitted Patients 2007 \$'000	Out Patients 2007 \$'000	EDS 2007 \$'000	Ambul atory 2007 \$'000	RAC 2007 \$'000	Aged Care 2007 \$'000	Primary Health 2007 \$'000	Other 2007 \$'000	Total 2007 \$'000
<b>Revenue from Services Supported by Health Services Agreement</b>									
Government Grants	23,273	3,604	1,795	910	6,975	4,039	1,792		42,388
Indirect Contributions by Department of Human Services	123	-	-	-	230	-	(34)	-	319
Patient and Resident Fees (note 2b)	1,399	360	-	-	1,776	203	193	-	3,931
Other	1,123	-	1	36	-	9	-	-	1,169
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>25,918</b>	<b>3,964</b>	<b>1,796</b>	<b>946</b>	<b>8,981</b>	<b>4,251</b>	<b>1,951</b>	<b>-</b>	<b>47,807</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>									
Laundry	-	-	-	-	-	-	-	1,154	1,154
Specific Purposes	-	-	-	-	-	-	-	246	246
Property Income	-	-	-	-	-	-	-	169	169
Capital Purpose Income (note 2)	-	-	-	-	-	-	-	818	818
Net Gain/(Loss) on Disposal of Non-Current Assets (refer note 2c)	-	-	-	-	-	-	-	50	50
Interest	-	-	-	-	-	-	-	240	240
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,677</b>	<b>2,677</b>
<b>Total Revenue from All Sources</b>	<b>25,918</b>	<b>3,964</b>	<b>1,796</b>	<b>946</b>	<b>8,981</b>	<b>4,251</b>	<b>1,951</b>	<b>2,677</b>	<b>50,484</b>

Indirect contributions by the Department of Human Services:-  
Department of Human Services makes certain payments on behalf of the Group. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

**WIMMERA HEALTH CARE GROUP  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2008**

**NOTE 2b: PATIENT AND RESIDENT FEES**

<b>Patient and Resident Fees Raised</b>	2008	2007
<b>Recurrent:</b>	\$'000	\$'000
Acute:		
- Inpatients	1,448	1,399
- Outpatients	393	360
Residential Aged Care	1,935	1,776
Aged Care	155	203
Primary Care	223	193
<b>Total Recurrent</b>	<b>4,154</b>	<b>3,931</b>
<b>Capital Purpose</b>		
Residential Accommodation Payments	54	49
<b>Total Capital</b>	<b>4,208</b>	<b>3,980</b>

Commonwealth Nursing Home and Hostel inpatient benefits are included in Patient Fees.  
The Group charges fees in accordance with the Department of Human Services directives.

**NOTE 2c: NET GAIN/(LOSS) ON DISPOSAL OF NON-CURRENT ASSETS**

	2008	2007
	\$'000	\$'000
<b>Plant and Equipment</b>		
Proceeds from Disposals	584	739
Less: Written Down Value of Assets Sold	(531)	(689)
<b>Net gains/(losses) from Disposal of Non-Current Assets</b>	<b>53</b>	<b>50</b>

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 3:EXPENSES

	HSA 2008 \$'000	HSA 2007 \$'000	Non HSA 2008 \$'000	Non HSA 2007 \$'000	Total 2008 \$'000	Total 2007 \$'000
<b>Employee Benefits:-</b>						
Salaries and Wages	31,914	28,753	932	1,026	32,846	29,779
Workcover	468	475	29	-	497	475
Superannuation (refer note 1.19)	2,923	2,736	93	98	3,016	2,834
Long Service Leave	830	(196)	34	14	864	(182)
<b>Total Employee Benefits</b>	<b>36,135</b>	<b>31,768</b>	<b>1,088</b>	<b>1,138</b>	<b>37,223</b>	<b>32,906</b>
<b>Non Salary Labour Costs:-</b>						
Fee for Service Medical Officers	2,569	2,751	-	-	2,569	2,751
<b>Total Non Salary Labour Costs</b>	<b>2,569</b>	<b>2,751</b>	<b>-</b>	<b>-</b>	<b>2,569</b>	<b>2,751</b>
<b>Supplies &amp; Consumables:-</b>						
Drug Supplies	1,864	1,783	-	-	1,864	1,783
SI00 Drugs	202	161	-	-	202	161
Medical & Surgical Supplies	2,258	2,308	-	-	2,258	2,308
Pathology Supplies	11	8	-	-	11	8
Food Supplies	923	827	1	2	924	829
<b>Total Supplies and Consumables</b>	<b>5,258</b>	<b>5,087</b>	<b>1</b>	<b>2</b>	<b>5,259</b>	<b>5,089</b>
<b>Expenditure using Capital Purpose</b>						
Income	-	11	-	-	-	11
<b>Total Expenditure using Capital Purpose</b>	<b>-</b>	<b>11</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11</b>
<b>Other Expenses from Continuing Operations</b>						
Domestic Services	354	334	90	85	444	419
Repairs & Maintenance	760	905	94	117	854	1,022
Maintenance Contracts	319	295	-	-	319	295
Energy Charges	966	952	-	-	966	952
Insurance Costs funded by DHS	810	989	-	-	810	989
Patient Transport	738	652	-	-	738	652
Administrative Expenses	4,054	3,127	61	64	4,115	3,191
Audit Fees	63	63	-	8	63	71
Bad & Doubtful Debts	64	91	5	-	69	91
Pathology Services	544	493	-	-	544	493
Radiology Services	565	573	-	-	565	573
Finance Costs (refer note 5)	61	71	-	-	61	71
Other	14	-	137	60	151	60
<b>Total Other Expenses from Continuing Operations</b>	<b>9,312</b>	<b>8,545</b>	<b>387</b>	<b>334</b>	<b>9,699</b>	<b>8,879</b>
Depreciation (refer note 4)	-	-	2,157	2,168	2,157	2,168
<b>Total</b>	<b>-</b>	<b>-</b>	<b>2,157</b>	<b>2,168</b>	<b>2,157</b>	<b>2,168</b>
<b>Total Expenses</b>	<b>53,274</b>	<b>48,162</b>	<b>3,633</b>	<b>3,642</b>	<b>56,907</b>	<b>51,804</b>

