

**Incorporating:**

Wimmera Base Hospital  
Dimboola Hospital  
Wimmera Nursing Home  
Kurrajong Lodge Hostel

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Wimmera Health Care Group prides itself on being a leader in rural health through delivering caring services with respect, reliability and integrity. Scott Walker (Boilerman), Alisa Smithyman (Dental Technician), Ellie Rook (Administration Officer), Stephen Hill (Head Chef), Leanne Taylor (Registered Nurse) and Kristen Coats (Chief Occupational Therapist) are some of our valued employees who ensure that we are meeting community need by delivering high quality health care to the Wimmera.



# 2010/2011

WIMMERA HEALTH CARE GROUP

ANNUAL REPORT



# Service Directory

## Our Profile

Wimmera Health Care Group is based in the Wimmera sub-region of the Grampians, 310 km west of Melbourne and in close proximity to the Grampians National Park.

With a budget of approximately \$65 million, Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern Mallee region of Victoria. Our campuses in Horsham and Dimboola service an area of 61,000 square kilometres and a population of approximately 54,000.

The Horsham campus features 84 acute and subacute beds and 102 aged care beds. In Dimboola, there are 30 acute and aged care beds.

We employ 800 staff who provide a range of acute, sub acute and community based acute, allied health and primary care services to our community.

This year we treated 11,813 acute inpatients, 15,911 emergency presentations and approximately 40,000 outpatients.

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.

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



## Our Services and Programs

Aboriginal Best Start  
Acquired Brain Injury Support  
Adult Day Activity/Support  
Aged Care Assessment  
Alzheimer's Association  
Antenatal Classes  
Audiology  
Breast Care Nurse  
Breast Prosthetics  
Breast Screening  
Cancer Support  
Cardiac Rehabilitation  
Centre Against Sexual Assault  
Cognitive Dementia and Memory  
Colposcopy Clinic  
Community Rehabilitation  
Computerised Tomography (CT)  
Continence  
Day Oncology  
Day Surgery  
Dental and Prosthetic Clinic  
Dermatology  
Diabetes Education  
Dietetics  
District Nursing  
Domiciliary Midwife  
Ear, Nose and Throat  
Echocardiography  
Emergency Department  
Endoscopy  
Family Planning  
Gait and Balance Clinic  
Geriatric Evaluation Management  
General Medicine

General Surgery  
Haemodialysis  
HARP  
Health Promotion  
Hospice Care  
Hospital in the Home  
Hostel Accommodation  
Infection Control  
Intensive Care Unit  
Koori Hospital Liaison Officer  
Lactation Consultant  
Low Vision Clinic  
Medical Imaging  
Medical Library  
Midwifery  
Neonatal Nursing  
Obstetrics and Gynaecology  
Occupational Therapy  
Oncology  
Ophthalmology  
Oral Surgery  
Orthopaedics  
Orthotics Laboratory  
Pacemaker Clinic  
Paediatric Care  
Pathology  
Pharmacy  
Physiotherapy  
Podiatry  
Post-Acute Care  
Pre-Admission Clinic  
Pulmonary Rehabilitation  
Radiology  
Rehabilitation Assessment

Residential Services  
Respite for Carers  
Safety Link  
Sleep Clinic  
Social Work  
Speech Pathology  
Spinal Clinic  
Stomal Therapy  
Stress Testing Clinic  
Team Midwifery  
Teleradiology  
Transition Care  
Ultrasound  
Urology  
Video Fluoroscopy  
Wound Care  
Wimmera Community Options

### HOW TO CONTACT US...

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Printed on paper manufactured using  
FSC certified 100% recycled pulp.



Photographs courtesy of the Wimmera Mail-Times, the  
Weekly Advertiser, Murray Studios, Department of Health  
and Wimmera Health Care Group staff.

# About this Report

This Annual Report provides performance, quality and financial information for the 2010/11 financial year.

It is a legal document prepared in accordance with the Financial Management Act 1994 (clauses 9.1.3 to 9.2.2 inclusive) for the Minister of Health, the Parliament of Victoria and the community. The contents have been prepared to meet compliance with statutory disclosure and other requirements.

Wimmera Health Care Group is established under the Health Services Act 1988.

The responsible Ministers during the reporting period are the Hon Daniel Andrews, MLA (1st July 2010 to 2nd December 2010) and the Hon David Davis MLA (2nd December to 30th June 2011).

This Annual Report should be read in conjunction with our 2010/11 Quality of Care Report. Both documents are available on our website [www.whcg.org.au](http://www.whcg.org.au) and from all Wimmera Health Care Group sites.

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# A Snapshot of our Year

## July 2010

- The Board elects Mr Mark Williams to his first term as President and Chair, replacing Ms Bonnie Thompson who served in the role for two years. New member, Mr Rob Pyers, is also welcomed to the Board of Management.
- Our Residential Aged Care Services receive Accreditation with the Aged Care Standards and Accreditation Agency for three years.

## August 2010

- Wimmera Southern-Mallee Health Alliance Members (Rural North West Health Service, West Wimmera Health Service, Edenhope and District Memorial Hospital, Dunmunkle Health Service and Wimmera Health Care Group) demonstrate their commitment to working together by signing a historic Memorandum of Understanding that promotes co-operation, communication, strategic and operational opportunities.
- Dr John Hurley (visiting Geriatrician) receives a Member of the Order of Australia award.
- Wimmera Health Care Group completes it's budget build for the year ahead.
- A brochure providing details of the Strategic Plan including strategic goals and critical challenges for the organisation, is circulated to staff, other services and the community.
- The Working Well Committee launches a Building Positive Attendance Program at Wimmera Health Care Group.

## September 2010

- In collaboration with the Horsham Rural City Council, Wimmera Health Care Group makes a further application to the National Rural and Remote Health Infrastructure Program for the Wimmera Medical Centre.
- Aaron Lewis Property Agents contribute funds for the purchase of a bed in the Day Oncology Unit.



Nurse Debra Simmons (right) helps patient Anne Richards put on a cpap mask for her treatment of obstructive sleep apnoea at the Dimboola sleep clinic.

Director of Clinical Services Don McRae shows Minister for Health, the Hon David Davis MP temporary accommodation, set up for Kurradjong Lodge Hostel residents at the Wimmera Nursing Home during the flood crisis. Pam Muszkiet (Nursing Operations Manager) and Alan Wolff (Director of Medical Services) are also pictured.

## October 2010

- Wimmera Health Care Group's Clinical Pathways Program is announced joint winner of the Improving Quality Performance category at the Victorian Public Healthcare Awards.
- Wimmera Health Care Group participates in Breast Cancer Awareness Month with a comprehensive display in the hospital foyer. A pink day at the Horsham and Dimboola campuses is also organised, where staff are encouraged to wear pink clothing, eat pink food and participate in free health checks.
- A new Redesigning Care program, aimed at improving patient's experiences and flow through lean methodologies and continuing improvement strategies commences.
- Wimmera Health Care Group introduces the Victorian Hospitals Incident Management System (VHIMS) across the organisation.
- Wimmera Health Care Group signs off on a Statement of Priorities on clinical and financial outcomes with the Department of Health.

## November 2010

- Over 100 people attend the Annual General Meeting of Wimmera Health Care Group at the Grains Innovation Park in Horsham.
- General Practitioner Dr Ziggy Kusiak is warmly welcomed to the Dimboola community. His appointment follows the retirement of Dr John Pickering, who provided 34 years of invaluable service in Dimboola.
- After five years in the planning, Wimmera Health Care Group opens an exciting new Paediatric Rehabilitation Garden for children undergoing therapy.
- The Community Health Nurse program, in conjunction with the Wimmera Primary Care Partnership, oversee the creation of the Girl-Life-Love-Fun: It's a Girl Thing magazine – an informative and inspiring publication for young women developed by Year 9 students.

## December 2010

- A new sleep clinic at the Dimboola campus commences.
- The Board of Management adopts a three year Disability Action Plan for Wimmera Health Care Group which includes a range of strategies and actions to remove barriers that disabled people face every day.

## January 2011

- Minister for Health, the Hon David Davis, MLA, makes an informal visit to Horsham and Dimboola campuses to offer support and express thanks for the efficient way Wimmera Health Care Group managed the flood crisis in the Wimmera.
- Wimmera Health Care Group updates its Patient Information Directory and hospital directional maps.

## February 2011

- Fifty-six participants cook up a storm in the Wimmera Health Care Group Foundation's inaugural MasterCook competition to kick off the Foundation's 21st anniversary celebrations.

## March 2011

- Wimmera Health Care Group's Cultural and Linguistically Diverse (CALD) committee hosts a staff luncheon featuring international food and traditional dances from Australia and other countries to celebrate Harmony Day.
- Wimmera Health Care Group Foundation winds up it's 21st anniversary celebrations with a rustic Italian dinner hosted by celebrity chef Stefano De Pieri at Horsham RSL club.
- PROMPT (Protocol Management Production Tool), a web-based protocol management system and information sharing portal dedicated to the health sector, is introduced across the organisation.



Hudson Miller and Mary Starr cut a ribbon at the official opening of the new paediatric rehabilitation garden opening at the Horsham campus.

## April 2011

- Wimmera Health Care Group passes with flying colours when their crisis management systems are put to the test during a mock emergency involving the collision of a tourist bus containing 28 passengers with a semi-trailer at Pimpinio.

## May 2011

- The Hon Nicola Roxon MP, Minister for Health and Ageing, announces the allocation of a \$10 million budget for 20 new subacute beds at the Horsham campus.
- Wimmera Health Care Group celebrates International Nurses Day with luncheons at Horsham and Dimboola campuses. Wimmera Health Care Group employs approximately 400 nurses.
- Wimmera Health Care Group implements the IPRO Live Contractor Compliance System.

## June 2011

- Wimmera Health Care Group Foundation launches its Foundation500 initiative to help reach their target of \$1 million by 2014.
- The Wimmera Medical Centre approaches completion. The centre will open its doors for business in July 2011.



