

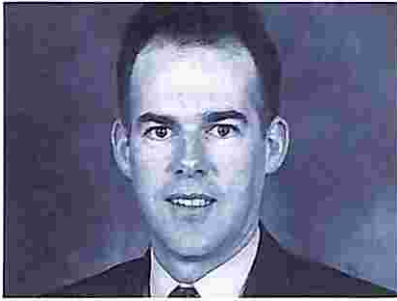
strengthening
the bond

2002 Annual Report



Wimmera
Health Care
Group

Organisational Structure



CHIEF EXECUTIVE

Mr. John F. Krygger,
B.H.A., M.B.A., AFCHSE, AFAIM, CHE

Board of Management

Sub-Committees

FINANCE & CORPORATE PLANNING, MEDICAL CONSULTATIVE, MEDICAL ADVISORY BOARD, NURSING ADVISORY,
IMPROVING PERFORMANCE / CLINICAL GOVERNANCE

Community Liaison Officer

FUNDRAISING, PUBLIC RELATIONS AND MARKETING

Corporate Services Manager

BUDGETS, FINANCIAL PLANNING, GENERAL ACCOUNTS, PATIENT ACCOUNTS, SUPPLY

Engineering Services Manager

ENERGY CONTROL, GARDENS & GROUNDS, MINOR BUILDING PROJECTS, MOTOR VEHICLES, PLANT & BUILDING
MAINTENANCE

Human Resources Manager

INDUSTRIAL RELATIONS, OCCUPATIONAL HEALTH & SAFETY, PAY ADMINISTRATION, PERSONNEL, STAFF TRAINING &
DEVELOPMENT, SECURITY, WORKCOVER ADMINISTRATION, REHABILITATION

Information Technology Manager

COMPUTER SYSTEMS DEVELOPMENT

Linen Service Manager

WIMMERA GROUP LINEN SERVICE, DUNMUNKLE HEALTH SERVICES

Quality Manager

CO-ORDINATE ACCREDITATION AND QUALITY IMPROVEMENT, INVOLVEMENT WITH BUILDING PROJECTS



DIRECTOR OF MEDICAL SERVICES

Dr. Alan M. Wolff,
MBBS, Dip. RA, COG, FRACGP, AFCHSE, MBA, MRACMA

Allied Health Services

ACCIDENT & EMERGENCY, ANAESTHETICS, DAY SURGERY, DERMATOLOGY, ENDOSCOPY UNIT, ENT, FAMILY
PLANNING, GASTROENTEROLOGY, GENERAL SURGERY, GERIATRICS, OBSTETRICS, ONCOLOGY, OPHTHALMOLOGY,
ORTHOPAEDICS, PAEDIATRICS, PSYCHIATRY, REHABILITATION, SPECIAL CLINICS, UROLOGY

Diagnostic Services

Medical Ancillary Services

AUDIOLOGY, CENTRE AGAINST SEXUAL ASSAULT, DENTAL, DIETETICS, FAMILY SERVICES, HEALTH INFORMATION
SERVICE LIBRARY, OCCUPATIONAL THERAPY, PHARMACY, PHYSIOTHERAPY, PODIATRY, SPEECH PATHOLOGY

Critical Care Services

INTENSIVE/CORONARY CARE, OPERATING SUITE

Accident & Emergency

Resident Medical Officers

WARD AND EMERGENCY DEPARTMENT SERVICES

Extended Care Services

GERIATRIC SERVICES, REHABILITATION

Clinical Risk Management

CO-ORDINATES THE CLINICAL RISK MANAGEMENT PROJECT



DIRECTOR OF CLINICAL SERVICES

Miss Wendy A. Lewis,
RN, R.M.MHA, B.AppSc(Adv. Nurs), ICC(Neon & Paed), FRCNA

Clinical Nursing Areas

AFTER HOURS COORDINATORS, OXLEY AND YANMILLAWARDS, DAY PROCEDURE UNIT / OPERATING THEATRE AND
CSSD, EMERGENCY, INFECTION CONTROL, PRE-ADMISSION CLINIC, SATELLITE HAEMODIALYSIS UNIT, DIMBOOLA
HOSPITAL - ACUTE WARD

Residential Areas

WIMMERA NURSING HOME, KURAJONG LODGE, DIMBOOLA HOSPITAL - ALISTER HINCHIEY WING

Community Services

DISTRICT NURSING SERVICE, AGED CARE ASSESSMENT SERVICE, CONTINENCE COMMUNITY REHABILITATION SERVICE,
WIMMERA HOSPICE CARE, WIMMERA LINKAGES

Deputy Director of Nursing Services

PLANNING, CLINICAL CO-ORDINATION, NURSING RESOURCE MANAGEMENT, NURSING, CONTINUOUS QUALITY
IMPROVEMENT, COMPLAINTS LIAISON OFFICER

Nurse Educator

INSERVICE EDUCATION AND GRADUATE NURSE PROGRAM

Food Services Manager

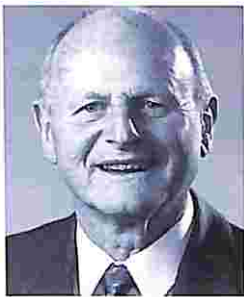
CATERING - PATIENTS AND STAFF MEALS ON WHEELS

Environmental Services Manager

ACCOMMODATION AND FOOD SERVICE

THIS CHART IS DESIGNED TO CLARIFY THE WIMMERA FUNCTION OF RESPONSIBILITY AND LINES OF COMMUNICATION. THE
POSITIONS OR APPOINTMENTS ON THE CHART DO NOT IMPLY THE USUAL EMPLOYMENT STATUS.

Board of Management



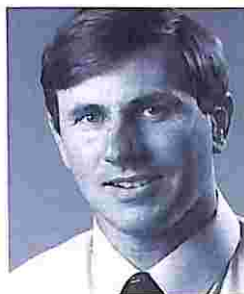
President
Mr. Bruce Johansen
 APPOINTED 1991



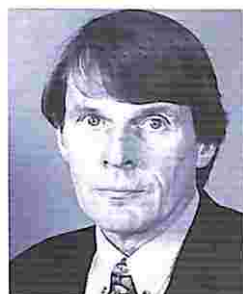
Mr. Peter Brown
 B.E.
 GradDipBus(Acc),
 A.S.A., A.I.M.M.
 GradDipLocGov
 APPOINTED 1993



Mr. Pawel Wajszel
 BEng(Hons),
 MSc(Met)
 APPOINTED 1996



Senior Vice-President
Mr. Ian Campbell
 M.B.B.S., F.R.A.C.S.
 Appointed 1994



Dr. John Pickering
 MB., ChB
 F.R.A.C.G.P.
 F.R.A.C.M.A., D.H.A.
 APPOINTED 1995



Mrs. Jo Saxton
 DipPhysEd, H.D.T.S.
 APPOINTED 1997



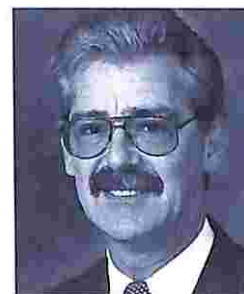
Junior Vice-President
Mrs. Leigh-Anne Sharrock
 R.N.
 APPOINTED 1995



Ms. Angela Feery-Richards
 B.H.A., MBA
 APPOINTED 1998



Mr. Mark Williams
 B.Bus. (accounting and
 data processing)
 CP, A.M.B.A.
 APPOINTED 2001



Treasurer
Mr. Terry Harris
 Dip. Insurlnst. Aust.
 APPOINTED 1997

The Year In Review

MAJOR ACHIEVEMENTS

- Outstanding results achieved from ACHS accreditation
- Winner of 2002 Business Achievement Award
- Production of Clinical Risk Management Manual that has been distributed to every hospital in Victoria
- Number one hospital in comparative group for patient satisfaction
- Official opening of \$6.2m Stage 2 redevelopment
- Completion of \$5m Dimboola Campus redevelopment
- Return of financial surplus

On behalf of the Board of Management, it is a great pleasure to present the 2002 Annual Report of the Wimmera Health Care Group.

It is timely to reflect on the significant achievements that once again have been delivered this year in our quest to continue to provide high quality health services to the Wimmera region.

PATIENT SERVICES

After several years of double digit increases in the number of acute inpatients treated, this year saw a plateauing out of admissions, with a total of 8,848 acute inpatients being treated.

It is believed that the absence of key specialists at various stages during the year and the unseasonably mild climatic conditions have contributed to lesser admissions during the period. Further expansion of services and the recruitment of a second physician, Dr. Thomas Kaiser, who is due to commence in November, should result in increased throughput next year.

The Health Care Group is also pleased to highlight the response to the significant increase in chemotherapy admissions through the provision of a dedicated chemotherapy unit. An area within the Oxley wing has been transformed to accommodate cancer patients and it is gratifying to respond to community need in such a positive manner.

COMMITMENT TO QUALITY

The Health Care Group's commitment to quality has been well chronicled in the past. We are one of only four hospitals in Australia that have been continuously accredited by the Australian Council on Healthcare Standards since 1975, and in August 2001 underwent an organisation-wide survey. What became apparent through the summation conference and the subsequent detailed report was that the Health Care Group had succeeded in developing a true quality culture. This was exemplified through the awarding of nine outstanding achievements and fourteen commendations against the numerous criterion upon which the organisation was assessed.

At the summation conference, the survey team leader, Mr Peter Lemon highlighted "my colleagues and I have been involved in seventy previous accreditation surveys in health services throughout Australia, and the highest number of outstanding achievements ever awarded was two. The awarding of nine outstanding achievements establishes a new level, and in many respects, Wimmera Health Care Group is regarded as best practice in the whole of Australia."

The aged care sector at both Horsham and Dimboola also underwent an external onsite visit during the year and have continued with their full accreditation status from the Aged Care Standards Agency.

The Health Care Group was also delighted to receive the Community Service Award for the most outstanding community service at the 2002 Powercor Wimmera Business Awards. It is pleasing to receive this recognition from our local community given the outstanding reputation of the organisation at both statewide and national levels.

In response to numerous requests from hospitals throughout Australia, the Health Care Group this year produced a comprehensive Clinical Risk Management manual which outlines the essential steps of implementing a sophisticated Clinical Risk Management program in a hospital setting. This manual was officially launched by the Minister for Health, the Hon. John Thwaites in November and is regarded as the definitive guide in this specialised area. The manual has been distributed to every hospital in Victoria and numerous other health facilities throughout Australia. Furthermore, the program is now starting to gain international interest. During the year we were visited by a team of academics and clinicians from Osaka, Japan who have expressed a keen interest in adapting the program to their circumstances.

The Health Care Group strongly supports the pursuit of quality systems and now has in place a Quality Manager, Clinical Risk Manager, Clinical Pathways Co-ordinator, Complaints Liaison Officer and Anticoagulation Project Officer. All of these positions provide monthly reports to the Improving Performance / Clinical Governance Committee and enable the Board to monitor the quality of service provision throughout the organisation.

As a consequence of this quality culture, the Health Care Group continually assesses its own performance and this year extended this to a staff satisfaction survey, which received 304 responses (63% of total staff). The results from the survey highlight extremely high levels of staff satisfaction with over 95% of staff responding positively to the suggestion of family members seeking care at the Health Care Group. From a customer service viewpoint, that staff would access the service they help to provide is a ringing endorsement. These results were also consistent with the findings of the accreditation surveyors who noted that "of the numerous accreditation surveys that we have been involved in, we have never seen so many happy and committed staff".

As a further extension of this audit process during the year, the Department of Human Services independently surveyed a sample of our patients to determine the level of satisfaction. This sample group also provided a glowing report of the level of service that they had received. Of the sixteen hospitals in the comparative group, it is very pleasing to point out that the Wimmera Health Care Group was rated number one in three of the six categories and ranked in the top three in the other categories.

BUILDING AND DEVELOPMENT

It is especially satisfying to reflect on the significant achievement associated with the completion of \$28 million redevelopment program. The \$6.2 Stage 2 redevelopment was officially opened by the Minister for Health, the Hon. John Thwaites in November last year. The new Arapiles and Federation buildings provide modern, state-of-the-art accommodation to enable the provision of a vast range of integrated health services.

A major redevelopment program has also been completed at the Dimboola Campus this year, with the completion of the \$5 million redevelopment project. This long awaited project provides a fully integrated 30 bed healthcare service including acute, nursing home and hostel beds as well as refurbished medical and allied health facilities. The new facility is tastefully decorated and provides a very appealing environment for our aged care residents.

These modern facilities are the result of an enormous amount of perseverance and hard work from numerous staff, and we continue to receive ongoing favourable comments regarding these significant community assets.

FINANCE

The attached financial reports indicate that the Health Care Group returned a moderate operating surplus of \$60,000 following a similar result the previous year. The Health Care Group has a strong discipline which ensures that the financial performance is closely monitored and appropriate strategies are put in place to correct adverse performance.

The major financial challenge faced during the year was the implementation of the Nurses Enterprise Bargaining Agreement which provided for the first time, nurse to patient ratios. Of particular concern to the Health Care Group was the lack of clarity associated with the significant funding required to fully implement the Agreement. It can be pointed out, however, that as a result of the modification of the initial nurse to patient ratios and a further supplement in funding, the Health Care Group has managed to approximate the requirements of this industrial outcome. The new Agreement does, however, present a new challenge associated with the recruitment of additional nurses to ensure that the required beds are fully staffed. It is for this reason that the Health Care Group has come out so strongly in support of the provision of the third year nursing course in Horsham to assist in the future recruitment of trained nurses to our health service.

BOARD OF MANAGEMENT

The Board of Management is the Health Care Group's major policy making body and assumes overall responsibility for the direction and operation of all healthcare services. Late last year we received notification from Mr. Stephen Thomas that he was unable to continue his Board membership due to personal circumstances. Mr. Thomas' position on the Board has been filled by Mr. Mark Williams, who's skill in the areas of finance and information technology have already been of considerable benefit to the organisation.

COMMUNITY SUPPORT

Each year we extend our gratitude to the commitment of the many volunteers and auxiliary members in both Horsham and Dimboola. These members donate their time and contribute to our aim of providing the best healthcare possible, and this year is no exception. As identified in this report, donations of \$309,000 with further gifts in kind were received during the year. These funds have been utilised for the purchase of much needed equipment both in Horsham and Dimboola and were a significant contributor to the new Chemotherapy Unit.

In particular, the relocation of the Wimmera Base Hospital Ladies' Auxiliary Opportunity Shop into Darlot Street significantly improved the range and volume of products being sold, and we are obviously delighted with the increased financial returns that this relocation has created.

CONCLUSION

In many respects, this year has been one of consolidation. Consolidating the physical infrastructure, consolidating the financial position and consolidating the quality systems that support outstanding healthcare. Yet in many respects, it has also been a year of significant achievement as this dynamic organisation demonstrates the flexibility to overcome the many challenges that present.

It is extremely reassuring to move forward with the knowledge that, in this everchanging environment, the Health Care Group has a capacity to meet the challenges head on and view the subsequent changes as an opportunity rather than a threat.

We once again wish to sincerely thank the Department of Human Services for their ongoing support of our sub-regional role, and it is a pleasure to share such a healthy relationship. We have also worked very closely this year with our local Member, Mr. Hugh Delahunty, Member for Wimmera, who is now the National Party spokesperson on Health and he continues to support our endeavours.

We are also extremely fortunate that the organisation contains many individuals who are dedicated and committed to their chosen profession as is highlighted in the numerous surveys that we have undertaken. Happy and committed staff are worth gold in any organisation. All staff need to be congratulated for their contribution to a most successful year.

Bruce J. Johansen,
PRESIDENT - BOARD OF MANAGEMENT

John F. Krygger,
CHIEF EXECUTIVE

The Progress We Have Made

MAJOR ACHIEVEMENTS

- Minister of Health officially opens Arapiles and Federation Buildings
- Completion of \$5 million Dimboola redevelopment
- Most Outstanding Community Service 2002
- Major Education Partnership with Ballarat University

RECEIPT OF BUSINESS ACHIEVEMENT AWARD

The Health Care Group was delighted to receive the Community Service Award for the most outstanding community service at the 2002 Powercor Wimmera Business Awards. The award was presented at a gala presentation at the Horsham Town Hall in May, 2002 in front of approximately 400 business leaders.

The Health Care Group received numerous letters of congratulations in response to this award, including the following from the Minister for Health, the Hon. John Thwaites:

I am writing to congratulate Wimmera Health Care Group on your achievement in receiving the Community Service Award for the most outstanding community service business in the 2002 Wimmera Business Awards.

I understand that the nomination highlighted (amongst other things) the improved financial performance of the organisation, the significant increase in patient throughput and the expansion of services, the completion of the \$28 million rebuilding program and the development of a true quality culture throughout the organisation.

Please pass on my congratulations to all staff for their dedication and commitment to their individual roles and contribution towards the high standing of Wimmera Health Care Group throughout Victoria.

**Yours sincerely
Hon John Thwaites MP
Minister for Health**

SIGNIFICANT PROGRESS ON DIMBOOLA PROJECT

In concert with the significant redevelopment of the Horsham campus has been significant progress on the Dimboola campus redevelopment project. This fully integrated 30 bed facility includes the full range of residential services, including four acute beds, 16 nursing home beds and ten hostel beds. An extensive range of health and allied services, including dental clinic, dietetics, occupational therapy, physiotherapy, optometry, podiatry, social work, diabetes education, district nursing, community health, day centre and speech pathology are also provided within these refurbished facilities. The Dimboola community's long serving doctor, Dr. John Pickering also has been provided with refurbished consulting rooms and a new food service facility has been constructed to meet the dietary needs of all residents.

The design and colour scheme of these new facilities will brighten up the lives of the residents and provide a quality of life that is extremely important in a resident's twilight years.

The Dimboola campus redevelopment is scheduled to be officially opened by the Minister for Health, the Hon. John Thwaites in September, 2002.

STAFF EDUCATION PARTNERSHIP

In line with the Wimmera Health Care Group's Strategic Plan for Staff Development, more than 250 course enrolments by staff into a customised Information Technology Staff Development Program has been serviced by the School of Business Services and Primary Industry at the Horsham Campus of the University of Ballarat.

