



**STAWELL
REGIONAL HEALTH**

*Incorporating
Stawell District Hospital
Helen Schutt Nursing Home
J & M Bennett Day Centre*



*Annual Report
2000-2001*

Board of Governance

Mr. Howard Cooper (*President*)
Mrs. Joan Brilliant (*Vice President*)
Mr. Peter Martin (*Vice President*)
Mrs. Meg Blake
Dr. Norman Castle, OAM
Dr. Andrew Cunningham
Mr. Neville Dunn
Mr. Graham Fuller
Mrs. Kaye Harris
Mr. Graeme McDonough
Mr. Gary Thomas

Chief Executive

Mr. Michael Delahunty, B.Ec., A.A.S.A.,
C.P.A., M.H.A., A.F.C.H.S.E., C.H.E.

Clinical Services Manager

Ms Wendy Glenister, R.N., B.ed.S.T., C.C.C.

Director Finance & Corporate Services

Mr. Shaun Eldridge, B.Bus(Acc), A.S.A.

Medical Director

Dr. Alan Wolff (*Consulting*)
Dr. Norman Castle, OAM (*Sessional*)

Auditor

Auditor General

Bankers

Australian and New Zealand Banking Group Ltd.

Stawell District Hospital

Originally Established

Pleasant Creek : February 1859

Relocated to Sloane Street : June 1934

Change of Corporate Name : March 2001

Approved Operating Budget \$12m

Accreditation Status fully accredited to 2002

Employees Male 22 :: Female 157

Approved Beds Hospital 40 Nursing Home 30

Highlights 2000/2001

- Corporate name of organisation changed to Stawell Regional Health
- Victorian State Government provide \$3.3m for first stage of hospital redevelopment that has a total end cost of \$6.2m
- Approval received to add five (5) beds to Helen Schutt thirty (30) bed nursing home
- Community Advisory Committee established
- Helen Schutt Nursing Home achieved maximum three year accreditation
- Hospital section achieved excellent result following EQUIP periodic survey
- A record number of hospital inpatients 2,887 were treated. This is a 6% increase on last years previous record total of 2,733.
- Organisations revenue exceeds \$12m and achieved consolidated surplus of \$117,000



142nd Annual Report 2000/2001

Cover

Centre:

Tania Oates bathing baby Logan

From top:

Dr. Mark Michail with patient Pat Browne

Michael Kelly, Executive Chef

Division 2 Nurse, Phyllis Humphrey

Day Centre client Mr. William Puddy

Nursing Home patient Mr. Charlie Fielding
talking to Darren Clark, Aged Care Manager

Contents

2. Board of Governance
3. Strategic Directions
7. Report of Operations
11. Organisational Structure
12. Medical Practitioners
13. Finance/Administration/Information Technology
14. Clinical Services Manager
15. Patient Services
28. Hospital Redevelopment
29. Helen Schutt Nursing Home Redevelopment
30. Patient Services
33. Public Relations/Fundraising
36. Awards
37. Vale
38. Financial Section



Howard Cooper
President

On behalf of the Board of Governance, it is with pleasure we present the 142nd Annual Report, for the year ended June 30, 2001.

Name Change

The most significant event during the year was the decision to formally change the corporate name of the organisation to Stawell Regional Health. The change in name was a result of the organisation undertaking an extensive review of its strategic priorities, consulting widely with stakeholders and considering the results of a community questionnaire. It is apparent that the health service is significantly more than a hospital, not only to the community, but also to funding bodies. Therefore, the Board with the support of the state government, adopted Stawell Regional Health as the new corporate name for the organisation, reflecting its broader role and responsibilities. The name change was published in the government gazette dated March 15, 2001.

Achievements

It is pleasing to report that a large number of achievements have occurred in the year under review. Some of these we particularly wish to highlight:

Capital Redevelopments

Hospital Redevelopment

The Board was delighted that the state budget in May 2001, finally gave official status and funding to upgrade the hospital facilities. The budget provided \$3.3m for the first stage of a \$6.1m redevelopment. The project will, when completed, provide a modern, efficient twenty-nine (29)

overnight beds, six (6) day surgery beds, new operating theatre suite, new accident and emergency department and improved radiology facilities. Construction will commence in February 2002 and is expected to conclude in June 2003.

Nursing Home Extension

In October 2000, the Commonwealth and State Governments approved an additional five (5) beds be added to the 30 bed Helen Schutt Nursing Home. Significant planning and research has occurred since then which has indicated a need to upgrade the existing facility with air conditioning and modernise the living and servery area. It is expected that tenders for this \$1.5m project will be sought in November 2001 with the beds to be built and occupied in July 2002.

Accreditation

For the first time, the Helen Schutt Nursing Home was surveyed in October 2000 for Aged Care Accreditation, and achieved an excellent outcome by achieving the maximum of three (3) years. The auditors judged the nursing home to be satisfactory in all forty-four (44) standards. The hospital section also received an excellent result under the EQUIP periodic survey conducted in December 2000.

Following the review, the Surveyor upgraded the hospital's self assessment from "moderate achievement" to "extensive achievement". The Board records its thanks and acknowledgement to all staff for these excellent outcomes.

Update of Strategic Plan

The Board undertook a comprehensive update of the organisations strategic plan. It commenced with a questionnaire provided to every household in Stawell and district in October 2000. Then in late November, a Friday night and all day Saturday were set aside by the Board, Senior Staff and Medical Staff, facilitated by an external consultant to develop a strategic plan to ensure quality accessible health services for Stawell and district. The plan was formally adopted in March 2001, and later in this annual report is an update on the



Michael Delahunty
Chief Executive

strategic plan. The Board is delighted with the direction the plan provides and the progress that has been made in advancing strategies identified in the plan.

Community Advisory Committee

The Board was pleased with the response to establish a Community Advisory Committee. This committee comprises seven (7) persons from the community, namely: Cr. Robyn Smith, Mrs. Judy Dahlke, Ms. Jill Miller, Ms. Lodie Lovett, Ms. Michelle Stafford-Marks, Mrs. Di O'Donnell and Ms. Joy McCracken. We thank these people for their nomination and following the first meeting in June, we are very confident this group will provide excellent guidance in the delivery of our health services.

Additional achievements during the year we wish to acknowledge include:

1. Completion of Governance policies document by the Board which incorporates By-Laws, Standing Orders and CEO Limitations Policy.
2. Developing a Private Patient and Veteran Affairs Strategy that resulted in the hospital significantly exceeding its targets.
3. Achieving a 94.2% compliance rating in the external State-wide Cleaning Audit which was rated as a high achievement.
4. Achieving a top two rating in the state-wide Patient Satisfaction Survey, completed in March 2001.

5. The establishment of a catering service at the Trackside Function Centre.

Staff

The organisation for its continued success, is dependent on all our dedicated staff and skilled professionals. We acknowledge and thank all personnel who are involved with our health service which ensures we continue to meet or exceed the expectations of our patients.

We were disappointed that Dr. Phillip Wood and his family relocated to Melbourne after a relatively short time in Stawell.

However, we welcome Dr. Henry Plange and his family to Stawell and

we trust his time with us is stimulating and rewarding.

Acknowledgements

The Board, and indeed the organisation, is grateful for the ongoing support and assistance provided by all staff at the Ballarat Regional Office of the Department of Human Services, particularly Vic Gordon, Steven Jones, Stephen Darbin and Donna Harris. To our local Members of Parliament, Michael Ronaldson and Hugh Delahunty, we thank them for their interest and representation on our behalf.

To our Auxiliaries and Foundation Trustees, we thank you for your

dedicated fundraising activities that are of direct benefit to all our patients.

Conclusion

The Board looks forward to a large number of advances occurring in the coming year. The most obvious are the capital redevelopments commencing at both the hospital and nursing home, continued advancement of all elements of our strategic plan and completion of service plans in the area of Aged and Primary Care.

On behalf of the Board of the Board of Governance



The Board Members of Stawell Regional Health



Back Row: Peter Martin, Graeme McDonough, Dr. Norman Castle, Kaye Harris, Graham Fuller, Dr. Andrew Cunningham
Front Row: Neville Dunn, Meg Blake, Howard Cooper (President), Joan Brilliant
Inset: Gary Thomas

SUSTAINABLE HEALTH SERVICE

Stawell Regional Health will provide leadership in the provision of a seamless continuum of health services

Objective	Strategies	Status at August 2001
Stawell Regional Health to provide leadership in the strategic planning and delivery of health services.	Undertake primary care "Needs Analysis and Service Planning" (NA&SP) in partnership with health and welfare providers in Stawell and District. This analysis will compliment the "Community Health Plan" published by the Primary Care Partnership (PCP) of the sub-region and address issues raised in State Governments "Burden of Disease" report released January 2001.	Currently being formulated with terms of reference agreed to. Expected that study will commence in October 2001.
	Seek to develop the concept of "once only entry" into the community's health service continuum of care.	This strategy will be considered as part of the strategy in NA&SP.
	With the support of the funding bodies, ensure completion of the following capital works projects: Acute Establish new operating theatre and associated ward redevelopment. Aged ⇒ Remodel Helen Schutt Nursing Home including addition of 5 beds to provide residential aged care. ⇒ Establish Day Centre in remodelled Lady Brooks Kindergarten.	1 st stage : Approved \$3.3m 2 nd stage : \$3.0m required in 5/2002 State Budget Plans and Budgets being formulated. Tenders close mid December 2001. Extra beds will be commissioned by July 2002. Completed May 2001
	Primary Care Upon completion of "Needs Analysis Service Plan" (refer NA&SP), establish infrastructure to support primary care service system which may include consideration of "Tonkin Site" in Main Street, vacated Gold Reef School in Patrick Street, and existing Grampians Community Health Centre in Wimmera Street.	As per NA&SP

CUSTOMER FOCUS

Stawell Regional Health exists to meet the health needs of the community it serves

Objective	Strategies	Status at August, 2001
To promote Stawell Regional Health as the health service that is able to provide and co-ordinate the complete continuum of integrated health care needs of the community.	Name change to <u>Stawell Regional Health</u> (SRH)	Achieved 3/2001
	Bi-annual report to community	First report will be released late October 2001.
	Establish Community Advisory Committee to: <ul style="list-style-type: none"> ▪ Advocate on behalf of community ▪ To have input into Strategic Plan ▪ Promote the Strategic Directions ▪ Have consumer input into Quality Assurance studies 	Achieved 6/2001
	Undertake primary care needs analysis and service plan in partnership with other health and welfare providers in Stawell and District. This analysis will compliment the "Community Health Plan" published by the Primary Care Partnership (PCP) of the sub-region and address issues raised in State Governments "Burden of Disease" report released January 2001.(refer NA&SP)	As per NA&SP

SERVICES

Stawell Regional Health will advance the health and wellbeing of the community it serves by the identification and provision of appropriate health care

Objective	Strategies	Status at August, 2001
Provide a range of services that meets the community needs within the constraints of budget allocations and capacity of the organisation to competently provide.	Analyse self sufficiency data to identify where health service is 15% above or below state rural average by Medical Specialty, and where appropriate, take corrective action to have service provision closer to state average.	Completed. Reported to Medical Staff Group and Board 09/2001. Strategy agreed to have activity closer to rural state average.
	Support establishment of, and participate in "Clinical Service Plan" with Regional Office of Department of Human Services, that reviews: <ul style="list-style-type: none"> ▪ Access to specialist services ▪ Region's waiting list ▪ Capital facilities planning ▪ Major equipment planning ▪ Workforce training and development 	Separate segments of this strategy have been agreed to with Regional Office, including submission to DHS for extra WIES funding under the "Rural Patients Initiative" programme.
	Undertake Primary Care "Needs Analysis and Service Planning" to identify the priority health needs of the local area and identify service gaps. (refer to NA&SP)	As per NA&SP
	Negotiate with Regional Office of DHS opportunities for SRH to receive per diem funding for Palliative Care and Rehabilitation.	This strategy has been discussed at Grampians Health Alliance meeting as a sub-regional issue and will be further discussed with DHS.
	In partnership with other service providers in Stawell and district, formulate submission for funding under Commonwealth Regional Health Services Programme, services to be provided to outlying communities, eg. Halls Gap, Great Western, Glenorchy, Marnoo, Navarre, Landsborough and Pomonal which will include the identified Koori health requirements.	Expected that submission will be submitted to Commonwealth for consideration in late September 2001.
	Ensure quality of services provided by presenting for EQUIP and Aged Care Accreditation.	(1) Organisation wide EQUIP survey to occur in May 2002. (2) Aged Care Accreditation next scheduled for November 2003.