Horsham College Year 9 students Grace Wooster, Lauren Walter and Jess Radford make headwear for patients undergoing chemotherapy and radiotherapy as part of the Look Good Feel Better program run by the Community Health Nursing program in Horsham.



# Strategic Plan

Our Strategic Plan represents the culmination of a significant joint effort between those charged with the governance of the organisation, the Board of Management, and those that deliver operational health care at the service level, our staff.

The plan incorporates the organisation’s mission, vision and values. Long term visioning, critical challenges, strategic goals and priorities have been identified. Significant progress in all areas has been made during the past year.

## Mission

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

## Vision

To be a leader in rural health delivering caring services with respect, reliability and integrity.

## Values

At Wimmera Health Care Group –

- 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.

## Strategic Goals and Critical Challenges

### 1. Strengthen regional relationships

- 1.1 Investigate and implement collaborative models of care and services to achieve best practice across the region.
- 1.2 Obtain a better understanding of what regional health care providers can offer and utilise to gain a better outcome.
- 1.3 Market and promote rural health as a speciality area.
- 1.4 Build and promote partnerships with other stakeholders.

#### Progress:

Members of the Wimmera Southern-Mallee Health Alliance (Rural North West Health Service, West Wimmera Health Service, Edenhope and District Memorial Hospital, Dunmunkle Health Service and Wimmera Health Care Group) have demonstrated their commitment to working together by signing a Memorandum of Understanding that promotes co-operation, communication, strategic and operational opportunities. Implementation of the Wimmera Sub-Regional Service plan has commenced with a number of achievements made to date. This will remain a focus throughout 2011/12.

Wimmera Health Care Group has a strong culture of working collaboratively with other services in the region. Close collaboration has occurred this year with the Wimmera Primary Care Partnership, Wimmera Uniting Care, Grampians Community Health Centre, Goolum Goolum Aboriginal Co-operative, Barangi Gadjin Land Council, Women’s Health Grampians, Horsham Rural City Council, Wimmera Regional Sports Assembly, the YMCA, Rural Access Wimmera and other local service providers.

Our Occupational Health and Safety Department is actively involved in the Building Better Partnerships Project – a collaborative approach between Wimmera Health Care Group, Police, Ambulance Victoria, Wimmera Security and Grampians Psychiatric Service. This project aims to establish agency liaison in the Emergency Department, develop a shared understanding of each other’s roles, capacities and procedures for responding to violence, increase awareness in the health service of occupational violence and related safety issues, review existing occupational violence policies and procedures, commence discussions relating to the management of weapons and illicit substances and consultation with the Firearms Officer in relation to weapons safe and associated protocol.

Wimmera Health Care Group is committed to promoting rural health as a speciality area. We are represented at University career expos and are active participants in the Wimmera and Southern Mallee Careers expo targeted at secondary school students.

A range of professional resources have been developed to assist in promoting careers in Allied Health and attracting new graduates to the region. In July 2011, the Wimmera Medical Centre in Horsham will be completed. This new state-of-the art facility will greatly assist in attracting medical specialists to the region.

Wimmera Health Care Group has formal agreements with other health services to provide mentoring to graduates and support in areas such as Allied Health and Clinical Risk Management. We also conduct regular benchmarking activities with other health services.

Our staff participate in regional and State-wide forums including the Grampians Alliance Engineers meetings, Allied Health Works Executive Committee, Grampians Regional Emergency and Critical Care Advisory Committee, Grampians Region Emergency Care, Grampians Region Infection Control Committee, Supply Managers Forum, Regional Oracle Meetings, Wimmera Disability Access Forum, etc.

Since the implementation of the Oracle financial management system in 2010, the Finance Department has taken on a leadership role including the co-ordination of regional Oracle meetings with other health services. We also provide payroll, supply, information technology, contract management and financial services to smaller health services in the region.

### 2. Improve facilities to promote a safe and effective working environment

- 2.1 Develop and maintain effective corporate governance.
- 2.2 Develop a framework for the timely modernisation of facilities and equipment.
- 2.3 Implement an integrated safety management system.
- 2.4 Establish a physical environment suitable for the provision of safe and high quality care.

#### Progress:

We continuously monitor and review our business processes and practices to ensure that effective corporate governance is achieved and there has been a greater level of financial awareness and accountability across all areas of the organisation this year.

A planned approach for the replacement of equipment, buildings and information systems is taken to ensure that regulatory compliance is met and a safe and effective working environment is maintained. Manual handling assessments have been conducted and eight new lifting machines purchased for the acute and aged care sectors.

In late 2010, we introduced the Victorian Hospitals Incident Management System (VHIMS) to the organisation. Staff have participated in training and are encouraged to report all incidents and risks onto the new system. An organisation-wide risk management calendar has been developed to ensure that risk activities are dealt with in a timely manner through the Leadership and Management Committee.

PROMPT (Protocol Management Production Tool) was also introduced to Wimmera Health Care Group this year. PROMPT is a web-based protocol system and information sharing portal dedicated to the health sector.

A detailed organisational-wide Safety Management Plan is currently being implemented. This plan covers all aspects of health and safety at Wimmera Health Care Group.

A permanent security orderly is now based in the Emergency Department from 8 am to 5 pm Monday to Friday. After hours security from 8 pm to 12 midnight, seven days a week, is provided by an external security company to ensure the security of staff, visitors, buildings and other assets. A Code Grey (management of violent people) policy and procedure has been implemented and PART (Predict Assess and Respond To Aggressive/Challenging Behaviour) training has been provided to over 60 staff in the past 12 months.

We have also conducted a review of furniture and the physical environment to ensure that we comply with disability legislation as part of our Disability Action Plan.

### 3. Pursue excellence in care

- 3.1 Continue to develop and maintain systems that promote safe and high quality care.
- 3.2 Plan and deliver care in a collaborative and person-centred manner.
- 3.3 Develop and maintain effective clinical governance.
- 3.4 Foster a focus on the consumer experience throughout the continuum of care.

#### Progress:

Wimmera Health Care Group is committed to providing health care that is safe and effective, person-centred, integrated and co-ordinated. The Respecting Patient Choices Working Party meets monthly and person-centred education is provided to all new graduate nurses and staff. In addition, we continuously monitor documentation for patient carer involvement. Our Patient Information Guide, available in all bedside lockers, has been extensively reviewed resulting in a simplified user friendly directory containing important and relevant patient information.

We are currently reviewing our intake and service co-ordination processes and working towards a "no wrong door" philosophy across the organisation. Our new Redesigning Care program, aimed at improving processes around patient care and discharge planning to increase efficiency and quality of care has commenced with projects in Oxley and the Emergency Department.

PROMPT (Protocol Management Production Tool) was introduced to Wimmera Health Care Group this year. We have also implemented the Cocoon Encryption program to allow secure and efficient transfer of identifiable data.

Wimmera Health Care Group has systems in place to ensure that clinical equipment is regularly tested for electrical safety and essential performance and calibration parameters are maintained. We also have systems for testing of non-clinical equipment, eg, our Linen Services Department tests microbial readings and wash results in accordance with the Australian Standards.

We are continually developing and maintaining systems that promote good infection control throughout all areas of the organisation.

Regular consumer satisfaction surveys are conducted across our services and we have an effective complaints management system in place. Audits and benchmarking activities are conducted and the results communicated to staff and the community on a regular basis. Feedback and advice from the Community Advisory Committee is also sought on a wide range of issues.

In 2010, Wimmera Health Care Group's Clinical Pathway's program was recognised for its achievements as joint winner of the Improving Quality Performance category at the Victorian Public Healthcare Awards.

We are currently in the process of reviewing our Clinical Governance Framework against the Department of Health Victorian Clinical Governance policy framework. Tools have been developed for implementation of the World Health Organisation Surgical Safety Checklist for use with all surgical patients. We have also redeveloped our paediatric case history form to better facilitate discussion in relation to assessment and therapy plans in Allied Health.

This year we have adopted a Disability Action Plan. We have also purchased personal assistive hearing devices for patients with hearing difficulties.

### 4. Promote health and wellbeing in the region

- 4.1 Provide care, resources and healthy lifestyle education that maximises physical and mental wellbeing.
- 4.2 Enhance and improve outcomes in health and wellbeing for the community.
- 4.3 Recognise that different specific, social, cultural and linguistically diverse groups require flexible approaches to achieve optimal health outcomes.

#### Progress:

Wimmera Health Care Group has a three year Health Promotion Plan that identifies projects aimed at enhancing and improving health and wellbeing outcomes for the community.

This year we have used Health Week as a platform to promote key health messages. This has been achieved through displays, presentations and media stories. Once again, we were represented at the Wimmera Machinery Field Days, where health promotion resources and information about our services were made available to the public. Education sessions for community groups and the provision of one-on-one information for patients in relation to healthy lifestyle choices are provided on a regular basis.

Our Community Health Nurses have continued to offer free health checks to community and sporting groups and individuals including Wimmera Health Care Group staff at both the Horsham and Dimboola campuses. They have delivered human development and other health sessions to students at primary and secondary schools across the region, participated in seniors and health expos and overseen walking groups and the Go For Your Life program at the Men's Shed. QUIT smoking programs including the provision of QUIT smoking resources and information, have been introduced through our Antenatal Care program.

In conjunction with the Wimmera Primary Care Partnership, our Community Health Nurse program oversaw the creation of an informative and inspiring publication for young women. The "Girl-Life-Love-Fun: It's a Girl Thing" magazine was developed by Year 9 students from Horsham College and St Brigid's Secondary College and distributed to 10,000 households across the Wimmera.

Our Clinical Pathways ensure advice on management before, during and after hospital admission is provided to patients. These multidisciplinary pathways are evidence based and reviewed regularly by key health professionals involved in the specific area of care.

Wimmera Health Care Group services work in close collaboration to develop total care packages for patients. This ensures that the patient's needs are met whilst in hospital and also at home.