This successful partnership would not have occurred without the encouragement and support of Mr. John Krygger, Chief Executive of Wimmera Health Care Group and Robert Irvine, Head of Western Campus's for the University of Ballarat. This partnership also necessitated the guidance of Mr. Paul Williams, Staff Development Coordinator for Wimmera Health Care Group and Jenni Papst, Commercial Manager, School of Business Services and Primary Industry.

Wimmera Health Care Group staff have undertaken professional development in certificate and diploma programs covering Office Administration, Management and Information Technology.

COMPLETION OF CAPITAL WORKS AT HORSHAM CAMPUS

One of the most outstanding highlights of the year was the formal completion and official opening of the Stage 2 redevelopment project. The \$6.2 million Arapiles and Federation buildings were officially opened by the Minister for Health, the Hon. John Thwaites on Friday 30 November, 2001. The new Arapiles building provides purpose built accommodation for all allied health services, dental clinic, library and administration and support services. It is the first time that all services have been grouped together under the one roof, and there have been enormous benefits in terms of patient care and staff morale. The Federation building houses the Wimmera Community Options department and the staff from the Grampians Psychiatric team.

The official opening was a day of celebration for the Health Care Group with over 400 people in attendance. The completion of the Stage 2 redevelopment concluded the major works on the Horsham campus after a \$23 million building program which has been undertaken over the past six years. It is extremely pleasing to point out that almost every single department in the organisation has now been completely rebuilt or substantially refurbished since the redevelopment project commenced in 1995.

WIMMERA PRIMARY CARE PARTNERSHIP

The Wimmera Primary Care Partnership is a voluntary alliance of nineteen primary care agencies that deliver health and community support services to people living in the catchment area. Wimmera Health Care Group is a member agency in this alliance.

The Primary Care Partnership (PCP) has been meeting regularly throughout this financial year and has been implementing its 2001/2002 Community Health Plan and writing a Community Health Plan for 2002/2003. These plans highlight the direction of the PCP, its alliance members and other participating agencies, for the future direction and development of services access and outcomes for consumers.

Key achievements during 2001/2002 have included increased participation in the partnerships from many sectors, conduction of consumer forums and the launch of the Wimmera Primary Care Partnership Consumer Charter.

NEW HOME FOR WOMENS HEALTH

The relocation of primary care midwifery and women's health services offered by the Yandilla Unit to the Bindawarra building has been a positive move for both staff and clients. The Bindawarra Building can be accessed from Read Street and is located in the old Audiology and Speech Pathology building. These women's health services include:

- Domiciliary Midwives - whose role involves conducting the booking in interview for all pregnant women, Childbirth Education classes and postnatal home visits
- Lactation Consultant- who provides support and information on breastfeeding to both women in hospital and those in the community
- Midwives Antenatal Clinic - a relatively new service staffed by midwives providing antenatal care to women choosing to Share Care between a midwife and their doctor for their pregnancy
- Family Planning Clinic - provides education to school aged children and contraceptive advice and counselling

Yandilla has recently been involved in a 2-year demonstration project funded through the Department of Human Services looking at developing Shared Care Guidelines and the setting up of a midwives clinic. This was a collaborative project between the Wimmera Health Care Group and local doctors. A patient hand held record was also developed and implemented, so that pregnant women have all their antenatal information with them at all times. The Wimmera Health Care Group was one of three hospitals (and the only rural hospital) chosen from 18 applications statewide to conduct this project.

Yandilla has also played an important role in supporting women requiring surgery for Breast Cancer. Yandilla has two qualified Breast Care Nurses and a third Breast Care Nurse (located in Oxley) has recently qualified. The Breast Care Nurses provide support and information pre-operatively, post operatively and continued support on discharge.

The Paediatric Pre-admission Clinic has continued to be successful. This clinic is offered to all children who are having elective surgery and all parents are encouraged to bring their children along. Those who live out of town are offered a phone consultation.

Teddy tours have also continued to be a great success. Staff have found that those children who have been through the pre-admission and/or teddy tours, are more relaxed and informed about what will happen to them in hospital. This contributes to the children having a positive hospital stay.



Minister for Health, The Hon. John Thwaites, MLA officially opens the \$6.2m Stage 2 redevelopment.

The Quality We Provide

HIGHLIGHTS

- One of only 4 hospitals in Australia to be continuously accredited by the ACHS since 1975.
- Production of Wimmera Clinical Risk Management manual that has been distributed to every hospital in Victoria.
- Implementation of numerous system changes as a result of clinical incidents.
- Number 1 hospital in comparative group for Patient Satisfaction as measured by external consultants (TQA Research).
- Development of several multi-disciplinary evidence-based clinical pathways that have standardised care management.
- Outstanding results achieved from organisation ACHS organisation wide survey including the receipt of 9 outstanding achievements and 14 commendations.
- Receipt of 62 written commendations outlining service levels that exceeded expectations.
- Extremely high level of compliance with external cleaning standards.
- Significant progress achieved against Infection Control Strategic Plan.

CLINICAL GOVERNANCE FRAMEWORK

The Wimmera Health Care Group takes very seriously its responsibility to constantly monitor the quality of services provided. This responsibility has been a longstanding commitment to quality, as highlighted by the fact that the organisation is only one of four organisations in Australia which has been continually accredited by the Australian Council on Healthcare Standards since 1975.

This commitment has been further enhanced through the development of a systematic screening criteria to detect adverse events. This system has been written up in a number of refereed journals and presented at numerous conferences throughout Australia. This system has culminated in the production of a comprehensive Clinical Risk Management manual which has been distributed to every hospital in Victoria.

The Wimmera Health Care Group has developed a comprehensive and inclusive system to ensure the highest possible levels of quality service provision. The system identifies the various components which are reported on at monthly intervals at the Improving Performance / Clinical Governance Committee meeting. This Committee comprises a number of Board of Management members, the Executive staff and the various program managers that are responsible for quality provision throughout the organisation. The Chairperson of the Improving Performance / Clinical Governance Committee (a Board member) provides a report on the Committee's activities at the monthly Board meeting for the benefit of the entire Board membership. The system has been designed to support numerous quality champions rather than having a single point or project officer responsible for the total quality agenda within the organisation. In addition to these quality champions, every Department Head is required to develop an annual Quality Plan and submit regular quality activities which have been identified in the Plan.

CLINICAL RISK MANAGEMENT PROGRAM

The Wimmera Health Care Group has developed a sophisticated Clinical Risk Management program where adverse events are systematically detected in a timely manner using multiple diverse methods and their causes analysed. Appropriate actions are determined and taken to prevent recurrences. Importantly, the program then automatically continues to monitor clinical care to determine if the actions

taken have been successful in preventing the adverse events from recurring (Figure 1).

Results Achieved

In 2001/02, the medical records of all patients admitted to the hospital were screened using nine screening criteria. Of these admissions, 677 were screened positive for one or more of the criteria and were sent for medical review. In addition the medical records of all attendances to the Emergency department were screened using six general patient outcome criteria. Of these 315 screened positive for one or more of the criteria and were reviewed. Furthermore, 1,152 clinical incidents were reported to the risk management program by hospital staff.

The clinical risk management program efficiently detects a continuous flow of adverse events and has reduced the rate of inpatient adverse events by over 50%. This reduction has been sustained over ten years.

Using modified screening criteria this two-step screening and medical review process has also been used to detect adverse events in the Health Care Group's Emergency department. The adverse event rate in the department has been reduced from 35% to 0.6% of all patient attendances over four years.

System Changes

The following specific actions and system changes have been taken in 2001/02 in response to adverse events and near misses detected using the various components of the Wimmera Clinical Risk Management Model.

- Guidelines have been developed for the use of low molecular weight heparin. Enoxaparin is used in patients with unstable angina and patients undergoing major orthopaedic surgery. However for patients undergoing other types of surgery subcutaneous heparin is used where appropriate. Comprehensive enoxaparin dosage guidelines were developed, printed on an A5 laminated sheet and distributed to all wards and medical staff.
- A table has been created for medical and nursing staff in the emergency department that provides direction about the appropriate doctor under whom patients should be admitted.
- A review of all post-operative admissions to the intensive care unit (a sub-group of the screening criteria Transfer to intensive care unit) identified that the need for some admissions to intensive care for post-operative monitoring could be decreased with the availability of a room where patients could be viewed and monitored post-operatively. This is currently being investigated.

- In response to adverse events relating to warfarin, a specific drug administration chart for warfarin was developed. This chart includes detailed guidelines for the administration of warfarin.
- Strategies are being implemented so that all brain CT scans are reported by a consultant radiologist within 24 hours of the scan being performed.
- On occasions referring consultants were not being notified of pathology results of biopsies taken during radiological procedures, only the radiologist undertaking the procedure was notified. A change to the system was made so that referring consultants are now notified of the results as well as the radiologist.
- A detailed analysis of the different brands of epidural catheters available was undertaken. After consultation with the relevant stakeholders a list of selection criteria was drawn up to aid the review process. Of the brands reviewed, only one met all the selection criteria and this brand is now being used at Wimmera Health Care Group.
- An increase in the number of patients falling and a fracture occurring was detected. In response further education on the use of a falls risk assessment tool and the implementation of appropriate strategies to prevent high risk patients from falling was instituted. In addition a more rapid physiotherapy assessment for such high risk patients was implemented.
- In response to a clinical incident that was reported it was noted that there were no specific written policies, procedures and guidelines regarding the administration of chemotherapy in the hospital. A multidisciplinary group was established and detailed policies, procedures and guidelines for the use of cytotoxic drugs and the handling of related waste were developed and form the basis of a chemotherapy manual.
- In response to an incident, the post anaesthesia chart was redesigned so that both the recovery room nurse and ward nurse sign the chart at handover to acknowledge that both nurses have checked all analgesic and intravenous infusions. Since this modification there have been no further incidents of this type.
- In response to two incidents the count procedures in the operating theatre and labour ward have been changed to include additional items. No similar incidents have been reported since this change in procedure.

- Active**
- Inpatient Adverse Event Program
 - Emergency Department Adverse Event Program
- Passive**
- Clinical Incident monitoring
 - General Practitioner adverse event feedback
 - Clinical pathway/variance analysis
- Issues Raised By:**
- Individual patient risk assessment
 - Empirical analysis
 - Coroner reports
 - Media reports
 - Consultative committees
 - Patient satisfaction surveys
 - Clinical indicators
 - APSF national database
 - Medical/nursing journals
 - Complaints
 - Claims management

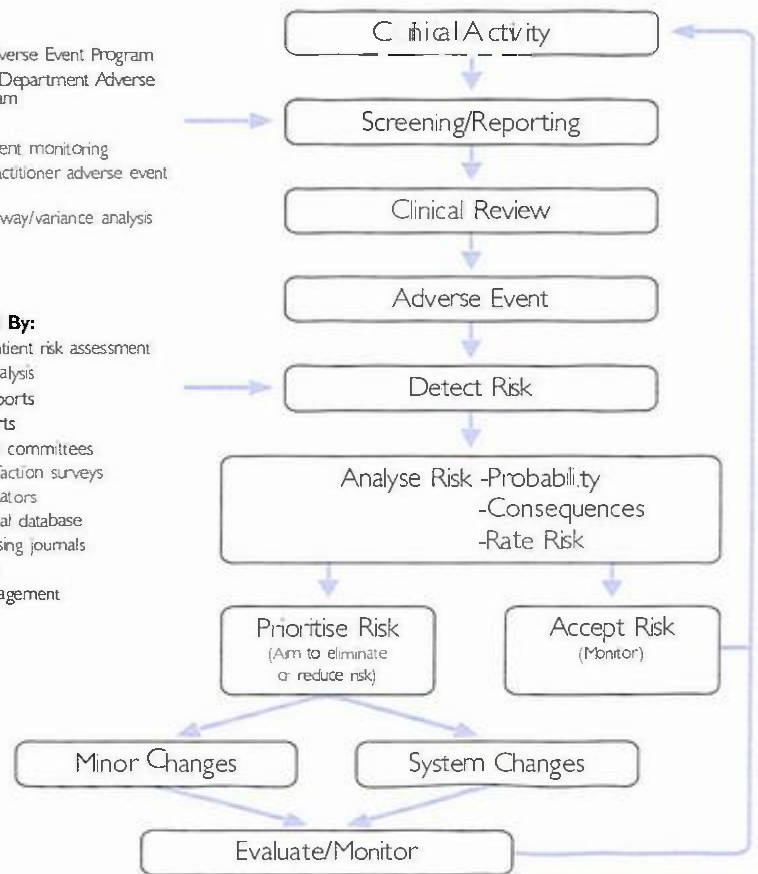


Figure 1: Wimmera Model of Clinical Risk Management

- In response to an incident a formal referral process has been developed for patients requiring home based heart monitoring. Education of the referring doctors about the process has been undertaken and no further incidents have been reported.
- The potential for errors in interpreting potassium levels in haemolysed samples was recognised. After discussion with the medical staff, the pathology report format was changed to reduce the risk of an error in interpretation occurring.
- Non-Wimmera Health Care Group patient identification numbers were noted on a number of pathology test results. The pathology provider services many hospitals and their database does not record which hospital the identification number in the database belongs to. Health Care Group staff were educated to ensure that the correct patient identification number is placed on the pathology request forms. If there is no patient identification number on the request form, pathology staff provide the report without a number as no number is safer than the wrong number. Since the introduction of these changes there have been no incorrect patient identification numbers detected on pathology reports.

CLINICAL PATHWAYS

Background

Through the clinical risk management program it was identified that:

- some adverse events were clustered around particular diagnoses;
- there were difficulties in sustaining changes in clinical behaviour; particularly with resident medical officers rotating through the hospital every 10 weeks and
- there was also a wide variation in the standard of patient care being provided.

It was therefore decided to further develop the existing care maps into multidisciplinary evidence-based clinical pathways and standardising the management of patients (including the observations, investigations, drug therapy, treatment and discharge planning) with a number of frequently treated conditions.

The clinical risk management program had effectively used strategies to reduce errors by redesigning service delivery processes.

Processes were redesigned and systems improved by:

- simplifying systems and tasks to reduce complexity;
- standardising procedures to reduce variation;
- using reminders and checklists to decrease dependence on memory;
- introducing constraints to make performing an error more difficult; and
- providing timely delivery of adequate and accurate information so decisions can be made with appropriate data.

As a consequence, the Health Care Group has developed clinical pathways in the following areas:

Following the introduction of the clinical pathway, patients with stroke were more likely to have:

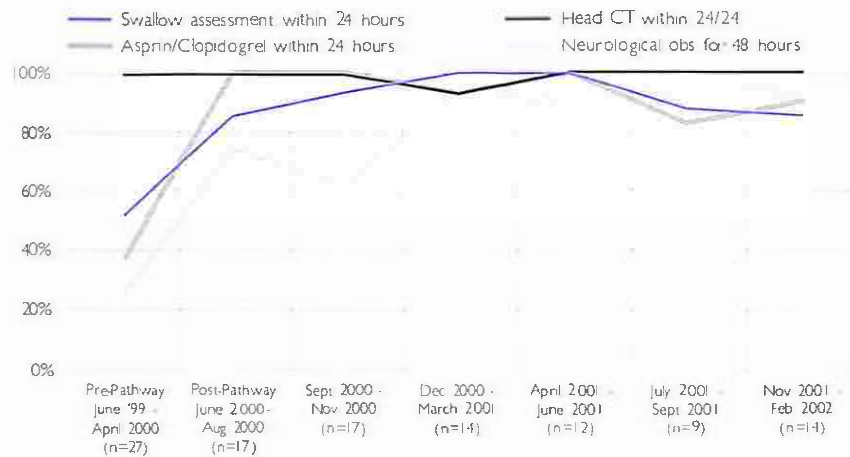
- A swallow assessment within 24 hours of admission (94.2% post-pathway vs 50% pre-pathway; $p < 0.001$)
- Aspirin within 24 hours if the stroke was ischaemic (100% vs. 38%; $p < 0.001$)
- Regular neurological observations for the first 48 hours (82.6 vs. 26%; $p < 0.001$)

2. The Total Joint Replacement Clinical Pathway

After developing the pathway using the same process as for the stroke pathway the following results were achieved:

- The planned length of stay has been reduced to 8 days
- The actual mean length of stay is 8.6 days.
- The mean difference in length of stay after the introduction of the pathway compared with before the pathway was 3.58 days (95% CI 2.91 to 4.25).
- There has been no increase in the readmission rate for patients undergoing these procedures.
- Patients undergoing these procedures are now out of bed on day two.
- Low molecular weight heparin is given up to day ten post operatively by "hospital in the home" district nurses.
- Discharge planning includes co-ordination with the physiotherapy department so that the patient's sutures and/or staples can be removed on day 12 after their operation.

Stroke Audit



1. The Stroke Clinical Pathway (including Transient Ischaemic Attacks)

3. The Acute Myocardial Infarction/ Unstable Angina Clinical Pathways

The following issues were found to be associated with the management of patients with acute myocardial infarction and unstable angina:

- the length of stay for patients with unstable angina was four days;
- there was a high readmission rate for both unstable angina and acute myocardial infarction;
- there was a high variation in the care provided to these patients;
- there were no written guidelines for relevant investigations or treatment;
- the mean door to needle time for thrombolytic therapy was over 60 minutes; and
- the drug protocols for thrombolytic therapy and anticoagulants were outdated.

Two clinical pathways were therefore developed in response to these issues:

- ST-elevation acute myocardial infarction pathway.
- Acute coronary syndrome pathway (used for unstable angina and/or non ST-elevation acute myocardial infarction).

ACHS Accreditation

The Health Care Group employs a Quality Manager whose prime responsibility is to prepare the organisation for accreditation and to ensure that all Department Heads complete the quality activities identified in their Quality Plan. It is this monitoring role that ensures that each department can truly demonstrate that the Quality of Care provided is monitored and reviewed.

As previously indicated, the Wimmera Health Care Group has a longstanding commitment to the Australian Council on Healthcare Standards accreditation system and has fully adopted the EQUiP process. In August 2001 the organisation underwent an organisation-wide survey and was audited by three interstate surveyors from the ACHS. At the summation conference and following receipt of the formal report from the ACHS, it was obvious that the Health Care Group does indeed provide an extremely high quality service as evidenced by the receipt of nine outstanding achievements and fourteen commendations. This number of outstanding achievements and commendations is the highest amount ever awarded by the Australian Council on Healthcare Standards to any health organisation in Australia. The report also highlighted that "in many respects Wimmera Health Care Group can be regarded as best practice in the whole of Australia".