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



**WIMMERA HEALTH CARE GROUP**  
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**Note 3a: Analysis of Expenses by Source**

	Admitted Patients 2008	Out Patients 2008	EDS 2008	Ambul atory 2008	RAC 2008	Aged Care 2008	Primary Health 2008	Other 2008	Total 2008
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Services Supported by</b>									
<b>Health Services Agreement</b>									
Employee Benefits	18,630	2,535	1,642	809	8,347	2,757	1,415	-	36,135
Non Salary Labour Costs	2,569	-	-	-	-	-	-	-	2,569
Supplies & Consumables	3,875	224	95	44	565	274	181	-	5,258
Other Expenses	4,697	591	774	219	1,076	1,453	441	-	9,251
<b>Sub-Total Expenses from</b>									
<b>Services Supported by</b>									
<b>Health Services Agreement</b>									
<b>Services Supported by Hospital</b>	29,771	3,350	2,511	1,072	9,988	4,484	2,037	-	53,213
<b>and Community Initiatives</b>									
Employee Benefits:-	-	-	-	-	-	-	-	1088	1088
Supplies & Consumables	-	-	-	-	-	-	-	1	1
Other Expenses	31	4	-	-	5	1	4	337	382
Finance Costs (refer note 5)	14	-	-	-	-	-	-	47	61
Bad & Doubtful Debts	-	-	-	-	-	-	-	5	5
Depreciation (refer note 4)	1,523	-	-	-	381	-	-	253	2,157
<b>Sub-Total Expenses from</b>									
<b>Services Supported by</b>									
<b>Hospital and Community</b>									
<b>Initiatives</b>	1,568	4	-	-	386	1	4	1,731	3,694
<b>Services Supported by Capital Sources</b>									
	31,339	3,354	2,511	1,072	10,374	4,485	2,041	1,731	56,907

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

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### Note 3a: Analysis of Expenses by Source (Continued)

	Admitted Patients 2007 \$'000	Out Patients 2007 \$'000	EDS 2007 \$'000	Ambul atory 2007 \$'000	RAC 2007 \$'000	Aged Care 2007 \$'000	Primary Health 2007 \$'000	Other 2007 \$'000	Total 2007 \$'000
<b>Services Supported by Health Services Agreement</b>									
Employee Benefits	15,797	2,166	1,445	792	7,882	2,512	1,174	-	31,768
Non Salary Labour Costs	2,751	-	-	-	-	-	-	-	2,751
Supplies & Consumables	3,770	218	90	41	525	261	181	1	5,087
Other Expenses	4,483	450	713	36	1,181	1,198	413	1	8,475
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>26,801</b>	<b>2,834</b>	<b>2,248</b>	<b>869</b>	<b>9,588</b>	<b>3,971</b>	<b>1,768</b>	<b>2</b>	<b>48,081</b>
<b>Services Supported by Hospital and Community Initiatives</b>									
Employee Benefits	-	-	-	-	-	-	-	1,138	1,138
Supplies & Consumables	-	-	-	-	-	-	-	2	2
Other Expenses	38	6	-	-	6	2	4	277	333
Finance Costs (refer note 5)	13	-	-	-	-	-	-	58	71
Depreciation (refer note 4)	1528	-	-	-	385	-	-	255	2,168
<b>Sub-Total Expenses from Services Supported by Hospital and Community Initiatives</b>	<b>1,579</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>391</b>	<b>2</b>	<b>4</b>	<b>1,730</b>	<b>3,712</b>
<b>Services Supported by Capital Sources</b>									
Capital Replacements	-	-	-	-	-	-	-	11	11
<b>Total Expenses</b>	<b>28,380</b>	<b>2,840</b>	<b>2,248</b>	<b>869</b>	<b>9,979</b>	<b>3,973</b>	<b>1,772</b>	<b>1,743</b>	<b>51,804</b>

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

**WIMMERA HEALTH CARE GROUP  
NOTES TO THE FINANCIAL STATEMENTS  
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**NOTE 3b: ANALYSIS OF EXPENSES BY BUSINESS UNIT FOR SERVICES  
SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES**

	2008	2007
	\$'000	\$'000
Laundry	1,276	1,364
Property Expenses	46	56
<b>Specific Purpose Services</b>		
Capital Replacement and Special Programs	-	10
Depreciation (refer note 3)	253	255
	<u>1,575</u>	<u>1,685</u>

**NOTE 4: DEPRECIATION**

	2008	2007
	\$'000	\$'000
<b>Buildings</b>	1,052	1,052
<b>Plant and Equipment</b>		
Plant	85	81
Transport	288	254
Major Medical	285	305
Computers and Communication	54	92
Other Equipment	171	143
Furniture and Fittings	64	68
<b>Linen</b>	158	173
<b>Total Depreciation</b>	<u>2,157</u>	<u>2,168</u>

**NOTE 5: FINANCE COSTS**

	2008	2007
	\$'000	\$'000
Interest on Short Term Borrowings	14	13
Interest on Long Term Borrowings	47	58
	<u>61</u>	<u>71</u>