Educating the community about our services is a high priority. This is achieved through regular targeted media stories, radio interviews, displays and presentations. We have published a comprehensive Service Directory in the Horsham and District Community Directory (prepared by the Wimmera Information Network) which is distributed to all households within the Horsham Rural City Council and available on our web site [www.whcg.org.au](http://www.whcg.org.au). We also have a large range of patient information brochures containing details about our services.

At Wimmera Health Care Group, we recognise that different social, cultural and linguistic groups require flexible approaches to service delivery. This is identified in our Cultural and Linguistically Diverse (CALD) action plan which is overseen by the CALD committee. A representative from OASIS (Overseas Support and Integration for Migrants in the Wimmera Region) has joined this committee providing valuable input into the group. This year the CALD committee hosted a very successful staff luncheon featuring international food and traditional dances from Australia and other countries on Harmony Day. The purpose of this event was to celebrate our diverse workforce and community.

The Handbury Library facilitates membership of the Australian Health Promotion Association, providing staff and patients with an extensive range of resources and access to healthy lifestyle web sites. Resources relating to the specific social, cultural and linguistically diverse needs of patients can also be accessed through the library.

In line with our three year Disability Action Plan, a regional Disability Services and Information Quick List has been prepared and distributed to Wimmera Health Care Group staff and other service providers. Personal assistance hearing devices for patients have also been purchased and resource tools to access interpreter and translator services developed for staff.

Wimmera Health Care Group has formed a Working Well Committee. The aim of this committee is to strengthen health and wellbeing initiatives within the organisation and reduce staff sick leave taken.



## 5. Reduce our impact on the environment

- 5.1 Protect all natural resources and diminish known threats to the environment through education and promotion.
- 5.2 Establish opportunities for waste avoidance, reduction, recycling and reuse.
- 5.3 Balance environmental, economic and social influences on ecological sustainability.

### Progress:

An Environmental Management Working Party has been formed and an Environmental Management Plan developed. Implementation of this plan will be a key priority during the coming year.

Wimmera Health Care Group promotes recycling of metal, cardboard, paper, glass and plastic. Double sided printing, shredding, use of electronic communication systems and reduced power usage (eg. turning lights and computers off when not in use) is encouraged across all areas of the organisation. Wherever possible, equipment is cleaned, repaired and reused rather than thrown away.

An enviro paint brush wash system has been installed to remove paint and chemicals from the water which is then recycled for other uses. We continue to implement energy reduction initiatives by improved maintenance works and the purchase of energy efficient equipment. Numerous rainwater tanks have been installed to enable efficient water harvesting. We also promote the use of videoconference facilities for meetings wherever possible.

Publications such as the Annual Report and Quality of Care report are printed on recycled paper and the number of copies printed has been reduced. These documents can be accessed from the Wimmera Health Care web site and intranet. Books and journals no longer required are offered to other libraries or service clubs for distribution to areas of need. Outdated medical equipment is transported overseas for use in third world countries.



Allied Health Staff dressed in traditional costumes from around the world to celebrate Harmony Day at Wimmera Health Care Group.

## 6. Be an employer of choice

- 6.1 Attract and maintain a workforce with skills and knowledge to deliver excellent services across all divisions.
- 6.2 Develop a career path for staff to achieve their full potential.
- 6.3 Strengthen and maintain an ongoing commitment to an organisational wide program of evidence-based best practice in staff development, education and training.
- 6.4 Market and promote the advantages of careers in rural health.
- 6.5 Provide programs that promote the physical, mental wellbeing and social connectivity of our workforce.

### Progress:

At Wimmera Health Care Group, we recognise that staff are our most valued resource and staff are encouraged to access ongoing professional development to enable them to reach their full potential.

Performance appraisals, training, development and career progression plans have been implemented across the organisation, resulting in increased productivity, job satisfaction and staff retention. Regular in-service training updates on evidence based practice are provided to staff and mentoring is available to new graduates.

All staff are required to participate in a comprehensive orientation program. Satisfactory completion of mandatory Occupational Health and Safety training is also required.

We value the opinions of our staff and encourage them to provide us with confidential feedback on how we may better support them through the State-wide People Matters Survey. An Employee Assistance Program is also available.

Our Disability and CALD action plans promote a culture of Access to All, ensuring non-discriminatory staff recruitment and retention practices are followed at Wimmera Health Care Group.

A number of health and wellbeing initiatives have commenced this year through the Working Well Committee. These include: health checks, discounted gym memberships, social events, communication noticeboards and plans for a staff doctor.

Wimmera Health Care Group is proactive in marketing the advantages of careers in rural health to overcome the skills shortages currently experienced in this region. We have a strong work experience/placement program for secondary and tertiary students and are represented at University career expos on a regular basis. We are an active participant in the Wimmera and Southern Mallee Careers expo targeted at secondary school students. A range of professional resources have also been developed to assist in promoting careers in Allied Health.

In July 2011, the Wimmera Medical Centre in Horsham will be completed. This new state-of-the-art facility will greatly assist us in attracting medical specialist staff to the region.



# Report of Operations

## President and Chief Executive's Report

### Responsible Bodies Declaration

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 2011.



Mark Williams  
President  
Horsham  
Date: 18/08/11

The Wimmera Health Care Group continued to provide a model of care appropriate to the clinical needs of people of the Wimmera and Southern-Mallee during 2010-2011.

Our organisation has responded to the growing demand for services consistent with its sub-regional role with a number of new and exciting services being implemented. Service improvements have been developed in clinical and non-clinical areas, both internally and across the Wimmera Southern-Mallee. During the year we provided clinical services for 11,813 acute inpatients. This is similar to last year's 11,833 separations, however, we achieved a 5.6% productivity improvement in our bed utilisation driven mostly by a reduction in average length of stay from 2.32 to 2.2 days. We also achieved service increases in residential aged care of approximately 5.5% measured by higher occupancy rates across all three aged care facilities.

Sub-acute services have been expanded through the Transitional Care Program for inpatient and community based care. This program has been complemented by the introduction of four additional Geriatric Evaluation and Management (GEM) beds. These initiatives have consolidated our move into sub-acute and rehabilitation services in the longer term. 150 new clients benefited from the additional transitional and GEM services this year. The need for localised sub-acute rehabilitation care has been recognised as we further develop the service framework for our current and future demands. The announcement by the State and Federal governments to provide resources for an additional 20 bed sub-acute rehabilitation facility has been welcomed as we progress towards developing this vitally important service. We are currently on schedule to deliver the new beds by December 2013. The establishment of these new beds will further extend the range of specialty services at the Wimmera Health Care Group and the capital investment of \$10 million into the local economy signifies the important role that the organisation plays in the region.

In meeting the needs of our community we have been particularly active in recruiting specialised staff in key medical, nursing and allied health professions. The appointment of additional physicians and an obstetrician & gynecologist will provide a greater range of services and improved access across the whole Wimmera Southern-Mallee area. We have already witnessed increases in specialist outpatient clinics by 7.9% and with additional specialist nurses, allied health staff and rotating doctors we have strengthened our capabilities to deliver an increased range of services.

Our medical recruitment efforts have been bolstered with the completion of the Wimmera Medical Centre. The new centre has sufficient capacity to accommodate up to 18 medical staff. The Medical Centre is a state-of-the-art facility from which both local and visiting medical specialists can comfortably deliver an expanded range of high quality medical services. The Wimmera Medical Centre and its nexus to the clinical facilities of the hospital is aimed at attracting medical specialists and general practitioners to the Wimmera Southern-Mallee to work and provide a structured teaching environment to train future doctors. We were pleased to partner with the State Government, Deakin University and philanthropist Mr Geoff Handbury in the establishment of the building. It will stand as testimony to the innovative and visionary approach adopted by the Wimmera Health Care Group to address the medical workforce requirements in our local area and deliver training opportunities for a growing workforce. It is projected that up to 400 people will visit the centre daily for medical and allied health services.

The Wimmera Base Hospital emergency department is one of the busiest for its size in rural Victoria with approximately 16,000 attendances annually with performance outcomes within Statewide benchmarks. We are also very grateful for the financial support provided to the emergency department by the Horsham Branch of the Blue Ribbon Foundation for vital medical equipment.

The Wimmera Base Hospital Ladies Auxiliary, Wimmera Hospice Care Auxiliary, Dimboola Campus Appeals Auxiliary, Dimboola East Ladies Auxiliary and Kurradjong Lodge Support Group have also provided significant financial and volunteer support to the organisation for which we are extremely grateful.

The key health agencies in our sub-region, in partnership with the Department of Health, embarked on creating a health service profile for our local communities. This culminated in the development of the Wimmera Sub-regional Service Plan.

The Wimmera Sub-regional Service Plan will provide a framework for the Wimmera Southern-Mallee Health Alliance to facilitate a model of service delivery across the region. The Alliance has provided a forum for the development of clinical and non-clinical partnerships to deliver high quality, accessible health care in an efficient and effective way. This platform has led to the development and promotion of new and exciting shared service improvements.

During the year, we formalised our mutual understandings with the Department of Health with the signing of the Statement of Priorities. Our Financial Management Improvement Plan assisted in the delivery of a financial result that achieved a substantial improvement in our operational and financial efficiency. Furthermore, the sharing of our vision with stakeholders delivered measured performance consistent with our acute throughput targets, equal to 100%.

This year we witnessed a revitalisation of the Wimmera Health Care Group Foundation. The Foundation is an independent fundraising entity that is a significant source of funds for capital improvements. The Foundation's high profile fundraising activities have contributed to the public's awareness of both the Hospital and the Foundation. The value that the Foundation and other groups fundraising bring to Wimmera Health Care Group cannot be undervalued in terms of benefits and community support they provide.