The surveyors also identified 28 recommendations which the organisation is currently working through with the aim that they are completed prior to the next periodic review. An organisational self-assessment of the Continuum of Care standard and the Safe Practice and Environment standard has also been completed during the year.

The quality system in place at the Wimmera Health Care Group is inclusive as there are numerous staff members involved in the various EQUiP teams, and recently the Continuum of Care team has been expanded to include consumer representation.

Patient Satisfaction

The Health Care Group is keen to receive feedback from its customers, and in addition to the internal surveys that are regularly sent, the Health Care Group is involved in the Victorian Patient Satisfaction Monitor prepared by external consultants TQA Research. This patient satisfaction survey is distributed to all hospitals throughout Victoria, and as a result, organisations are able to benchmark their satisfaction levels against other hospitals.

This external survey which was conducted during the year has also provided a glowing report on the level of service provided by the Health Care Group. The Report indicated that "Wimmera Health Care Group has achieved remarkable results from this survey. The Group's overall care index of 78 is significantly above the category average of 73 and the State average of 71. The seven point improvement from the previous period is easily the best in the category and reflective of the huge turnaround in the scores." The report also went on to highlight that the broad overall measures reiterate the Health Care Group's excellent performance with "almost eight in ten patients leave very satisfied and a further 20% are fairly satisfied". Of the 16 regional hospitals in the group, it is very pleasing to point out that the Wimmera Health Care Group was rated number one in three of the six categories, and ranked in the top three in the other 21 categories.

Complaints and Commendations

The Complaints Liaison Office of the Wimmera Health Care Group continues to serve our community by providing a forum for our customers to voice issues of concern regarding our service. It is pleasing to observe an increase in the number of clients using the complaints mechanism to provide us with valuable feedback for quality improvement.

In the period July 2001 to June 2002, our complaints liaison office processed 41 complaints from our customers. A thorough investigation is carried out into the issues from each complaint and the outcomes are reported back to the complainant and to the Improving Performance committee. The data collected is used to identify areas of need and low performance, so that plans can be developed and implemented to fill gaps in service delivery.

Also very pleasing were the 62 commendations forwarded to the Complaints Liaison Office this year from customers and well wishers, highlighting some of the areas where our service excels. It was also noted that commendations were spread across a wide range of our service delivery.

Complainants throughout the year raised a total of 65 Issues. Some of the positive outcomes arising out of concerns raised by our clients include: relocation of the Ultra Violet cabinet to improve client privacy; review of the type of intrathecal catheters used in the acute hospital; and modifications to a public toilet door in outpatients to provide better access.

It is also pleasing to report that the external patient satisfaction survey highlighted the Wimmera Health Care Group as the number 1 organisation against the complaints management index of all 16 hospitals in the regional hospital comparative group.

Cleaning Standards

Cleaning audits are conducted on a monthly basis as required by the Department of Human Services. Since the introduction of these audits, there has been a significant improvement in cleaning standards in all areas throughout the organisation. Some changes have had to be made to practices and staff have been reassigned to bring about these improvements.

A statewide cleaning audit conducted by an external auditor in April 2002 resulted in 96% of very high risk areas achieving a score of more than 80%, and 91% of high and moderate risk areas scoring more than 80%.

A palm held audit tool to score cleaning audits has been purchased to reduce the time spent in scoring all audits.

Infection Control

Infection control has continued to be of high profile within the Wimmera Health Care Group in response to the areas targeted for improvement following the completion of the Infection Control Strategic Plan. There has been significant progress against all items identified within the Plan (including a 35% decrease in occupational exposures) and there is ongoing monitoring through the Infection Control Committee. One of the goals attained this year involves the training of six nursing staff from different areas of the organisation to work as infection control liaison nurses.

Infection control surveillance has continued in the specific areas of post operative wound infections, hospital acquired bacteraemias, cleaning, occupational exposures and other infections. All results have been pleasing. The Department of Human Services conducted an infection control survey in November 2001 with an extremely pleasing result obtained.

Immunisation of staff for Hepatitis B, influenza, measles and chickenpox has continued. The Infection Control Nurse has attended state and national conferences, and Department of Human Services updates during the past year.

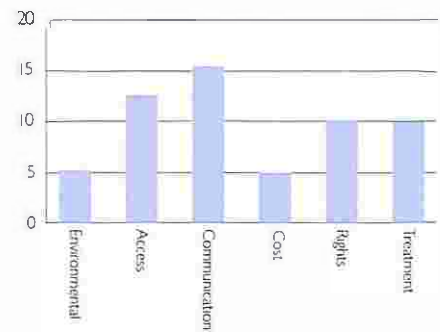


Fig1: A breakdown of the various issues raised by complainants in 2001-2002

Consumer Engagement

The Health Care Group has used structured focus groups extensively, to elicit direct responses from our customers. Using a discussion outline that addressed the Continuum of Care EQiP standards and criteria, information was obtained from the consumers on the quality of care they received, from preparation for hospital to following discharge with support services. A facilitator, independent to the organisation, conducted the focus groups, allowing people to talk freely and spontaneously. Group composition was determined by invitation of all patients admitted to Wimmera Health Care Group for a specific condition following the introduction of the relevant Clinical pathway. A sample of this population group attended the focus group.

Initial focus groups were attended prior to implementation of the Clinical pathway in March 2001, to provide direction for improvement in quality of care from a patient perspective. The repeat focus groups attended in June 2002 allowed a qualitative evaluation of the care of community acquired pneumonia and colorectal surgery patients cared for on the newly developed Clinical and Patient Pathways.

Aged Care Accreditation

Both Wimmera Nursing Home and Kurrajong Lodge have successfully maintained the maximum three year accreditation status achieved in June, 2000. This has been achieved following two separate support contacts during the year, at which no recommendations were forthcoming.

A requirement for maintaining accreditation status is the development of a Priority Action Plan (Continuous Improvement Program) which has been completed this year. This Plan has been used extensively by the residential service to further develop health and personal care standards and resident lifestyle options.

The Staff We Employ

LONG SERVICE AWARDS

Ten Years

Darren Barnett	Kerrie Burke
Rachele Franks	Bernadette Ryan
Jacqueline Fogarty	Lisa Maroske
Paulyne Keating	Margaret Witmitz
Jo-Anne Bates	Fran Wilkinson
Jocelyn Ballinger	

Twenty Years

Narelle O'Connor	Karen Hinch
Maryann Ellis	Susan Friend
Heather Winfield	Carolyn Kimberley
Margaret McDonald	Lyn McIntyre
Judy Bryan	Pat Dodson
Susan Burns	

Twenty Five Years

Judith Pymmer

Thirty Years

Lesley Lane



Wimmera Community Options staff proudly reflect on their new logo and signage in front of Federation Building.

OUTSTANDING REPORT CARD FOR WIMMERA HEALTH CARE GROUP

The best way to reflect upon the staff we employ is to revisit the outstanding report on Wimmera Health Care Group following a three day review by external surveyors from the Australian Council on Healthcare Standards in August 2001. This report reflects a culture of quality improvement and of staff who care.

The Health Care Group received a glowing report from the surveyors and was awarded nine "outstanding achievements" against the numerous criterion upon which the organisation was assessed.

Australian Council on Health Care Standards survey team leader Mr. Peter Lemon highlighted "my colleagues and I have been involved in 70 previous accreditation surveys in health services throughout Australia, and the highest number of outstanding achievements ever awarded was two. The awarding of nine outstanding achievements establishes a new level, and in many respects, Wimmera Health Care Group is regarded as best practice in the whole of Australia"

The Wimmera Health Care Group has been continuously accredited by the Australian Council on Health Care Standards since 1975 and has developed comprehensive systems to ensure the continuous improvement of all services throughout the organisation. The survey commenced with various staff members delivering several presentations, which outlined the improvements that had been achieved since the last accreditation survey in 1998.

Mr. Lemon highlighted that "the high quality presentations set the scene for the entire survey, and all survey team members indicated that, of the numerous accreditation surveys that they had been involved in they had never seen so many happy and committed staff"

CONSULTANT EXPERTISE ENLISTED

Balcombe Griffiths Architects

- Dimboola Campus Redevelopment
- Stage 2 Redevelopment

Emergency Planning Consultancy Service

- Amendments to Emergency Management Plan

Wavelength Medical Consulting

- RMB Recruitment

Australian Workplace Strategies

- Specialist Physician Recruitment

Maree Taberner

- Annual Report 2001

FREEDOM OF INFORMATION

Wimmera Health Care Group has received 47 request for information under the Freedom of Information Act (1982) during the year. In all circumstances, access to documents sought was granted in full. Using discretion, the Health Care Group continues to promote a policy of giving staff, patients and the general public access to information.

RESIDENTIAL SERVICES REPORT

Residential Services at Wimmera Health Care Group offer 106 aged care beds at our Horsham Campus; comprising 70 High Care beds within Wimmera Nursing home and 36 Low Care beds at Kurrajong Lodge. A further 26 aged care beds (plus 4 acute beds) are located at the Dimboola Campus.

Residential Services aims to provide services to the frail aged within a safe home like environment that is accessible to those who require it within a timely manner.

Throughout the year the Aged Care Standards and Accreditation Agency have visited us, in October 2001 and June 2002. Both visits resulted in the continuance of a maximum three year accreditation and no recommendations at each site. The success of obtaining and maintaining full accreditation is greatly dependant on the dedication and commitment of the staff to the provision of quality aged care services.

The resident support groups at both Kurrajong Lodge and Wimmera Nursing Home have worked tirelessly for the benefit of residents, families and staff. Their contribution has included provision of meals on special days e.g. AFL grand final day, afternoon teas, fundraising and ensuring each residents' birthday is celebrated. Our volunteers although few in number are a mainstay for our residents. Both residents and families appreciate the support they give to each site such as visiting program, assistance with resident outings etc.

ACADEMIC LITERATURE

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

A/PROF. EDWARD JANUS

PUBLICATIONS

A Simple HPLC Cotinine Assay: Validation of smoking status in pregnant women.

R. Greaves, L. Trotter, S. Brennecke and E.D. Janus (2001)
Ann Clin Biochem 38:333-338.

Dietary habits of smokers in a Chinese population.

J. Whoo, S.C. Ho, A. Sham, S.S.F. Leung, T.H. Lam and E.D. Janus (2001)
Int J Food Sci Nutr 52:477-484.

Association between simple Anthropometric Indices and Cardiovascular Risk Factors.

S.C. Ho, Y.M. Chen, J.L.F. Woo, S.S.F. Leung, T.H. Lam and E.D. Janus (2001)

Int J Obes Related Metab Disord 25:1689-1697.

Sodium is the Leading Dietary Factor Associated with Urinary Calcium Excretion in Hong Kong Chinese Adults.

S. C. Ho, Y. M. Chen, J. L. F. Woo, S. S. F. Leung, T. H. Lam and E. D. Janus (2001)

Osteoporosis Int 12:723-731.

Thrombin-specific anticoagulation with Bivalirudin versus Heparin in patients receiving Fibrinolytic Therapy for Acute Myocardial Infarction: the HERO- 2 randomised trial.

The Hirulog and Early Reperfusion or Occlusion (HERO) -2 Trial Investigators (including E.D. Janus & M. O'Sullivan) (2001)

Lancet 2001; 358: 1855-1863.

Central obesity predicts the worsening of Glycaemia in Southern Chinese.

N.W. Wat, T.H. Lam, E. D. Janus and K. S. Lam (2001).

Int J Obes Related Metab Disord 25:1789-1793.

Decline in FEV1 in Patients with PIZ Alpha-1-antitrypsin deficiency: The Australian experience

J. W. G. Burdon, S. Brenton, V. Hocking, K.R. Knight, M. Ayad, L. Cook and E.D. Janus (2002)

Respirology 7:51-55.

PAPERS

Australian Atherosclerosis Society 27th Annual Scientific meeting with Asian Pacific Society of Atherosclerosis and Vascular Diseases, Fremantle WA, 22-25.11.2001.

Cardiovascular Risk Factors and Cardiovascular Disease Contrasts in Chinese Populations from Beijing, Hong Kong and Singapore.

E.D. Janus, S. Emmanuel, Z. Wu, C. Zhang, K.L. Hynes and T. Dwyer

Heart Research Centre Training Program in Cardiovascular Disease Rehabilitation and Prevention.

Royal Melbourne Hospital, 26-30.11.2001.

Cardiovascular Disease Risk Factors E. D. Janus (by invitation)

3rd Congress of the Asian Pacific Society of Atherosclerosis and Vascular Disease.

"Alliance Against Atherosclerosis" Cebu - Philippines, 17-20.02.2002.

1 Challenges in the Prevention of Atherosclerosis in the Asian Pacific Region.

E. D. Janus Opening Plenary Session by invitation- Delivered by A. R. Keech following the death of Mary Janus 16.02.2002.

2 Diabetes and Cardiovascular Diseases.

Prevalence of CVD in Diabetes.

E. D. Janus (by invitation) delivered by C.E. Tan.

2nd International Congress on Cardiovascular Diseases, Kosice Slovakia, 25-27.04.2002.

Challenges in the Prevention of Atherosclerosis in the Asian Pacific Region.

E. D. Janus (by invitation)

XIVth World Conference of Cardiology, Sydney Australia, 5-9.05.2002.

Asian Diets

E. D. Janus (by invitation)

International Cardiac Rehabilitation Scientific Meeting, Sydney Australia, 9-11.05.2002.

Asian Diets

E. D. Janus (by invitation)

West Victorian Division of General Practice, Warrenmang Australia, 01.06.2002.

Update on Diabetes

E. D. Janus (by invitation)

DR ALAN WOLFF

PAPERS

"Clinical Risk Management - A model for Hospitals".

Clinical Risk Management Symposium in Northern Territory Australia, 15.03.2002

"Patient Safety - Are We doing Enough".

For the Department of Health in Western Australia, 03.05.2002

"Reducing Adverse Events in Healthcare - A Risk Management Approach".

Adelaide, 16.05.2002. The presentation was a joint initiative of the Association for Quality in Healthcare and the South Australian Branch of the Australian College of Health Services Executives.

DR ALAN WOLFF AND MRS. JO BOURKE

International Emergency Medical Journal, (January 2002, Vol 19, no. 1 pp 35 - 40) entitled

"Detecting and Reducing Adverse Events in an Australian Rural Based Hospital Emergency Department using Medical Record Screening and Review"

This is the first article Wimmera Health Care Group has had published in an international journal.

MR. DON MCRAE

PAPER

"Risk Assessment in the Emergency Department".

At the State Emergency Nurses Conference in Melbourne, 28.06.2002

**SERVICES AVAILABLE AT
WIMMERA HEALTH CARE GROUP**

- Aged Care Assessment
- Adult Day Activity and Support Service
- Alcoholics Anon
- Al-Anon Family Group
- Ambulance Officer Training
- Ante-Natal Classes
- Audiology
- Blood Bank
- Breast Prosthetic
- Breast Screening
- Cancer Support Service
- Cardiac Rehabilitation
- Centre Against Sexual Assault
- Chemotherapy
- Church Services
- Colposcopy Clinic
- Community Rehabilitation Service
- Computed Tomography (CT)
- Continence Service
- Day Surgery
- Dental and Prosthetic Clinic
- Diabetes Education
- Dietetics
- District Nursing
- Dormitory Midwife
- Echocardiography
- Education Centre
- Emergency Department
- Endoscopy
- Extended Care Services
- Gastroenterology
- Graduate Nurse Program
- Haemodialysis
- Health Information Service
- Health Promotion
- Hospice Care
- Hospital In The Home
- Hostel Accommodation
- Inpatient Medical Care
- Inpatient Surgical Care
- Intensive Care Unit
- Library
- Linkages Program
- Low Vision Clinic
- Mammography
- Medical Imaging
- Memory Clinic
- Narcotics Anonymous
- Nara-Anon Family Group
- Neonatal Nursing
- Nursing Home Accommodation
- Nursing Staff Education
- Obstetrics and Gynaecology
- Occupational Health and Safety
- Occupational Therapy
- Oral Surgery
- Orthotics Laboratory
- Pacemaker Clinic
- Paediatric Care
- Paediatric Pre-Admission Clinic
- Pathology
- Pharmacy
- Physiotherapy
- Podiatry
- Pre-Admission Clinic
- Rehabilitation Assessment
- Respite for Carers Program
- Social Work
- Specialist Medical and Surgical Services such as Urology, Ear, Nose and Throat, Ophthalmology, Oncology, Orthopaedic
- Speech Pathology
- Spinal Clinic
- Stomal Therapist
- Teleradiology
- Tertiary Student Placement
- Ultrasound
- Undergraduate Medical Training
- Urodynamics Clinic
- Video fluoroscopy
- Volunteer Program
- Work Experience for School Students
- Work for the Dole Sponsor Organisation



Top: Sandra Mibus at Dimboola Campus always presents a happy smile at reception.

Above: Midwife Jenny Bull provides professional care and attention to a new arrival.

Strengthening the bond between patient and carer...



Above: Pharmacist Darlene Smith takes great care in mixing a sterile preparation.



Above Right: Krista Fischer from the Emergency Department replenishes supplies.



Right: The nutritional requirements of our residents are ensured through the dietetics department.

“You have a right to be enormously proud of what has been achieved so far”.

(Extract from ACHS Accreditation report)



The Community That Supports Our Activities

MAJOR ACHIEVEMENTS

- Relocation of WBH Ladies Opportunity Shop.
- Received \$309,000 in Donations and a further \$12,000 "In Kind"
- Successful Crop for Chemo Campaign

COMMUNITY LINKS

Community support for Wimmera Health Care Group has continued to grow over the last twelve months. Support comes in the form of Auxiliaries, Clubs, Church Group, and Support Groups and as importantly you, the community.

LIFE GOVERNORSHIPS AND CERTIFICATES OF APPRECIATION

At the Annual General Meeting of Wimmera Health Care Group held in October 2001, Dr. Peter Haslau was presented with a Life Governorship. Mrs. Dawn Brooke, Mr. Herb Atkins, Mr. Lindsay and Mrs. Rene Edwards all received Certificates of Appreciation.

THE HANDBURY LIBRARY

Local philanthropists Geoff and Helen Handbury, can feel justly proud that the Medical and Nursing Library (which bears their name) of Wimmera Health Care Group, has become a focal point within the organisation.