**NOTE 6: CASH AND CASH EQUIVALENTS**

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

	2008	2007
	\$'000	\$'000
Cash on Hand	2	2
Cash at Bank	4,132	2,796
Deposits at Call	768	410
<b>Total</b>	<u>4,902</u>	<u>3,208</u>

**Represented by:**

	2008	2007
	\$'000	\$'000
Cash for Hospital Operations (as per Cash Flow Statement)	3,913	2,493
Cash for Monies Held in Trust		
-Cash at Bank (note 8a)	989	715
<b>Total</b>	<u>4,902</u>	<u>3,208</u>

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 7: RECEIVABLES

	2008 \$'000	2007 \$'000
<b>CURRENT</b>		
Patient Fees	461	386
Trade Debtors	744	698
GST Receivable	117	-
<b>TOTAL</b>	<b>1,322</b>	<b>1,084</b>
<b>Less Allowance for Doubtful Debts</b>		
-Patient Fees	38	30
-Trade Debtors	9	17
	<b>47</b>	<b>47</b>
<b>TOTAL CURRENT RECEIVABLES</b>	<b>1,275</b>	<b>1,037</b>
<b>NON CURRENT</b>		
DHS - Long Service Leave	374	222
<b>TOTAL NON CURRENT RECEIVABLES</b>	<b>374</b>	<b>222</b>
<b>TOTAL RECEIVABLES</b>	<b>1,649</b>	<b>1,259</b>

#### (a) Movement in the Allowance for doubtful debts

	2008 \$'000	2007 \$'000
Balance at beginning of year	47	42
Amounts written off during the year	(64)	(86)
Amounts recovered during the year	(5)	-
Increase/(decrease) in allowance recognised in profit and loss	69	91
<b>Balance at end of year</b>	<b>47</b>	<b>47</b>

#### (b) Ageing analysis of receivables

Please refer to note 16(c) for the ageing analysis of receivables

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

Please refer to note 16(c) for the nature and extent of credit risk arising from receivables

### NOTE 8: OTHER FINANCIAL ASSETS

	Operating Fund \$'000	2008 \$'000	2007 \$'000
<b>Current</b>			
Monies Held in Trust-Deposits at call	852	852	785
<b>Total</b>	<b>852</b>	<b>852</b>	<b>785</b>

	2008 \$'000	2007 \$'000
Represented by:		
Monies Held in Trust	852	785
<b>Total</b>	<b>852</b>	<b>785</b>

### NOTE 8a: PATIENT MONIES HELD IN TRUST

	2008 \$'000	2007 \$'000
<b>Current</b>		
Deferred Revenue - Refundable Entrance Fees	1,840	1,500
<b>Total</b>	<b>1,840</b>	<b>1,500</b>
Represented by the following assets:		
Cash Assets	988	715
Other Financial Assets-Deposits at call	852	785
	<b>1,840</b>	<b>1,500</b>

Non - refundable entrance fees are patient monies held in trust for residents of Kurrajong Lodge, the Wimmera Nursing Home and the Dimboola Campus who pay an ingoing fee which is apportioned at a rate prescribed at the time of entry, each six months over 5 years. The current charge for new residents is \$280.00 every month. The balance which is referred to as refundable entrance fees is repayable without interest within two months from when the resident is discharged from the aged care facility.

### NOTE 9: INVENTORIES

	2008 \$'000	2007 \$'000
<b>Current</b>		
Pharmaceuticals - at cost	143	139
Catering Supplies - at cost	40	36
Housekeeping Supplies - at cost	10	7
Medical and Surgical Lines - at cost	105	93
Linen - at net realisable value	79	74
Miscellaneous - at cost	24	24
<b>Total</b>	<b>401</b>	<b>373</b>

**WIMMERA HEALTH CARE GROUP**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2008**

**NOTE 10: PROPERTY, PLANT & EQUIPMENT**

	2008 \$'000	2007 \$'000
<b>Land</b>		
Land at Valuation*	2,903	2,455
<b>Total Land</b>	<u>2,903</u>	<u>2,455</u>
<b>Buildings</b>		
Buildings at Cost	292	221
Less Accumulated Depreciation	(22)	(17)
	<u>270</u>	<u>204</u>
Buildings at Valuation*	27,249	27,249
Less Accumulated Depreciation	(5,207)	(4,159)
	<u>22,042</u>	<u>23,090</u>
<b>Total Buildings</b>	<u>22,312</u>	<u>23,294</u>
<b>Plant and Equipment at cost</b>		
- Plant	1,882	1,882
Less Accumulated Depreciation	(1,104)	(1,007)
	<u>778</u>	<u>875</u>
- Transport	1,367	1,311
Less Accumulated Depreciation	(504)	(392)
	<u>863</u>	<u>919</u>
- Major Medical	4,480	4,273
Less Accumulated Depreciation	(2,939)	(2,767)
	<u>1,541</u>	<u>1,506</u>
- Computers and Communication	699	1,589
Less Accumulated Depreciation	(588)	(1,442)
	<u>111</u>	<u>147</u>
- Other Equipment	2,100	2,154
Less Accumulated Depreciation	(1,146)	(1,175)
	<u>954</u>	<u>979</u>
- Furniture and Fittings	1,014	1,106
Less Accumulated Depreciation	(682)	(695)
	<u>332</u>	<u>411</u>
<b>Total Plant and Equipment</b>	<u>4,579</u>	<u>4,837</u>
<b>Linen</b>		
Less Accumulated Depreciation	946	1,039
	<u>(603)</u>	<u>(619)</u>
<b>Total Linen</b>	<u>343</u>	<u>420</u>
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<u>30,137</u>	<u>31,006</u>

Reconciliations of the carrying amounts of each class of land, buildings, plant and equipment and communications at the beginning and end of the current and previous financial year are set out below.