As an organisation, we will continue to strive for new and innovative approaches to the delivery of high quality safe health care, and maximise our business opportunities; underpinned by our efficient and effective use of resources, both human and capital. In support of our ongoing modernisation, we have made investments into new equipment and facilities and embarked on a path of Hospital Redesigning Care to enhance the way we deliver services. The use of 'Redesign' is a fresh approach to revitalising systems which will have a tangible benefit and that will continue to improve our models of care.

In partnership with the State, significant investments have been made in replacing older equipment such as patient monitors, lifting devices and beds. We have also continued to build on our investments with further improvements to information systems, air-conditioning equipment and security devices.

The year ahead is an exciting one which includes the appointment of new Board members Phillip Campbell, Richard Goudie and William (Bill) Winter. These appointments followed the departures of Jo Saxton, Bonnie Thompson and Philip Sabien. The departing members of the

The new \$2.7 million state-of-the-art Wimmera Medical Centre will open in July 2011.



Board have made important contributions to the development and leadership of health services across the Wimmera Southern-Mallee and our appreciation is extended to these individuals.

In planning for the future we will continue to work collaboratively with our partners across the region. We are committed to the efficient and effective operation of our business and the establishment of new services to meet the evolving needs of a growing community. Primary to this vision is the establishment of the new sub-acute rehabilitation service and the maintenance of skilled and professional staff.

The Wimmera Health Care Group is a vibrant and exciting organisation that promotes the highest levels of quality and safety with a commitment to delivering caring services with respect, reliability and integrity. We are committed to achieving the best health for all the Wimmera and Southern-Mallee through our dedicated staff and volunteers.



Mark Williams  
President



Chris Scott  
Chief Executive



Wimmera Health Care Group and four other principal health services in the region demonstrate their commitment to working together by signing a memorandum of understanding. Seated from left, Dunmunkle Health Services General Manager Tracey Chenoweth, Edenhope and District Memorial Hospital CEO Emma Kealy, West Wimmera Health Service CEO John Smith (signing the agreement), Rural Northwest Health CEO Catherine Morley-Nelson, Wimmera Health Care Group CEO Chris Scott, standing from left, West Wimmera Health Service President Ron Rosewall, Wimmera Health Care Group President Mark Williams, Rural Northwest Health President Norm Clyne and Edenhope and District Memorial Hospital Board Member Jan Grigg.



# Statement of Priorities

## Strategic Priorities: 1 Financial

Ensure that Wimmera Health Care Group moves towards a healthy financial position whilst maintaining a high level of safe quality care	A range of initiatives were adopted during the reporting period to achieve a controlled and progressive improvement in our financial position. The achievements were designed to have minimal impact on patient care, yet specific to deliver marked financial improvements. With the collaboration and support of the Department of Health, a shared commitment to a phased financial improvement strategy was agreed which is ahead of schedule to achieve the planned outcomes. The introduction of new information systems and monitoring controls has ensured that all key performance targets have been met or exceeded.
Continue to implement service efficiencies and seek additional revenue opportunities	In progressing towards a healthy financial position, we have developed, in collaboration with the Department of Health, a mutual commitment to a comprehensive Financial Management Improvement Plan. The successful application of various strategies has resulted in significant service improvements and revenue gains. The application of the 'redesign program' is seen as being very important to our ongoing fiscal improvement.
Develop and implement a set of appropriate economic strategies aimed at achieving financial sustainability	The organisation has undertaken a comprehensive review of its operations through a number of independent service and planning reviews. The Wimmera Sub-regional Service Planning process developed a framework for planning and implementation of key economic strategies to improve financial stability. A number of critical challenges and strategies have been recognised to achieve financial sustainability. The application of these strategies forms the framework for our shared vision in meeting our financial obligations.

## Strategic Priorities: 2 Clinical

Sub-acute: Develop a model of care to meet the changes in service requirements, workforce legislation and quality outcomes	The Sub-acute Planning Framework has assisted in guiding our development of a sub-acute model of care and expansion of Transitional Care Program and Geriatric Evaluation and Management services. The service development meets the growing demand as recognised in the Wimmera Sub-regional Service Plan and provides specialised care close to home. Progress on the new 20 bed sub-acute/rehabilitation facility funded by the Commonwealth and State is on schedule and will provide a high quality holistic rehabilitation service.
Undertake a 'Redesigning Hospital Care Program' initiative to improve service quality	Two redesigning hospital care initiatives were implemented under the program. A well planned and engaging change management program was implemented that delivered direct improvements to patient flow and service quality gains. Work/patient flow improvements in the Emergency Department and Oxley (acute) ward have yielded significant systems enhancements, provided for shorter lengths of stay and have contributed to greater patient satisfaction. The program has been an important initiator of cultural change and has a high level support in the organisation.
Investigate options to enhance emergency department operations	An independent review of the Emergency Department was commissioned and completed. The review focused on developing further service improvements beyond those of the redesign team to deliver high quality care in a timely and effective manner. A number of the report recommendations have been implemented and service partnerships with Ballarat Health Service have been further strengthened in developing regional co-operation and improved patient care.

Complete the construction of the medical clinic	The Wimmera Medical Centre has been a major infrastructure undertaking, involving partnerships with the Department of Health, Deakin University and local philanthropist, Mr Geoff Handbury. The completed project, which will accommodate general practitioners and specialist clinical services, will enable improved access to a broad range of both medical and allied health care close to home. In addition, the medical centre will be an important initiative in our recruitment and retention of clinical expertise to the Wimmera.
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## Strategic Priorities: 3 Partnerships

Develop, in collaboration with other agencies, a list of initiatives to improve patient flows across the region	The Wimmera Southern-Mallee Health Alliance is a collaborative agreement between local health agencies; created to serve as a forum for building partnerships and cross agency service improvements. A number of cross agency service contracts and agreements have been established to deliver improved patient flows and economic benefit, and provide service sustainability. The Wimmera Health Care Group has developed a number of arrangements with local agencies.
Prepare a business case for a regional clinical governance/ leadership model	A comprehensive business strategy has been developed in collaboration with other health agencies in the sub-region to develop a stronger model of clinical governance/leadership in the region. The Wimmera Southern-Mallee Health Alliance partners have taken carriage of the proposal to customise and enhance the initiative.

## Strategic Priorities: 4 Workforce

Develop a medical workforce plan to enhance the recruitment of specialist medical and other clinical staff to reduce demand on agency and locum support	A detailed medical workforce plan consistent with the organisation-wide strategic plan and Wimmera Sub-regional Service Plan has been developed to position the organisation to meet both current and future demand. The plan considers a range of recruitment and retention issues to determine a sustainable workforce profile. Progressive implementation of the workforce initiative has ensured a phased reduction in the utilisation of short term contracted staff.
Implement a positive attendance program to improve staff leave utilisation	The development and implementation of a positive attendance protocol supports our strategic aim to be an 'employer of choice'. A key activity in promoting positive attendance was the establishment of a 'Working Well' initiative which hosted a number of programs in support of our staff. Staff health checks, discounted gym memberships, social events, communication noticeboards and a comprehensive staff assistance program being features of this initiative.

## Strategic Priorities: 5 Emergency

Completion of the Summer Preparedness Assessment Tool Survey including implementation of strategies associated with high risk areas	Our geographic location and climatic influence precipitates that the agency has a heightened awareness to seasonal impacts, particularly summer. The completion of the assessment tool and implementation of mitigation strategies for high risk concerns was a priority and achieved successfully. All facilities are regularly monitored to ensure that fire and heat risks are reduced for patients, staff and visitors.
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# Statement of Priorities

### Performace Priorities: Financial Performance

	2010-11 Actuals
<b>Operating Result</b>	
Annual Operating result	\$1.61 m
<b>Cash management/liquidity</b>	
Creditors	30
Debtors	33

### Service Performance

	2010-11 Actuals
<b>WIES Activity Performance</b>	
WIES (public and private) performance to target	0.32%

### Quality and Safety

	2010-11 Actuals
Health service accreditation	Full
Residential aged care accreditation	Full
Cleaning standards	Full
Submission of data to VICNISS	Full
Hand hygiene program compliance	Full
Victorian Patient Satisfaction Monitor (VPSM)	Full

### Maternity

	2010-11 Actuals
Postnatal home care	100%

### Access Performance

	2010-11 Actuals
Percentage of emergency patients admitted to an inpatient bed within 8 hours	91%
Percentage of non-admitted emergency patients with length of stay of less than 4 hours	82%
Number of patients with length of stay in the emergency department greater than 24 hours	0%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 2 emergency patients seen within 10 minutes	96%
Percentage of Triage Category 3 emergency patients seen within 30 minutes	88%

### Activity and Funding

Activity Weighted Inlier Equivalent Separations (WIES)	2010-11 Activity Achievement
WIES Public	4,685
WIES Private	1,679
Total WIES (Public and Private)	6,364
WIES Renal	98
WIES DVA	324
WIES TAC	75
WIES TOTAL	6,861
<b>Sub Acute Inpatient</b>	
GEM (non DVA)	1,346
Palliative Care – Inpatient (Short Stay Room)	384
GEM (DVA)	262
Palliative Care (DVA)	26
<b>Ambulatory</b>	
Transition Care – Bed Based	1,100
Transition Care - Community Based	365
SACS (non DVA)	5,346
Post Acute Care	523
SACS (DVA)	368
Palliative Care – Community	410
<b>Aged Care</b>	
Residential Aged Care	50,558
<b>Community Health/Primary Care</b>	
Community Health – Direct Care	1,799



# Corporate Governance

## Board of Management

### President:

#### Mr M A Williams (Mark)

B Bus (Accounting and Data Processing), CPA, MBA

Profession/Occupation: Executive Manager  
Business Performance  
and Risk

Date Appointed: 1st November 2001

### Vice President – Quality and Safety:

#### Mrs L M Sharrock (Leigh-Anne)

RN, DDSO

Profession/Occupation: Disability Support  
Officer

First Appointment: 1st November 1995 -  
31st October 2002

Date Re-appointed: 1st November 2004

### Vice President – Finance & Audit

#### Mr P M Sabien (Philip)

B Appl Sc, Grad Dip Food Sc, MBA

Profession/Occupation: Chief Executive Officer

Date Appointed: 1st November 2004

### Vice President – Relationships:

#### Ms B K Thompson (Bonnie)

MA(Teaching/Ed), BA(Linguistics), BA(English)

Profession/Occupation: Businesswoman

Date Appointed: 1st November 2006

#### Mr D Luciani (Dean)

Adv Dip Bus, Adv Dip Bus/HR, Grad Cert Mgt, GAICD

Profession/Occupation: General Manager

Date Appointed: 1st July 2009

#### Mr E J McCabe (Ted)

Barrister and Solicitor of the Supreme Court  
of Victoria

Profession/Occupation: Lawyer

Date Appointed: 1990 -1997,

Reappointed: 1st November 2006

#### Mrs J E Saxton (Joanne)

Dip Phys Ed, HDTS

Profession/Occupation: Private Company  
Administrator

Date Appointed: 1st November 1997

#### Mr R Pyers (Robert)

M Ed, B Letters, BA, Dip Ed

Profession/Occupation: Secondary College  
Principal

Date Appointed: 1 July 2010

## Board Committees

### Board Executive Sub-Committee

Has authority of the Board to act on its behalf  
between meetings of the Board provided that  
all decisions taken which relate to policies are  
referred to the next Board meeting.