An excited Ladies Auxiliary President, Bev Reynolds, applauds the official opening of the new Opportunity Shop.

A COMMUNITY IN PARTNERSHIP WITH IT'S HEALTH SERVICE

During the 2001/2002-year, we at Wimmera Health Care Group have been elated with the recognition of receiving a Powercor Business Award for Community Services. Our nomination was based on a very broad reflection of change, growth and community support.

During September 2001 a group of Hospital Staff and Community Members committed their hair for a "Crop for Chemotherapy". This event (inclusive of a generous donation of \$20,000 from the State Government of Victoria) raised over \$55,000. The impetus for this event, five nurses from Oxley Ward, are to be applauded for putting their hair on the line to raise money for the New Chemotherapy Unit which is to open late in 2002. The entire Wimmera is to be applauded for the manner in which they dug deeply for this event.

VOLUNTEER PROGRAM

The role of volunteers within Wimmera Health Care Group can never be understated in its necessity. Numerous programs within the organisation seek volunteers from many sources and these may include:

Auxiliaries, Support Groups, Clubs, Church Guilds and you - the general public. We thank you for your time, your effort and your continued support.

RELOCATION OF WBH LADIES AUXILIARY OPPORTUNITY SHOP

An area of change over the last twelve months that has shown an exceptional result (and reflects the quality culture of all aspects of Wimmera Health Care Group) is the relocation of the WBH Ladies Auxiliary Opportunity Shop. It was felt that the visual location of the shop required a review and after more than thirty years in a location that was only known to locals, the shop has relocated to Darlot Street Horsham. Chief Executive Mr. John Krygger officially opened the shop in February 2002. Immediate and noted changes from the relocation include increased membership to the Auxiliary, substantial increase in available donated product and a far superior presentation of quality merchandise. It should be pointed out that after only five months in the new shop, the Auxiliary finished the financial year on a high and has exceeded the previous years "record" returns by 73% after having only spent 5 months in the new premises.

Congratulations Ladies!

DIMBOOLA EAST LADIES AUXILIARY

The Dimboola East Ladies Auxiliary continues to work towards helping provide equipment for the Dimboola Campus.

For various and unforeseen reasons our fund raising efforts were limited this last year, but those held were most successful. A morning coffee party with a guest speaker; a cent afternoon, providing sandwiches at the Hospital Auction Sale, helping at the German Fest and raffles kept us busy. We made a donation of \$8,000 towards the furnishings in the Medical Centre. Thank you to our Unit Manager, Mrs. Gwen Caril who attended our meetings and gave us Campus news, and to Mr. Craig Wright who offered his help to the Auxiliary. Thanks go to our members and helpers, also to the public for their generous support. We are all very happy with the "NEW" Hospital.

Dorothy Gercovich
President

DIMBOOLA HOSPITAL APPEALS AUXILIARY

The Dimboola Hospital Appeals Auxiliary was formed in February 1962 to supply equipment and needs for the patients comforts. We have had a very successful year both financially and socially.

Fund raising has included an annual trip, this year it was along the Great Ocean Road and a Melbourne Cup sweep. The Wayside Stop (Driver Reviver) at Lochiel - From New Years Eve until Australia Day, 28 days in total and serving over 6,000 drinks of Coffee. Auction of Surplus Goods and BBQ. Finally the 8th Wimmera German Fest with approx. 3000 people attending over the two days.

Money donated to the Wimmera Health Care Group Dimboola Campus prior to the opening of our new hospital totaled \$44,527. Our donation purchased a Pan Optic Ophthalmoscope for \$1,117. Furnishing for 3 quiet rooms and chairs for each room in the new complex \$32,527 and the Alister Hinchley Centre furnishings \$12,000.

Many thanks to all who've helped in any way and lastly to my very loyal and supporting committee. I thank you all most sincerely.

Pamella M Bothe
President

WIMMERA NURSING HOME SUPPORT GROUP

It is with pleasure that I present this report on behalf of Una Faux and myself. Una was President until April and I have been Acting President until July. Our Executive Committee-Una, Betty Bushby, Bill Green and Theo Reinsma have provided excellent support and I thank you all for your valued contributions.

As a support group we rely on the generous support of many people, clubs, business, and friends, who provide and assist with fund raising and entertaining our Residents. We are indebted to these wonderful people. As a result of this support we are able to supply the EXTRAS which are appreciated by our Residents.

The lines of communication are very important and we are kept well informed by:

Mrs Judith Pymer, Residential Services Manager; and

Mr Craig Wright, Community Liaison Officer

They attend our monthly meetings and are available to answer any queries and update us on relevant issues.

The nursing staff continue to provide excellent care in a dignified, caring and professional manner.

We welcome new members to our support group and invite you to our monthly meetings - held on the first Tuesday of each month. These meetings are somewhat informal and we enjoy a C & C (cuppa and chat). We welcome ideas and suggestions and look forward to seeing new faces.

I cannot let the opportunity pass without thanking our Past President - Una Faux. She has set a high standard through her dedication and caring attitude.

In concluding I again wish to thank all those who have contributed, for without their valuable support we could not provide those extras which are appreciated by our Residents.

Donald Jagger
President.

WIMMERA BASE HOSPITAL LADIES AUXILIARY

It is with much pleasure I present my report of the Wimmera Base Hospital Ladies Auxiliary's activities for the year 2001-2002.

WE HAVE MOVED: Our Opportunity Shop, which opened on November 25th 1976, has moved from the lane in Firebrace Street to a beautiful new shop at 25a Darlot Street. All of this happened in January. It was a huge task, but thanks and congratulations must go to our members, husbands, Engineering Department, Peter Krause (Cloths Racks) and Craig Wright for all their work and support. Special thanks and congratulations to Shirley Driscoll, who was Shop Manager at the time, also Mavis Boehm and Pat Bennett.

We were pleased to have Mr. John Krygger officially open the shop on February 18th. Thank you John for all your support.

The Auxiliary is so fortunate to have the generous support of various Church Guilds, Clubs, Auxiliaries, and the general public, who enabled the shop to raise a record amount of \$29,845.90

We are delighted to have Danielle Wolff and Kyle Scott - Year 10 students who come and do their work experience at the shop.

With regret we accepted Shirley Driscoll's resignation as Shop Manager after four very successful years. A sincere thank you Shirley.

We had a very successful Pre-Cup Luncheon in October. Thank you to Dianne Schwaiz of Ardene's for a Spring Fashion Parade. A Pre-Easter Luncheon was held in March. A thank you to Leanne Parker for an Autumn Fashion Parade - these two luncheons raised \$3,009.

During the year the Auxiliary was pleased to donate \$14,500 for an Aligent Monitor for the Operating Theatre, \$4,725 for three hand held Oximeters, \$8,500 for two patient controlled Analgesic Pumps, \$2,035 for three Sensor mats - making a total of \$29,760.

We were saddened by the passing of two of our members, Alice Munro and Marjory Jessop, also Past Member Heather Scott who was President from 1990 - 1992, and was a Life Governor of the Hospital.

To Management and Staff a sincere and grateful thank you for your generous support.

To Secretary Lorna Woodhart and Treasurer Ula Hall, a grateful thank you.

Congratulations to the Auxiliary on a happy, very successful year, and thank you all for your wonderful support and friendship.

Thank you to one and all.

Beverley Reynolds
President.

KURRAJONG LODGE SUPPORT GROUP

Thinking back on the last years support group activities at Kurrajong Lodge may I firstly say thank you on behalf of our group to the staff and residents for making us feel so welcome and wanted in your beautiful home. Your friendship and smiles certainly keep us coming back.

To our Residential Services Manager, Mrs. Judith Pymer many thanks for your assistance during the year and congratulations on attaining the recent Accreditation for the lodge.

We again held the annual events that have become so important to the residents. Mothers Day, Fathers Day, Grand Final Day and our special Xmas event with Santa and his bag of gifts. Australia Day was a big day at Kurrajong Lodge made possible by the wonderful people who obtained and erected a new flagpole. We were privileged to have Darryl Nation, Superintendent of Horsham Police as guest speaker. Darryl was ably assisted by our oldest resident Alice Hallam in raising the flag for the first time at Kurrajong Lodge.

Monthly afternoon teas are a special event made possible by the donors of cakes and slices etc. The people who help out and Ron, Ellie and Les who supply the music for the sing along. Residents birthdays are helped to be made a special day by the KL Support Group who supply a birthday cake, gift and flowers. We also assist with fortnightly BBQ Teas. The group welcomed our new Community Liaison Officer to Wimmera Health Care Group, Mr. Craig Wright. In the short time Craig has been with us, his knowledge and expertise has been greatly appreciated and we hold nothing against him for coming from South Australia.

We are currently raising funds via raffles. monies are being set aside for our long range plan to have a community room built at Kurrajong Lodge.

My personal thanks to all Support Group Members for their wonderful dedication to Kurrajong Lodge during the last year. Your support I know has helped make the lives of all the residents more enjoyable. Congratulations to you all.

Robert Thistlethwaite
President



Top: First use of the Ambulance Bay at redeveloped Dimboola Campus.

Above: Staff Development Co-ordinator Paul Williams and Chief Executive John Krygger receive certificate from Ballarat University officials following completion of staff education program.



Above: Member for Wimmera, Mr. Hugh Delahunty receives rehabilitation on his injured knee.

The benefits of building on strong foundations...



Above Right: A delegation of health care professionals from Japan discuss Clinical Risk Management strategies with Wimmera Health Care Group officials.

Above: The completed \$5m Dimboola Campus.

Right: Minister for Health, The Hon. John Thwaites tries out gymnasium equipment in the new physiotherapy department.



“Surveyors were impressed with the level of openness in the organisation, the willingness to listen to suggestions for improvement, and the commitment of staff to higher levels of achievement”.

(Extract from ACIHS Accreditation report)

Dimboola Car
Dental Clinic
Diabetic Education
District Nursing
Optometry
Physiotherapy
Podiatry
Social Worker

Staffing Profile

CHIEF EXECUTIVE

J.F. Krygger,
BHA, M.B.A., A.FCHSE, A.FA.I.M.CHE.

VISITING MEDICAL STAFF

ANAESTHETISTS

D.McG. Jinks, M.B.B.S., DIPRACOG.
G.E.Wajszel MD, A.M.C.
J.R. Williams,
M.B., BS., DCH, D.A., DR. COG., F.R.A.C.G.P.

DERMATOLOGISTS

A. Catona, MB, BS, F.A.C.D.
P.A. Foley, M.B.B.S., M.D., F.A.C.D.
R.J. O'Keefe, M.B.B.S., F.A.C.D., F.R.C.P.A.
R.D. Sinclair, M.B.B.S., F.A.C.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, MB, BS, F.A.C.D.

GASTROENTEROLOGIST

G.J. Phelps, MB, BS, F.R.A.C.P.
M.E. Pekin, MB, BS, F.R.A.C.P.

OBSTETRICIANS AND GYNAECOLOGISTS

E.T. Miller,
M.B.B.S., MR. COG., FR. COG., F.R.A.C.O.G.
D.M. Morris,
M.B.B.S., MR. COG., MD. (BRISTOL), F.R.A.C.O.G.

ONCOLOGIST

R.H. Bond, MB, BS, F.R.A.C.P.

OPHTHALMOLOGISTS

D. McKnight, MB, BS, F.R.A.C.O., F.R.A.C.S.
M. Toohey, MB, BS, F.R.A.C.O., F.R.A.C.S.

ORAL SURGEON

G.G. Fowler, BDS, LDS, M.D.S., FDSR, CPD.

ORTHOPAEDIC SURGEON

J.D. Bourke, BMEDSCI, MBCHB, FRACS, FA.O.A.

OTOLARYNGOLOGISTS

H.M.P. Rundle,
MB, BS, FRCS(ED), FRCS(ENG), F.R.A.C.S.
R.L. Thomas, MB, BS, F.R.A.C.S., FRCS(ENG).
A.A. Wallis, MB, BS, F.R.A.C.S.

PATHOLOGIST

G. Humphries,
MA, BM, BCH, DTM&H, D.R.C. PATH., FRC. PATH.,
F.R.C.P.A. (RESIGNED 31.02.001).
J. Leyton, MB, BS, F.R.C.P.(C), F.R.C.P.A.

PHYSICIAN

E.D. Janus, MB, CHB, MD, PHD, FRACP, F.R.C.P.A.

PSYCHIATRIST

D.P. Green,
M.B.B.S., FRANZJP, DIP. PSYCHIATRY.
J. Little,
BSC, PSYCHOLOGY, MB, CHB (OTAGO), DIP. OBS
& FAMILY MED. TRAINING PROGRAM, FRANZCP,
M.R.A.C.M.A.

PSYCHOLOGIST

M.L. Atken,
BA (PSYCHOLOGY) GRAD. DIP. VOC. PSYCHOI., GRAD.
DIP. MENTAL HEALTH SERVICES (COG. BEHAV.
THERAPY).

RADIOLOGISTS

M.M.K. Choong,
M.B.B.S., D.R.A.C.R., F.R.A.C.R.
A.D. Felber, M.B.B.S., F.R.A.C.R., DDR.
E. Himmelreich M.B.B.S., M.R.A.C.R., F.R.A.C.R.
P.E. James, M.B., BS., F.R.A.N.Z.C.R., MMED.
Y.K. Liu, M.B.B.S., F.R.A.C.S.
J. Robin, M.B.B.S., DP. ANATOMY, DIP. RA.C.R.
M. Spanger, MB, BCH., F.C.R.A.D.(D).
P. Walker, MB., CHB., CRCP, F.R.C.P.C., D.D.U.
R.C. White, MB, BS, F.R.A.C.R.
L. Wong Shee, MB., CHB., D.C.R.A., F.R.A.C.R.

SURGEONS

G.S.R. Kitchen, MB., BS., F.R.A.C.S.
I.A. Campbell, MB., BS., F.R.A.C.S.
B.T. Stewart, MB., BS., F.R.A.C.S.

UROLOGIST

R.I. McMullin, MB., BS., F.R.A.C.S.

REGIONAL GERIATRICIANS

M.W. Giles, M.B.B.S., MR. CP(UK), DP. RA.COG.
J. Hurley,
M.B. BS., DOBST. R. COG., MR. CP(UK), F.A.F.R.M.
A.M. Van der Knijff, M.B., B.S.D. G.M.

REGIONAL SUPERVISOR FOR

POSTGRADUATE MEDICAL EDUCATION

D.W. Leembruggen, MB., BS., F.R.A.C.G.P.

SUPERVISOR OF INTERN TRAINING

DL Wilson,
MBCHB, MR. CGP(UK), DR. COG(UK), FAMILY
PLANNING CERT(UK)

AREA MEDICAL CO-ORDINATOR-

REGIONAL DISPLAN

A.M. Wolff,
MB., BS., 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.

DEPUTY AREA MEDICAL CO-ORDINATORS

- REGIONAL DISPLAN

D.W. Leembruggen, MB., BS., F.R.A.C.G.P.
M. O'Sullivan,
M.B.B.S., DIP. R.A.C.O.G., D.A., F.R.A.C.G.P.

MEDICAL OFFICERS

K.L. Archer,
MBCHB, MR. COG(PART 1), A.M.C., DR. A.C.O.G.
A.W. Cheasley, MB., BS.
Y.P. Cymbalist, MB., BS., DIP. R.A.C.O.G.
C.H. Foord, MB., BS., DIP. R.A.C.O.G.
R. Furlan, MB., BS.
R.D. Grenfell, MB., BS., DIP. R.A.C.O.G., MPH.
P.P. Haslau, MB., BS., F.R.A.C.G.P.
A.K. Horwood,
MB., BS., F.R.A.C.G.P., F.A.M.A.S., F.A.C.N.E.M.
G.M. Jenkinson, MB., BS.
J.J. Jenkinson, MB., BS.
D.A. McG. Jinks, MB., BS., DIP. R.A.C.O.G.
D.W. Leembruggen, MB., BS., F.R.A.C.G.P.
G.A. O'Brien, MB., BS., DIP. OBS. R. COG.
M. O'Sullivan,
MB., BS., DIP. R.A.C.O.G., D.A., F.R.A.C.G.P.
N.L. Pavlin, MB., BS.
J. Pickering, MB., CHB., F.R.A.C.G.P.
A. Ward, MB., BS., BMS., DIP. R.A.C.O.G.
J.R. Williams,
MB., BS., DCH, D.A., DR. COG., F.R.A.C.G.P.

DL Wilson,
MB, CHB, MR. C. GP(UK), DR. COG(UK), FAMILY
PLANNING CERT(UK)

GH Zeng, MD, A.M.C.

DENTAL OFFICERS

R. Barnes, BDS.
A. Bills, BDS, F.R.A.C.D.S.
D.B. Bourke, BDS.
S.F. Smith, BDS.
B.G. Sonnenberger, BDS.

MEDICAL DIVISION

DIRECTOR OF MEDICAL SERVICES/DIRECTOR OF ACCIDENT AND EMERGENCY DEPARTMENT

A.M. Wolff,
MB., BS., 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.

DIRECTOR OF ANAESTHESIA

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

DIRECTOR OF INTENSIVE CARE

ED. Janus, MB, CHB, MD, PHD, FRACP, F.R.C.P.A.

DIRECTOR OF SURGERY

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

SUPERVISOR OF SURGICAL TRAINING

I.A. Campbell, MB., BS., F.R.A.C.S.

DIRECTOR OF PHARMACY

I. Gerlach, PHC., MPS, FSHP.

MEDICAL LIBRARIAN

Mrs S Mewett, ALAA.

CLINICAL RISK MANAGER

Mrs S Taylor, R.N., R.M.B. NURS, HDNC.