STAFFING

Stawell Regional Health will provide an environment supportive of attracting and retaining skilled committed staff to meet the challenging needs of the community

Objective	Strategies	Status at August, 2001
Develop a range of strategies to successfully recruit and retain skilled staff.	Retention	
	⇒ Develop an education support policy that is transparent and ensures consistency with SRH strategic directions.	Currently being developed and expected to be finalized in December 2001.
	⇒ Undertake skill audit to identify deficiency in staff mix with current and projected health service needs of the community.	Organisation has commenced project with assistance of external consultants and expected to be completed by December 2001.
	⇒ Repeat "Organisational Health Study" (first done 07/1997) to identify areas of work related stress amongst staff and services that will assist with staff retention.	Scheduled to be completed in November 2001.

STAFFING

Stawell Regional Health will provide an environment supportive of attracting and retaining skilled committed staff to meet the challenging needs of the community

Objective	Strategies	Status at August, 2001
Develop a range of strategies to successfully recruit and retain skilled staff.	Recruitment	
	⇒ Formalise arrangements with universities to ensure a broad range of student placements occur at SRH.	<i>Achieved and ongoing.</i>
	⇒ Establish an arrangement with Ballarat Health Services and University of Ballarat, to attract student rotations to SRH.	<i>Achieved and ongoing.</i>
	⇒ Develop a strategy in partnership with Northern Grampians Shire Council, to promote Stawell as a place to live and work.	<i>Agreement in principal with council on proposal. For further development by October 2001.</i>
	⇒ Develop an accommodation support package that will assist required staff to relocate to Stawell and District.	<i>Achieved and ongoing.</i>

INFORMATION TECHNOLOGY

Stawell Regional Health will continually investigate and invest in Information Technology to enhance care delivery and administrative practice

Objective	Strategies	Status at August, 2001
Where possible, Information Technology is considered to ensure enhancement of integrated care.	Complete an I.T. Strategic Plan that will prioritise strategy by which all SRH records will be electronically recorded and stored.	<i>I.T. sub-committee of Board has this responsibility. Plan expected to be released for comment in 02/2002.</i>
	In consultation with Primary Care Partnership (PCP) in the sub-region, establish a co-ordinated electronic assessment and referral system between service providers.	<i>Strategy advancing with first stage of system scheduled to be available for testing in December 2001.</i>

Adopted : 03/2001
Reviewed: 08/2001



Stawell Regional Health Executive Staff

Back Row: Michael Delahunty (Chief Executive), Shaun Eldridge (Director-Finance & Corporate Services)
Front Row: Claire Letts (Assistant Director of Nursing), Carolyn Gellert (Health Information Manager), Wendy Glenister (Clinical Services Manager)

PERFORMANCE INDICATORS

Activity Statistics

	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001
Accommodation-Available Beds	40	40	40	40	40
Patients Treated in Hospital					
Public-No Charge	1,869	2,006	2,137	2,314	2,363
Nursing Home Type	24	23	10	16	11
Private/Third Party	431	353	405	403	512
Total Patients Treated	2,324	2,382	2,552	2,733	2,886
Total Patient Days in Hospital					
Public-No Charge	7,464	7,316	7,070	7,713	7,018
Nursing Home Type	1,541	1,373	367	1,372	846
Private/Third Party	2,286	1,598	1,555	1,629	2,202
Total Patient Bed Days	11,291	10,287	8,992	10,714	10,291
Daily Average of Occupied Beds	30.93	28.18	24.64	29.27	28.19
% Occupancy	77.33	70.45	61.59	73.18	70.49
Average Length of Stay (Days)	4.85	4.32	3.52	3.35	3.21
Babies Born	105	98	106	109	107
Operations	1,167	1,191	1,425	1,341	1,281
Patient Mix (Hospital Bed Days)					
Public No-Charge %	81.20	86.32	85.86	87.25	84.27
Private/Third Party %	18.80	13.68	14.14	12.75	15.73
Nursing Home					
Bed Days	10,950	10,814	10,808	10,888	10,881
Daily Average Occupied Beds	30.0	29.6	29.6	29.75	29.81
Outpatient Services					
Number of Attendances					
Casualty	2,645	2,917	2,214	4,569	4,349
Occupational Therapy	1,955	1,732	1,087	1,075	948
Physiotherapy	6,107	5,330	5,404	4,567	4,390
Podiatry	3,747	3,714	3,800	3,710	2,905
Radiology	4,324	4,585	4,795	5,063	5,137
Day Centre	4,667	6,946	7,198	6,539	6,520
Audiology	244	351	478	401	388
Speech Therapy	404	448	298	308	318
Diabetic	40	36	41	83	60
Stress Tests	--	43	73	44	43
Tele Clinics	--	--	23	16	10
Psychological Consulting	--	--	100	197	212
OHS Medical Examinations	--	--	152	695	1,368
Ante Natal Classes	--	124	400	271	409
Social Worker	--	731	766	1,060	337
Pre-Admission Clinic	--	1,210	1,038	1,072	1,225
Total Outpatient Attendances	24,133	28,167	27,867	29,670	28,619
District Nursing					
Persons Visited	1,103	1,144	1,239	1,310	1,214
Number of Visits	15,071	18,000	16,639	14,672	12,582
Catering					
Patient Meals	65,666	65,683	63,719	70,053	70,886
Staff Meals	11,869	19,580	18,716	18,017	18,627
Meals on Wheels	10,473	12,503	15,615	16,825	15,516
Pleasant Creek Centre	57,988	52,690	28,732	4,194	--
Trackside Function Centre	--	--	--	--	2,845
Total Meals Served	145,996	150,456	126,782	109,089	107,874
Patients Treated by Category					
Same Day	715	725	876	947	1,058
More than One Day Stay					
Medical/Surgical	1,415	1,452	1,499	1,618	1,666
Obstetrics	170	182	168	152	151
Nursing Home Type	24	23	9	16	11
Total	2,324	2,382	2,552	2,733	2,886

Report Of Operations

CASEMIX DATA	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001
Total Weighted Inlier Equivalent Separations	2,169	2,123	2,152	2,176	2,274
Average Inlier Equivalent DRG Weight	0.7983	0.7692	0.8118	0.8012	0.7908
Cost per DRG Weighted Admitted Patient	\$ 2,259	\$ 2,447	\$ 2,623	\$ 2,624	\$ 2,969

UNIT COSTS	1996/1997	1997/1998	1998/1999	1999/2000	2000/2001
	\$	\$	\$	\$	\$
Hospital Av. Daily Bed Cost					
Inpatient	434.53	504.90	627.74	532.95	648.88
Hospital Av. Cost					
Inpatient Treated	2,133.15	2,201.75	2,211.83	2,089.28	2,313.03
Nursing Home Av. Daily Bed Cost					
Inpatient	117.28	112.24	113.06	142.82	140.63
Nursing Home Av. Cost					
Inpatient Treated	42,807	41,006	41,284	35,341	36,435
Av. Cost Outpatient Attendance	46.36	47.27	48.00	44.25	40.94
Av. Cost Day Centre Attendance	37.71	28.94	28.47	40.88	40.49
Av. Cost per District Nurse Visit	17.12	15.58	18.67	21.80	22.21
Av. Cost per Meal	5.89	5.28	5.30	6.59	7.13

REVENUE INDICATORS

Average Collection Days

	1997/1998	1998/1999	1999/2000	2000/2001
Private	73	63	83	47
TAC	29	52	50	49
VWA	225	101	99	148
Other Compensable	16	30	--	--
Nursing Home	34	36	36	37

DEBTORS OUTSTANDING AS AT JUNE 30, 2001

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 30/ 6/2000	Total 30/ 6/2001
Private	27,783	15,811	--	16,055	33,787	60,467
TAC	5,741	819	--	5,340	1,946	11,901
VWA	21,002	3,433	--	--	5,450	24,436
NHT	876	--	--	442	--	1,318
Nursing Home	27,510	--	433	1,811	29,679	29,754

STAFFING LEVELS COMPARISON

	Paid EFT* 1996/1997	Paid EFT* 1997/1998	Paid EFT* 1998/1999	Paid EFT* 1999/2000	Paid EFT* 2000/2001
Nursing	63.65	62.87	63.89	63.85	68.81
Administration and Clerical	14.47	14.56	14.22	11.56	12.48
Medical Support	7.29	8.36	8.56	7.98	7.55
Hotel and Allied	31.16	28.99	27.92	25.99	26.51
Business Units		0.41	1.00	6.83	8.79
	116.57	115.19	115.59	116.21	124.14

STATISTIC SUMMARY OF WORK ACCIDENTS AND COSTS

Employment Code	1998/1999		1999/2000		2000/2001	
	Claims	Costs	Claims	Costs	Claims	Costs
Hygiene/Food	2	371	--	--	3	514
Nursing	6	3,532	3	2,190	3	1,321
Maintenance	1	96	--	--	--	--
Allied Health	--	--	--	--	--	--
Administration			3	177	--	--
	9	3,999	6	2,367	6	1,835

COMPARITIVE FINANCIAL RESULTS FOR THE PAST FIVE FINANCIAL YEARS

	1996/1997 \$000	1997/1998 \$000	1998/1999 \$000	1999/2000 \$000	2000/2001 \$000
Total Expenses	8,476	9,244	9,930	10,221	12,051
Total Revenue	8,685	9,438	10,300	10,459	12,168
Operating Surplus	209	194	370	238	117
Retained Surplus	8,958	9,152	9,522	9,760	9,877
Total Assets	10,860	11,279	12,437	12,951	13,805
Total Liabilities	1,901	2,126	1,983	2,259	2,996
Net Assets	8,959	9,153	10,454	10,692	10,809
Total Equity	8,959	9,153	10,454	10,692	10,809

STAWELL REGIONAL HEALTH
FINANCIAL ANALYSIS OF OPERATING REVENUES AND EXPENSES FOR THE YEAR ENDED JUNE 30, 2001

	Total 2000/01 \$'000	Total 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
REVENUES				
Services supported by Health Service Agreement				
Government Grants	8,121	6,798	8,121	6,798
Indirect Contributions by Human Services	95	128	95	128
Non-Cash Revenue from Services Provided	84	-	84	-
Patient Fees	1,864	1,705	1,864	1,705
Other Revenue	121	96	121	96
	<u>10,285</u>	<u>8,727</u>	<u>10,285</u>	<u>8,727</u>
Services Supported by Hospital & Community Initiatives				
Business Units	740	718	740	718
Donations & Bequests	92	115	100	187
Interest	139	104	180	138
Property Income	65	53	65	53
Other Revenue	302	124	302	124
	<u>1,338</u>	<u>1,114</u>	<u>1,387</u>	<u>1,220</u>
TOTAL REVENUE	<u>11,623</u>	<u>9,841</u>	<u>11,672</u>	<u>9,947</u>
EXPENSES				
Services supported by Health Service Agreement				
Employee Entitlements	6,555	5,381	6,555	5,381
Fee for Service Medical Officers	841	766	841	766
Supplies and Consumables	1,080	997	1,080	997
Borrowing Costs	5	9	5	9
Other Expenses	1,447	1,392	1,447	1,392
	<u>9,928</u>	<u>8,545</u>	<u>9,928</u>	<u>8,545</u>
Services Supported by Hospital & Community Initiatives				
Employee Entitlements	730	516	730	516
Supplies and Consumables	436	360	436	360
Other Expenses	181	147	182	148
	<u>1,347</u>	<u>1,023</u>	<u>1,348</u>	<u>1,024</u>
TOTAL EXPENDITURE	<u>11,275</u>	<u>9,568</u>	<u>11,276</u>	<u>9,569</u>
Surplus/(Deficit) for the Year before Capital Purpose Income, Depreciation, Amortisation, and Specific Revenues and Expenses	348	273	396	378
Capital Purpose Income	320	438	320	438
Proceeds From Sale Of Non Current Assets	176	74	176	74
Written Down Value of Assets Sold	(149)	(52)	(149)	(52)
Depreciation and Amortisation	(626)	(600)	(626)	(600)
Net Surplus	<u>69</u>	<u>133</u>	<u>117</u>	<u>238</u>

Report Of Operations

Pecuniary Interests

Members of the Board of Governance are required under the Hospital By-Laws to declare their pecuniary interest in any matter that may be discussed by the Board or Board Sub-Committees.

Freedom of Information

There were six (6) requests under the Freedom of Information Act 1982 regulations and access to information was granted in all instances.

Freedom of Information requests should be in writing and addressed to the Chief Executive, Stawell Regional Health, Sloane Street, Stawell Victoria 3380.

Publications

A review is constantly undertaken to update information in publications such as the Patient Information Booklet and the Guide to Client Services. The Annual Report is presented each year at Stawell Regional Health's annual meeting.