**Members:** M Williams (Chair), L Sharrock,  
P Sabien, B Thompson

### Remuneration Sub-Committee

Reviews performance of the Chief Executive and  
contractual requirements of the Executive staff  
on an annual basis (September every year) and  
makes recommendations on remuneration levels.

**Members:** M Williams (Chair), L Sharrock,  
P Sabien, B Thompson

### Financial Performance Sub-Committee

Analyses financial performance of the Health  
Care Group and Group Linen Service in detail  
and makes recommendations to the Board  
of Management on accounts to be passed for  
payment, bad debts to be written off, and any  
other matter related to finance.

Recommends policies and procedures to ensure  
resources of the Health Care Group are used  
in an efficient and effective manner and to  
maintain management procedures and systems to  
achieve this.

**Members:** P Sabien (Chair), D Luciani, E McCabe,  
M Williams (ex-officio)

### Audit and Corporate Risk Sub-Committee

Reviews the external auditor's draft management  
letters and final report (usually March and  
October) and sets the internal audit program.  
The sub-committee meets quarterly to monitor  
performance against audit and risk.

**Members:** P Sabien (Chair), D Luciani, E McCabe,  
M Williams (ex-officio), R Tursi  
(independent member)

### Clinical Governance Sub-Committee

Develops a comprehensive program to  
monitor, review and continually improve all the  
activities and services relevant to the quality  
of care provided for all patients. To assess the  
Health Care Group's level of compliance with  
formal Accreditation Guidelines and oversee  
preparations for all accreditation and standards  
compliance. The Clinical Governance Committee  
provides a forum to consolidate the various  
elements of the Quality Improvement system.

**Members:** L Sharrock (Chair), J Saxton, D Luciani,  
B Thompson, M Williams (ex-officio)

### Medical Advisory Committee

Makes recommendations to the Board  
of Management relating to medical staff  
appointments and the delineation of  
clinical privileges.

**Members:** M Williams (Chair), E McCabe,  
B Thompson, L Sharrock

## Committees with Board Representation

### Clinical Research (Ethics) Committee

Assesses all proposals for clinical research within  
Wimmera Health Care Group and recommends  
to the Board whether or not such proposals  
should be approved. Monitors and controls  
research projects and maintains a register  
of projects.

**Members:** E McCabe, M Williams (ex-officio)

### Community Advisory Committee

Has a primary role in commenting on the service  
needs of local communities, the development of  
strategic plans and making recommendations  
on health service delivery to the Board of  
Management through the Chief Executive.

**Members:** B Thompson, J Saxton, M Williams  
(ex-officio)

### Nursing Advisory Committee

Provides a centralised, representative forum  
for discussion and making recommendations to  
the Board of Management on matters related to  
nursing resources, education and practice.

**Members:** L Sharrock (Chair), M Williams  
(ex-officio)

### Board Education

The Board of Management is committed to  
keeping abreast of recent developments  
and education relevant to their corporate  
governance role.

#### Education activities undertaken this year have included:

- Sub- Regional Service Planning Group  
Meeting– September 2010, March 2011
- Budget Monitoring Group with the  
Department of Health–November 2010,  
March 2011, May 2011
- Aged Care Funding Instrument Presentation–  
February 2011
- Governance Training (Jim Campbell)–  
February 2011
- Service Plan Review (Jim Swinden)–March  
2011
- Ministerial Rural and Regional Health  
Forum–April 2011
- VMIA Risk Management Framework  
(Leanne Toby)–April 2011

## Our Executive Team

### Chief Executive

#### Mr Christopher G Scott

BHSc (Mgt), MBA (CSU), AFACHSM, AIMM,  
CHE, MAICD

### Director of Medical Services

#### Prof Alan M Wolff

MB, BS, MD, MBA, Dip RACOG, FRACGP,  
FRACMA, FCHSE

### Director of Clinical Services

#### Mr Don McRae

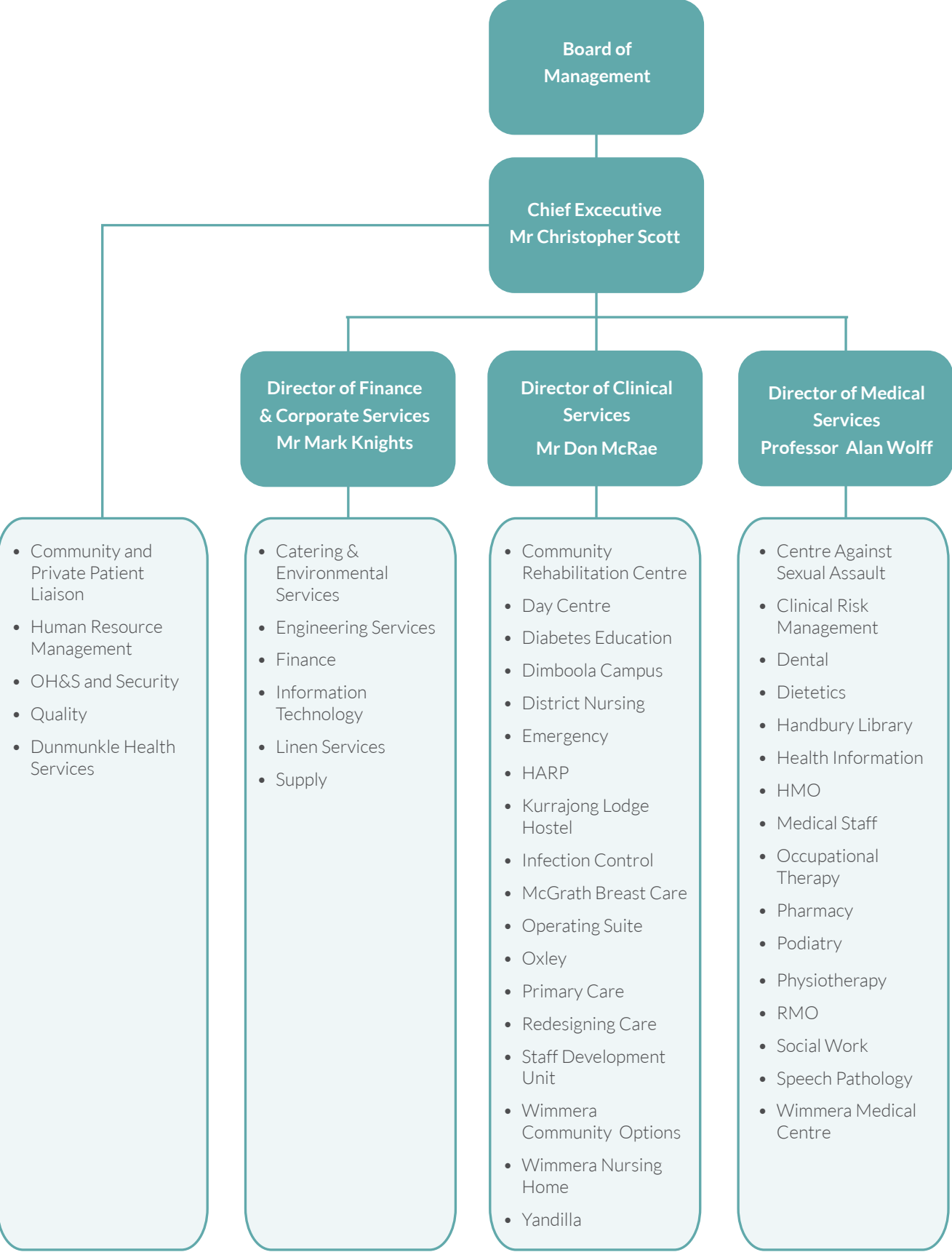
RN, M H Mgt, RM, Grad Dip Crit Care, CC Cert

### Director of Corporate Services

#### Mr Mark Knights

B Bus, Grad Dip Bus (Acc), CPA

# Organisational Chart



# Accreditation

## Acute

The accreditation program governing public hospitals is the Evaluation and Quality Improvement Program (EQulP). This framework guides organisations through a four year cycle of Self-Assessment, Periodic Review, Self Assessment and Organisation-Wide Survey to meet standards as set out by the Australian Council on Healthcare Standards. The standards consist of clinical, support and corporate functions.

Organisations are required to undertake the comprehensive EQulP standards review and consultation process to ensure the organisation remains current, continues to reflect evidence based best practice and achieves the standards.

Following an organisation-wide survey in July 2009 which resulted in accreditation status across all three functions (Clinical, Support and Corporate), Wimmera Health Care Group has commence the cycle again successfully undertaking Self-Assessment in 2010 and commencing preparation for Periodic Review in 2011.