RESIDENT MEDICAL STAFF

INTERNS

P. Santos	13.8.01-28.10.01
M. Foo	13.8.01-28.10.01
A. Cohn	13.8.01-28.10.01
B. Wa	13.8.01-28.10.01
S. Lam	13.8.01-28.10.01
E. Chernova	29.10.01-13.10.02
K. Kee	29.10.01-13.10.02
K. Gwee	29.10.01-13.10.02
C. Kim	29.10.01-13.10.02
E. Giles	29.10.01-13.10.02
K. Graham	14.10.02-24.30.02
P. DeCruz	14.10.02-24.30.02
R. Lee	14.10.02-24.30.02
S. Bush	14.10.02-24.30.02
J. Dimitriou	14.10.02-24.30.02
Z. Chung	25.30.02-26.02
R. Werther	25.30.02-26.02
K. Dwyer	25.30.02-26.02
J. Huynh	25.30.02-26.02
R. Chandra	25.30.02-26.02
D. Williams	36.02-11.8.02
A. Chari	3.6.02-11.8.02
S. Subashini	3.6.02-11.8.02
N. Jega	3.6.02-11.8.02
R. Rajesekaram	3.6.02-11.8.02

SURGICAL REGISTRARS

Z. Duieb 6.8.01-3.2.02
R. Rao 4.2.02-17.2.02
T.Wagner 18.2.02-4.8.02

SENIOR MEDICAL RESIDENT

W.Mahdi 6.8.01-3.2.02
A. Rahim 4.2.02-21.7.02

SENIOR ANAESTHETICS/EMERGENCY

RESIDENT

O.Haisken 6.8.01-13.11.01

SENIOR EMERGENCY/MEDICINE RESIDENT

A. Rahim 27.11.01-3.2.02
D.Kafi 4.2.02-21.7.02

OBSMETRICS & GYNAECOLOGY

REGISTRAR

A. Rahim 6.8.01-26.11.02
F. Salman 4.2.02-

AUDIOLOGIST

G. Edwards, DPAUD (MANCHESTER)

CHIEF OCCUPATIONAL THERAPIST

N. Laverty, BAPPS (OT)

CHIEF PHYSIOTHERAPIST

K. Hopkins, BAPPS (PHYT)

CHIEF PODIATRIST

S. Casey, BAPPS (POD)

CHIEF SOCIAL WORKER

S. Glover, BSOC WK.

CHIEF SPEECH PATHOLOGIST

C. Esmonde, BAPPS (SPRATH)

DIETETICS

P. Marsham, BSC, GRADDIPDIET.

HEALTH INFORMATION SERVICES

C. Dooling, ASSOC. DIP (MR.A)

SENIOR DENTAL OFFICER

A. Bills, B.D.S.C., FRACD.S

NURSING DIVISION

DIRECTOR OF CLINICAL SERVICES

WA. Lewis,
R.N., R.M., M.H.A., BAPP SC (ADV. NURS), I.C.C. NEON
& PAEDIC.C., F.R.C.N.A., F.A.C.N.M.

NURSING OPERATIONS MANAGER

D. McRae,
R.N., R.M., CRIT.CARE CERT., GRADDIPCRIT.CARE,
MASTER OF HEALTH MANAGEMENT.

AFTER HOURS CO-ORDINATORS

M. Heubner, R.N., R.M., C.C., BNURS.

J.W.Richards,
R.N., BNURS., CERT IN MICROCOMPUTER IN
BUSINESS SOFTWARE

B. Taylor, R.N., R.M.B., NJR., HD.N.C.

K.Walsgott, R.N., PERIOP.CERT.

K. Taylor,
R.N., R.M., ASS. DIP.NURS. ST.(ADMIN), F.R.C.N.A.
(RESIGNED 14.02)

D.Wickham R.N., R.M. (COMMENCED 14.02)

J.Wood R.N. (COMMENCED 14.02)

STAFF DEVELOPMENT OFFICER

P.Williams,
R.N., R.N. MED., GRAD.DIPED., B.ED., DPT., M.R.C.N.A.
(RESIGNED 27.6.02).

CLINICAL FACILITATOR

M. Markby
R.N., HD.N.C., GRAD. CERT. ANAESTHETICS &
RECOVERY ROOM NURSING.

ADMISSION AND DISCHARGE

CO-ORDINATOR

P.Dodson,
R.N., BNURS., HD.N.C., GRAD. DIP. H.MGT.

CLINICAL PATHWAYS CO-ORDINATOR

J. McCabe R.N., HD.N.C., (RESIGNED 16.12.01)

Simone Dunn
R.N., CRIT CARE CERT., (COMMENCED 7.1.01)

NURSE UNIT MANAGER - EMERGENCY

DEPARTMENT

J. Karstens,
R.N., DIP.MAN. A&E CERT., SPINAL COURSE CERT.
(RESIGNED 31.8.01)

Jason Walters
R.N., GRAD DIP CRIT CARE (COMMENCED
29.10.2001)

NURSE UNIT MANAGER - INFECTION CONTROL

J. Spencer,
R.N., R.M., CERT. STERIL & INFECT. CONTROL

NURSE UNIT MANAGER - OPERATING

SUITE/DAY PROCEDURE UNIT/CSSD

P. Muszkieta,
R.N., BNURSING, CERT. STERIL & INFECT. CONTROL,
HD.N.C., M.B.A., M.R.C.N.A.

NURSE UNIT MANAGER - OXLEY

(SURGICAL/MEDICAL/ICU)

H.Watt,
R.N., R.M., GRAD. DIP. H.MGT., M.H.MGT. (RESIGNED
16.12.01)

J. McCabe
R.N., HD.N.C. (COMMENCED 17.12.01)

NURSE UNIT MANAGER - YANDILLA

(MIDWIFERY, PAEDIATRICS)

W.James, R.N., R.M., BNURS., I.B.C.I.C.

WIMMERA HOSPICE CARE

CO-ORDINATOR

A. Hayes, R.N., F.R.C.N.A.

WIMMERA LINKAGES MANAGER

B. Sherwell, B.A., B.S.W., DPED.

COMMUNITY REHABILITATION CENTRE

A. Richards,
R.N., R.M., B.H.SCI. (MGT), A.F.C.H.S.E., CERT. IN
MICROCOMPUTER IN BUSINESS SOFTWARE

DISTRICT NURSING SERVICE

H. Torey,
R.N., ASSOC. DIP. HEALTH SCI.
(REHAB./COUNSELLING), GRAD. DIP.

RESIDENTIAL SERVICES MANAGER -

HORSHAM CAMPUS

J. Pymer,
R.N., B.H.S.M., CERT. GERONTOLOGY, CERT. Q.A.,
QUALITY ASSESSOR IN AGED CARE PROGRAM,
GERONTOLOGY, QSA MEMBER.

Manager, Nursing & Patient Services -

Dimboola Campus

G. Carll,
R.N., BANURSING, GERONTIC CERT.,
BMANAGEMENT.C.S.

ENVIRONMENTAL SERVICES SUPERVISOR

D. Queale

FOOD SERVICES MANAGER

T. Patten,
QUAL. CHEF, ADV. CERT. HOSPITALITY STUDIES.

ADMINISTRATIVE SERVICES DIVISION

COMMUNITY LIAISON OFFICER

M.A. Taberner,
M.F.I.A., A.P.R.I.A. (RESIGNED 13.7.01).

C.A. Wright (COMMENCED 30.7.01).

CORPORATE SERVICES MANAGER

S.L. Bell, FCPA

ENGINEERING SERVICES MANAGER

P. Crammond, DIP. MECH. ENG.

HUMAN RESOURCES MANAGER

D.H. Pinyon, A.F.A.H.R.I.

INFORMATION TECHNOLOGY MANAGER

K.M. Loughran, B.S.C., DIP. COMPSC.

QUALITY MANAGER

N. Evans,
BHEALTH INFORMATION MANAGEMENT.

SUPPLY MANAGER

D. Tonissen,
CERT. AHS RO. CERT. HOSPITAL SUPPLY MGT.

WIMMERA GROUP LINEN SERVICES

MANAGER

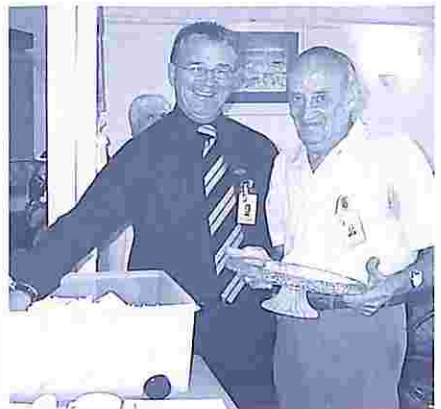
K. Duncan,
B.BUS., A.S.A. (RESIGNED 08.02.02).

R. Dumesney,
CERT. COMP. APPLIC. (COMMENCED 11.02.02)



Top: Powercor Business Achievement Award proudly displayed at reception in Arapiles Building.

Above: Wendy James, Unit Manager of Yandilla Ward giving a teddy tour to Kindergarten children.



Above: Kurrajong Lodge Support Group Fathers Day raffle drawn by Board Member Mr. Pawel Wasjel.

A healthy partnership with the people of the Wimmera...



Community support for Wimmera Health Care Group continues to grow from strength to strength, through Auxiliaries, Clubs, Church Groups, and Support Groups.



Above Left: Dr. Roger Williams, like many others, gave his hair to the "Crop for Chemo" -thank you Roger.

Above:Wimmera Health Care Group Murray to Moyne cycle relay team, at the Mildura start for the 2002 relay "523 kilometres".



Patient Statistics

WIMMERA COMMUNITY OPTIONS - LINKAGES / COMMUNITY AGED CARE

Client Referrals	2002	2001	2000
Hindmarsh Shire	18	12	11
Horsham Rural City	61	45	41
West Wimmera Shire	14	11	10
Yarriambiack Shire	20	14	21
Total	113	82	83

WIMMERA COMMUNITY OPTIONS - CARER RESPITE CENTRE

Client Referrals	2002	2001	2000
Hindmarsh Shire	51	63	63
Horsham Rural City	154	184	194
West Wimmera Shire	72	50	49
Yarriambiack Shire	83	92	102
Total	360	389	408

WIMMERA HOSPICE CARE

Activity	2002	2001	2000
Admissions	105	110	97
Discharges	115	102	78
Contacts	5089	3327	2216

ACUTE INPATIENTS

Number of Beds	72
Admissions	8,565
Bed days	20,831
% Occupancy	79.26
Separations	8,786
Average length of stay (days)	2.37
Deaths	92
Births	336
Operations	4,112
Same Day Patients	4,309
WIES	9,566.0

VISITING SPECIALIST OUTPATIENT CLINICS

Dermatology	446
E.N.T.	441
Low Vision	71
Oncology	562
Orthopaedic	1,665
Ophthalmology	1,706
Professors	37
Urology	1,170
Gastroenterology	285

WHERE OUR PATIENTS CAME FROM

Source of Inpatient Admissions

Horsham Rural	1	5070	57.7%
Natimuk	2	155	1.8%
Dimboola	3	585	6.7%
Nhill	4	361	4.1%
Jeparit	5	106	1.2%
Rainbow	6	124	1.4%
Dunmunkle	7	865	9.8%
Warracknabeal	8	392	4.5%
Other Yarriambiack	9	130	1.5%
West Wimmera	10	251	2.9%
North Grampians	11	219	2.5%
Donald	12	150	1.7%
St Arnaud	13	62	0.7%
South West Vic	14	107	1.2%
Other North West	15	75	0.9%
Other Victorian	16	62	0.7%
Interstate	17	63	0.7%
Other	18	9	0.1%

8786

ALLIED HEALTH, EMERGENCY AND SUPPORT SERVICES

Occasions of Service 2001/2002	Outpatient	Regional	Group Activities	Group Attendances	Domiciliary Visits	Inpatient	Emergency
Audiology	1157						
Community Rehabilitation Centre	5730			4694			
Day Centre	965			9262			
Dental-Horsham	3284		2	50		175	
Dietetics	723		73	1100		1,404	
District Nursing	2767	63	76	93	37,075	63	
Domiciliary Nursing					452	1407	
Emergency							13,608
Lactation Consultant	90				22	495	305
Occupational Therapy	1000	237	102		384	1759	
Pharmacy (items issued)	1153						
Pharmacy (scripts issued)	1462						
Physiotherapy	9509	754	151	1601		4669	
Podiatry	2954	508	44	377		485	
Social Work		50	55	644	10	2165	
Speech Pathology	1439	568			20	535	
Respite for Carers	514		153				
ACAS	265	31	4			121	
Safety Link	41		10		100		

SERVICE ACTIVITY AND EFFICIENCY MEASURES

Efficiency Indicators	2001/02	2000/01	1999/00
Untrimmed AN-DRG Weight	0.6450	0.6500	0.7254
Inpatient Costs -Acute	\$20,221,000	\$19,055,000	\$17,625,000
- Nur:Homes	\$5,440,000	\$4,534,000	\$4,326,000
Outpatient Costs	\$3,600,000	\$3,035,000	\$2,050,000
Cost per Separation	\$2,299	\$2,188	\$2,166
Cost per Inpatient Day	\$898	\$882	\$819
Cost per Separation DRG Adjusted	\$3,564	\$3,366	\$2,986
Cost per Outpatient Occasion	\$32.00	\$30.00	\$28.80

The Finance That Enables It To Happen

MAJOR EQUIPMENT PURCHASES

	\$
Bladderscan 3000	14,900
Drill Reamer Series 4	13,400
Bed Liftcare Mk5	5,330
Monitor Agilent M4	6,582
Multi Measurement Server	5,434
Cardiograph Pagewriter Interpretive	8,100
Monitor Viridia Component	21,106
Beds Electric Series 400 X 25	49,805
Beds Electric Series 400 X 10	19,922
Beds Electric Series 400 X 15	29,884
Beds Electric Invacare X 4	7,688
Beds Electric Invacare X 15	28,830
Gym Multistation	13,450
Computer Hp Lc2000 Server	10,585
Photocopier Colour C410	13,950
Printer Colour Xerox	6,500
Computer Piii Acer X 3	7,239
Airconditioner Mitsub X 4	18,165
Cleaner Nilfisk Gu700f	5,000
Computer Palm lii Cogent Audit	10,321
Curtains	44,542
Blinds Arapiles	11,267
Chairs Dimboola X 166	31,719
Pfc 600kvar Unit	42,398
Chairs Dimboola X 30	8,184
Fountain	6,700
Bedside Lockers X 30	9,570
Overbed Tables	5,250
Stiga Ride On Mower	8,181
Curtains	9,927
Chairs H/Back X 30	9,002
Signage Dimboola	10,669
Orbital Fans X 36 Install	5,236
Air/Cond Humidity Controls	6,390
Software Stocca	18,733
Dishwasher/Dryer Rhima 40%	30,850
Photocopier Toshiba Estudio	8,096
Computer Hp Vectra X 4	7,654
Sundry Equipment Purchases	231,186
Total	801,745

WHERE THE MONEY CAME FROM

	2001/2002 \$1000	2000/2001 \$1000	1999/00 \$1000
Government	32,849	31,059	23,633
Patients	4,966	4,293	4,373
Private practice	93	82	78
Other	5,436	3,451	2,920
Total	43,344	38,885	31,004

HOW THE MONEY WAS SPENT

	2001/2002 \$1000	2000/2001 \$1000	1999/00 \$1000
Salaries and Wages	23,812	21,129	18,532
Suppliers	16,182	10,282	9,273
Interest	67	65	64
Building and Equipment	4,023	6,608	2,593
Repayment of Borrowings	11	7	10
Total	44,095	38,091	30,472
Net increase in cash held	(751)	794	532

Despite a difficult year in coping with the vagaries of Government funding streams and policy, the Health Care Group has again recorded a successful financial result.

Our 2001-2002 Business Management Strategy sought to build on the financial achievements over the past few years and was founded on a year of consolidation rather than service profile changes in response to a deteriorating position. This strategy has proven to be sound when reviewing the financial events of the last year:

The operating result, after capital components have been separated, highlight a \$60,000 surplus position. This result has been achieved despite inpatient throughput being approximately 6% under target. Heavier throughput and improvement in the public/private mix will help ensure a stable financial platform during 2002-2003.

Challenges during the year centred on the implementation of a new payroll system which has yet to deliver expectations. Great difficulty was experienced in establishing salary costing which in turn made accurate financial reporting problematic. Although payroll implementation problems were protracted, confidence now exists that the system will provide extensive reporting capabilities, including human resource modules. The lack of expenditure detail, however, did not unduly compromise financial analysis and remedial action, as projections were largely met. Of greater uncertainty was again the lack of transparency and timeliness of Government funding flows.

Large scale capital works programs are complete in the short term and have added considerable value to the Balance Sheet. Replacement of plant and equipment is a significant concern and detailed plans will be put in place identifying priority requirements and funding sources.

Tax issues have received increasing prominence and the Health Care Group has closely monitored the Government's Tax Compliance Framework requirements. Ernst and Young recently completed the Department of Human Services Taxation Compliance Assurance Review with a comprehensive report being provided. The review focussed on quality of controls and review mechanisms and recommendations for improvement will be followed through.

System improvements have been progressed with electronic trading being applied to the payment of creditors. Further enhancements are planned and centre on the sharing of information between departments.

Responsibility for an efficient and effective financial environment is taken very seriously and has facilitated health services that the community can take pride in.

FUNDING

During the year Wimmera Health Care Group received additional funding from the Department of Human Services to implement the following programs:

\$74,700

Continue Effective Discharge Planning

\$110,000

Continue Clinical Risk Management

\$25,000

Cleaning for Acute and Sub Acute Services

\$19,568

Hospital in the Home Incentive Funding

\$10,000

Infection Control for Acute and Sub Acute Services

\$113,549

Continue Maternity Services Enhancement Program

\$29,300

Pharmacy Department Improvement

\$31,700

Midwifery Upskilling Program

\$18,300

Nurse Back Injury Prevention Project

\$10,800

Victorian Nurse Recruitment Strategy

\$150,000

Anti Coagulation Project

\$14,000

Continue Designed Care

LEGISLATIVE CHANGES

ACTS:

- Whistleblowers Protection Act 2001
- Community Visitors Legislation (Miscellaneous Amendments) Act 2001
- Fundraising Appeals (Amendment) Act 2001
- Health Services (Conciliation and Review) Act 2001
- Infertility Treatment (Amendment) Act 2001
- Health Practitioner Acts (Further Amendments) Act 2002
- Pathology Services Accreditation (Amendment) Act 2002

REGULATIONS:

- Dental Practice (Amendment) Regulations 2001
- Drugs, Poisons and Controlled Substances (Commonwealth Standard) Regulations 2001
- Food (Forms, Exemption and Registration Details) (Amendment) Regulations 2001
- Fundraising Appeals (Amendment) Regulations 2001
- Health Services (Supported Residential Services) Regulations 2001
- Mental Health (Amendment) Regulations 2001
- Occupational Health and Safety (Plant) (Amendment) Regulations 2001
- Cancer (Reporting) Regulations 2002
- Freedom of Information (Access Charges) (Amendment) Regulations 2002
- Health (Prescribed Consultative Councils) Regulations 2002
- Health Records Regulations 2002
- Health Services (Residential Services) Visitors Board Elections Regulations 2002
- Occupational Health and Safety (Major Hazard Facilities) (Amendment) Regulations 2002

Foundation

Donations to the Foundation aid us in our quest to build a growing fund that will form the basis for the future development of Wimmera Health Care Group. Only the interest that is accrued from this fund will be spent. All donations to the Wimmera Base Hospital Foundation are Tax Deductible and are set aside in their entirety with a specific purpose of earning interest. The interest earned will be spent on such necessities as equipment, buildings and the ever essential maintenance of capital items.