Legislative Changes

A number of Acts have been passed during the 2000/2001 financial year. The most significant are:

Acts

- Building (Legionella) Act 2000
- Essential Services Legislation (Dispute Resolution) Act 2000
- Health (Amendment) Act 2001
- Health Records Act 2001
- Health Services (Amendment) Act 2001
- Health Services (Health Purchasing Victoria) Act 2001
- Information Privacy Act 2000

- Nurses (Amendment) Act 2000
- Superannuation Acts (Beneficiary Choice) Act 2000
- Victorian Managed Insurance Authority (Amendment) Act 2001

Regulations

- Accident Compensation (Amendment) Regulations 2000
- Accident Compensation Regulations 2001
- Building (Cooling Tower Systems Register) Regulations 2001
- Building (Legionella Risk Management) Regulations 2001
- Dangerous Goods (Storage and Handling) Regulations 2000
- Drugs, Poisons and Controlled Substances (Drugs of Dependence) Regulations 2000
- Health (Infectious Diseases) Regulations 2001
- Health (Legionella) Regulations 2001
- Health (Prescribed Consultative Councils)(Amendment) Regulations 2000
- Health (Prescribed Accommodation) Regulations 2001
- Health Services (Community Health Centre Elections) Regulations 2001
- Mental Health (Amendment) Regulations 2001
- Occupational Health & Safety (Plant)(Amendment) Regulations 2001
- Pathology Services Accreditation (General) Regulations 2001
- Pathology Services (Exempted Tests) Regulations 2001
- Pharmacists (Fees) Regulations 2000
- Psychologists Registration Regulations 2001

Hospital Fees

The Hospital charges fees in accordance with the Department of Human Services Victoria directives.

Consultants Engaged and Their Cost

Five (5) separate Consultants : total cost \$23,810.40

Public Authorities Equal Employment Opportunity Act 1990

The Stawell Regional Health has an ongoing commitment to eliminate discrimination and inefficient work practices, and to promote Equal Employment Opportunities in its workplace in accordance with the Public Authorities (Equal Employment Opportunity) Act of 1990. Responsibility for the Equal Employment Opportunity programmes has been conferred upon the Pay Officer.

Competitive Neutrality

Stawell Regional Health acknowledges the Governments commitment to Competitively Neutral Pricing Policies.

Competitive Neutrality "aims to ensure government businesses do not enjoy any net competitive advantage by virtue of Public Sector ownership".

Stawell Regional Health has taken steps during the year, to adopt competitively neutral pricing principles to its significant business activities.

STAFFING PROFILE

Employee Analysis by Tenure and Gender

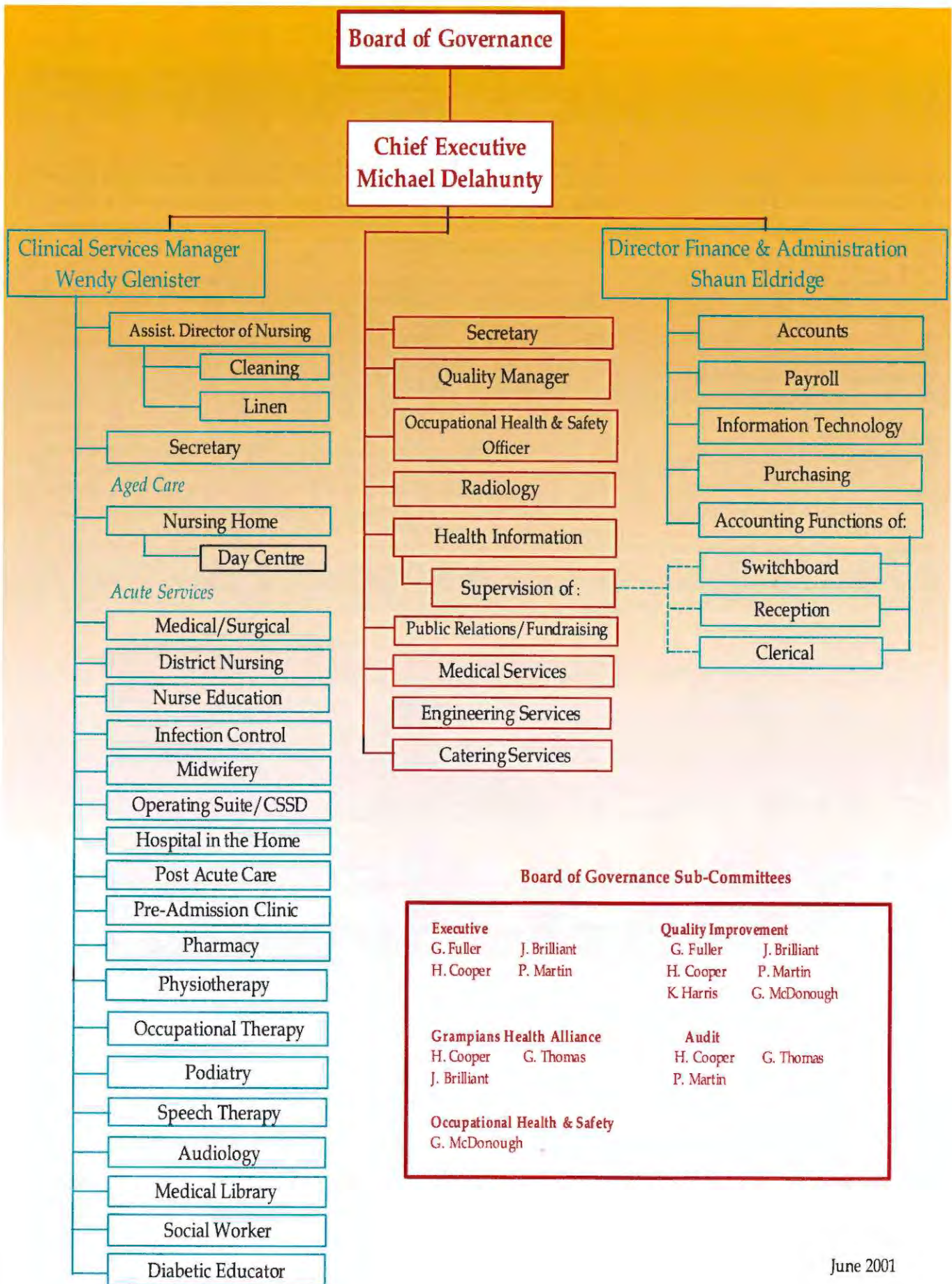
	Male	Female	Total
Full Time	17	43	60
Part Time	3	106	109
Casual	2	8	10
Total	22	157	179

Staff Training/Development

Department	Hours	Cost
Administration	59	\$ 5,484
Food Services/Hygiene	29	583
Health Professionals	145	4,541
Nursing	1,597	11,351
Maintenance	79	1,194
Total	1,909	\$ 23,153

Employment by Australian Standards Classifications of Occupation

	Male	Female	Total
Administration Professionals	3	2	5
Para Professionals	3	8	11
Trades	6	59	65
Clerical	2	15	17
Personal Service	1	42	43
Manual	7	31	38
Total	22	157	179



The Board of Governance express their appreciation to the following local Medical Officers and Visiting Specialists, who provide a high quality service to our patients.

Visiting Medical Officers

- Dr. K. Archer, M.B.Ch.B.; D.R.A.C.O.G.
 Dr. P. Carter, MB., BS; Dip. Obs. R.A.C.O.G.; F.R.A.C.G.P.
 Dr. R.N. Castle, M.B., B.S.
 Dr. M.J. Connellan, M.B., B.S., D.R.A.C.O.G.; F.R.A.C.G.P.
 Dr. M.L. Cresp, M.B.B.S.; D.A.(UK); F.R.A.C.G.P.
 Dr. A.H. Cunningham, M.B., B.S., Dip. Obst., R.C.O.G.
 Dr. L. Hemingway, M.B., B.S.
 Dr. K. Ho, M.B., B.S.
 Dr. C.O. Jackson, M.B.B.S.; D.A.(UK); F.R.A.C.G.P.; R.A.C.G.P.
 Dr. K. Kandasamy, M.B.Ch.B.(UK); B.Sc.(UK)
 Dr. S.J. Lees, M.B.B.S.
 Dr. D. Lia, MB., BS; D.Av.Med.
 Dr. F. Maughan, MB., BS; Dip. R.A.C.O.G.
 Dr. M. Michail, M.B.B.S.
 Dr. P. Moloney, M.B.B.S.
 Dr. J. Osborne-Rigby, M.B.Ch.B.(UK); M.R.C.G.P.(UK)
 Dr. H. Plange, M.B., B.S.
 Dr. D. Pope, M.B.B.S.; Dip. R.A.C.O.G.
 Dr. E. Van Opstal, M.B.B.S.; Dip. R.A.C.O.G.; D.G.M.
 Dr. P. Wood, M.B., B.S.

General Surgeon

- Dr. B. Alexander, M.B.B.S.; F.R.A.C.S.
 Mr. R.B. Warne, M.B., B.S., F.R.A.C.S., F.R.C.S.(Eng.),
 F.R.C.S.(Edin.)
 Mr. B. Yokhanis, M.B.Ch.B.; Dip. Gen. Surg;
 F.R.C.S.(Eng); F.R.A.C.S.

Visiting Consulting Anaesthetist

- Dr. J. Oswald, M.B., B.S.; F.A.N.Z.C.A.
 Dr. G. Wajszel, M.D., Cert. Anaes; A.M.C.
 Dr. R. Williams, F.R.A.C.G.P.; D.A.(UK); D.C.H.(UK);
 D.R.C.O.G.(UK); F.P.C.(UK)

Visiting Consulting Cardiologist

- Dr. H.K. Chaudhary, M.B.B.S., F.R.A.C.P.

Visiting Consulting Geriatrician

- Dr. M. Giles, M.B., B.S., M.R.C.P.(UK)
 Dr. J. Hurley, M.B., B.S., L.R.C.P., M.R.C.S.,
 Dip. Obst. R.C.O.G., M.R.C.P.(UK); F.A.F.R.M.
 Dr. A. Vander Knijff, M.B., B.S., Dip. Geriatric Medicare (Melb)
 Dr. M. Yates, B.S., F.R.A.C.P.

Visiting Consulting Gynaecologist

- Dr. R.V. Dalton, M.B.B.S.(Hons); Dip. Obs. R.A.C.O.G.;
 F.R.A.C.O.G.
 Dr. E.T. Miller, M.B., B.S., F.R.A.C.O.G.
 Dr. D.M. Morris, M.D.B.S.; F.R.A.C.O.G.

Visiting Consulting Ophthalmologist

- Dr. D.G. McKnight, M.B., B.S., F.R.A.C.S., F.R.A.C.O.
 Dr. M.G. Toohey, M.B., B.S., F.R.A.C.S., F.R.A.C.O.

Visiting Consulting Orthopaedic Surgeon

- Mr. R. Miller, MB., BS; M.Sc; F.R.A.C.S.
 Dr. D. Mitchell, M.B.B.S.; F.R.A.C.S.(Orth)
 Mr. J. Nelson, M.B., B.S., F.R.A.C.S.

Visiting Consulting Pathologists

- Dr. P.J. Bedford, M.B., B.S., F.R.C.P.A.
 Dr. C.M. Pilbeam, B.Med.Sc., M.B., B.S., Ph.D., F.R.C.P.A.
 Dr. S.T. Pilbeam, M.B., B.S.; M.R.C.S.; L.R.C.P.;
 F.R.C.Path; F.R.C.P.A.

Visiting Consulting Physicians

- Dr. J. Stickland, M.B., B.S., F.R.A.C.P.; M.R.A.C.P.; F.A.C.R.M.
 Dr. J. Watson, B.A.(UK); B.M.B.Ch.(UK); M.A.(UK);
 M.R.C.P.(UK); Ph.D.(UK)

Visiting Consulting Psychiatrist

- Dr. D. Green, M.B.B.S., F.R.A.N.Z.C.P.(I); Dip. Psych.
 Dr. J. D. Little, M.B., Ch.B.
 Dr. S. Varma, M.B.B.S.; M.D.(Psych); Ph.D.(Psych); F.R.A.N.Z.C.P.

Visiting Consulting Oncologist and Haematologist

- Dr. P. Campbell
 Dr. G. Kannourakis, M.B., B.S., B(Med)Sc., Ph.D., F.R.A.C.P.

Visiting Consulting Radiologist

- Dr. P. Graham, M.B., B.S.; F.R.A.C.P.; Dip. Diag. Ultrasound
 Dr. A. Morlang, M.D.; B.S.(Radiol)
 Dr. J. Robin, M.B.B.S.; Dip. Anatomy; F.R.A.C.R.
 Dr. M. Spanger
 Dr. P. Tauro, M.B., B.S.(Radiol)
 Dr. P.F. Walker, M.B.ChB; C.R.C.P.C.; F.R.C.P.C.; D.O.N.
 Dr. R. White, M.B., B.S.; F.R.A.C.R.
 Dr. L. Wong Shee, M.B.ChB., F.R.A.C.R.