	Linen \$'000	F/Hold Land \$'000	Buildings \$'000	Plant & Equip \$'000	Total \$'000
<b>Balance at 1 July 2006</b>	460	2,455	24,324	4,845	32,084
Additions	133	-	22	1,625	1,780
Disposals	-	-	-	(690)	(690)
Revaluation increments	-	-	-	-	-
Depreciation Expense (note 4)	(173)	-	(1,052)	(943)	(2,168)
<b>Balance at 1 July 2007</b>	<u>420</u>	<u>2,455</u>	<u>23,294</u>	<u>4,837</u>	<u>31,006</u>
Additions	81	-	70	1,220	1,371
Disposals	-	-	-	(531)	(531)
Revaluation increments	-	448	-	-	448
Depreciation Expense (note 4)	(158)	-	(1,052)	(947)	(2,157)
<b>Balance at 30 June 2008</b>	<u>343</u>	<u>2,903</u>	<u>22,312</u>	<u>4,579</u>	<u>30,137</u>

**Land and Buildings carried at valuation**

An independent valuation of the Group's land and buildings was performed by B.N.McKinnon AAPI, Certified Practising Valuer to determine the fair value of land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2003. In accordance with the requirements of the Financial Reporting Direction (FRD) 103C Non-Current Physical Assets issued by the Department of Treasury and Finance, the group has done a fair value assessment of its land as at 30 June 2008. It was determined that the Group's land was materially different and a managerial revaluation was conducted using land value indices as supplied by the Group's independent valuer and the Valuer General Victoria.



# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 11: PAYABLES

	2008 \$'000	2007 \$'000
Trade Creditors	2,258	2,252
GST Payable	-	205
Accrued Expenses	-	48
DHS	626	343
<b>Total</b>	<b>2,884</b>	<b>2,848</b>

#### (a) Maturity analysis of payables

Please refer to note 16d for the ageing analysis of payables

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

Please refer to note 16d for the nature and extent of risks arising from payables

### NOTE 12: INTEREST BEARING LIABILITIES

	2008 \$'000	2007 \$'000
<b>Current</b>		
Australian Dollar Borrowings:		
Secured Business Loan	113	50
	<b>113</b>	<b>50</b>
<b>Non Current</b>		
Australian Dollar Borrowings:		
Secured Business Loan	482	623
	<b>482</b>	<b>623</b>
<b>Total Interest Bearing Liabilities</b>	<b>595</b>	<b>673</b>

Borrowing costs of the Hospital incurred during the year are accounted for as follows;

Amount of finance costs recognised as expenses \$61,000. The bank overdraft is secured by the National Australia Bank holding the following titles: Hospital grounds and 3 Arnott St.

An unused credit facility of \$15,000 in the form of an overdraft exists for the Linen Service and a \$1,000,000 overdraft facility exists for the Wimmera Health Care Group with the National Australia Bank.

#### (a) Maturity analysis of interest bearing liabilities

Refer to note 16(d) for the ageing analysis of interest bearing liabilities.

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

Refer to note 16(d) for the nature and extent of risks arising from interest bearing liabilities.

#### (c) Defaults and breaches

During the current and prior year, there were no defaults and breaches of any of the loans.

### NOTE 13: PROVISIONS

#### CURRENT

	2008 \$'000	2007 \$'000
Employee Benefits (refer note 13a)		
- unconditional and expected to be settled within 12 months	3313	2914
- unconditional and expected to be settled after 12 months	3344	3063

#### Provisions related to employee benefit on-costs

Unconditional and expected to be settled within 12 months

Unconditional and expected to be settled after 12 months

	363	337
	477	437
<b>Total</b>	<b>7497</b>	<b>6751</b>

#### NON-CURRENT

Employee Benefits (refer note 13a)	752	693
Provisions related to employee benefit on-costs	107	99
<b>Total</b>	<b>859</b>	<b>792</b>

### NOTE 13(a) EMPLOYEE BENEFITS

#### Employee Benefits

##### Current: (refer note 1.19)

	2008 \$'000	2007 \$'000
Annual Leave Entitlements	2,060	1,892
Accrued Days Off	61	68
Unconditional long service leave entitlements	3,763	3,463
Accrued Salaries and Wages	773	554
<b>Total Current</b>	<b>6,657</b>	<b>5,977</b>

##### Current Employee benefits that are:

Expected to be utilised within 12 months (nominal value)	3,313	2,914
Expected to be utilised after 12 months (present value)	3,344	3,063
	<b>6,657</b>	<b>5,977</b>

##### Non-Current: (refer note 1.19)

Conditional long service leave entitlements (present value)	752	693
<b>Total Non-Current</b>	<b>752</b>	<b>693</b>

##### Movement in Long Service Leave:

Balance July 1, 2007	4,749	5,419
Provision made during the year	864	(182)
Settlement made during the year	(454)	(488)
<b>Balance June 30, 2008</b>	<b>5,159</b>	<b>4,749</b>

\*The following assumptions were adopted in measuring present value;

(a) An inflation factor of 4.75%

(b) Discount rates between 6.45% and 6.91% were used to determine present value

(c) WorkCover and Superannuation On-costs of 12.5%.