## Residential Aged Care

The Aged Care Standards and Accreditation Agency (ACSAA) is responsible for the accreditation of residential aged care homes in accordance with the Aged Care Act 1997. There are four accreditation standards, each with a defining principle and comprising of 44 expected outcomes. It is the responsibility of approved providers to demonstrate their home's performance against the standards. Without accreditation a provider is not eligible to receive Australian Government subsidy.

Wimmera Nursing Home and Kurrajong Lodge Hostel achieved a successful outcome during their site visit from the ACSAA in May 2010 and Dimboola Nursing Home will undergo their site audit on 20th and 21st September 2011. All intervening assessment contacts visits (in-between site audits) by the agency have resulted in compliance with all expected outcomes and we have enthusiastically embraced feedback from the assessors in relation to suggested opportunities for improvement in care and service delivery.





# Occupational Health and Safety

Wimmera Health Care Group values a healthy and safe workplace that stimulates and positively supports people to achieve outcomes in a safe manner, thereby contributing to operational effectiveness and business sustainability.

We are committed to providing a working environment, plant and systems of work which are free, as far as practicable from risk of injury or disease for all our employees, visitors, contractors and members of the public.

We are committed to providing a high standard of Occupational Health and Safety (OH&S) performance based on best practice principles and the continual improvement of performance.

Ultimately, the objective of OH&S is the reduction or elimination where possible of injury and illness at Wimmera Health Care Group. These principles apply to all locations and business operations of Wimmera Health Care Group.

## Workers Compensation

Wimmera Health Care Group has had a significant increase in claims in 2010/11 and it is expected that the premium will increase to the 30% maximum capped amount.

### Why are injuries increasing?

A number of factors are contributing to employees sustaining work related injuries including but not limited to:

1. Ageing workers (general wear and tear).
2. Potentially dangerous or out dated equipment.
3. An increase in stress related claims.
4. The physical nature of some jobs.

In 2009/10, Wimmera Health Care Group had 12 claims, whilst in 2010/11 we had 19 claims. This has resulted in higher claims cost and higher future liability put onto these claims. Our aim is to significantly lower claims costs. Premium sensitive injuries include all cases where a worker has more than 10 days' time lost or medical expenses exceed \$592.

Our current return to work program is working and evidence of this can be seen in that, of the 19 claims this year, Wimmera Health Care Group has significantly reduced the days of compensation paid. This is directly linked to getting employees back to work quicker.

## Wimmera Health Care Group is focused on reducing claims. This can be done through:

1. A greater focus on prevention strategies in areas where the most injuries have occurred (Nursing Home and Kitchen).
2. Monitoring and reducing stress on employees (where possible) by providing suitable workloads and safe working environments.
3. Providing training for Department Heads on Work Cover so they can be empowered to assist (where possible) in avoiding injuries or returning employees back to work quicker.
4. Investing in proactive solutions to prevent injuries (risk assessments and tools for employees to use to reduce the likelihood or impact of work related injuries).
5. Provision of training in musculoskeletal injury prevention to Department Heads. (Most of our injuries are backs, upper arms, knees and wrist. These account for 49 out of 75 injuries since 2007).
6. Investing in more OH&S resources to ensure more proactive measures are taken in relation to the prevention of injuries.
7. Updating/investing in any existing equipment that is potentially hazardous and ensuring regular maintenance and preventative maintenance is occurring.

Once an injury occurs we need to continue to:

- return the employee to work as soon as possible through our current return to work program (within 10 days if possible); and
- thoroughly investigate incidents and be proactive about putting controls in place as soon as possible.

Claims



Compensation Paid (days)



# Our Staff

## Merit and Equity

Wimmera Health Care Group is an equal opportunity employer. Appointments are based on merit, without regard to race, gender, religious belief or any other factor not related to the pursuit of excellence in patient care.

## Staff Education

At Wimmera Health Care Group, we value the professional development of our staff. Improving access to education and training is a priority. Courses are continually evaluated to ensure content is consistent with Best Practice and new programs are regularly made available.

We understand the importance and ever increasing role of information and communication technologies in the delivery of safe and effective health care, and have prioritised staff education in this area. We have appointed a dedicated ICT trainer for our staff which allows for ongoing training and development in the use of computer systems and specialised software programs.

## HR Initiatives

This year the Human Resources Department has developed a number of new policies and procedures in line with changing legislative requirements including a detailed Leave Policy and information session for Department Heads. Several non-clinical training courses have also been completed by staff including Certificate III in Laundry Operations, Certificate III in Food Services, Certificate III in Business Administration and Certificate IV in Workplace Training and Assessment.

## Industrial Relations

There has been one Industrial Relations dispute this year which was resolved in mediation.

## Presentations

Our staff have made a number of presentations during the past year, including:

- Scott, C (2011) – Ballarat and the Central Highlands: driving change today for tomorrow “Managing a changing demographic; through leadership and debate”. Committee for Economic Development of Australia, June 2011.

## Workforce Data Disclosures

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2011	2010	2011	2010
Nursing	279.94	281.11	279.78	275.88
Administration and Clerical	87.69	87.52	86.43	84.36
Medical Support Services	23.12	20.76	21.50	21.54
Hotel and Allied Services	125.63	119.92	126.22	108.95
Medical Officers	5.00	5.00	4.95	4.40
Hospital Medical Officers	21.50	15.97	18.23	13.76
Sessional Clinicians	0.00	0.00	0.48	0.36
Ancillary Staff (Allied Health)	44.46	39.35	42.64	43.40

- Wolff, A (2011) – Masters in Health Services Management, Clinical Governance and Risk Management, Adelaide 26/05/11.

- Wolff, A (2011) – Quality and Safety in Healthcare, Deakin University, Geelong 20/05/11

## Research

Research is encouraged and supported at Wimmera Health Care Group. We are proud of our staff who have published academic literature this year including:

Fraser, L and Wilson D (2010) – Continuous Subcutaneous Insulin Infusion (CSII) Therapy in the Hospital Setting; 5 ½ year rural experience. Diabetes Management, Vol 33, Nov 2010, pp-22-23.

## Awards

This year, we received the following award for excellence in the work we do:

- Victorian Public Healthcare Awards (2010). Wimmera Health Care Group Clinical Pathways Program – Improving Quality Performance category, joint winner.

# The Community that Supports Us

## Wimmera Health Care Group Foundation

“We will all need the services of the Wimmera Health Care Group at some point during our lives. It is so important that we, as a community invest in its services, equipment and buildings”

**Don Johns (Chairman)  
Wimmera Health Care Group Foundation**



From left Wimmera Health Care Group Foundation MasterCook runners up Graeme Eldridge and Viv Watson, with judges Stefano De Pieri, John Aitken and Tom Smith and winners Pam Marshman and Brooke Pay at the grand final event hosted at the Wimmera Machinery Field Days.

Director of Clinical Services Don McRae accepts a cheque from WimmeraBase Hospital Ladies Auxiliary executive members Marj Ferguson, Lorna Woodhart and Betty White. The auxiliary donated a total of \$88,380 for the purchase of vital lifesaving equipment this year.

Wimmera Health Care Group has strong links with the local community and we are grateful for the many individuals, businesses and community groups who have assisted us over the past year, providing substantial financial and in-kind support.

Some of the groups who provide ongoing support to Wimmera Health Care Group include:

- Dimboola Campus Appeals Auxiliary
- Dimboola East Ladies Auxiliary
- Kurrajong Lodge Support Group
- Murray to Moyne Cycle Relay Teams
- Victoria Police Blue Ribbon Foundation
- Wimmera Base Hospital Ladies Auxiliary
- Wimmera Health Care Group Foundation
- Wimmera Hospice Care Auxiliary

All donations to Wimmera Health Care Group are valued and appreciated. In recognition of donations of \$100 or more, we have published a list on page 34.

Wimmera Health Care Group has also received significant in-kind support this year. There have been numerous fundraising events including the Lochiel Wayside Stop coordinated by the Dimboola Campus Appeals Auxiliary, the Murray to Moyne Cycle Relay, the Wimmera Health Care Group Foundation's Master Cook competition and 21st anniversary dinner, the Blue Ribbon Foundation's Black Tie Gala Ball and Crime Night, fashion parades, cake stalls, fetes, auctions, garage sales and raffles. We sincerely thank all the businesses, community groups and individuals who have provided in-kind support to us during 2010/11.

## Volunteers

Volunteers play an important role in enhancing the services that we provide to our community. Volunteers who support Wimmera Health Care Group come from all walks of life including students, musicians, cyclists, churches, auxiliaries, support group and community members. We thank each and every one of our volunteers for the valuable contribution they make to Wimmera Health Care Group.



## Wimmera Health Care Group Foundation

The Wimmera Health Care Group Foundation, established in 1990, is a public charitable fund. The aim of the Foundation is to raise money through donations and bequests to fund special projects within our campuses that will directly benefit people of the Wimmera, guaranteeing the highest quality of health care. The Wimmera Health Care Group Foundation is managed by a skills based Board of Trustees from our local community. Donations to the Foundation are invested and only the interest is used to fund projects. This year, the Wimmera Health Care Group Foundation made a significant contribution towards a Children's Mobility Garden to support our Allied Health Services which was opened in November.

In 2010, we employed the services of Robyn Lardner and Bronwen Clark on a 12-month contract to oversee the Marketing and Communications strategy and organise a 21st anniversary celebration for the Foundation.

Following extensive consultation with staff and stakeholders, the Foundation was expanded to incorporate all campuses of the organisation and the name was changed from the Wimmera Base Hospital Foundation to the Wimmera Health Care Group Foundation. A modern and refreshing new logo was introduced and new promotional material printed.

New Trustees Penelope Manserra and Alison Butler were also recruited to join existing of Trustees – Don Johns (Chairman), Graeme Hardman, Bruce Johansen, Denise Leembruggen and Michael Ryan.