Visiting Consulting Urologist

- Mr. K.J. Braslis, M.B., B.S.; M.S.; F.R.A.C.S. Urol.
 Mr. R. McMullin, M.B., B.S., F.R.A.C.S.

Visiting Consulting Surgeon

- Mr. D.E. Deutscher, B.Sc., M.B., B.S., F.R.A.C.S.
 Dr. B.T. Stewart, M.B.B.S.; F.R.A.C.S.

Visiting Consulting E.N.T. Specialist

- Mr. P. Thomson, M.B., B.S., F.R.A.C.S.

Visiting Consulting Rheumatologist

- Dr. K. Boyden, M.B., B.S. M.R.C.P.; F.R.A.C.P.

Visiting Consulting Dental Staff

- Dr. G.G. Robertson, B.D.S.
 Dr. J. Chiang
 Dr. T.M. Hollfelder

Dr. Henry Plange and Dr. John Osborne-Rigby discussing casenotes with Division 1 Nurse Sue Fontana in Castle Ward



The 2000/01 financial year has been a year of major change and challenge with respect to Stawell Regional Health.

Changes included the calculation and payment of Fringe Benefits Tax, implementation of the Goods and Services Tax, completion of Business Activity Statements, preparation for changes of payroll provider, the introduction of internal salary packaging, and various changes within the Information Technology area.

New Information Technology Consultants have been appointed during the year and a number of improvements to the systems have been introduced. The Health Service now has both internal and external email for staff, internet access, and improvements made to the standard of hardware. An intranet is in the process of being developed for internal use and the internet has been totally revamped to reflect the change

of name and improve the information content. The security and other system administration processes have been improved to further reduce the amount of downtime with Information Technology Systems

Much effort is being placed in improving the utilisation of Information Technology through on the job training and also encouraging staff to undertake appropriate courses in the use of computers and the various applications that are available.

Many challenges have emerged during the year with respect to the changes indicated above. The main challenge for the year, however, has been the implementation of the Nurses Enterprise Bargaining Agreement. At this point in time there has been limited certainty in how this agreement will be reconciled for funding which has been a major issue for management.

An organisation is only as good as its people, and the finance and administration areas are evidence of this. The challenges and changes facing the team have given them an opportunity to shine, and the way they have responded and, in particular, provided me with support, has been outstanding. I thank them for their encouragement and support.

The financial result for the year indicates that Stawell Regional Health is in a strong financial position. This cannot be achieved without strong community support for which we are extremely grateful. We look forward to this continuing support in ensuring the viability of Stawell Regional Health well into the future.

Shaun Eldridge
Director Finance & Corporate
Services



Shaun Eldridge, Director-Finance and Corporate Services, assisted by Carolyn McDonald, and Tania Ross, Accounts Payable Clerk



This year has been a time of change for the nursing division of Stawell Regional Health. There have been a lot of departures as well as a lot of new arrivals. Commissioner Blair's report into nursing ratios has resulted in there being a frenzy of advertising and recruiting of nursing staff.

Departures from nursing include a total of 22 Registered Nurses both Division 1 & 2

New arrivals for nursing include a total of 27 Registered Nurses both Division 1 & 2

The year has been a busy one for the Nursing Department with the appointment of an acting Assistant Director of Nursing to help support the work of the Unit Managers. Stawell Hospital went through a periodic review of the Accreditation process in December 2000, which was very successful with an upgrade to extensive achievement. I would like to thank all staff involved in this process, specifically Sarah Warren our Quality Manager.

Our Education Coordinator has been involved in developing and implementing supervised practice for those nurses who have been out of the hospital system from 5 – 10 years and wished to return. We have three nurses participate in this retraining program and all have elected to stay on at the hospital. January 2001 saw the completion of the first graduate year program at the hospital. We had two nurses enter the program of which one has stayed on and is working in Castle Wing. Another two graduates commenced in January

2001 and both are finding their way on the wards. Allied Health has also been involved in a time of change. Rob Whitehead left at the end of his contract to pursue a career back in Melbourne.

So we are currently running one physiotherapist down despite constant advertising. Linda Gathercole came on board as the Social Worker earlier this year and has settled well into her role. Cherrylynne Thomas has become an accredited Occupational Therapist. Helen Davidson our solo podiatrist is keeping busy with all her clients. She attended the National Podiatry Conference in Canberra, in May this year.

We have also received some much-needed equipment for the hospital from the Ladies Auxillaries and the Y-Zetts. With out their support many pieces of equipment that makes both patients and nurse's day easier would not be purchased.

Wendy Glenister
Clinical Services Manager

SIMPSON WING

The unit has a total of 16 beds; 4 midwifery and 12 surgical. We welcomed new staff to our area this year : Michelle Boffey from Townsville, Jennifer Gray from Knox, Lorraine Tirrell and Kerry Kranz from the Return to Nursing Programme, also our 2 Post Graduate staff, Kirsty Yean and Andrew Mason.

Staff Education is promoted, and Inservice Programmes, Study Days and Post Graduate Studies. Jane McDonough is now in her final year of Child/Family Community Health Nursing Certificate which she will complete in October. Jan Sherwell has completed her Chemotherapy Certificate.

Thank you to the Ladies Auxiliary, Y-Zetts, and the Community of Stawell for their support throughout the year, to allow us to update necessary

equipment. It is very much appreciated.

Midwifery

Once again we had 106 births in our unit this year. All clients at booking in, are given a consultation with a Midwife, giving a clear understanding of their care and expected outcomes, by taking part in developing their own care plan from Ante-Natal/Education/Delivery/Post-Natal and Domiciliary Care.

Domiciliary care is now co-ordinated from the unit and midwives from the unit provide this service.

Maternity Services Enhancement Strategy has provided funding to expand our day stay unit for those in special circumstances to receive this service while in hospital. The day stay unit has been very successful again this year. Congratulations to 3 of our staff members who have helped to promote our unit – Sue Boag and baby James, Annett Manning and baby Patrick, Michelle Boffey and baby Hayden. (*any future male nurses amongst them?*)

Surgical

Another busy year with 30% day stay clients. We are able to offer the services of our Visiting Specialists in orthopaedics, gynaecology, urology, ophthalmology, ENT, and consulting physician, Dr. Jon Watson. Dr. Watson also conducts staff education programmes that are greatly appreciated by all staff.

The services of all these visiting specialists have been a great asset to our community, allowing clients within the region to receive the best possible care in their own area. Each client is involved in their own plan of care or pathway. These are audited and reviewed to ensure quality of care within the Australian Health Care Standards and Best Practice, so we have continuing improvement and client satisfaction.

Pam Pianta
Nursing Unit Manager

MEDICAL

2000/2001 has brought many changes and challenges for Castle Wing. In August I commenced as the Nurse Unit Manager as Pam Mackay stepped down to take a more clinical role. We have since bid farewell to Pam as we have with many other staff namely Marg Perry, Shirley Rowe, Vicki Cockburn, Pam Grant, Dot Trengove, Olive O'Neill and Chris Kreunen.

But we have welcomed many new nurses to the ward – Ella Wallis, Chris Jordan, Ros Slorach, Janet Calovic, Ann Fitzgerald and Nicki Cox.

Focus Group facilitated by Lyn Mackenzie (PAC).

The group spent several sessions discussing and reviewing our admission and discharge paperwork..

They have made several changes which have been trialed on the ward and are now in use. The new formed paperwork will streamline our admission and discharge process. We have several Quality Improvement projects being undertaken at the moment. The biggest challenge will be forming and trialing Clinical Pathways for clients who have had an AMI or Unstable Angina, are diabetic or have

respiratory problems. A new oximeter was also purchased for the ward with the help of the Ladies Auxiliary.

The oximeter measures oxygen percentage in the blood by placing a small probe on the finger.

This is used for all our clients with respiratory and cardiac problems.

We have many staff undertaking extra studies this year. Sue Fontana has nearly completed her Diabetes Education Certificate. Kath Holloway, Noreen Crawford, Mary Teasdale, Dianne Wilson, Sue Fontana and myself are all currently studying at the Stawell campus of The



Jill Fiscalini, Food Services Assistant, with Division 2 Nurse Kathy Holloway, serving lunch to Jill's father, Bob Blachford

Kirsty Yean and Andrew Mason joined us this year for the Graduate Nurse Program. They will spend the year consolidating their knowledge and learning new skills working in Castle Wing, Simpson Wing, Theatre, District Nursing and Allied Health.

The hospital was accredited this year to conduct a Supervised Practice Program for nurses who have not practiced for some time. Ros Slorach, Kerry Kranz and Lorraine Tirrell have all successfully completed the program.

Nursing Staff from Castle Wing were involved in an Effective Discharge

respiratory problems. These pathways will be written with input from nursing, medical and allied health. Pathways will facilitate the management and delivery of quality, co-ordinated care for our clients. Other projects in Castle Wing include – information brochures for clients using Grazby Infusion pumps and our palliative care clients. Also a workhook for nursing staff caring for palliative care clients. The Stawell Gold Mine kindly donated money toward the purchase of a new C.P.A.P machine. The machine will assist people with severe

University of Ballarat for a Certificate in Information Technology. This will be an asset to the ward as computers are becoming a very important part of nursing.

Finally, I would like to thank all staff for their support in my first year as Unit Manager of Castle Wing and for welcoming me into the community. The year has been challenging and filled with many changes for all staff. But, as always, the team spirit and enthusiasm has made the year very worthwhile.

Catherine Montgomery
Nursing Unit Manager

OPERATING SUITE

The 2000/2001 financial year activity levels have again surpassed the previous year. The complexity of surgery being undertaken has also increased. This year approximately 1567 patients underwent 1753 procedures during 279 elective and 209 emergency operating sessions.

We were fortunate this year to receive, as part of the Department of Human Services Infection Control Strategy, a grant of \$18,000 allocated to instrument refurbishment/replacement and implementing the final stage of the instrument sterilization tracking system. This will be completed midway through the 2001/2002 year.

This year has seen the appointment of a second orthopaedic surgeon, Mr. David Mitchell, who visits monthly from Ballarat.

Education continues to be a crucial focus of the operating theatre staff. We are now an affiliated site for providing clinical experience to students undertaking a Graduate Diploma in Perioperative Nursing through Deakin University. Currently we have one student enrolled in this course. Two other staff members will complete degree courses by distance education this year and one will complete a certificate course.

There is now funding allocated to the redevelopment of the hospital, including the day ward.

Unfortunately the operating theatre was not included in this funding round for the first stage, but we are optimistic that the second stage will receive funding next year. It has been a difficult year for the department in maintaining staffing and on call levels and, as always, I thank my dedicated team for their effort and commitment, as it is the people that give this department a leading edge in service provision. Thank you.

Chris Shorten
Perioperative Manager

Major purchases this financial year have included:

- | | |
|--|----------|
| • Cataract instrument set | \$5,000 |
| • Arthroscopy instrument set | \$15,000 |
| • Yellow Finn lithotomy stirrups | \$8,000 |
| • Patient warming system | \$2000 |
| • Instrument tracking system (etching) | \$2,500 |
| • Wire instrument baskets for CSSD | \$2200 |



Patient being taken to theatre by Troy Hilton, Porter and Division 1 Nurse Sally Hamilton

INFECTION CONTROL

There has been a changing face in infection control over the last twelve months. Bruce Fowkes resigned as the hospital Infection Control Practitioner to take up a position with the Department of Human Services, as one of the community based Regional Infection Control Practitioners based in Ballarat. We wish Bruce well in his new position. Jenny Priest has been appointed as Stawell Regional Health Infection Control Practitioner and is currently undertaking the Sterilisation and Infection Control course through Mayfield Education Centre.

The structure of infection control practice within the public health system in Victoria has changed over the last twelve months. Recognition of the critical nature of the service has supported this change.

The flow on effect for Stawell Regional Health (SRH) has meant an increase in funding to support the service to meet these changes and to implement the services infection control strategic plan.

The hospital Infection Control Practitioners (ICP) are now able to access two regional ICP's, based at Horsham and Ballarat, who provide human, knowledge and educational resources to all Grampians hospital based ICP's.

The Regional ICP's provided a study day in June, at SRH, for ward based infection control liaison nurses, which was well attended. These nurses will be the face of infection control at ward level on a daily basis and liaise with the hospital ICP's.

The Grampians Region Infection

Control Group continues to meet bi-monthly and work with the regional ICP's in advancing the regional strategic plans.