**WIMMERA HEALTH CARE GROUP  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2008**

**NOTE 14: EQUITY AND RESERVES**

	2008 \$'000	2007 \$'000
<b>(a) Reserves</b>		
<b>Asset Revaluation Reserve (1)</b>		
Balance at the beginning of the reporting period	2,282	2,282
Revaluation Increment:		
Land	448	-
Balance at end of reporting period	2,730	2,282
Represented by:		
Land	1,015	567
Buildings	1,715	1,715
Total	2,730	2,282
<b>Restricted Specific Purpose Reserve</b>		
Balance at the beginning of the reporting period	591	348
Transfer from Accumulated Surpluses/(Deficits)	139	243
Balance at end of reporting period	730	591
<b>Total Reserves</b>	3,460	2,873
(1) The land and buildings asset revaluation reserve arises on the revaluation of land and buildings		
<b>(b) Contributed Capital</b>		
Balance at the beginning of the reporting period	25,519	25,519
Capital Contribution received from Victorian Government	437	-
Balance at end of reporting period	25,956	25,519
<b>(c) Accumulated Surpluses/(Deficits)</b>		
Balance at the beginning of the reporting period	(4,206)	(2,643)
Net Result for the year	(639)	(1,320)
Transfer to Restricted Specific Purpose Reserve	(139)	(243)
Balance at end of reporting period	(4,984)	(4,206)
<b>(d) Total Equity at end of financial year</b>	24,432	24,186

**NOTE 15: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES**

	2008 \$'000	2007 \$'000
<b>Net Result for the year</b>	(639)	(1,320)
Depreciation	2,157	2,168
Increase/(Decrease) in Doubtful Debts	-	5
(Increase)/Decrease in Inventory	(28)	8
Net (Gain)/Loss from Sale of Plant and Equipment	(53)	(50)
Change in Operating Assets & Liabilities		
(Increase)/Decrease in Receivables	(390)	1,524
(Increase)/Decrease in Prepaid Expenditure	(47)	(66)
Increase/(Decrease) in Payables	(199)	127
Increase/(Decrease) in Provision for Employee Benefits	813	(381)
Increase/(Decrease) in Accrued Expenses	235	250
<b>Net Cash inflow from Operating Activities</b>	1,849	2,265

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 16: FINANCIAL INSTRUMENTS

#### (a) Significant accounting policies

Wimmera Health Care Group's risk management guidelines are adapted from the Wimmera Model of Clinical Risk Management and the Risk management guidelines developed by Bayside Health and are based on the Risk Management Standard AS/NZS 4360:2004. The Group's model of risk management consists of individual risk streams including clinical, occupational health and safety, finance and corporate.

An aggregate risk register detailing all extreme and high risks is provided to the Leadership and Management Function Team. Risk Management is then reported to the Group's Board of Management through the Improving Performance /Clinical Governance Committee.

Risk Management is seen as a key factor in good management practice and good corporate governance.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 to the financial statements.

#### (b) Categorisation of financial instruments

Details of each categories in accordance with AASB 139, shall be disclosed either on the face of the balance sheet or in the notes.

	Note	Category	Carrying Amount 2008 \$'000	Carrying Amount 2007 \$'000
<b>Financial Assets</b>				
Cash	6	N/A	4,902	3,208
Receivables	7	Loans and Receivables	1,532	1,259
Other Financial Assets	8	Monies held in trust	852	785
<b>Financial Liabilities</b>				
Payables	11	Financial liabilities measured at amortised cost	2884	2,643
Interest Bearing Liabilities	12	Financial liabilities measured at amortised cost	595	673
Accommodation Bonds	8a	Financial liabilities measured at amortised cost	1840	1,500

#### (c) Credit Risk

Credit risk represents the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

Financial instruments particular to the Group which would be subject to credit risk include:

Cash equivalents, Other financial assets, Receivables, Trade creditors and accruals, Monies held in trust and Aged Care Bonds and Other liabilities.

Cash equivalents and other financial assets are only invested in reputable Australian Deposit taking institutions listed as recommended by the Victorian Department of Treasury. Credit risk should be minimised as such institutions have their capital adequacy monitored by the Australian Prudential Regulatory Authority.

Receivables are regularly monitored by management and, should collection be doubted, a specific provision is created. It is the Group's policy that provisions over a certain threshold are approved by management and the Board. Receivables in both the monthly management reports and yearly Group financial statements are shown as net of provisions.

Trade creditors and accruals are generally paid within trading terms. The group maintains a list of approved suppliers and overlays a delegation of authority for supplies over certain monetary thresholds.

Monies held in trust and Aged Care Bonds are paid in accordance with the terms or conditions stipulated under the relevant legislation applying to them i.e. the Federal Aged Care Act for the refunding of Aged Care Bonds.

The Group does not have any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics, other than the Department of Human Services as the material funder of the Group's operations.

**WIMMERA HEALTH CARE GROUP**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2008**

**NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)**

**(d) Liquidity Risk**

Liquidity risk refers to the risk that the Group will encounter difficulty in meeting obligations associated with financial liabilities.

The Group is a statutory corporation that is primarily funded by the Department of Human Services Victoria (DHS). Whilst DHS has issued letters of support for this and past years which offer continued DHS financial support of the Group, it is the Board's policy to manage the organisation under the Financial Management Act to ensure that it meets its financial obligations as and when they fall due.

The Board also recognise that, where obligated by specific legislation to quarantine financial assets to meet future financial liabilities such as aged care bonds, that it does so without using these financial assets to meet day to day liquidity needs.