In February/March, we held a very successful MasterCook competition and 21st anniversary dinner hosted by celebrity chef, Stefano De Pieri, raising approximately \$50,000. Not only did these events raise the profile of the Foundation, they also brought the community together on a number of levels.

Our 21st anniversary celebrations would not have been possible without significant support from business and community groups and individuals. In particular, we thank the contestants, judges, domestic dynamos and MC's, Horsham Plaza, Horsham RSL Club, Wimmera Machinery Field Days, Michael Unwin Wines and celebrity chef Stefano De Pieri.

All donations to the Wimmera Health Care Group Foundation are appreciated and help to secure the long term future of our health service. To help us reach our \$1 million target by 2014, we embarked on an exciting new initiative "Foundation500" this year. Foundation500 is a commitment to donate \$500 or more (tax deductible) annually for four years. The support we have received for Foundation500 has been overwhelming.



WIMMERA HEALTH CARE GROUP  
FOUNDATION

The Wimmera Health Care Group Foundation Trustees recognise the generosity of 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 Health Care Group Foundation.

### Member

(donations of \$5,000 to \$50,000)

- HWF Van Dyk and Estate JAC
- RJ Goudie Family Trust

In recognition of donations of \$100 or more to the Wimmera Health Care Group Foundation, we have published a list on page 34. Foundation500 members are listed on page 35.

## Life Governors

Wimmera Health Care Group values the significant contribution that many individuals make to our health service. Life Governorships are awarded to people whose actions or contributions have changed the organisation. See below for a full list of current 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 Castellucio  
Mrs P Corner

Mr M Cuddihy  
Mr I Draffin  
Mrs S Driscoll  
Mrs U Faux  
Dr P Haslau  
Miss B Hill  
Mr B Johansen  
Rev A Johns  
Mr D Johns  
Mr J Kemfert  
Mr G Kitchen  
Mrs C Kroker  
Prof R Larkins

Mr C Leith  
Mr G Lind  
Dr M Lloyd  
Mr K Lovett  
Mr J McCabe  
Mr C McDonald  
Mr D McFarlane  
Mr W McGrath  
Mrs L McKenzie  
Mrs R McKenzie  
Mrs J McRae  
Miss M Menzel  
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 F Schultz  
Miss N Schurmann  
Mis M Smith  
Miss L Stenhouse

Mrs V Stenhouse  
Mr P Troeth  
Mr P Wajszel  
Mr A Walscott  
Prof R Webster  
Mr A Wells  
Mrs J Wells  
Dr L Wong Shee  
Mr A Wood

The Wimmera Hospice Care auxiliary purchased new chairs and a sofa bed for the palliative care sitting room at Wimmera Base Hospital this year. Seated in the new chairs are Hospice Auxiliary members Joan Harrison, Marion Barber and Agnes Seater with Wimmera Hospice Care Co-ordinator Melanie Hahne (kneeling) and Jeanette McCabe (Oxley Nurse Unit Manager).



## Communication

A key priority for Wimmera Health Care Group is to educate people in the community about our organisation and keep them informed about the important services we provide.

Strong links with the local radio and print media allows us to do this. Over the past year we have issued approximately 50 media releases, all of which are available on our web site [www.whcg.org.au](http://www.whcg.org.au).

We sincerely thank Ace Radio Pty Ltd, ABC radio, Triple H Community Radio, the Weekly Advertiser, the Wimmera Mail-Times, the Dimboola Banner and the Department of Health Media Unit for their ongoing support of Wimmera Health Care Group.

One thousand copies of our 2009/10 Quality of Care report were printed and distributed to community members via an extensive mail-out and at our Annual General Meeting in November. They were also displayed in numerous local locations including Wimmera Health Care Group waiting areas, medical clinics, dental surgeries, maternity health centres, the Horsham library, etc.

A huge team of volunteers, including staff and community members worked around the clock to sandbag Kurrajong Lodge Hostel and Rotary House in preparation for Horsham's biggest flood on record in January. The flood waters came in close proximity to both facilities.





# Patient Statistics

## Acute Inpatients

	2010/11	2009/10	2008/09
Number of Beds	84	84	84
Admissions	11,829	11,830	11,368
Bed Days	26,043	27,501	24,669
% Occupancy	84.9	89.7	80.5
Separations	11,813	11,833	11,368
Average length of stay (days) including same day	2.2	2.32	2.17
Average length of stay (days) excluding same day	4	4.57	3.82
Deaths	86	71	84
Births	375	379	395
Operations	4,625	4,452	4115
Same Day Patients	7,066	7,446	6,639
WIES	6,813.64	6,925.96	6,538

## Source of Inpatient Admissions

Area	2010/11	2009/10	2008/09
Horsham Rural City	7,329	7,458	7,266
Yarriambiack Shire	1,472	1,583	1,538
Hindmarsh Shire	1,253	1,090	996
West Wimmera Shire	746	795	837
Other Victoria	953	832	665
Other	76	72	66
Total	11,829	11,830	11,368

## Sub-Acute Services (Admitted)

	2010/11	2009/10
Geriatric Evaluation Management (GEM)		
Number of Beds	4	4
Admissions	94	72
Number of Bed Days	1,333	1,064
Occupancy (%)	91.30	72.9
Transition Care Bed Based*		
Number of Beds	4	4
Admissions	44	14
Number of Bed Days	1,100	590
Occupancy (%)	75	58.2
Transition Care Community Based*		
Number of Packages	2	2
Admissions	12	7
Number of Days	365	331
Occupancy (%)	50	61.8

\*Commenced October 2009

## Residential Services

	20010/11	2009/10	2008/09
Dimboola Campus			
Number of Beds	26	26	26
Occupancy (%)	89%	83%	99%
Separations	9	15	13
Hospital Admissions	5	1	4
Kurrajong Lodge Hostel			
Number of Beds	36	36	36
Occupancy (%)	97%	95.6%	92.58
Separations	10	21	33
Hospital Admissions	25	21	28
Wimmera Nursing Home			
Number of Beds	62*	70	70
Occupancy (%)	90%	83%	84.97
Separations	33	59	79
Hospital Admissions	7	8	20

\*Reduction in number of beds due to introduction of Transition Care Program and GEM



# Patient Statistics

## Visiting Specialist Outpatient Clinics

	2010/11	2009/10	2008/09
Dermatology (various)	452	511	452
Ear, Nose and Throat	518	699	607
Low Vision	30	36	44
Obstetrics and Gynaecology	-	-	18
Oncology	1,579	1,312	988
Ophthalmology	930	810	1,140
Orthopaedic	1,367	1,176	1,241
Professors	16	16	16
Urology	1,107	1,120	1,107
Vascular	360	210	195
<b>Total</b>	<b>6,359</b>	<b>5,890</b>	<b>5,808</b>

## Wimmera Community Options – Linkages/Aged Care

Client Referrals	2010/11	2009/10	2008/09
Hindmarsh Shire	27	27	21
Horsham Rural City	100	73	86
West Wimmera Shire	11	21	20
Yarriambiack Shire	31	21	34
<b>Total</b>	<b>169</b>	<b>142</b>	<b>161</b>

## Wimmera Community Options – Carer Respite Centre

Client Referrals	2010/11	2009/10	2008/09
Hindmarsh Shire	33	26	29
Horsham Rural City	341	320	167
West Wimmera Shire	28	29	22
Yarriambiack Shire	61	53	36
<b>Total</b>	<b>463</b>	<b>428</b>	<b>254</b>

## Wimmera Hospice Care

Activity	2010/11	2009/10	2008/09
Admissions	110	113	115
Discharges	159	142	112
Occasions of Service	9,380	8,283	8,359

## Wimmera Centre Against Sexual Assault

Client Statistics	2010/11	2009/10	2008/09
Client Registrations	201	213	321
Crisis Care to Assault Victims (including after hours contacts)	52	96	64
Individual counselling (telephone and face to face contacts)	575	518	523
Community and Professional Development Education	862	967	1,001
Advocacy	445	296	280

## Day Centre 2010/11

HACC Programs	Clients	Occasions	Hours
Planned Activity Group – High	105	2,804	15,433
Planned Activity Group – Core	128	2,406	12,078
Volunteer Social Support	81	232	767
<b>Total</b>	<b>314</b>	<b>5442</b>	<b>28,278</b>
<b>Non HACC Programs</b>			
National Respite for Carers Program	33	706	3,250
Brokered Services	8	183	884
Personal Care	3	78	244
<b>Total</b>	<b>44</b>	<b>967</b>	<b>4,378</b>





# Patient Statistics

## District Nursing 2010/11

HACC Programs	Clients	Occasions	Hours
Nursing	1,202	19,562	11,798
Hospital in the Home	24	295	276
Non HACC Programs			
Post Acute Care	138	1,750	1,038
Hospital to Home	7	83	54
DVA	45	3,756	1,766
Day Centre	5	246	125
Residential	4	62	32
BENETAS (EACH packages)	4	158	121
TAC	4	114	34
WorkCover	4	10	9
Safety Link	111	136	215
WCO (Each)	7	295	238
Lutheran RV	1	11	5
Transition Care	3	33	21
St Laurence (Each)	1	3	2
Continence non HACC	159	237	184
Wound Care non HACC	27	80	61
Other Services	2	21	12
Total	1,748	26,852	15,991

## Allied Health 2010/11

HACC Programs	Clients	Occasions	Hours
Dietetics, Counselling and Occupational Therapy	446	-	894
Total	446	-	894

## Aged Care Assessment Service (ACAS)

	High Care	Low Care	Funded Packages	General Assessments	Total
2010/11	60	128	77	95 (includes TCP* – 31)	300

\*Transition Care Program

## Sub-Acute Services (SACS) 2010/11 (non-admitted patient services)

SACS	Client Service	Group Attendances
Community Rehabilitation Centre	5,346	215
HARP Chronic Disease Management	Admissions	No of Clients
Chronic Respiratory Disease	13	44
Chronic Heart Failure	20	37
Diabetes	3	4
Complex Care Needs	20	43
Psychosocial and Complex Care Needs	5	22
Total	61	150



# Patient Statistics

## Primary Health and Support Services

Occasions of Service	Outpatient	Regional	Group Activities	Group Attendances	Domiciliary Visits	Inpatient	Emergency
Breast Care Nurse	360		10	245	55	35	
Community Health Nursing			182	5,173			
Dental	5,796		3	67			
Dietetics	685		80	872	67	1,082	
Domiciliary Nursing			12	128	581		
Emergency							15,911
Occupational Therapy	935	140	75	408	44	913	
Pharmacy (items dispensed)	7,804					2,485	4,117
Pharmacy (patient occasions)	3,469					1,656	2,392
Physiotherapy	6,366				208	4,780	
Podiatry	2,988		54	326	304	172	
Social Work	1,183		75		15	898	
Speech Pathology	2,376		11	80	140	187	
Total	31,962	140	502	7,299	1,414	12,208	22,420

# Financial Overview

Please refer to Appendix 1 in the back pocket of this report.