Quality Improvement Projects completed this financial year include:

- Nursing home challenge exam
- Comparison of clean laundry bacterial load
- Comparison of paper towel types
- Development of an Inwards Client Transfer Notification
- State Government Cleaning Audit of the Facility
- Acute nursing division challenge exam

We wish Jenny well in her new role.

Chris Shorten
Infection Control Practitioner

DISTRICT NURSING/HOSPITAL IN THE HOME

In December, after 6 ½ years as Unit Nursing Manager of District Nursing we farewell Julie Gunn, Julie set high standards and always endeavoured to put patient needs first. With the commitment and support of our current team we continue to provide this optimal level of care.

It is pleasing to note an increase in client self referrals.

Visit numbers have increased in recent months, this is due to local doctors and other hospital referrals but mostly to the Health Policy's commitment for people to be cared for in their own homes. This positive outcome is made possible by the co-operation and involvement of executive, administration, allied health and all nursing staff at our hospital, all of whom we thank for their support.

We welcomed Jenny Tumney RN

Level 2 to our team in March. Jenny having recently completed her training in Horsham.

All staff are encouraged to attend Study Days and in Hospital lectures relevant to their work needs. Regional District Nurse Meetings held tri monthly are a welcome

source of lectures, idea exchanges and the opportunity to meet with other District Nurses, the area covers Hopetoun to Bacchus Marsh so much travel for some is involved.

District Nursing hours of care have been extended, we now offer 7.30 – 8pm weekdays with weekend evenings extended beyond 6pm as required. This time better assists with Hospital in the Home and Palliative Care requirements.

Hospital in the Home has had a steady throughput of patients but more utilization of this program is desired.

Client Satisfaction shows that patients receiving this care have been extremely satisfied.

Daily office support now enables our staff to spend more time in direct patient care. Camille Arthur's support is appreciated.

2nd and 3rd year Nursing students also Medical Students in Hospital placement have spent time with us, their interest has been accepted greatly by our clients in their homes, all have been made welcome and we thank them for their input and enthusiasm.

We all look forward to another successful year serving the community of Stawell and District.

Merrilyne Middleton
Clinical Unit Nursing Manager

GRAMPIANS POST ACUTE CARE PROGRAMME

The Grampians Post Acute Care program has now fully expanded and continues to strive to provide additional post acute care services for patients discharged from a Victorian public hospital who may require support and who reside in this area. As per Department of Human Services policy the service now concentrates on care coordination and service provision with hospitals responsible for discharge planning.

In October 2000 the final report was released for a new resource allocation model for Post Acute Care funding (PACRAM). This model is based on a population needs-based formula with

an output-based approach. PACRAM is designed to achieve equity in resource allocation across geographic areas based on population needs. Funding allocation was adjusted according to this new formula in December, 2000.

In May, 2001 further funding was received as a one-off payment to assist the program to implement a plan for supporting patients, within our catchment area, who are discharged from a sub-acute care facility, such as Queen Elizabeth Centre in Ballarat. It is anticipated that this will be implemented early in the new financial year.

The challenge for Post Acute Care this financial year has been to ensure that the clients receive the appropriate support whilst meeting budgetary parameters during a phase of expansion into the new areas within the program. It is expected that this has been achieved and client surveys to date have continued to return a positive response to the program and the support received.

Lyn MacKenzie
RN,RM,Grad.Dip.Rehab;Grad.
Dip.Health Admin.
Co-Ordinator

Department representatives at Discharge Planning meeting
From left: Mary Bruce (Post Acute Care), Marg McGaffin (Allied Health Assistant), Mary Kerr (District Nursing), Cherry Thomas (Occupational Therapist), Pam Pianta (UNM Simpson Wing)



The aim of this meeting is to assess the discharge needs of each individual patient

PHARMACY

Once again, the Pharmacy Department has had a very busy year. A spilt service is still provided to both Stawell Regional Health and the East Grampians Health Service.

This year has seen the successful commencement of the Chemotherapy service, with the Pharmacy obviously heavily involved with the provision of treatment. To tie in with this, I attended a three day Seminar in Clinical Oncology at the Victorian College of Pharmacy in May to brush up on my knowledge and skills.

Thanks to the support of both hospitals we recently purchased a Pharmacy computer system (previously there wasn't one), which went 'live' on the 28th June just in time for stocktake. This system will allow full stock control (including charging), dispensing and the production of patient medication lists (much better than my handwriting).

Linda Farrer is still working as the Pharmacy Technician, and despite currently studying to become a

Division 1 nurse has found the time to increase her time to 9 hours a week.

We are currently looking for a second Pharmacist to work between the two hospitals, but due to the Pharmacist shortage we have not had any success. If you know anyone available, please send them in my direction!

Belinda Lock
Director of Pharmacy

SOCIAL WORKER

Since starting work on March 13, 2001, I have been busy, both learning about the Stawell District Hospital (now Stawell Regional Health), as well as providing aged care assessments and social work service to both inpatients and outpatients within Stawell and its surrounding districts.

During my time with the hospital, there has been some significant changes with the Aged Care Assessment Services (ACAS). Dr. Mark Yates (Geriatrician) and Allison Dalziel (Co-Ordinator of Ballarat ACAS), have passed on their reins to Dr.

Michael Giles and Lorraine Daly, respectively.

Regional visits are now held three Mondays of the month with community liaison meeting held on the third Thursday of each month. Dr. Adri van der Knijff (Consultant Geriatrician), will be chairing the meeting as from July 2001.

Efforts are currently being made to improve the throughput of ACAS clients. There are certain benefits to the overlapping roles of providing both social work services and aged

care assessments. I have also received and made some changes to the social work policy and procedure manual with particular attention in the area of counselling service.

Recently, I have also represented the hospital at the Regional Counselling Forum, Grampians Region, organised by the Department of Human Services, and I can see within this, opportunities for expansion in this vital area of service.

Linda Gathercole
Social Worker

STAFF WELFARE

The psychological consultancy has continued to operate successfully over the past year. The psychologist has attended each fortnight for an afternoon and evening consulting with staff members, their families, and also private patients. The inclusion of the latter group has added to the hospital's service profile in the community, and there is a regular stream of referrals from the

Stawell Medical Centre.

Training sessions on Critical Incident Stress have been held for staff, and, in co-operation with the Occupational Health and Safety Nurse, a policy is being developed and implemented.

A follow-up Organisational Health Survey is being prepared. It will be mailed out to each staff member at the end of July, with results being

available by October.

The provision of a suitable consulting room remains a key issue to be addressed. It is anticipated that this will be incorporated into the refurbishment of the Perry Wing.

Margot Murphy MAPS MICP
Staff Psychologist

NURSE EDUCATION

Continuing professional development is seen as a priority for both staff and management of Stawell Regional Health. The health industry and health profession continues to rapidly change and it is essential for nurses' skill and knowledge development to correspond to these changes. The commitment nursing staff at SRH ascribe to ongoing professional development is in itself an acknowledgement of this integral element of development and growth.

One of the highlights for me this year has been my involvement in the Supervised Practice Program. This entails a six week supernumerary placement for nurses that have let their nursing registration lapse, and have been out of nursing for some time. The aim is to facilitate the re-entry of these nurses into the workforce through support and education. Ros Slorach, Kerry Kranz and Lorraine Tirrell have all successfully completed the program and gained employment at SRH.

The Orientation Program continues to evolve and now incorporates more formalised sessions with staff from Occupational Health & Safety, Infection Control and Quality Management, as well as Communications and Fire & Safety. Orientation day is held on the last Monday of the month and includes a "welcome morning tea". All new nursing staff are also required to undergo a "drug calculations test" on commencement of employment.

For the year 2001, the Department of Human Services Continuing Nurse Education grant allocated \$30,000 to this hospital. These funds enable nurses to attend sessions on specialist areas such as coronary care, emergency and surgical nursing, research, bench-marking, intravenous cannulation and palliative care.

These funds were complemented by the Regional Consultative Committee on Emergency and Critical Care Services (RCCECCS) grant. The trauma grant enables nurses to attend a larger trauma centre as observers,

as well as twelve months subscription to The Alfred Trauma Centre video-conference symposiums. These specialist symposiums are transmitted

medical clinical pathways which ultimately lead to better patient care. A Clinical Pathway is an episode of care from before admission to after



Education encompasses a broad range of topics to cater for staff from all areas of the Health Service

monthly, at 7am, direct from the Alfred hospital. Hospitals around the state can link into this interactive technology.

Earlier this year nurses attended a six-part Research Series at the hospital conducted by Associate Professor Cecil Dean, (Ballarat University). As a follow on from this a Research Club has been established to explore areas of practice that can be developed using evidence from reputable and reliable research. This enthusiastic group consists of nursing and allied health members who are currently working on issues relating to medication administration.

Tertiary qualifications are currently being pursued by several staff in areas of Peri-operative nursing, Palliative Care, Bachelor of Nursing and Maternal & Child Health. Kirsty Yean and Andrew Mason are two newly graduated Division One nurses currently undergoing the Graduate Program at the hospital.

One of the three study days held this year at SRH was Clinical Pathway Development. The objective of this day was to develop multi-disciplinary

discharge, incorporating the whole continuum of care. An Infection Control Seminar was directed at enhancing support for designated infection control nurses in regional hospitals. Louise O'Shea's No Lift program was conducted for SRH staff as well as regional nurses. The No Lift method of nursing practice aims to eliminate the problems associated with manual handling without compromising patient care in any way. Plans are now underway for an in-house study day on introduction to trauma management.

I am looking forward to the next twelve months working with the motivated and professional staff at SRH.

Jenny Farrer
Co-Ordinator

QUALITY IMPROVEMENT PROGRAMME

During the 2000 Calendar Year, all Departments, Wards and Services involved in the Quality Improvement (QI) Programme completed one, and some many more of the projects nominated on their Quality Plan.

Forty-nine percent of the projects that were originally listed were completed, with a number (19) of activities added during the year. In addition to this, the ongoing Acute Hospital and Nursing Home Infection Control and Occupational Health and Safety Management Plans continued. Nominated projects that were not able to be undertaken for various reasons were omitted or deferred. A number of projects were commenced and remain ongoing due to their complexity and depth.

Some of the Outcomes from the Year 2000 Plan are as follows:

- Customer accessing the Hospital Reception rated promptness and politeness of staff attending to their needs at 94%.
- Day Centre clients believed day centre activities met their needs as they rated satisfaction at 100%. A 2% increase from the previous survey.
- A 40% improvement since October 1999 was demonstrated with patient/carer signing Care Plan declarations within 24 hours of the patient's admission.
- Revision of visiting Dietitian hours in October 1999 resulted in a 12% improved customer satisfaction rate with the frequency of the Service.
- Due to appropriate rescheduling, a minimal number (one) of radiology patient's appointments were cancelled due to emergency cases.
- Revision of Nursing Home Residents Financial Statement layout resulted in a 60% increase in customer satisfaction, compared to 1999 results.
- An audit of Nursing Home Antibiotic usage found there was no evidence of overuse with antibiotics ordered to culture and Sensitivity Specificity.
- An Infection Control Challenge Exam taken by Acute

Hospital and Nursing Home (NH) staff demonstrated a knowledge rate of 86.5% and 80% respectively. Introduction of a NH specific questionnaire demonstrated a 5% improvement in knowledge.

- Publicity of Hospital Direct-Dial phone numbers led to a 25% increase in knowledge of these facilities by Stawell Shire and City Residents.
- Since the introduction of the After Hours Phone Triage Service in October 1999, a reduction of more than 50% of calls to GP's has occurred. This is over 30% more than anticipated. Independent evaluators of the Service have indicated that people being followed up at 72 hours remain very positive about the After Hours Service.
- An independent audit by the NGSC on Meals on Wheels provided by the SDH Catering Department found – 84.5% felt there was enough variety and 93% felt the meals were tasty.
- A reduction of 10 days in the average waiting time for assessment from time of referral to the Speech Pathologist in July-September quarter compared to April-June quarter.
- 13% more medical patients were very satisfied with their hospital stay. (1999-87%, 2000-100%)
- 95% of surgical patients believed they were satisfactorily involved in planning their care (2000).
- 23% less midwifery patients received conflicting/alternative advice. (1999-56%, 2000-33%)
- 95% believed nursing staff adequately explained procedures to parents/child (2000)

The continuing challenge to all Departments in submitting this year's 2001 Quality Plan was to set a realistic target whilst balancing Quantity and Quality, as a number of Departments/Services are single person entities.

Again this year rather than present the whole plan to the Quality Improvement Committee (QIC) a selection of activities/projects which would generate detailed discussion was presented. On March 5th this

year, the QIC moved a motion to adopt the Year 2001 Plan and recommend it to the Board for its endorsement.