Interest rate exposure and maturity analysis of financial liabilities as at 30/6/2008

	Interest Rate Exposure				Weighted		Maturity Dates				
	Fixed		Variable		Average Effective Interest Rates(%)	Contractual Cash Flows	Non Interest Bearing		Less than 1 Month		
	Carrying Amount	Fixed Interest Rate	Variable Interest Rate	Interest Rate			\$'000	\$'000	1-3 Months	3 months-1 Year	Over 5 Years
2008	\$'000	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Payables:</b>											
Trade Creditors and accruals	2,884	-	-	2,884	-	2,884	2,884	-	-	-	-
Interest Bearing Business Loan	595	595	-	-	7.77	595	9	18	77	491	-
Accommodation Bonds	1,840	-	-	-	-	123	123	246	984	364	-
<b>Total Financial Liabilities</b>	<b>5,319</b>	<b>595</b>	<b>-</b>	<b>2,884</b>		<b>3,602</b>	<b>3,016</b>	<b>264</b>	<b>1,061</b>	<b>855</b>	<b>-</b>
<b>2007</b>											
<b>Payables:</b>											
Trade Creditors and accruals	2,643	-	-	2,643	-	2,643	2,643	-	-	-	-
Interest Bearing Business Loan	673	673	-	-	7.95	673	4	13	33	623	-
Accommodation Bonds	1,500	-	-	1,500	-	100	100	200	800	300	-
<b>Total Financial Liabilities</b>	<b>4,816</b>	<b>673</b>	<b>-</b>	<b>4,143</b>		<b>3,416</b>	<b>2,747</b>	<b>213</b>	<b>833</b>	<b>923</b>	<b>-</b>

**(e) Market Risk**

**Currency Risk**

The Group is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because of a limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

**Interest Rate Risk**

Exposure to interest rate risk might arise primarily through the Group's interest bearing liabilities. Minimisation of risk is achieved by mainly undertaking fixed rate or non-interest bearing financial instruments. For financial liabilities, the Group mainly undertake financial liabilities with relatively even maturity profiles.

**Sensitivity Disclosure Analysis**

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the Group believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Federal Bank of Australia)

- A parallel shift of +1% and -1% in market interest rates (AUD) from year-end rates of 6%;

- A parallel shift of +1% and -1% in inflation rate from year-end rates of 2%;

The following table discloses the impact on net operating result and equity for each category of financial instrument held by the Group at year end as presented to key management personnel, if changes in the relevant risk occur:

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 16: FINANCIAL INSTRUMENTS (Continued)

	Weighted Average Effective Interest Rates (%)	Carrying Amount \$'000	Interest Rate Fixed \$'000	Interest Rate Variable \$'000	Interest Bearing Non \$'000	Not Past Due and Impaired \$'000	Less than 1 Month \$'000	Past Due But Not Impaired 1-3 Months \$'000	3 mnths- 1 Year \$'000	1-5 Years \$'000
<b>2008</b>										
<b>Financial Assets</b>										
Cash	6.85%	4,902	-	4,900	2	4,902	-	-	-	-
Receivables		1,649	-	-	1,649	820	249	206	-	374
Other Financial Assets	6.75%	852	-	852	-	852	-	-	-	-
<b>Total Financial Assets</b>		<b>7,403</b>	<b>-</b>	<b>5,752</b>	<b>1,651</b>	<b>6,574</b>	<b>249</b>	<b>206</b>	<b>-</b>	<b>374</b>
<b>2007</b>										
<b>Financial Assets</b>										
Cash	6.64%	3,208	-	3,206	2	3,208	-	-	-	-
Receivables		1,259	-	-	1,259	653	202	182	-	222
Other Financial Assets	5.83%	785	-	785	-	785	-	-	-	-
<b>Total Financial Assets</b>		<b>5,252</b>	<b>-</b>	<b>3,991</b>	<b>1,261</b>	<b>4,646</b>	<b>202</b>	<b>182</b>	<b>-</b>	<b>222</b>



**WIMMERA HEALTH CARE GROUP**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2008**

**NOTE 16: FINANCIAL INSTRUMENTS (CONTINUED)**

	Carrying Amount \$'000	Interest Rate Risk				Other Price Risk			
		-1% Profit \$'000	-1% Equity \$'000	+1% Profit \$'000	+1% Equity \$'000	-1% Profit \$'000	-1% Equity \$'000	+1% Profit \$'000	+1% Equity \$'000
<b>2008</b>									
<b>Financial Assets</b>									
Cash	3,913	(39)	(39)	39	39	-	-	-	-
Receivables	1,649	-	-	-	-	-	-	-	-
Other Financial Assets	852	(9)	(9)	9	9	-	-	-	-
<b>Financial Liabilities</b>									
Trade Creditors and accruals	2,884	-	-	-	-	-	-	-	-
Interest Bearing Business Loan	595	6	6	(6)	(6)	-	-	-	-
Accommodation Bonds	1,840	-	-	-	-	-	-	-	-
<b>2007</b>									
<b>Financial Assets</b>									
Cash	2,595	(26)	(26)	26	26	-	-	-	-
Receivables	1,259	-	-	-	-	-	-	-	-
Other Financial Assets	785	(8)	(8)	8	8	-	-	-	-
<b>Financial Liabilities</b>									
Trade Creditors and accruals	2,484	-	-	-	-	-	-	-	-
Interest Bearing Business Loan	673	7	7	(7)	(7)	-	-	-	-
Accommodation Bonds	1500	-	-	-	-	-	-	-	-

**NOTE 17: COMMITMENTS**

**Capital Commitments**

At balance date the Group has not made any capital commitments.

**Other Commitments**

Commitments contracted for at the reporting date which have not been recognised as liabilities:-

General Services

Total Other Commitments

Payable not later than one year

Payable later than one year and not later than 5 years

**Operating Leases**

Property Leases

Total Operating Leases

Payable later than one year

Payable later than one year and not later than 5 years

	2008 \$'000	2007 \$'000
General Services	174	197
Total Other Commitments	174	197
Payable not later than one year	99	95
Payable later than one year and not later than 5 years	75	102
	174	197
Property Leases	199	172
Total Operating Leases	199	172
Payable later than one year	183	128
Payable later than one year and not later than 5 years	16	44
	199	172

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 18: RESPONSIBLE PERSON AND EXECUTIVE OFFICER DISCLOSURES

#### (a) Responsible Persons

##### Responsible Minister

Hon B J Pike M.L.A.