The estate of the late Mr. Frank Lockwood has very generously donated \$100,000 to the Wimmera Base Hospital Foundation and this donation was placed in a trust account named in the memory of Mr. Frank Lockwood.

Mr. Don Johns

Chairman

Wimmera Base Hospital Foundation

Mr. Craig Wright

Administrator

Wimmera Base Hospital Foundation

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, H.W.F. & Estate J.A.C.

FOUNDATION DONORS.

Axa Asia Pacific Holdings

Biggs, Mr Lynton

Corner, Mrs Doris

Ellsworth, Mr Alan

Gready, Mrs Elsie

Horsham Sports & Community Club

Lockwood, Mr Frank

Miller, Mr Herbert

Wimmera Health Care Group Staff Donations

Wimmera Prostate Cancer Support Group

DONATIONS IN KIND

We wish to publicly thank all who've made donations to the Wimmera Base Hospital Foundation and Wimmera Health Care Group during the 2001/2002 financial year. Donations come to us in many forms, some are financial and others (just as importantly) are in the form of volunteerism or possibly gifts.

LIFE GOVERNORS

Dr. R. Abud

Mr. I. Anderson

Mr. R. Aumann

Mrs. M. Baker

Mrs. J. Blythe

Mr. N. Bothe

Mrs. B. Boyd

Mr. E. Brownstein

Mrs. F. Carne

Mrs. J. Carter

Mr. M. Castelluccio

Mrs. D. Cordner

Mrs. P. Corner

Mr. M. Cuddy

Mr. B. Docherty

Mr. I. Draffin

Mrs. U. Faux

Dr. P. Haslau

Miss B. Hill

Miss L. Hoffman

Mrs. N. Jochanke

Rev. A. Johns

Mrs. C. Kroker

Prof. R. Larkins

Mr. C. Leith

Mr. A. Levesley

Mr. G. Lind

Dr. M. Lloyd

Mr. K. Lovett

Mrs. E. Mitchell

Mr. D. McFarlane

Mr. B. Mibus

Dr. E. Miller

Miss L. Montgomery

Mr. L. Moore

Dr. M. O'Brien

Mr. K. O'Connell

Mr. A. Phillips

Mr. E. Pietsch

Mrs. D. Pimore

Miss E. Preuss

Mr. P. Robertson

Mr. F. Schultz

Miss N. Schurmann

Miss M. Smith

Miss L. Stenhouse

Mrs. V. Stenhouse

Mr. P. Troeth

Prof. R. Webster

Dr. I. Wong Shee

Mr. A. Wood

WIMMERA HEALTH CARE GROUP

2001/2002 DONORS

During the 2001/2002 year, Wimmera Health Care Group has received an extensive amount of individual donations, for this we are truly grateful. This has dictated that we have had to set a parameter for space purposes in this report, again we are truly grateful for all donations received.

A N Z Bank

Adams, Mr Peter
Adelphian Craft & Hobby Shop
AlAnon Family Group
Aluminium Supplies
Ambicare
Angley, Mr Ronald
Anonymous
Anti Cancer Council - Horsham Branch
Anti Cancer Council - Dimboola Branch
Apex Club of Jardwa
Arntmart
Aucello, Mr Joe
Aust. Breastfeeding Assoc.
Avery, Mrs Bette
Baker, Mr & Mrs I.&F
Balnaves Of Coonawarra
Barber, Ms Cathenne
Barber, Ms Robyn
Baum, C.H
Beaurepaires - Fulcher Pty Ltd
Beddgood, Mr Alan
Betta Electrical
Beulah Hospital Auxiliary
Blair, Mr Peter
Blairfarms Pty Ltd
Bond, Mr Rodney
Bourke, Mr John
Brace Horsham
Brendan McKinnon
Bretag, Mr Fred
Brouwer, Mr Jan Bert & Mrs Mabel
Burgess Camera House
Burkhart, Miss Alice
Burton, Mr Wayne
Caravan Crescent
Carer Respite Centre
Carms, Mr David
Cavanagh, Mrs M
Christie, Mr Robert
Coles Supermarket
Coller Real Estate
Cooks Manchester & Lingerie
Cookson, Ms Pam
Corner, Mrs Doris
Country Womens Association - Lalat
Cramer, Mr & Mrs Peter
Cross, Mr & Mrs Alan
Cudmore, Ms Maria
De Vaan, Mr & Mrs John
Delahunty, Mr Hugh
Dimboola East Ladies Auxiliary
Dolan, Mr Robert
Donaldson, Mr Ron
Dunmill, Mr & Mrs C & S
Elgas Ltd
Ellis, Ms Heather
Essential Bliss
Exell Screen Printing
Flowers By Alisha
Forty Winks Pty Ltd
Foster, Mr Chns
Frahn, Mrs Giora
Freckleton, Mr Peter
French, Mr Daryl
Friends At Riding Together
Fulton, Mr Gary
Galagher, Mr Max
Gamon, Mr Robert
Garwood, Mr Steve
Garwood, Mrs Jessie
Gaulke, Miss Monica
Gaulke, Mr F.D
Gerry Smith Real Estate
Giles, Mr & Mrs G & N

Glover, Mr John
Gordon, Mr & Mrs E R & L M
Gordon, Mrs E M
Graham Walsh Refridgeration
Grass Flat Unting Ladies Guild
Gready, Mrs Elsie
Green Taylor Partners
Guest, Mrs Jessie
Hahne, Mr Jason
Hall, Miss Uia
Hateley, Mr A J & D E
Havkins, Mr Gerald
Horsham & District Funerals
Horsham Appliance Repairs
Horsham Auto Wreckers
Horsham Cyclery
Horsham Dairy
Horsham Greyhound Club
Horsham K-Mart Social Club
Horsham Saints Football Club
Horsham Sewing Centre
Horsham Sports & Community Club
Horsham Spring Garden Festival Committee
Howland, Mr & Mrs Robert and Joy
Huff, Ms Joan
Ireland, Ms Ena
Jack And Jan's Builders
Jackman- Muntz Chantable Trust
jaeschke, Mrs Beverley
janetzki, Mr & Mrs Jack
jenkin, Mrs Lorna
Jetset - Horsham
Jims Butchery
Jorgenson, Mr & Mrs Alex & Esme
Judd, Mr Eric
Keating, Mr Mathew
Kennett, Mr & Mrs Garry and Pat
King, Mr Ray
King, Mr Stuart
Klene, Mrs Margaret
Krahe, Mrs Elsie
Kurrajong Lodge Support Group
Lavithis Bros
Leembruggen, Mrs Denise
Lester, Mr AH
Locks Constructions
Lockwood, Mr Frank
Mackay Jewellers
Makkai, Mr Janos
Martindale, Mr George
Mathews, Mr Harold
Matthews, Ms Nancye
Maybery, Mr Greg
Mc Donal, Mrs Marg
McDonald, Mr John
McDonald, Ms Margaret
McFarlane Plumbers
McKenzie, Mr & Mrs M & L
McKenzie, Ms Jan
McLachlan, Ms Judy
Messrs Power & Bennett, Lawyers
Mewett, Mrs Shirley
Meyer, Mrs D A
Matke, Ms Lois
Mills, Mrs Grace
Moretti, Ms Claudia
Mortimer, Mrs Margery
Murray to Moyne
Murtoa C.V. A Branch
Muszkiet, Mrs Pam
National Rail Ladies Committee
Nichols, Mr John
Nitschke, Mr Ron
North Horsham Football And Netball Club Inc
Nuske, Mr & Mrs MV & KM
Old Time Dance And Social Club
Olsen And Carter
Olson, Ms Sue
Owens, Mr David
P Miller Contractors Pty Ltd
Palm, Ms Delia
Papp, Mrs Beryl
Papst, Mr & Mrs Ray
Papst, Mr Trevor
Pansh, Mrs Beryl
Paul Thomson Furniture
Payne, Mr & Mrs B G & M
Preston, Ms Kay
Price, Ms Carol
Prouse, Mrs Ker yn
Punt Hills Apartments

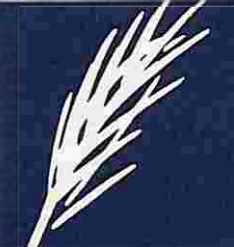
Quota Int. of the Wimmera Inc
Rae, Mr & Mrs G.A.
Ramar
Red, Ms Leslie M
Retireinvest Pty Ltd
Retravision - Horsham
Richardson, Mr Matt
Rutchie, Mr J
Roberts, Mr & Mrs BD & PH
Robertson's Furniture
Robertson, Mr Eric
Rodgers, Mr Mike
Rohde, Mr & Mrs H & M
Rotary Club of Horsham
Rotary Club of Horsham East
Royal Hotel
Rupanyup Major Events
Russell, Mr Robert
Ryan, Mr Michael
Scanlan, Mr Bernard K
Schie, Mr Jack
Schilling, Mrs Leanne
Shamrock Agricultural Services
Shamrock, Mrs Leigh-Anne
Shipsides, Mr & Mrs M & P
Signs Online
Simmons Insurance Agencies
Sinclair, Mr Murray
Smalaine Pty Ltd
Smith, Mrs Gwennda
Sordello, Ms Jill
Squires Newsagency
St Bngids Colege
St. Peters Lutheran Guild
Staff Donations,
Stanford, Mr Dale
TJBysouth Pty Ltd
Taylor, Mr Leo
Taylor, Mrs Gladys
Teasdale, Mr & Mrs J R & D P
Teasdale, Mr & Mrs Peter
Tender Breast Chickens
The Lowan Lodge No. 107
To y Mr Leon
Trotter, Ms Sandra
Vickers, Mr Allan
Vordermaier, Mr & Mrs Frank
W B Gardener And Sons
WH.Weight Holdings P/L
Wajszel, Mr Pawel
Walker, Mrs Angela
Wallis, Mr Chns
Ward, Ms Kerry
West Wimmera Dairy
Westprint Maps
Williams, Dr. Roger
Wilson, Dr. David
WBH Ladies' Auxiliary
WBH Past Trainees And Associates
Wimmera Diesel Injection
Wimmera Floorworld
Wimmera Funerals
Wimmera Glassworks
WHCG - Dimboola Campus Appeals Auxiliary
Wimmera Lodge No. 70
Wimmera Multiple Birth Association
Wimmera Prostate Cancer Support Group
Wimmera Security Services
Wimmera Spa's N Pools
Wimmera Squash Centre
Workco
Wright, Mr Craig
Wright, Mr & Mrs R & E
Wundersitz, Mr & Mrs M & J
Zanker, Mr R E

strengthening
the bond

2002 Financial Statements



Wimmera
Health Care
Group



FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2002

	NOTES	Parent Entity		Consolidated	
		2001/02 \$,000	2000/01 \$,000	2001/02 \$,000	2000/01 \$,000
Revenue from Ordinary Activities	2,2a	38,528	39,922	38,645	39,937
Expenses From Ordinary Activities	2b				
Employee Entitlements		24,070	21,622	24,070	21,622
Fee for Service Medical Officers		2,180	2,218	2,180	2,218
Supplies and Consumables		3,279	2,995	3,279	2,995
Depreciation	3	1,727	1,579	1,727	1,579
Other Expenses		6,560	5,945	6,593	5,945
Borrowing Costs	4	67	68	67	68
Total Expenses from Ordinary Activities		37,883	34,427	37,916	34,427
Net Result for the Year		645	5,495	729	5,510

The accompanying notes form part of and should be read in conjunction with these financial statements.

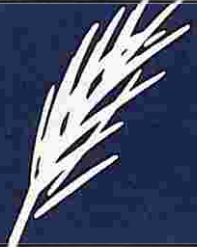
FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2002

	NOTES	Parent Entity		Consolidated	
		2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000
ASSETS					
Current Assets					
Cash Assets	5	3,047	4,380	3,078	4,398
Receivables	7	1,326	1,195	1,326	1,195
Inventory	9	325	306	325	306
Prepayments		100	88	100	88
Other Financial Assets	8	70	74	70	74
Total Current Assets		4,868	6,043	4,899	6,061
Non-Current Assets					
Receivables	7	46	94	46	94
Property, Plant & Equipment	10	32,103	30,359	32,103	30,359
Other Financial Assets	8	1,527	1,259	1,840	1,501
Total Non-Current Assets		33,676	31,712	33,989	31,954
TOTAL ASSETS		38,544	37,755	38,888	38,015
LIABILITIES					
Current Liabilities					
Payables	11	2,595	2,346	2,595	2,346
Employee Entitlements	13	2,908	3,058	2,908	3,058
Interest Bearing Liabilities	12	581	1,076	581	1,076
Other	8	70	74	70	74
Total Current Liabilities		6,154	6,554	6,154	6,554
Non-Current Liabilities					
Employee Entitlements	13	2,629	2,339	2,629	2,339
Interest Bearing Liabilities	12	1,484	1,498	1,484	1,498
Other	8	1,527	1,259	1,527	1,259
Total Non-Current Liabilities		5,640	5,096	5,640	5,096
TOTAL LIABILITIES		11,794	11,650	11,794	11,650
NET ASSETS		26,750	26,105	27,094	26,365
EQUITY					
Accumulated Surplus	14c	62	5,736	406	5,996
Asset Revaluation Reserve	14a	265	265	265	265
Specific Purpose Reserve	14a	2,335	1,752	2,335	1,752
Contributed Capital	14b	24,088	18,352	24,088	18,352
Total Equity	14d	26,750	26,105	27,094	26,365

The accompanying notes form part of and should be read in conjunction with these financial statements.





FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 2002

	NOTE	Parent Entity		Consolidated	
		2001/02 \$,000	2000/01 \$,000	2001/02 \$,000	2000/01 \$,000
Cash Flows from Operating Activities					
RECEIPTS					
Government Grants		30,768	27,667	30,768	27,667
Capital Grants		2,081	6,580	2,081	6,580
Patient Fees		4,966	4,293	4,966	4,293
Donations		196	267	297	270
Private Practice Fees		93	82	93	82
GST Recovered from ATO		1,396	1,539	1,396	1,539
Other Receipts		3,199	2,548	3,215	2,555
PAYMENTS					
Employee Entitlements		(23,937)	(21,129)	(23,937)	(21,129)
GST Paid to ATO		(3,135)	(3,188)	(3,135)	(3,188)
Other Payments		(13,095)	(11,886)	(13,128)	(11,886)
Net Cash Flows From Operating Activities	15	<u>2,532</u>	<u>6,773</u>	<u>2,616</u>	<u>6,783</u>
Cash Flows From Investing Activities					
Payments for Purchase of Plant & Equipment		(4,023)	(6,608)	(4,023)	(6,608)
Proceeds from Sale of Plant & Equipment		667	621	667	621
Purchase of Investments		-	-	-	5
Net Cash Used In Investing Activities		<u>(3,356)</u>	<u>(5,987)</u>	<u>(3,356)</u>	<u>(5,982)</u>
Cash Flows From Financing Activities					
Repayment of Borrowings		(11)	(7)	(11)	(7)
Net Cash Flows Used in Financing Activities		<u>(11)</u>	<u>(7)</u>	<u>(11)</u>	<u>(7)</u>
Net (Decrease)/Increase in Cash Held		<u>(835)</u>	<u>779</u>	<u>(751)</u>	<u>794</u>
Cash at 1 July		<u>3,568</u>	<u>2,789</u>	<u>3,828</u>	<u>3,034</u>
Cash at 30 June	5	<u><u>2,733</u></u>	<u><u>3,568</u></u>	<u><u>3,077</u></u>	<u><u>3,828</u></u>

The accompanying notes form part of and should be read in conjunction with these financial statements.

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

The consolidated general purpose financial statements of the Group have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued jointly by The Institute of Chartered Accountants in Australia and Australian Society of Certified Practising Accountants and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views). They have been prepared on the historical cost basis whereby assets are recorded at purchase price plus costs incidental to the acquisition and do not take into account changing money values nor the current costs of non-current assets (unless specifically stated).

1.1 Rounding off

All amounts shown in the Financial Statements are expressed to the nearest \$1,000.

1.2 Principles of Consolidation

The assets, liabilities, revenues and expenses of the controlled entity of the Group have been included at the values shown in its audited Annual Financial Statements. Any inter-entity transactions have been eliminated in consolidation. The consolidated Financial Statements include the audited Financial Statements of the following controlled entity:

- Wimmera Base Hospital Foundation.

(Although the Group is the sole beneficiary of the Foundation, the funds cannot be expended without the approval of the Foundation trustees.)

1.3 Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days. Collectability of debts is reviewed on an ongoing basis. A provision for doubtful debts is raised where doubt as to collection exists.

1.4 Other Financial Assets

Other financial assets are valued at cost and are classified between current and non current assets based on the Group's Board of Management's intention at balance date with respect to the timing of disposal of each investment. Interest revenue from other financial assets is brought to account when it is earned.

1.5 Depreciation

Assets with a cost in excess of \$1,000 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. This depreciation charge is not funded by the Department of Human Services Victoria.

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

	2001/02	2000/01
Buildings	Up to 50 years	Up to 50 years
Plant and Equipment	Up to 20 years	Up to 20 years
Motor Vehicles	Up to 4 years	Up to 4 years
Furniture and Fittings	Up to 20 years	Up to 20 years
Linen	Up to 6 years	Up to 6 years

1.6 Payables

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are Nett 30 days.