Twenty-Eight Wards/ Departments/ Services have submitted a Year 2001 Quality Plan. At the end of June, many have commenced and some completed one or more of their nominated projects.

Some outcomes to date that have been presented to the QIC so far this year:

- Supply Department achieved a 95% overall satisfaction rate with the Service of its Department by its customers.
- Operating Theatre Staff achieved a 43% improvement in satisfaction from VMO's in case changeover times, compared to previous results.
- Perceived flexibility in the Physiotherapy Department meeting ward requirements outside normal ward treatment times improved from an average scale of 2.75 to 3.75.
- 100% of NH Resident Care Plans were completed with appropriate information which meet the Resident's needs.

The VMO's through the hospital QI Programme continue to assess and report on Clinical Indicator data. Their participation and support will again be requested in developing Clinical Pathways. A very successful Australian Council on Health Care Standards (ACHS) Clinical Pathway Workshop was held at the hospital on June 4th this year. Clinical Pathways equip Health Care professionals with a tool for managing and improving the quality of clinical care. A few benefits are promoting consistency of care, best practice and increasing patient satisfaction.

Since September last year, Carolyn Gellert, Health Information Manager (HIM) and I have been involved in the DHS – Patient Satisfaction Monitor. This commenced statewide in September last year and continues until September 2003. To date we have received information back

stating that 52% of those patients sent a questionnaire post discharge have responded. To improve on this, the DHS have recently released flyers and brochures to all participating hospitals. They are called 'Your Opinion Counts' and will be available at the hospital. We await more results from the DHS which we look forward to using for Benchmarking purposes.

Many Satisfaction Surveys are sent out during the year and a number are ongoing. Focus groups have also been used as a way to source information. Private Patient and Midwifery have been held over the last ten months and a number of issues have provided us with opportunities to improve our

Service. Thankyou to all customers who have willingly participated in either of these groups.

In the near future a survey will again be sent to Department Heads to evaluate the effectiveness of the QI Programme as the system must be reviewed at least annually.

On December 13th 2000, Stawell District Hospital gained continued accreditation after our Periodic Review. We maintained our Extensive Achievement (EA) rating for the Improving Performance Standard. Our Surveyor on the day was Ms Ann Turnbull, and our organisation was commended on our impressive effort.

May 2002 heralds the next Organisational Wide Survey under the ACHS Accreditation Programme. EQUiP (Evaluating Quality Improvement Programme) Sub Committees, one representing each standard are meeting at least monthly to update our Self Assessments, which are due in to the ACHS in September. The next eleven months look to be very busy and I would like to take the opportunity to thank all members of staff for their commitment to the Quality Improvement Programme. Special thanks to the DON Typist.

Sarah Warren
Quality Manager



Darren Clark (Helen Schutt Nursing Home UNM)(right), receiving the Accreditation Certificate from The Hon. Michael Ronaldson, Member for Ballarat, with Howard Cooper (Board of Governance President), Dr. Norman Castle (Board Member), and Wendy Glenister (Clinical Services Manager)



An informal chat with Helen Schutt Nursing Home Staff

OCCUPATIONAL HEALTH & SAFETY AND MEDICAL SCREENING SERVICE

Current Status

Deborah Domain resumed her full time position as Occupational Health Nurse/OHS Coordinator after returning from maternity leave in August 2000. Since then, due to the increased workload resulting from both existing and several new clients, another nurse has been employed on an 'as needs basis' to assist. Besides the administration and functioning of the OHMSS, Deborah is now responsible for the coordination of occupational health and safety activities within the hospital and staff health, work place rehabilitation and immunisation.

OHMSS

The final outcome of the OHMSS's short-listed proposal for 12 months of funding under the Department of Human Service's Nurse Practitioner Project is still pending. This recognition, if achieved will have exciting implications for the professional development of Nurse Practitioners within the Stawell Regional Health Service context, as well as national recognition for the unique service the OHMSS provides to the local business community and organisations over a geographical area extending from Stawell to Ararat, Halls Gap, Horsham and Birchip.

Other major achievements by the OHMSS during 2000-2001 are the inclusion of Ararat Abattoirs and Grampians Region Water Authority

as clients of the Service for work related immunisation, pre-placement health assessments and biological monitoring eg. hearing tests and asbestos health surveillance.

An external follow-up audit was conducted during May 2001 by Dr Barry Gilbert of Public Health Management Pty Ltd.

Due to lack of interest by clients, the computer based Heartrack program has now been dropped.

Occupational Health and Safety
In the past year, Stawell Regional Health Service received two Improvement Notices from WorkCover Authority Field Officers, both of which were aimed at assisting the Hospital to undertake comprehensive hazard identification and risk assessments of plant, confined spaces and hazardous substances.

Positive outcomes resulting from these Improvement Notices include better role definition of the Occupational Health and Safety Representative and a cohesive approach in tackling the work by both management and employee representatives.

Unfortunately although time commitments has restricted the amount of policy and procedure developmental work, especially in

the areas of Workplace Rehabilitation, Manual Handling and Hazardous substances/ Dangerous Goods risk assessments, some of the following policies and procedures that have been recommended for adoption by the Hospital by the Occupational Health and Safety Committee include:

- Bullying and Harassment
- Statement of Employee and Manager Responsibilities
- Pest Control

Training has been undertaken by several key staff members in relation to handling aggressive clients.

Stawell Regional Health, through Deborah Domain, now has representation on the OHS Advisory group to the Victorian Hospital Industrial Association (VHIA) and is the only rural health service on the committee.

Deborah Domain
Occupational Health
Nurse/OHS Co-Ordinator

Staff Health

- An Influenza vaccination program for SHD staff was conducted in March 2001.
- A MMR (measles/mumps/rubella) vaccination program is currently being offered to staff members considered to be at risk
- Data about staff details and immunisation status is still being entered on the Staff-Shield program and it is envisaged that major time savings shall be made with follow-ups of staff members for biological exposures and immunisations.

Recent work that has been conducted for existing users of the service include:

- Raematt Drilling– Mine worker and pre-placement health assessments; drug and alcohol testing;
- Motorway – Flu vaccinations
- Frewstal Pty Ltd –Q Fever and flu vaccinations, Tetanus boosters;
- Norwellan – Flu vaccinations
- Brambuk – – Flu vaccinations
- Stawell Gold Mines - Mine worker pre-placement and periodic health assessments, health promotion presentations
- Southcorp - pre-placement health assessments

HELEN SCHUTT NURSING HOME

Over the past twelve months the Nursing Home has received recognition for the high quality of care delivery through the Accreditation Process. Aged Care Assessors visited the Nursing Home on October 24th and 25th 2000 to conduct an Accreditation Survey. This survey is undertaken to assess the status of this facility against set Commonwealth Standards. The result was outstanding. Three years full Accreditation, passing all 44 Standards with no recommendations. Congratulations must go out to all staff, residents, relatives and volunteers who all played a major role in this achievement. Many thanks must also be given to the hospital Services who provide us with ongoing support and assistance that has made this achievement possible.

High on the agenda this year has also been Nursing Home re-development works. Five beds will be added to this facility and the existing building will be refurbished to promote a more homelike environment and to ensure we meet the required building standards for the year 2008. The Project Control Group has been convening on a regular basis and we hope to see the building works commenced in the not too distant future.

The implementation of new staff/patient ratios has seen big changes in staff working conditions and service delivery. I wish to take this opportunity to thank all staff at the Nursing Home and Hospital management for their assistance and support during this transition.

I would also like to take this opportunity to acknowledge the support of the regular visitors and volunteers. Their support and assistance is recognised and appreciated by all residents and staff at the facility.

Thankyou to all Nursing Home and Hospital staff for their full support and commitment to providing continuing high quality care for our residents living in the Nursing Home.

The Day Centre has also seen some major changes over the past 12

months with its relocation from the grounds of the Hospital to the Kindergarten site next to the Nursing Home in Sloane Street. Due to this there has been a change in Department Head for the service.

With the consolidation of Aged Care Services, Darren Clark is now the Aged Care Manager overseeing both the Nursing Home and Day Centre.



Division 1 Nurse Sharon Douglas and Division 2 Nurse Kar en Watson, assisting Nursing Home resident, Mrs. Daphne Watson

Many thanks and congratulations must go out to Cherry Thomas for the commendable job she has done as the former Department Head of the Day Centre Program.

The staff at the Day Centre continue to provide a large range of individual and group activities for the clients attending the day program. Some of these include regular outings, crafts, crosswords, quizzes, games and exercises. Congratulations to all the staff and volunteers of this program, keep up the good work.

A special thankyou to our Maintenance Department who have done a great job in the upgrading of the existing building to accommodate the needs of the clients and staff who now occupy the site. It is an area that

will be able to be utilised for a variety of functions and programs by the entire Stawell Regional Health team. Well Done.

Darren Clark
Aged Care Manager
Stawell Regional Health

PODIATRY DEPARTMENT

There have been relatively few changes in the structure and services offered in the Podiatry Department in the past twelve months.

Visiting services are still provided to the Helen Schutt Nursing Home, Eventide Hostel and Cottages, Kingston Lodge, Private Home Visits, and beginning in June, a Visiting Service will be provided to the Day Centre.

Monthly outpatient statistics have been variable due to lost working hours but an acceptable average has been maintained.

The Australasian Podiatry Council has instituted an Accreditation Programme for all Podiatrists. Continuing education lectures, seminars and workshops must be attended at either the Australian Podiatry Association headquarters or LaTrobe University until the prerequisite number of study hours has been achieved. This was completed in December 2000 and I received full accreditation. The programme is ongoing and the next accreditation is in December 2002.

The 19th Australasian Podiatry Conference was held in Canberra in May. The theme was "Enhancing the Clinician" .. Theory to Evidence to Practice.

This was an extensive four day series of presented papers, workshops and study groups covering a wide range of subjects relevant to Podiatry.

My thanks to Camille Arthur and Sarah Woodburn for their help during this difficult time.

Helen Davidson
Podiatrist

OCCUPATIONAL THERAPY/DAY CENTRE

This year the Occupational Therapy Department has had quite an upheaval with the Day Centre relocating to the old Lady Brooks Kindergarten in April. The Aged Care Manager, Darren Clark, now co-ordinates it as well as the Helen Schutt Nursing Home.

Day centre staff, Norma, Elizabeth, Moira, Dianne and Jacinta, have maintained a high quality activity programme for attendees including craft, crosswords, quizzes, games, exercises and regular outings to free concerts in Ararat. This was reflected in the very positive results from their client satisfaction survey this year. They have also done a

wonderful job of settling clients into their new surroundings, and continue to provide the same services in a roomier environment.

Occupational Therapy continues with inpatient, outpatient and home-based services, covering discharge planning, rehabilitation, splinting, and home assessments to help people manage their daily activities. The home-based service also extends to people living in the Rural City of Ararat. Clients are generally older people and people with long-term disabilities.

Involvement with the Arthritis Support Group and Cardiac

Rehabilitation Programme continues for the Occupational Therapist, and attendance the sub-regional Occupational Therapy Group provides peer support and inservice education.

The Occupational Therapist has also joined the inaugural cycle of the Accredited Occupational Therapist (AccOT) Programme, designed by the Australian Association of Occupational Therapists to ensure ongoing professional development and keeping up to date with new ideas.

Cherralyn Thomas
Occupational Therapist

Activities are enjoyed at the Day Centre by Beryl Winters and Jim Matthews

Day Centre Co-Ordinator, Moira Hateley with client Robert Rutter and Penny the Day Centre's pet dog.



PRE-ADMISSION CLINIC

The Pre-Admission Clinic is an essential area of the surgical process. It currently services approximately 100 clients per month.

The Pre-Admission Clinic has 3 main purposes:

The first is to perform a thorough assessment of surgical clients prior to their admission so as to identify individual needs.

The second is to ensure intending clients and their significant others are well educated regarding their surgical

procedure and hospital stay.

The third is to commence early discharge planning.

Pre admission is currently available to all patients undergoing surgery as an inpatient. The process involves an interview with the client and their significant others if appropriate.

The majority of surgical patients also require a consultation with an anaesthetist prior to their operation. The pre-admission and pre-anaesthetic interviews have in the

past been conducted separately.

They are now being trailed as a joint clinic to ensure a co-ordinated approach occurs between health professionals to provide optimum care for clients.

It is envisaged that this will continue and will lead to improvements in streamlining the entire pre-admission process.

Melita Clough
Co-Ordinator

PHYSIOTHERAPY

The Physiotherapy Department of Stawell Regional Health remains very busy with the constant challenge of busy inpatient and outpatient workloads and limited staffing.

In the past year the department welcomed back Sharon Pearce, after several months leave overseas. The department has also welcomed back Leigh Douglas and Caroline Hamilton in part time roles. Leigh is assisting with paediatric physiotherapy. Caroline now runs the ante-natal classes and has dramatically improved this service with much positive feedback.