## Subsequent Events

Wimmera Health Care Group is unaware of any events subsequent to balance date that may have a significant effect on the operations of the entity in future years.

## Major Equipment Purchases 2010/11

Item	Amount (\$)
Gastrovideoscope x 2	66,780.00
Anaesthetic Machine with NG System	35,000.00
Patient Monitor x 5	90,242.00
Monitor LCD HD 26"	10,900.00
Soluscope Endoscope Reprocessor x 2	81,682.94
Philips Intellivue MP30 Monitor with CO2 Capability	18,532.00
Philips Intellivue MP30 Monitor	14,382.00
Patient Lifter with Scales x 5	50,362.50
Tandem Coolroom for Food Deliveries	19,599.80
Total	\$387,481.24





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.

Consultancies

During 2010/11, there were no consultancies over \$100,000. There were 13 consultancies which were individually less than \$100,000 and totalled \$133,083.

Occupational Health and Safety

In accordance with the Occupational Health and Safety Act 2004, responsibility is accepted to be proactive and take reasonable practical 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.

Building and Maintenance

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

Freedom of Information

Wimmera Health Care Group has received 163 requests for information under Freedom of Information Act (1982) during the 2010/11 financial year, an increase of 37% on the previous financial year.

From the 163 requests:

- in 143 cases access was granted in full;
- in four cases access was denied in full; and
- in 16 cases no documents were available.

For three of the cases where access was denied, the requester was not the patient or, if the patient was deceased, the requester was not the next of kin. For one case, the documents requested were generated from another organisation and not Wimmera Health Care Group's to pass on.

Using discretion, Wimmera Health Care Group continues to promote a policy of giving staff, patients and the general public access to information.

Competitive Neutrality

Competitive neutrality requirements were met in accordance with the requirements of the Government policy statement, Competitive Neutrality Policy Victoria and subsequent reforms.

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

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.

Risk Management Attestation

I, Mark Williams, certify that Wimmera Health Care Group has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the Executive to understand, manage and satisfactorily control risk exposures. The 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.



Mark Williams  
Chair of Board  
Horsham  
Date: 18/08/11

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.

The Human Resource Manager is the contact person to whom a whistleblower makes a disclosure. In the absence of the Human Resource Manager, the Clinical Risk Manager will act as the contact person.

During 2010/11 there were no disclosures made to Wimmera Health Care Group or referred to the Ombudsman, and no investigations undertaken.

Other Information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Wimmera Health Care Group and are available to the relevant Ministers, members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- (a) A statement of pecuniary interest has been completed.
- (b) Details of shares held by senior offices as nominee or held beneficially.
- (c) Details of publications produced by the Department about the activities of the entity and where they can be obtained.
- (d) Details of changes in prices fees, charges, rates and levies charged by the Health Service.
- (e) Details of any major external reviews carried out on the Heath Service.
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the Financial Report and Report of Operations.
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the entity and its services.
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- (j) General statement of industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- (k) A list of all major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved.

Attestation on Data Integrity

I, Chris Scott, certify that the Wimmera Health Care Group has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Wimmera Health Care Group has critically reviewed these controls and processes during the year.



Accountable Officer  
Horsham  
Date: 18/08/11

Disclosure Index

Please refer to Appendix 2 in the back pocket of this report.



# Donations

## General Donations of \$100 or more

Aaron Lewis Property Agents  
Albrecht, Mrs Mary Evelyn (estate)  
Belford, Mrs Linda  
Blue Ribbon Foundation (Horsham Branch)  
Conundrum Holdings Pty Ltd  
Dimboola Campus Appeals Auxiliary  
Dimboola East Ladies Auxiliary  
GWM Water  
Heart Support Australia  
Horsham Sports and Community Club  
Kurrajong Lodge Support Group  
Ladlow, Mrs Margaret  
May Park Executive Apartments  
Mitchell, Mr Peter  
Nichols, Mrs Betty  
Pallot, Mrs Nancy  
Pipkorn, Mr John & Mrs Jenny  
Salvation Army (Horsham Corps)  
Victoria Police Blue Ribbon Foundation  
Wimmera Base Hospital Ladies Auxiliary  
Wimmera Hospice Care Auxiliary  
Wimmera Wizards Cycling Team  
Wright, Ms Jill

## Wimmera Health Care Group Foundation Donations of \$100 or more

Ballinger, Mrs Audrey  
Boschen, Mr & Mrs Ken  
Breuers United Tools  
Brouwer, Mrs Mabel  
Bysouth, Mrs Judith  
Bysouth, Ms Mary  
Café Jas  
Clarke, Mrs Pamela  
Community Axis  
Cowie, Mrs Joy  
Crouch, Mr Laurie  
Dimboola Rotary Club  
Dowsley, Mr Ken & Mrs Mary  
Dumesny, Mrs Jenny  
Edgerton, Ms Anne  
Eldridge, Mr Graeme  
Ellis, Mr & Mrs F  
Fidge, Mrs Alma  
Gerry Smith First National Real Estate  
Goudie, Mr Richard  
Goudie, Mr Robert  
Goudie, Mr Ron & Mrs Sue  
Graham Walsh Refrigeration  
Griffin, Mr Ronald  
Guest, Mrs Jessie  
Haby, Mr Kenneth  
Haslau, Dr Peter  
Hayes, Ms Anne  
Horsham Concrete Co Pty Ltd  
Horsham RSL Sub-Branch Inc  
Horsham T-life  
John, Mr Mike & Mrs Jan  
King, Mr Neil  
Kroker, Mrs Joan  
Lantzakis, Mr Theo  
Lardner, Mr Des  
Lions Club of City of Horsham  
Manserra, Mr Celeste & Mrs Penelope  
McGrath, Mr Bill  
McKenzie, Mrs Lesley  
Murtoa Lions Club  
Newall, Mrs Sue  
Norton, Mr Rob & Mrs Debbie  
Paraphernalia  
Preston, Miss Kay  
Rathgeber, Mrs Katherine  
Rotary Club of Horsham East  
Rogers, TW  
Schurmann, Mrs M  
Simmons, Mr Wayne  
Taylor, Mr Peter & Mrs Sally  
Thompson, Mrs Bonnie  
Walsh, Mr Graham & Mrs Tess  
Watson, Mrs Viv

# Donations

## Wimmera Health Care Group Foundation Donations of \$100 or more

WBH Past Trainees and Associates  
Weidemann, Ms Andrea  
Whicker, Mr David  
Wimmera Container Line Pty Ltd  
Wimmera Design and Print  
Winfield, Mr Dean  
Winfield, Mr Geoff & Mrs Lyn

## Wimmera Health Care Group Foundation500 Members

### Platinum (\$1,000 or more per year for four years)

Brown, Mr Peter & Mrs Wendy  
Clarke, Mr Rod & Mrs Jenny  
Cramer, Mr Peter & Mrs Jill  
Hall, Mr Stuart & Mrs Kris  
Manserra, Mr Celeste & Mrs Penelope  
Miller, Mr George  
RJ Goudie Family Trust  
Simpsons the Labour Hire Specialists  
Tursi, Mr Franz & Mrs Rhonda  
Wes Davidson PRD Nationwide  
Wilson, Mr Ian & Mrs Marion

### Gold (\$500-\$999 per year for four years)

Adlington, Mr John & Mrs Jacky  
BCH Accountants  
Baker, Mr Ian & Mrs Jill  
Clark, Ms Bronwen  
Clarke, Mr Michael & Mrs Pamela  
Conundrum Holdings Pty Ltd  
Dandy, Mr Simon & Mrs Samara  
Delahunty, Mr Hugh  
Dimboola Campus Appeals Auxiliary  
Dimboola Guardian Pharmacy  
Frankham, Mrs Sue  
Gerlach, Mr Graham & Mrs Bronwyn  
Hardman, Mr Graeme & Mrs Jeanette  
Hobbs, Mr Daryl & Mrs Ros  
Hooper, Mrs Denise  
Horsham Doors and Glass  
Howden Toyota/Kia  
Iris Financial Group  
Jackman, Mr Paul & Mrs Elizabeth  
Johns, Mr Don & Mrs Jo  
King, Mr Ian  
Kuhne, Mrs Joan  
Leembruggen, Dr David & Mrs Denise  
Leslie, Dr Jonathan  
LOCKS Constructions  
McBurney, Mr Aeneas  
McDonalds Family Restaurant (Horsham)  
Meritum Financial Group  
Miller, Mr Peter  
Newton, Mrs Kathryn  
Nurse, Mr Garth & Mrs Rosemary  
Rotary Club of Horsham East  
Ryan, Mr Michael  
Scott, Mr Chris & Mrs Julie  
Shade, Mr Kerry  
Taylor, Mr Peter & Mrs Sally  
Tucker, Mrs Roxanne  
Ward, Mr Ian & Mrs Wilma  
WBH Past Trainees Association  
Wimmera Outdoors  
Winfield, Mr Dean & Mrs Donna





# Notes