1 July 2007 to 3 August 2007

Hon D Andrews, M.L.A.

3 August 2007 to 30 June 2008

##### Board of Management

Mr B J Johansen

1 July 2007 to 30 June 2008

Mr E McCabe

1 July 2007 to 30 June 2008

Mr P Sabien

1 July 2007 to 30 June 2008

Mrs J E Saxton

1 July 2007 to 30 June 2008

Mrs L M Sharrock

1 July 2007 to 30 June 2008

Mrs B Thompson

1 July 2007 to 30 June 2008

Mrs R F Tursi

1 July 2007 to 30 June 2008

Mr P Wajszel

1 July 2007 to 30 June 2008

Mr M A Williams

1 July 2007 to 30 June 2008

##### Accountable Officers

Mr C G Scott

1 July 2007 to 30 June 2008

#### Remuneration of Responsible Persons and Accountable Officers

No remuneration was received or is due and receivable by Responsible Persons.

The number of Accountable Officers whose total remuneration exceeded \$100,000 are shown below in their relevant income bands.

0	-	9,999
230,000	-	239,999
240,000	-	249,999

#### Total Numbers

**Total remuneration received or due and receivable by Responsible Persons from the reporting entity amounted to:**

Total Remuneration	2008	2007
Number	Number	Number
	9	9
	-	1
	1	-
	10	10
	\$243,096	\$238,502

All Board of Management members undertake their duties on an honorary basis for no payment.

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

#### Other Transactions of Responsible Persons and their Related Parties

The amounts in respect of these transactions with Responsible Persons were:

Mr C Scott is the accountable officer and the Group provides linen services to his business's under normal commercial terms and conditions

#### Total

2008	2007
\$'000	\$'000
1	1
1	1

**WIMMERA HEALTH CARE GROUP  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2008**

**NOTE 18: RESPONSIBLE PERSON RELATED DISCLOSURES (CONTINUED)**

**(b) Executive Officer Remuneration**

The number of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

		Total Remuneration		Base Remuneration	
		2008	2007	2008	2007
		Number	Number	Number	Number
110,000	-	1	-	1	-
120,000	-	1	1	1	1
210,000	-	-	1	-	1
230,000	-	1	-	1	-
<b>Total</b>		<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>

		2008	2007
		\$'000	\$'000
<b>Total Remuneration</b>		<b>475</b>	<b>341</b>

**NOTE 19: REMUNERATION OF AUDITORS**

Audit fees paid or payable to the Victorian Auditor-General's Office for audit of the Group's financial report.

	2008	2007
	\$'000	\$'000
Paid as at 30 June	16	9
Payable as at 30 June	17	23
<b>Total</b>	<b>33</b>	<b>32</b>

**NOTE 20: CONTINGENT LIABILITIES AND CONTINGENT ASSETS**

**Contingent Assets**

There are no Contingent Assets as at 30 June 2008, (nil 2006/07)

**Contingent Liabilities**

There were no Contingent Liabilities as at 30 June 2008, (nil 2006/07)

**NOTE 21: ECONOMIC DEPENDENCY**

The Group receives a significant portion of its operating revenue from the Department of Human Services.

In a letter dated 29 July 2008 the Department undertook to provide the Group with adequate cash flow support to enable it to meet its current and future obligations as and when they fall due for a period up to September 2009 should such support be required.

This support is conditional upon the Group's Board committing to achieving the agreed budget targets, and all requirements of the Health Service Agreement in 2008-09.

**NOTE 22: EVENTS OCCURRING AFTER BALANCE SHEET DATE**

There were no significant events occurring after reporting date.

# Financial Statements

## WIMMERA HEALTH CARE GROUP NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

### NOTE 23: SEGMENT REPORTING

	RACS		Acute		Aged Care		Primary Care		Other	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>REVENUE</b>										
External Segment Revenue	9,829	8,981	35,311	31,678	4,669	4,251	2,301	1,951	3,808	55,918
<b>Total Revenue</b>	<b>9,829</b>	<b>8,981</b>	<b>35,311</b>	<b>31,678</b>	<b>4,669</b>	<b>4,251</b>	<b>2,301</b>	<b>1,951</b>	<b>3,808</b>	<b>55,918</b>
<b>EXPENDITURE</b>										
External Segment Expense	10,374	9,979	37,204	33,468	4,485	3,973	2,041	1,772	2,742	56,846
Segment Result										
<b>Net Result from Ordinary</b>	<b>(545)</b>	<b>(998)</b>	<b>(1,893)</b>	<b>(1,790)</b>	<b>184</b>	<b>278</b>	<b>260</b>	<b>179</b>	<b>1,066</b>	<b>(928)</b>
Interest Expense	-	-	-	-	-	-	-	-	61	61
Interest Income	-	-	-	-	-	-	-	-	350	350
<b>Net Result for Year</b>	<b>(545)</b>	<b>(998)</b>	<b>(1,893)</b>	<b>(1,790)</b>	<b>184</b>	<b>278</b>	<b>260</b>	<b>179</b>	<b>1,355</b>	<b>(639)</b>
<b>OTHER INFORMATION</b>										
Segment Assets	9,618	9,250	22,791	22,450	2,479	2,442	1,427	1,406	1,792	38,107
<b>Total Assets</b>	<b>9,618</b>	<b>9,250</b>	<b>22,791</b>	<b>22,450</b>	<b>2,479</b>	<b>2,442</b>	<b>1,427</b>	<b>1,406</b>	<b>1,792</b>	<b>38,107</b>
Segment Liabilities	1,840	1,500	9,468	8,834	1,030	961	593	553	744	13,675
<b>Total Liabilities</b>	<b>1,840</b>	<b>1,500</b>	<b>9,468</b>	<b>8,834</b>	<b>1,030</b>	<b>961</b>	<b>593</b>	<b>553</b>	<b>744</b>	<b>13,675</b>
Acquisition of property, plant and equipment	17	21	1,349	1,759	-	-	-	-	-	1,366
Depreciation Expense	381	385	1,523	1,528	-	-	-	-	253	2,157