Margaret McGaffin (*Allied Health Assistant*) began working in the department in June for a few months to help ease the workload on physiotherapist which is most welcome.

This year we farewelled Gurnik Dhaliwal who has moved to work in Benalla. Rob Whitehead has left the department to work in a private practice in Melbourne. We wish both men well on the progress in their careers.

Camille Arthur has continued to provide a very valued assistance to

our department as Allied Health Receptionist.

Camille will leave us in July for maternity leave. We wish Camille well at this exciting time for her.

In the past year the Physiotherapy Department completed a quality assurance programme where Stawell Regional Health nursing staff were surveyed on physiotherapy inpatient services. It was very pleasing to find nursing staff recorded a dramatic improvement in inpatient services. There was much positive comment on the improvement in the Physiotherapy Department service over the year.

Currently the Department is reviewing quality of recording in outpatient records. The Department is also developing a survey to assess physiotherapy treatment to patients who have had joint replacement surgery at this hospital.

Sharon has just completed a Cardiac Rehabilitation Course over a week in Melbourne. Sharon is now redeveloping the cardiac rehabilitation programme to offer an expanded and more reliable programme for cardiac and respiratory patients.

The Department is keen to expand services, particularly in the areas of community health and regional services.

Unfortunately, despite extensive and expensive advertising, it is difficult to attract physiotherapists to the country.

This must become a challenge for politicians to recognise that allied health services, as well as medical services are struggling in the country due to lack of staff.

Physiotherapists in the department continue to be encouraged to attend continuing education courses and Wimmera Regional Physiotherapy Group meetings.

The Department continues to work closely with podiatry and occupational therapy to provide co-ordinated allied health services.

The Department looks forward to the challenge of another year where there will be major structured changes in the hospital and hopefully in Grampians Wing.

Peter Steggall
Chief Physiotherapist

Peter Steggall, Chief Physiotherapist treating patient Lynette Healy

The Physiotherapy Department provides a quality service to both outpatients and inpatients of Stawell Regional Health



MEDICAL RECORDS

Our staff have again been kept busy with a six percent increase in inpatient admissions to 2882 episodes, continuing the trend of the previous years. With our current primary record storage nearing capacity, we culled records without recent attendances into our secondary storage upstairs to free the main filing area.

We look forward to the redevelopment of the Office area where reallocation of space can make the current workspaces more practical, such as a dedicated patient Admission Office, separate offices for the Health Information Manager and Medical staff, currently combined, and an enlarged main record storage area.

Our job in Medical Records and the Front Office is very dependent upon the assistance and co-operation given to us by other staff; through the documentation of the medical record, supplying information for daily tasks and the Medical Officers for their ongoing review of casemix information and quality assurance activities of clinical indicators and medical audits. Thank you all for your continual support.

Informal feedback of the June 2001 Health Department casemix coding audit positively reflects the efforts of the Medical staff to provide discharge documentation of high quality.

RADIOLOGY

The contract to provide Radiology reporting services by Mayne Health Diagnostic Imaging has been extended until the end of June, 2002. Dr. Rohan White continues as Director of Radiology at Stawell Regional Health. Attendance sessions for Computerised Tomography (C.T.) and reporting of ultrasounds and x-rays will still be conducted twice weekly, with reporting at other times achieved by teleradiology.

In the twelve month period of this report there has been an overall increase in patient throughput of

Our association with Latrobe University saw Senija Sablijak, a first year Health Information Student spend one week with us in July to learn the basic procedures of a Medical Record Department. Although a small Hospital, we provide a vast range of experience and interaction with all Hospital Departments that students would often not encounter in the larger Metropolitan placements.

Admissions Clerk, Sandra Dunn with patient Anthea Perry

Staff movements saw Tania Ross move to the Finance Department and in March we welcomed Anthea Perry to the Office Relievers position.

The 13th International Health Records Congress was held in Melbourne in October. As a member of the Organizing Committee I, along with 385 delegates from 28 countries shared advances in technology, common issues, problems and solutions in Health Information. It was fascinating that all countries, regardless of size, from the African nations to the USA, experienced the same problems and issues. Indeed, the recording, storing and the communication of health information, patient privacy and the

1.8% over the previous twelve months. A total of 5,879 examinations have been carried out within the Radiology department including 3,739 x-rays, 1,510 ultrasounds, 480 C.T. scans and 150 echocardiograms. An increase in complexity of imaging examinations has also occurred with C.T. scan numbers having increased by 23% and ultrasounds by 5%.

It is intended over the next twelve month period to develop greater co-operation between the Radiology departments of Stawell Regional



issues of electronic records are world wide concerns.

For the year ahead, our main objectives will be reviewing and implementing the Health Records Act, the redevelopment of the Office area, analysing in greater detail, the hospitals casemix and taking steps toward the electronic record.

Carolyn Gellert
Health Information Manager

Health and the East Grampians Health Service (Ararat hospital). An alliance between the two departments is expected to provide sub-regional planning for the provision of medical imaging services, but would not impact on the current levels of service available at each campus. Staff of the Radiology department look forward to another busy year ahead.

Peter Schenk
Medical Imaging Technologist

Stawell Hospital Redevelopment



The Board, Staff and Community were delighted with the announcement in the May 2001 State Budget that allocated \$3.3m towards the cost of upgrading the hospital, estimated to cost \$6.2m.

The redevelopment, when completed in June 2003, will provide the following benefits:

- Theatre Suite will provide "best practice" work flow design and will be in an area three (3) times greater than currently provided
- Provides stand alone day surgery unit. Currently the hospital has 1,060 same day admissions per year, ie. 37% of hospitals total admissions.
- Midwifery staff will not be required to attend to day patients; surgical patients and A&E
- Improved sound proofing of rooms, zoning of types of patients and "bed shut down" arrangements
- Midwifery suite will have improved 'privacy' than currently provided in Simpson Wing
- 9 : 1 bed and 10 : 2 bed units
No four bed wards : currently 6
- A&E Department will be virtually integrated into seven (7) day medical ward
- Outside courtyard for medical patients
- Monitored beds next to Nurses Station allowing direct viewing
- Radiology Department for the first time, will be purpose built to accommodate all modalities (x 3) and will have ability to expand if required in future
- Allow Front Office and Radiology reception staff to share reception duties
- Provide covered/secured link to Supply/Perry Wing
- Private offices provided for Unit Nursing Managers, Doctors and for first time Pre-Admission Clinic
- Medical Records provided with facilities that reflect their importance to the hospital
- The consolidated ward will improve nurse to patient ratio; improve efficiency and allow the hospital to better meet the new nurse patient ratio's

Mr. Gary Thomas
Chairperson
Project Control Group –
Hospital Project

Funding for the project is expected to be provided from the following sources:

- \$3.3m** May 2001 State budget
- \$0.2m** current reserves
- \$0.5m** public appeal
- \$2.2m** May 2002 State budget (*to be confirmed*)
- \$6.2m**

Construction is expected to commence in February 2002



Project Control Group representatives from Stawell Regional Health are Howard Cooper (President), Gary Thomas (Board Member) and Michael Delahunty (Chief Executive), with Diane Storey, Lindsay Butler and Stephen Darbin representing Department of Human Services



Regular meetings are held with members of the Project Control Group, consisting of Stawell Regional Health Board Members and Chief Executive, Nursing Home, Department of Human Services representatives and Consultants

In October 2000, advice was received that our application for five (5) additional nursing home bed licences had been successful. The number of beds at the Helen Schutt Nursing Home would therefore increase from 30 to 35.

Mr. Clive Wilson of the 'Brown Falconer Group Pty. Ltd.' was appointed as architect for the project. Following Mr. Wilson's 'Master Plan' report, the Board resolved to not only add 5 beds to the nursing home, but at the same time, upgrade the existing nursing home.

This redevelopment, when completed in July 2002, at an estimated cost of \$1.5m, will provide the following benefits:

New 5 bed addition

Provide self contained cluster accommodation unit integrated with the existing Nursing Home in such a way as will allow:

- Integration and proximity with main entry, Nurses Station and Activity facilities
- Be "self contained" to allow optional segregation of residents with especially difficult behavioural patterns
- Accommodate all residents in private single ensuite facilities
- Provide lounge/activity areas with street outlook
- Create additional full time employment within our community
- Ensure residential aged care is provided **locally** for an additional five (5) residents from our community

Upgrading of Existing Nursing Home

Undertake alterations, additions and upgrading which will:

- Separate living/lounge and dining facilities to improve quality of life, flexibility and more diversity of space/environment in community areas
- Improve homeliness and family ambience in the dementia area
- Increase day living/communal activity space
- Provide alternative day lounge with street outlook
- Upgrade central servery to the "residential model"
- Enhance Nursing Station privacy and discretion capability and provide proper reception
- Comply with 2008 Certification Standards
- Retain the centralized efficiency of the current Nurses Station location

- Provide environmental upgrading throughout
- Replace floor covering – wet slip and grab factors are dangerous – OH&S issue
- Provide air conditioning to all areas
- Upgrading of fire detection systems in full compliance with AS1670 and installation of automatic fire sprinklers in compliance with AS2118.4

**Mrs. Kaye Harris : Chairperson
Project Control Group –
Nursing Home Project**



Funding for the project is proposed to be from the following sources:

\$ 500,000	borrowings
410,000	current reserves
500,000	public appeal
<u>90,000</u>	state government grant
\$ 1,500,000	

Construction is expected to commence in February 2002 and conclude in July 2002

ENGINEERING AND MAINTENANCE



Maintenance Department Supervisor, Garrie Martin, using workshop equipment

treatment, emergency services, and fire fighting equipment.

The Engineering staff carry out preventative and breakdown repairs to buildings, grounds, vehicles and

equipment not covered by external contractors. The Department carried out in excess of 950 requisitions for service in 2000/2001.

Major projects completed were:

- Remodelling of Lady Brooks Kindergarten to accommodate the John & Margaret Bennett Day Centre

Staff Education Programmes successfully completed were:

- Fork Lift Licences – G. Martin and S. Healy
- Management of Difficult & Challenging Behaviour – G. Martin, S. Healy, P. Tangey
- Safe Working in Confined Spaces Training – G. Martin, S. Healy, P. Tangey

The Engineering Department is staffed by three full time employees - Garrie Martin, Supervisor; Simon Healy, Carpenter; and Paul Tangey, Preventative Maintenance and one part-time employee, Belinda Dingley, Gardening.

The Engineering Department supervises external contractors who service plant and equipment in the areas of biomedical engineering, medical gas supply and servicing, electricians, plumbers, painters, courier service, fire detection, gardeners, pest control, air conditioning controls and equipment, food services equipment, security patrols and equipment, waste disposal, recycling, communications, sterilisers, vehicle purchases, maintenance and cleaning, water

Following training in the areas listed, Engineering Staff, along with Safety Committee Representatives, carried out risk assessment on plant and equipment, and developed a register of confined spaces and an asbestos register along with safe working procedures and practices for confined space entry, working from heights, danger tag and lock out, hot works, fork lift operation and equipment maintenance. Safe working practices are continually being developed and documented as they are recognised.

A new maintenance requisition for service has been developed to include safe working procedures and practices. Requisition books will be distributed as soon as they become available.

I would like to thank Simon, Paul, Belinda, all staff and contractors for their support during 2000/2001.

Garrie Martin
Engineering Supervisor

Simon Healy, Maintenance Department
Routine maintenance is regularly carried out on buildings and equipment



SUPPLY

The Supply Department has had an uneventful financial year.

A survey of the hospital's internal customers has shown a 95% satisfaction rate of the standard of service it provides. I hope we can continue to keep up this high standard for the following year.

Just a short note on the National Diabetic Services Scheme. From July 16, 2001, all needles, syringes, and pen needles, will be free of charge to all Members of Diabetes Australia, which brings it into line with NSW, ACT and Qld.

The Supply Department would like to thank all departments for the positive comments it received in the Internal Customer Survey, that was sent out this year.

Jim Cunliffe
Purchasing Officer

CATERING SERVICES

The Catering Services are responsible for the supply of quality and nutritional meals to the Hospital, Nursing Home and Day Centre. We also have the Trackside Function Centre up and running now. Everything is going quite well in this area with the bookings steadily increasing.

In December 2000, we employed Kylie Ward as an apprentice cook. She has settled in very well and is currently in charge of the sweets section of the kitchen.

March of this year saw me take over the reigns of the Catering Manager's position from Glenn Pulley, after his

20 years of service to the hospital. I would like to thank Glenn and all my staff for helping me settle in and hope we can build a strong working relationship.