1.7 Inventories

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

1.8 Revaluation of Non-Current Assets

Subsequent to the initial recognition as assets, non-current physical assets, other than plant and equipment, are measured at fair value. Plant and equipment are measured at cost. Revaluations are made with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at the reporting date. Revaluations are assessed annually and supplemented by independent assessments, at least every three years. Revaluations are conducted in accordance with the Victorian Government Policy Paper 'Revaluation of Non-Current Physical Assets'.

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

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

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



**WIMMERA HEALTH CARE GROUP
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2002**

1.9 Goods and Services Tax

Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australia Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows in accordance with Accounting Standard AAS28.

1.10 Employee Entitlements

Based on pay rates current at balance date. Oncosts such as Workcover and superannuation are included in the calculation of leave provisions.

Long Service Leave

The provision for long service leave is determined in accordance with Accounting Standard AAS30. Generally, the entitlement under various awards becomes payable upon completion of ten years service. The proportion of long service leave estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's service to date.

Wages and Salaries, Annual Leave and Accrued Days Off.

Liabilities for wages and salaries, annual leave and accrued days off are recognised, and are measured as the amount unpaid at the reporting date in respect of employee's service up to that date.

1.11 Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.
- interest on bank overdrafts and short-term and long-term borrowings;

1.12 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.

1.13 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 while Services Supported by Hospital and Community Initiatives (Non HSA) are funded by the Group's own activities or local initiatives.

1.14 Comparative Information

Where necessary the figures for the previous financial year have been reclassified to facilitate comparisons

1.15 Asset Revaluation Reserve

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

1.16 Contributed Capital

Consistent with UIG Abstract 38 "Contributions by Owners Made to Wholly-Owned Public Sector Entities" and nature of contributions or distributions, have been designated as contributed capital.

1.17 Revenue Recognition

Revenue is recognised in accordance with AAS15. Income is recognised as revenue to the extent they are earned, should there be unearned income at reporting date, it is reported as income in advance.

Government Grants

Grants are recognised as revenue when the Group gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grant is received or receivable. 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 - Revenue is recognised monthly upon finalisation of movements in LSL liability in line with the in line with the arrangements set out in the Acute Health Division Hospital Circular 13/2001.

Patient Fees

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

Private Practice Fees

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

Donations and Other Bequests

Donations and bequests are recognised as revenue when the cash is received.

WIMMERA HEALTH CARE GROUP
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 FOR THE YEAR ENDED 30 JUNE, 2002

1.18 Change in Accounting Policies

Change in Revaluation Policy

In previous reporting periods up to 30 June 2001, land and buildings and plant and equipment were measured using the market value basis. Market value was deemed to approximate fair value, being the amounts the Group would have to forgo, if it was deprived of those assets.

For the reporting period ending on 30 June 2002, the Group elected to adopt the fair value basis for measuring land and buildings and revert to the cost basis for measuring all plant and equipment.

In changing from a market value basis to the cash basis, the carrying amount for the plant and equipment at 1 July 2001 was deemed to equal the cost of assets sold.

Accordingly, the change in accounting policy for the land and buildings and plant and equipment has had no impact on either the current year statement of financial performance or opening accumulated surplus.

The change in measurement basis is to comply with accounting requirements of AASB 1041 and the Victorian Government Policy Paper, "Revaluation of Non-Current Physical Assets".

Change in Accounting for Contributed Capital

In previous reporting periods up to 30 June 2001, the following items are recognised as revenues and expenses in the statement of financial performance:

- assets received and provided free of charge from and to other government entities, and
- grants received from other government entities for capital purposes.

Previously, in certain circumstances the Minister for Finance has granted an exemption to treat these items as a contributed capital.

For the reporting period ending 30 June 2002, these transactions between wholly-owned public sector entities, are now recognised in the statement of financial position as adjustments to net assets at the sector level but have no effect on the net assets at the whole-of-government level.

This change in accounting policy for transfers of assets and liabilities is in compliance with the accounting requirements of Urgent Issues Group Abstract 38 'Contributions by Owners Made to Wholly-Owned Public Sector Entities' and the Accounting and Financial Reporting (AFR) Bulletin No.39 'Accounting for Contributed Capital'.

Under AFR Bulletin No. 39, accumulated surpluses at 1 July 2001 were required to be transferred to contributed capital.

The impact of this change is:

Decrease	Accumulated Surplus	\$5,736,000
Increase	Contributed Capital	\$5,736,000

1.19 Interest Bearing Liabilities

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

1.20 Specific Purpose Reserve

The specific purpose reserve consists of donations and private practice fees and is used for capital purposes and staff education.



FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 2 REVENUE

	HSA 2001/02 \$'000	HSA 2000/01 \$'000	Non HSA 2001/02 \$'000	Non HSA 2000/01 \$'000	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Revenue from Operating Activities								
<i>Recurrent</i>								
Government Contributions								
-Department of Human Services	26,928	24,754	-	-	26,928	24,754	26,928	24,754
Indirect Contributions by Department of Human Services	394	402	-	-	394	402	394	402
Patient Fees (refer note 2c)	5,045	4,600	-	-	5,045	4,600	5,045	4,600
Private Practice Fees	-	-	93	82	93	82	93	82
<i>Capital Purpose Income</i>								
State Government Capital Grants	-	6,211	1,748	-	1,748	6,211	1,748	6,211
-Targeted Capital Works and Equipment	-	176	160	-	160	176	160	176
-Equipment and Infrastructure Maintenance	-	193	-	-	-	193	-	193
Commonwealth Government Capital Grants	-	-	196	267	196	267	297	270
Donations and Bequests	-	-	129	135	129	135	129	135
Aged Care Facilities Rententions and Interest	-	-	-	20	-	20	-	20
Capital Interest	-	-	-	-	-	-	-	-
<i>Other</i>	1,129	809	1,742	1,317	2,871	2,126	2,871	2,126
Sub-Total Revenue from Operating Activities	33,496	37,145	4,068	1,821	37,564	38,966	37,665	38,969
Revenue from Non-Operating Activities								
Interest	-	-	113	135	113	135	129	147
Property Income	-	-	184	200	184	200	184	200
Proceeds on Sale of Non Current Assets (refer note 2d)	-	-	667	621	667	621	667	621
Sub-Total Revenue from Non -Operating Activities	-	-	964	956	964	956	980	968
Total Revenue from Ordinary Activities (refer note 2a)	33,496	37,145	5,032	2,777	38,528	39,922	38,645	39,937

NOTE 2a: ANALYSIS OF REVENUE BY SOURCE

	Acute Care \$'000	Aged Care \$'000	Co-Ord Care \$'000	Public Health \$'000	Other \$'000	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Revenue from Services Supported by Health Services Agreement									
Government grants									
- Department Human Services	20,959	4,336	1,144	-	489	26,928	24,754	26,928	24,754
Indirect contributions by Department of Human Services - Insurance	315	79	-	-	-	394	402	394	402
Patient fees (note 2c)	929	4,059	57	-	-	5,045	4,600	5,045	4,600
Other Revenue	1,129	-	-	-	-	1,129	809	1,129	809
Sub-Total Revenue from Services Supported by Health Services Agreement	23,332	8,474	1,201	-	489	33,496	30,565	33,496	30,565

FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 2a: ANALYSIS OF REVENUE BY SOURCE (CONTINUED)

	Acute Care \$'000	Aged Care \$'000	Co-Ord Care \$'000	Public Health \$'000	Other \$'000	Parent Entity 2001/02 \$'000	2000/01 \$'000	Consolidated 2001/02 \$'000	2000/01 \$'000
Revenue from Services Supported by Hospital and Community Initiatives Business Units									
Laundry	-	-	-	-	696	696	456	696	456
Hostel	-	903	-	-	-	903	803	903	803
Specific Purposes	-	-	-	-	236	236	139	236	139
Property Income	-	-	-	-	184	184	200	184	200
Capital Purpose Income (note 2)	-	-	-	-	2,233	2,233	7,002	2,334	7,005
Proceeds from Sale of Non Current Assets (refer note 2d)	-	-	-	-	667	667	621	667	621
Interest	-	-	-	-	113	113	135	129	147
Other	-	-	-	-	-	-	1	-	1
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	903	-	-	4,129	5,032	9,357	5,149	9,372
Total Revenue from All Sources	23,332	9,377	1,201	-	4,618	38,528	39,922	38,645	39,937

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.

NOTE 2b: ANALYSIS OF EXPENSES BY SOURCE

	Acute Care \$'000	Aged Care \$'000	Co-ord Care \$'000	Public Health \$'000	Other \$'000	Parent Entity 2001/02 \$'000	2000/01 \$'000	Consolidated 2001/02 \$'000	2000/01 \$'000
Services Supported by Health Services Agreement									
Employee Entitlements:-									
Salaries and Wages	13,746	5,400	809	-	-	19,955	17,933	19,955	17,933
Workcover	390	34	-	-	-	424	316	424	316
Superannuation (refer note 17)	1,158	381	-	-	-	1,539	1,490	1,539	1,490
Long Service Leave	474	158	-	-	-	632	650	632	650
Fee for Service Medical Officers	2,180	-	-	-	-	2,180	2,218	2,180	2,218
Supplies & Consumables:-									
Drug Supplies	989	130	4	-	-	1,123	812	1,123	812
Medical & Surgical Supplies	1,243	137	82	-	119	1,581	1,656	1,581	1,656
Food Supplies	229	254	1	-	-	484	444	484	444
Other Expenses:-									
Domestic Services	205	27	6	-	-	238	188	238	188
Repairs & Maintenance	559	72	16	-	7	654	637	654	637
Energy Charges	438	90	-	-	-	528	496	528	496
Patient Transport	427	-	-	-	-	427	370	427	370
Administrative Expenses	1,107	1,432	123	-	-	2,662	2,503	2,662	2,503
Audit Fees	31	-	-	-	-	31	28	31	28
Bad & Doubtful Debts	94	-	-	-	-	94	62	94	62
Diagnostic Services	675	-	-	-	-	675	656	675	656
Sub-Total Expenses from Services Supported by Health Services Agreement	23,945	8,115	1,041	-	126	33,227	30,459	33,227	30,459



FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 2b: ANALYSIS OF EXPENSES BY SOURCE (CONTINUED)

	Acute Care \$'000	Aged Care \$'000	Co-ord Care \$'000	Public Health \$'000	Other \$'000	Parent Entity		Consolidated	
						2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Services Supported by Hospital and Community Initiatives									
Employee Entitlements:-									
Salaries and Wages	-	605	-	-	751	1,356	1,104	1356	1104
Workcover	-	5	-	-	5	10	11	10	11
Superannuation	-	40	-	-	58	98	94	98	94
Long Service Leave	-	2	-	-	61	63	24	56	24
Supplies & Consumables:-									
Med & Surg Supplies	-	2	-	-	-	2	2	2	2
Food Supplies	-	89	-	-	-	89	81	89	81
Other Expenses:-									
Domestic Services	-	22	-	-	66	88	101	88	101
Repairs & Maintenance	-	16	-	-	52	68	74	68	74
Energy Charges	-	63	-	-	129	192	153	192	153
Administrative Expenses	-	12	-	-	107	119	143	159	143
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	-	856	-	-	1,229	2,085	1,787	2,118	1,787
Services Supported by Hospital and Community Initiatives									
Depreciation (refer note 3)	1,207	177	-	-	343	1,727	1,579	1727	1579
Borrowing Costs (refer note 4)	2	-	-	-	65	67	68	67	68
Capital Replacements	-	-	-	-	225	225	-	225	-
Written Down Value of Assets Sold (refer note 2d)	-	-	-	-	552	552	534	552	534
Total Expenses from Ordinary Activities	25,154	9,148	1,041	-	2,540	37,883	34,427	37,916	34,427

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.

NOTE 2c: PATIENT FEES

	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Acute:				
- Inpatients	897	822	897	822
- Outpatients	32	42	32	42
Aged:				
- Nursing Home	3,958	3,550	3,958	3,550
- Other	101	99	101	99
Co-Ordinated Care	57	87	57	87
Total	5,045	4,600	5,045	4,600

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 2d: SALE OF NON CURRENT ASSETS

	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Buildings				
Proceeds from Disposals	29	129	29	129
Less: Written Down Value of Assets Sold	-	(114)	-	(114)
Plant and Equipment				
- Motor Vehicles				
Proceeds from Disposals	631	492	631	492
Less: Written Down Value of Assets Sold	(546)	(387)	(546)	(387)
- Plant and Equipment				
Proceeds from Disposals	7	-	7	-
Less: Written Down Value of Assets Sold	(6)	(33)	(6)	(33)
Net gains from Disposal	115	87	115	87

FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 2a: ANALYSIS OF EXPENSES BY BUSINESS UNIT FOR SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Laundry	1,011	902	1,011	902
Hostel	856	772	856	772
Property Expenses	29	26	29	26
Specific Purpose Services				
Capital Replacement and Special Programs	50	87	50	87
Dep'n and Amortisation (refer note 3)	343	327	343	327
Written Down Value of Assets (refer note 2d)	552	534	552	534
	<u>2,841</u>	<u>2,648</u>	<u>2,841</u>	<u>2,648</u>

NOTE 3: DEPRECIATION

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Buildings	806	714	806	714
Plant and Equipment				
Plant	22	28	22	28
Transport	218	228	218	228
Major Medical	249	234	249	234
Computers and Communication	148	133	148	133
Other Equipment	92	78	92	78
Linen	135	122	135	122
Furniture and Fittings	57	42	57	42
Total	<u>1,727</u>	<u>1,579</u>	<u>1,727</u>	<u>1,579</u>
Allocation of Depreciation:				
Services Supported by Health Services Agreement	1,384	1,252	1,384	1,252
Services supported by Hospital and Community Initiatives	343	327	343	327
	<u>1,727</u>	<u>1,579</u>	<u>1,727</u>	<u>1,579</u>

NOTE 4: BORROWING COSTS

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Interest on Short Term Borrowings	2	2	2	2
Interest on Long Term Borrowings	65	66	65	66
	<u>67</u>	<u>68</u>	<u>67</u>	<u>68</u>

NOTE 5: CASH ASSETS

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
CASH ON HAND				
Financial Institutions	2,288	3,388	2,319	3,406
DEPOSITS AT CALL				
Financial Institutions	759	992	759	992
Cash at end of reporting period	<u>3,047</u>	<u>4,380</u>	<u>3,078</u>	<u>4,398</u>



FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 5: CASH ASSETS (CONTINUED) RECONCILIATION OF CASH

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.

	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
CASH ON HAND				
Financial Institutions	2,288	3,388	2,319	3,406
Bank Overdraft	(314)	(812)	(314)	(812)
DEPOSITS AT CALL				
Financial Institutions	759	992	1,072	1,234
Cash at end of reporting period	2,733	3,568	3,077	3,828

NOTE 6: FINANCIAL INSTRUMENTS

The Group's exposure to interest rate risk which is the risk that a financial instruments value will fluctuate as a result of changes in market interest rates and the effective average interest rates on classes of financial assets and financial liabilities, is as follows:-

(a) Interest Rate Exposure as at 30/6/2002

Note	Floating Interest Rate \$'000	1 Year or Less \$'000	Fixed Interest Rate Maturing			Parent Entity 2001/02 \$'000	Consol. 2001/02 \$'000
			1 to 5 Years \$'000	Over 5 Years \$'000	Non Interest Bearing \$'000		
Financial Assets							
Cash	5	3,047	-	-	-	3,047	3,078
Trade Debtors	7	-	-	-	1,039	1,039	1,039
Other Receivables	7	-	-	-	333	333	333
Other Financial Assets	8	-	-	-	-	-	313
Total Financial Assets		3,047	-	-	1,372	4,419	4,763
Financial Liabilities							
Trade Creditors and Accruals	11	-	-	-	1,710	1,710	2,256
Other Financial Liabilities	12	314	17	82	652	2,065	2,574
Total Financial Liabilities		314	17	82	2,710	3,775	4,830
Net Financial Assets		2,733	(17)	(82)	(652)	644	(67)
Weighted Average Interest Rate = financial assets		4.91%					
Weighted Average Interest Rate = financial liabilities		8.25%	8.25%	8.25%	8.25%		
Interest Rate Exposure as at 30/6/2001							

Note	Floating Interest Rate \$'000	1 Year or Less \$'000	Fixed Interest Rate Maturing			Parent Entity 2000/01 \$'000	Consol. 2000/01 \$'000
			1 to 5 Years \$'000	Over 5 Years \$'000	Non Interest Bearing \$'000		
Financial Assets							
Cash	5	4,380	-	-	-	4,380	4,398
Trade Debtors	7	-	-	-	1,034	1,034	1,034
Other Receivables	7	-	-	-	255	255	255
Other Financial Assets	8	-	-	-	-	-	242
Total Financial Assets		4,380	-	-	1,289	5,669	5,929
Financial Liabilities							
Trade Creditors and Accruals	11	-	-	-	2,256	2,256	2,256
Other Financial Liabilities	12	812	13	60	689	2,574	2,574
Total Financial Liabilities		812	13	60	3,256	4,830	4,830
Net Financial Assets		3,568	(13)	(60)	(689)	839	1,099
Weighted Average Interest Rate = financial assets		6.29%					
Weighted Average Interest Rate = financial liabilities		8.59%	8.25%	8.25%	8.25%		

FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 6: FINANCIAL INSTRUMENTS (CONTINUED)

(b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes. The Group does not have any material credit risk exposure.

(c) Net Fair Value of Financial Assets and Liabilities

The net fair value of on-balance sheet financial assets and liabilities are not materially different to the carrying value of the financial assets liabilities.

	Parent Entity				Consolidated			
	Book Value 2001/02 \$'000	Net Fair Value 2001/02 \$'000	Book Value 2000/01 \$'000	Net Fair Value 2000/01 \$'000	Book Value 2001/02 \$'000	Net Fair Value 2001/02 \$'000	Book Value 2000/01 \$'000	Net Fair Value 2000/01 \$'000
Net Fair Value								
Financial Assets								
Cash	3,047	3,047	4,380	4,380	3,078	3,078	4,398	4,398
Trade Debtors	1,039	1,039	1,034	1,034	1,039	1,039	1,034	1,034
Other Receivables	333	333	255	255	333	333	255	255
Other Financial Assets	-	-	-	-	313	313	242	242
Total Financial Assets	4,419	4,419	5,669	5,669	4,763	4,763	5,929	5,929
Financial Liabilities								
Trade Creditors and Accrual	1,710	1,710	2,256	2,256	1,710	1,710	2,256	2,256
Other Financial Liabilities	2,065	2,065	2,574	2,574	2,065	2,065	2,574	2,574
Total Financial Liabilities	3,775	3,775	4,830	4,830	3,775	3,775	4,830	4,830

Net fair values of financial instruments are determined on the following bases:

i Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost which approximates net fair value. Managed investments are valued at cost which approximates net fair value.

ii Borrowings amounts are based on the present value of expected future cash flows discounted at current market interest rates quoted for trade Treasury Corporation of Victoria.