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

<b>Business Segments</b>	<b>Services</b>
Residential Aged Care Services (RACS)	Aged Health Care
Acute	Acute Health Care
Aged Care	Outpatient Aged Health Care
Primary Care	Allied Health Services
Other	Disabled Aids, Hospice and Sexual Assault

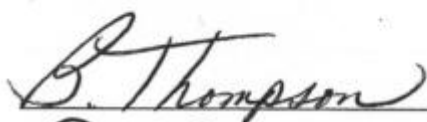
**WIMMERA HEALTH CARE GROUP  
AND ITS CONTROLLED ENTITY  
ACCOUNTABLE OFFICER'S, CHIEF FINANCE AND ACCOUNTING OFFICER'S  
AND MEMBER OF RESPONSIBLE BODY'S DECLARATION**

We certify that the attached financial report for the Wimmera Health Care Group has been prepared in accordance with part 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial report, presents fairly the financial transactions during the year ended 30 June 2008 and financial position of the Wimmera Health Care Group as at 30 June 2008.

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

We authorise the attached financial report for issue on this day.



Mrs. B. Thompson, Chairperson.



Mr. C. G. Scott, Chief Executive.



Mr. S. Eldridge, Chief Finance and Accounting Officer.

Dated the fourth day of September 2008 at Horsham



# Auditor General's Report



Victorian Auditor-General's Office

## INDEPENDENT AUDITOR'S REPORT

### To the Board Members of Wimmera Health Care Group

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2008 of Wimmera Health Care Group which comprises the operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the accountable officer's, chief finance and accounting officer's and member of responsible body's declaration, has been audited.

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

The Board Members of Wimmera Health Care Group are responsible for the preparation and the fair presentation of the financial report in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the financial reporting requirements of the *Financial Management Act 1994*. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error
- selecting and applying appropriate accounting policies
- making accounting estimates that are reasonable in the circumstances.

#### *Auditor's Responsibility*

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Wimmera Health Care Group's internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

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

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*Auditing in the Public Interest*

# VAGO

Victorian Auditor-General's Office

## Independent Auditor's Report (continued)

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

This auditor's report relates to the financial statements published in both the annual report and on the website of Wimmera Health Care Group for the year ended 30 June 2008. The Board Members of Wimmera Health Care Group are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Wimmera Health Care Group web site.

### *Independence*

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

### *Auditor's Opinion*

In my opinion, the financial report presents fairly, in all material respects, the financial position of Wimmera Health Care Group as at 30 June 2008 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE  
5 September 2008



D D R Pearson  
Auditor-General

**FRD 22B - WORKFORCE DATA DISCLOSURES  
BREAKDOWN OF STATISTICS**

<b>LABOUR CATEGORY</b>	<b>JUNE Current Month FTE</b>	<b>JUNE Year to Date FTE</b>	<b>JUNE Current Month Head Count</b>
Nursing	280.02	289.10	454
Administration and Clerical	69.80	72.15	92
Medical Support	23.13	26.17	32
Hotel and Allied Services	95.62	98.31	186
Medical Officers	3.00	3.00	3
Hospital Medical Officers	13.52	12.85	14
Sessional Clinicians	1.00	1.00	3
Ancillary Staff (Allied Health)	36.48	38.10	57
<b>Total</b>	<b>522.57</b>	<b>540.68</b>	<b>841</b>

**LIFE GOVERNORS**

- Dr R Abud
- Mr I Anderson
- Mrs M Baker
- Mrs J Blythe
- Mr N Bothe
- Mrs P Bothe
- Mr P Brown
- Dr E Brownstein
- Mr I Campbell
- Mrs F Carine
- Mrs J Carter
- Mr M Castelluccio
- Mrs P Corner
- Mr M Cuddihy
- Mr I Draffin
- Mrs S Driscoll
- Mr G Dunmill
- Mrs U Faux
- Dr P Haslau
- Miss B Hill
- Rev A Johns
- Mr D Johns
- Mr J Kemfert
- Mrs C O Kroker
- Prof R Larkins
- Mr C Leith
- Mr G Lind
- Dr M Lloyd
- Mr K Lovett
- Mrs J Martindale
- Mr J McCabe
- Mr C McDonald
- Mr D McFarlane
- Mr W D McGrath
- Mrs L McKenzie
- Mrs R McKenzie
- Mr W McKenzie
- Mrs J McRae
- Miss M Menzel
- Mr R Mibus
- Dr E Miller
- Mrs E Mitchell
- Mrs L Montgomery
- Dr M O'Brien
- Mr K O'Connor
- Mr A Phillips
- Dr J Pickering
- Mr J Pietsch
- Mrs D Pilmore
- Mr P Robertson
- Mr C Sallmann
- Mr F Schultz
- Miss N Schurmann
- Miss M Smith
- Miss L Stenhouse
- Mrs V Stenhouse
- Mr P Troeth
- Mr A Walsgott
- Prof R Webster
- Mr A Wells
- Mrs J Wells
- Mr R Westendorf
- Dr L Wong Shee
- Mr A Wood



Incorporating:  
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Dimboola Hospital  
Wimmera Nursing Home  
Kurrajong Lodge Hostel

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