NOTE 7: RECEIVABLES

CURRENT

Patient Fees

Trade Debtors

TOTAL

Less Provision for Doubtful Debts

-Patient Fees

-Trade Debtors

TOTAL CURRENT RECEIVABLES

NON CURRENT

Accrued Revenue

- Dept of Human Services Long Service Leave

TOTAL NON CURRENT RECEIVABLES

NET DEBTORS AND ACCRUED REVENUE

Doubtful Debts

-Patient Fees

-Trade Debtors

	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Patient Fees	374	291	374	291
Trade Debtors	1,028	966	1,028	966
TOTAL	1,402	1,257	1,402	1,257
Less Provision for Doubtful Debts				
-Patient Fees	40	36	40	36
-Trade Debtors	36	26	36	26
	76	62	76	62
TOTAL CURRENT RECEIVABLES	1,326	1,195	1,326	1,195
Accrued Revenue				
- Dept of Human Services Long Service Leave	46	94	46	94
TOTAL NON CURRENT RECEIVABLES	46	94	46	94
NET DEBTORS AND ACCRUED REVENUE	1,372	1,289	1,372	1,289
Doubtful Debts				
-Patient Fees	40	36	40	36
-Trade Debtors	36	26	36	26
	76	62	76	62



FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 8: OTHER FINANCIAL ASSETS

	Operating Fund	Parent Entity		Consolidated	
	\$'000	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Current					
Other Financial Assets					
Money Held in Trust (refer note 8a)	70	70	74	70	74
	<u>70</u>	<u>70</u>	<u>74</u>	<u>70</u>	<u>74</u>
Non Current					
Other Financial Assets					
- Unit Trusts in Managed Funds	-	-	-	313	242
Money Held in Trust (refer note 8a)	1,527	1,527	1,259	1,527	1,259
Total Non Current	<u>1,527</u>	<u>1,527</u>	<u>1,259</u>	<u>1,840</u>	<u>1,501</u>
Total	<u>1,597</u>	<u>1,597</u>	<u>1,333</u>	<u>1,910</u>	<u>1,575</u>

Analysed as follows:	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Current				
Cash Assets	1,597	1,333	1,597	1,333
Non Current				
Unit Trusts	-	-	313	242
Total	<u>1,597</u>	<u>1,333</u>	<u>1,910</u>	<u>1,575</u>

Reconciliations of the carrying amounts of each class of non-current other financial assets at the beginning and end of the current and previous financial year are set out as below.

NOTE 8a: PATIENT MONIES HELD IN TRUST

	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Current				
Deferred Revenue - Refundable Entrance Fees	70	74	70	74
Non Current				
Deferred Revenue - Refundable Entrance Fees	161	188	161	188
Refundable Entrance Fees	1,366	1,071	1,366	1,071
Total Non Current	<u>1,527</u>	<u>1,259</u>	<u>1,527</u>	<u>1,259</u>
Total	<u>1,597</u>	<u>1,333</u>	<u>1,597</u>	<u>1,333</u>
Represented by:				
Cash Assets	763	533	763	533
Other Financial Assets	834	800	834	800
	<u>1,597</u>	<u>1,333</u>	<u>1,597</u>	<u>1,333</u>

Non - refundable entrance fees are patient monies held in trust for residents of Kurrajong Lodge and the Wimmera Nursing Home 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 \$239 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: INVENTORY

	Parent Entity		Consolidated	
	2001/02 \$'000	2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Pharmaceuticals	105	107	105	107
Catering Supplies	20	18	20	18
Housekeeping Supplies	13	10	13	10
Medical and Surgical Lines	106	91	106	91
Linen	57	58	57	58
Miscellaneous	24	22	24	22
	<u>325</u>	<u>306</u>	<u>325</u>	<u>306</u>

FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 10: PROPERTY, PLANT & EQUIPMENT

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
AT COST				
Land	146	-	146	-
Total Land	146	-	146	-
Assets Under Construction	-	2,419	-	2,419
	-	2,419	-	2,419
Buildings	9,633	5,161	9,633	5,161
Less Accumulated Depreciation	(124)	(17)	(124)	(17)
	9,509	5,144	9,509	5,144
Total Buildings	9,509	7,563	9,509	7,563
Plant and Equipment				
- Plant	985	939	985	939
Less Accumulated Depreciation	(869)	(851)	(869)	(851)
	116	88	116	88
- Transport	971	958	971	958
Less Accumulated Depreciation	(333)	(318)	(333)	(318)
	638	640	638	640
- Major Medical	3,253	3,028	3,253	3,028
Less Accumulated Depreciation	(1,905)	(1,677)	(1,905)	(1,677)
	1,348	1,351	1,348	1,351
- Computers and Communication	1,240	1,118	1,240	1,118
Less Accumulated Depreciation	(864)	(721)	(864)	(721)
	376	397	376	397
- Other Equipment	1,343	1,146	1,343	1,146
Less Accumulated Depreciation	(723)	(637)	(723)	(637)
	620	509	620	509
- Furniture and Fittings	959	711	959	711
Less Accumulated Depreciation	(377)	(298)	(377)	(298)
	582	413	582	413
Total Plant and Equipment	3,680	3,398	3,680	3,398
Linen	812	733	812	733
Less Accumulated Depreciation	(473)	(433)	(473)	(433)
Total Linen	339	300	339	300
TOTAL AT COST	13,674	11,261	13,674	11,261
AT VALUATION				
Freehold Land	1,730	1,730	1,730	1,730
Buildings	18,770	18,770	18,770	18,770
Less Accumulated Depreciation	(2,071)	(1,402)	(2,071)	(1,402)
Total Buildings	16,699	17,368	16,699	17,368
TOTAL AT VALUATION	18,429	19,098	18,429	19,098
TOTAL PROPERTY, PLANT AND EQUIPMENT	32,103	30,359	32,103	30,359

Land and buildings owned and controlled by the Group were revalued on June 30, 1999, based on valuations by B.N.

McKinnon AAPI, Certified Practising Valuer. Land was valued at market value and buildings at replacement cost based on existing use.

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	F/Hold Land	Buildings	Plant & Equip	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
2002					
Carrying amount at start of year	300	1,730	24,931	3,398	30,359
Additions	174	146	2,083	1,645	4,048
Disposals	-	-	-	577	577
Depreciation Expense (note 3)	135	-	806	786	1,727
Carrying amount at end of year	339	1,876	26,208	3,680	32,103



**WIMMERA HEALTH CARE GROUP
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2002**

NOTE 11: PAYABLES

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Trade Creditors	1,575	1,991	1,575	1,991
GST Payable	135	265	135	265
Accrued Expenses	251	41	251	41
Grant Recall	634	49	634	49
Total	2,595	2,346	2,595	2,346

NOTE 12: INTEREST BEARING LIABILITIES

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Current				
Bank Overdraft	314	812	314	812
Australian Dollar Borrowings:				
Secured Business Loan	17	14	17	14
Unsecured Loan from DHS	250	250	250	250
	<u>581</u>	<u>1,076</u>	<u>581</u>	<u>1,076</u>
Non Current				
Australian Dollar Borrowings:				
Secured Business Loan	734	748	734	748
Unsecured Loan from DHS	750	750	750	750
	<u>1,484</u>	<u>1,498</u>	<u>1,484</u>	<u>1,498</u>
Total Interest Bearing liabilities	2,065	2,574	2,065	2,574

The business loan is secured by a charge over land and buildings held by the National Australia Bank.

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

Amount of borrowing costs recognised as expenses \$65,000. 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 \$1,600,000 overdraft facility exists for the Wimmera Health Care Group with the National Australia Bank.

NOTE 13: EMPLOYEE ENTITLEMENTS

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Current:				
Annual Leave	1,690	1,707	1,690	1,707
Accrued Days Off	53	40	53	40
Long Service Leave*	501	604	501	604
Accrued Salaries and Wages	664	707	664	707
Total Current	2,908	3,058	2,908	3,058
Non-Current:				
Long Service Leave*	2,629	2,339	2,629	2,339
Total	5,537	5,397	5,537	5,397
Movement in Long Service Leave:				
Balance July 1, 2001	2,943	2,850	2,943	2,850
Provision made during the year	688	672	688	672
Settlement made during the year	(501)	(579)	(501)	(579)
Balance June 30, 2002	<u>3,130</u>	<u>2,943</u>	<u>3,130</u>	<u>2,943</u>

* The following assumptions were adopted in measuring present value;

(a) An inflation factor of 4.0%

(b) Discount rates between 4.45% and 6.06% were used to determine present value

(c) WorkCover and Superannuation On-costs of 10%.

FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 14: EQUITY AND RESERVES

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
(a) Reserves				
Asset Revaluation Reserve				
Balance at the beginning of the reporting period	265	265	265	265
Increase/(Decrease) of assets during the year	-	-	-	-
Balance at end of reporting period	265	265	265	265
Specific Purpose Reserve				
Balance at the beginning of the reporting period	1,752	1,434	1,752	1,434
Transfer to and from Specific Purpose Reserve	583	318	583	318
Balance at end of reporting period	2,335	1,752	2,335	1,752
Total Reserves	2,600	2,017	2,600	2,017
(b) Contributed Capital				
Balance at the beginning of the reporting period	18,352	18,352	18,352	18,352
Recognition of opening balance on adoption of UIG38/AFR No.40	5,736	-	5,736	-
Balance at end of reporting period	24,088	18,352	24,088	18,352
(c) Accumulated Surpluses/(Deficits)				
Balance at the beginning of the reporting period	5,736	559	5,996	804
Net Result for the year	645	5,495	729	5,510
Transfer to and from Specific Purpose Reserve	(583)	(318)	(583)	(318)
Recognition of opening balance on adoption of UIG38/AFR No.40	(5,736)	-	(5,736)	-
Balance at end of reporting period	62	5,736	406	5,996
(d) Equity				
Total Equity at the Beginning of the reporting period	26,105	20,610	26,365	20,855
Total Changes in Equity Recognised in the Statement of Financial Performance	645	5,495	729	5,510
Total Equity at the Reporting Date	26,750	26,105	27,094	26,365

NOTE 15: RECONCILIATION OF NET CASH FROM OPERATING ACTIVITIES TO OPERATING RESULT

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Net Result for the year	645	5,495	729	5,510
NON-CASH MOVEMENTS				
Depreciation	1,727	1,579	1,727	1,579
Increase in Receivables	(83)	(546)	(83)	(546)
(Increase)/Decrease in Inventory	(19)	39	(19)	39
(Increase) in Prepaid Expenditure	(12)	(72)	(12)	(72)
Decrease in Payables	(546)	(8)	(546)	(8)
Increase/(Decrease) in Accrued Expenses	795	(11)	795	(11)
Increase in Provision for Employee Entitlements	140	384	140	384
Increase in Unit Trusts	-	-	-	(5)
Profit on Sale of Assets	(115)	(87)	(115)	(87)
Net Cash from Operating Activities	2,532	6,773	2,616	6,783

NOTE 16: COMMITMENTS AND CONTINGENT LIABILITIES

At balance date the Group has made a capital commitment to the following project:-

	Parent Entity		Consolidated	
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Dimboola Hospital Redevelopment	-	2,249	-	2,249

At balance date the Group is unaware of any liability, contingent or otherwise, which has not already been disclosed in the accounts.



**WIMMERA HEALTH CARE GROUP
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 2002**

NOTE 17: SUPERANNUATION

Superannuation contributions for the reporting period are included as part of salaries and associated costs in the statement of financial performance of the Group.

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

- (i) The Group contributes to Health Super Fund
- (ii) Contributions made by the Group during 2001/02 were \$1,637,961 (2000/01 \$1,584,008).
- (iii) As at the balance date there were no outstanding contributions in respect of the 2001/02 year.
- (iv) In accordance with Section 29(2)(a) of the Hospitals Superannuation Act 1988, participating employer contributions are calculated as a percentage of the employee's salary. Separate contributions are determined for Basic Benefits/HOSfund on the one hand and optional Contributory Benefits on the other, in accordance with sect 29(3). The rates for 2001-02 for all Class A participating employers were:-

Basic Benefit Schemes - 8%		
Contributory Scheme	Employee	Employer
Contributory Rate	3.0%	0.0%
	4.0%	0.0%
	6.0%	0.0%

(v) The unfunded superannuation liability in respect to members of State Superannuation Schemes is shown as a liability separately by the Department of Treasury and Finance.

NOTE 18: RESPONSIBLE PERSON RELATED DISCLOSURES

(a) Responsible Persons

Responsible Minister

Hon J Thwaites M.L.C.

1 July 2001 to 30 June 2002

Board of Management

Mr P F Brown

1 July 2001 to 30 June 2002

Mr I A Campbell

1 July 2001 to 30 June 2002

Ms A M Feery-Richards

1 July 2001 to 30 June 2002

Mr T A Harris

1 July 2001 to 30 June 2002

Mr B J Johansen

1 July 2001 to 30 June 2002

Dr J A Pickering

1 July 2001 to 30 June 2002

Mrs J E Saxton

1 July 2001 to 30 June 2002

Mrs L M Sharrock

1 July 2001 to 30 June 2002

Mr P Wajszel

1 July 2001 to 30 June 2002

Mr M A Williams

1 July 2001 to 30 June 2002

Accountable Officers

Mr J F Krygger

1 July 2001 to 30 June 2002

(b) Remuneration of Responsible Persons

No remuneration was received or is due and receivable by Responsible Persons. The remuneration of the Accountable Officer who is not a member of the Board is reported under "Executive Officer Remuneration".

(c) Retirement Benefits of Responsible Persons

No retirement benefits were paid by the Group in connection with the retirement of Responsible Persons.

(d) Other Transactions paid to Responsible Person-Related Entities

Mr Campbell and Dr Pickering have provided medical services and Ms Feery-Richards employment services to the Group on normal commercial terms and conditions. The amounts in respect of these transactions with Responsible Persons were:

	2001/02	2000/01
	\$'000	\$'000
Medical Services	408	446
Employment Services	27	25
Total	<u>435</u>	<u>471</u>

(e) Other Receivables from and Payables to Responsible Persons and Responsible Person Related Parties

At the end of the financial year \$1113 (2000/01 \$538) was payable to Mrs Feery-Richards for employment services supplied to the Group during the year under normal commercial conditions.

FINANCIAL STATEMENTS

WIMMERA HEALTH CARE GROUP NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 2002

NOTE 18: RESPONSIBLE PERSON RELATED DISCLOSURES (CONTINUED)

(f) Amount Attributable to Other Transactions with Responsible Persons and their Related Parties.

There were no amounts attributable to transactions with Responsible Persons and Responsible Person Related Parties.

(g) Executive Officer Remuneration

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

100,000	-	110,000
140,000	-	150,000
150,000	-	160,000
160,000	-	170,000
360,000	-	370,000
Total		

2001/02 Number	2000/01 Number
-	1
-	-
-	-
-	1
<u>3</u>	<u>3</u>

Total Remuneration for the reporting period for Executive Officers included above amounted to:

- Actual remuneration (other than bonuses)
- Bonuses

2001/02 \$'000	2000/01 \$'000
436	562
-	53

Note: One executive officer received payment during 2000/01 of all entitlements under a previous contractual arrangement.

NOTE 19: REMUNERATION OF AUDITORS

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

Paid as at 30 June
Payable as at 30 June
Total

2001/02 \$'000	2000/01 \$'000
16	-
15	30
<u>31</u>	<u>30</u>

NOTE 20: CONTROLLED ENTITIES

The consolidated Financial Statements include the audited Financial Statements of the following controlled entity:

- Wimmera Base Hospital Foundation.

Although the Group is the sole beneficiary of the Foundation, the funds cannot be expended without the approval of the Foundation trustees.

CERTIFICATION

In our opinion the Report of Operations and consolidated Financial Statements of the Wimmera Health Care Group comprising a Statement of Cash Flows, Statement of Financial Position, Statement of Financial Performance and Notes to the Financial Statements have been prepared in accordance with the provisions of the Financial Management Act 1994 and the Directions of the Minister for Finance - Part 9 Reporting Provisions.

In our opinion the financial statements present fairly the financial transactions for the year ended 30 June, 2002 and the financial position as at that date of the Wimmera Health Care Group.

At the date of signing the financial statements we are not aware of any circumstances which would render any particulars included in the statements to be misleading or inaccurate.

(Signed) Mr. B. J. Johansen, President.

(Signed) Mr. J. F. Krygger, Chief Executive.

Dated the Thirtieth day of September 2002.





AUDITOR GENERAL
VICTORIA

AUDITOR-GENERAL'S REPORT

To the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Board of Management of Wimmera Health Care Group

Audit Scope

The accompanying financial report of Wimmera Health Care Group for the financial year ended 30 June 2002, comprising a statement of financial performance, statement of financial position, statement of cash flows and notes to the financial statements, has been audited. The financial report includes the consolidated financial statements of the economic entity, comprising Wimmera Health Care Group and the entity it controlled at the year's end or from time to time during the financial year as disclosed in note 1.2 to the financial statements. The Members of the Board of Management are responsible for the preparation and presentation of the financial report and the information it contains. An independent audit of the financial report has been carried out in order to express an opinion on it to the Members of the Parliament of Victoria, responsible Ministers and the Members of the Board of Management as required by the *Audit Act* 1994.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and the financial reporting requirements of the *Financial Management Act* 1994, so as to present a view which is consistent with my understanding of Wimmera Health Care Group's and the economic entity's financial position, financial performance and their cash flows.

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

Audit Opinion

In my opinion, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the financial reporting requirements of the *Financial Management Act* 1994, the financial position of Wimmera Health Care Group and the economic entity as at 30 June 2002, their financial performance and cash flows for the year then ended.

MELBOURNE
16/10/2002


J.W. CAMERON
Auditor-General