Due to Stawell Taxi's selling their 'Food Transport Vehicle' in April, we purchased our own 'Food Transport Vehicle' which is used daily for delivering meals to the Nursing Home and Day Centre, and also to the Trackside Function Centre when needed.

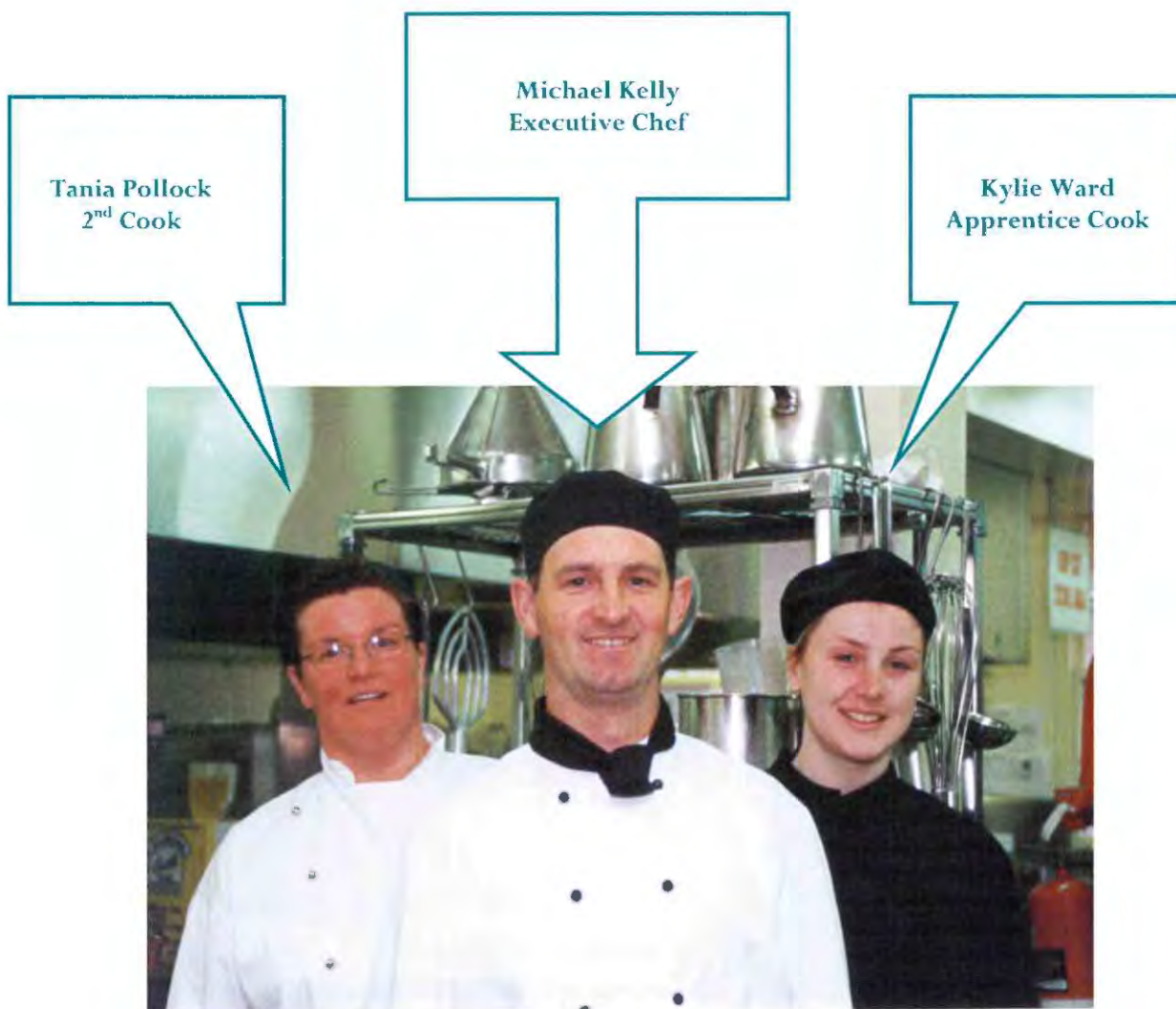
Staff are continuing to update their knowledge. Heather Thomas, Nicky Nicholson and myself are attending Ballarat University College for

Certificate 2 Information Technology to increase our knowledge, and use of computers in our respective areas of the kitchen.

Our Junior Catering Staff continue to provide excellent service to the patients and at evening functions. The Senior Food Service Assistants ably trained seven new juniors during January and February.

Finally, thank you to all Departments for their assistance during the past financial year.

Michael Kelly
Catering Manager



ST. JOHN OF GOD PATHOLOGY

Once more the Pathology Department has continued to increase its work flow throughout the year. The year saw workflow increased to almost 13,500 patient episodes for the year and blood bank numbers have also increased the proportion. Once more our dedicated staff have worked patiently to keep up with the increasing workload. Fortunately for us the increased workload has been able to be absorbed by the existing staff. The wonderful new laboratory we built two half and a half years ago is now full to capacity. However we still have that wonderful view.

New tests have been instituted since the beginning of this year. Most notably the inception of Troponin T the latest addition to the cardiac test

profile.

This test is a new and important early indicator of myocardial infarct. We have also seen a significant increase in the number of drugs of abuse testing. This has enabled us to automate the drug testing process by installing a Roche Mira analyser to fulfil this task.

This year also saw the re-accreditation of our laboratory by NATA for a further three years. Not only did we achieve accreditation with no requirements but the accreditation was to the new guide 25 ISO standard. The Stawell laboratory was only the second laboratory of the St John of God system to reach that accreditation standard. This could not have been attained without the skill

and dedication of all the staff at this laboratory and I thank them for the considerable efforts.

Our staff complement remains at 3 full-time staff members, however Christine Graveson and Cheryl Armstrong have begun job sharing one position since Christine returned from maternity leave. Christine will be taking further maternity leave soon and her relief will be Don Byron, Don has recently retired as laboratory supervisor at Ararat. Don has worked in the district for many years and I am sure will be familiar to many.

Rev Doug Hutchinson
B.App.Sc., Cert.Theol., MAIMS.
Laboratory Supervisor

Dr. Stan Pilbeam, Pathologist, was recently farewelled after having been associated with Stawell Regional Health (formerly Stawell District Hospital), for in excess of 30 years.

Pictured is Dr. Pilbeam being farewelled by Michael Delahunty, Chief Executive of Stawell Regional Health, and representatives from St. John of God Pathology, Dr. Mark Pilbeam, Doug Hutchinson and Fr. Paul Mercovich



As we see another year draw to its conclusion, it is most heartening to have the community support of our health service affirmed. Three special fundraising events being the tenth anniversary of the Hospital Charity Race Day, generously sponsored by Safeway Supermarket Stawell, in November, followed by the tenth annual TAC Stawell District Hospital Charity Pro-Am, proudly supported by Earle's IGA, held in March, and the annual Phone-a-Thon Appeal. These events together with the KC's Murray to Moyne Sprocket Relay again have all been very successful, due to the generosity of business sponsors, individuals and volunteers.

The ongoing support of the community is integral to the successful outcomes of these events. Support from Service Clubs and numerous community and sporting organisations is greatly appreciated and acknowledged.

March 2001 saw a joint working party of representatives from the Northern Grampians Shire, Grampians Community Health, Returned Services League and this Hospital, plan and stage the very successful Stawell Health Expo. The Expo was held at Trackside Function Centre and the Stawell Agricultural Society Show Pavilion. Numerous health care providers, service representatives and the public, viewed the spectacle of massed combined rural primary school choirs, Stawell Secondary College band, motorised scooter race and the culmination of the Rural Health Week 'Spotlight' event. The guest presenter was Dr. Jo Horwood, a Horsham Medical Practitioner who delivered an inspiring address.

The latter half of 2001 will see many exciting developments at Stawell Regional Health as a capital works redevelopment of the acute hospital

occurs – so will a refurbishment and increased bed capacity of Helen Schutt Nursing Home.

We confidently move ahead assured that endeavours to continually upgrade facilities for the community we serve, will be matched by loyalty, generosity and support from citizens of this region.

Appreciation is extended to members of the Hospital Ladies Auxiliary, Y-Zetts, KC Murray to Moyne Sprockets, Red Garters, Management and Staff of Stawell Times News, and Fellow Staff.

Meg Blake
Public Relations/Fundraising



Relaxing after participating in the Hospital Golf Pro-Am are Wendy Glenister (Clinical Services Manager), the Mayor Cr. Karen Douglas, Dr. Norman Castle, Graeme McDonough (Board Member), Tim Hughes and Belinda Lock (Pharmacist)
The golfer is TAC representative Steve Davis

Fundraising and Community Support

The hospital relies annually on the generosity of the community it serves for additional funds through fundraising and contributions, to purchase and upgrade equipment and to enhance the accommodation and health care delivery. The Board is most appreciative of these efforts throughout the year. Donations of equipment, furniture, crafts, etc. have also been received from staff and community members throughout the year.

Donations received throughout the year may be summarised under the following projects:

Stawell District Hospital Charity Race Day Sponsored by Safeway Supermarket Stawell	\$ 21,598
Stawell District Hospital TAC Charity Pro-Am Sponsored by TAC, and Earle's IGA Supermarket & Liquor	13,813
Murray to Moyne Supported by KC's Hire	2,722
Helen Schutt Nursing Home Redevelopment	23,329
Oncology Unit	3,593
General	39,864
Stawell District Hospital Foundation	8,500
	<hr/> \$ 113,429 <hr/>

LADIES AUXILIARY

We have had another productive year of fundraising with a variety of money making ventures.

Our social Christmas in Winter was again enjoyable, with a visit from Santa (*Max Howden*), and a meal provided by the Brix Hotel.

We had a retirement luncheon in August for our long serving member and past secretary, Kaye Teasdale, with past members attending for a happy time.

Our Fashion Parade in October was held at the new venue of Trackside, and was most successful with four local fashion houses participating; a delicious supper provided by our members and 3 prizes won from our raffle, which once again was courtesy of our most generous local traders - an excellent fundraising evening.

We had a garden party at Max and Betty Howden's home in their lovely gardens with a display from House of Crete and a percentage of sales donated to us.

Race Day is an annual event on our Calendar in November and again we

'did our bit'.

We were offered an opportunity to do a Book Launch of Kaye Evans newest embroidery book in early December at the local TAFE College. It was a wonderful night for Kaye and us, and again a donation of book sales percentage added to our door takings for a great money making and social evening.

We went into recess until February and met late in the month to organise our work contribution to the hospital Pro-Ain in March, and the Easter Sunday Family Day at Best's.

The Hospital Book Shoppe in the Stawell Art Gallery has been a constant source of income through the sale of secondhand books, and we contribute towards the rental and a roster to man the shop.

We have a volunteer who regularly goes to the Helen Schutr Nursing Home to help care for residents and we also do our turn of trolley duty each month.

I would like to thank Feildings

Discounts for the ongoing donation of Easter Eggs for people in hospital and the nursing home each Easter. Also donations of money from Stawell Bowls Club, Stawell Golf Bowls Club, private donors and Mrs. Ruth Pietsch for a hand knitted babies shawl drawn on Mother's Day, and won by Mrs. Betty Howden.

We have had three new members join us this year and one retirement.

We have provided funds for a baby's cot and 2 portable Oxygen Saturation Monitors. We have funds in hand to help in some way when the Nursing Home extension is done.

My sincere thanks to our Executive Committee and Members, Meg Blake and Lyn Healy for all the support given to me in my two years as President, and my best wishes and support go to Elizabeth Jackson, for her term coming up.

It has been my pleasure and privilege to work with you all.

Lorraine Rowe
President

Y-ZETTS

During the year, the Y-Zetts - a group of twenty members, continued with fundraising for the Stawell and District Hospital.

In November, instead of the Annual Garden Day, we tried something new and went to Best's Winery in Great Western on the Melbourne Cup Weekend, to hold a "Family Fun Day". We had wagon rides, barbecues and face painting. Unfortunately the weather was not kind and we barely covered costs, but we all enjoyed the day.

In February we hosted a very successful "Rural Women's Dinner" with guest presenters Deidre Brown from "Reola" north of Broken Hill, who fascinated all with her photographs and description of life on the land in the middle of nowhere.

We also had three young women who were born and educated in Stawell, Tamara Boatman, Amanda Sutterby and Sally Pickering. They amused us with tales of adapting to city life and where their careers have taken them.

On Easter Sunday it was back to Best's Winery to cook barbecues for another successful "Family Day". Although kept extremely busy cooking for the crowd, we were kept entertained by the musicians and other entertainment organised by the Thompson family.

Our other fundraisers have been serving morning tea to two bus loads of Apexians at Seppelts and for the Lamington festival we ran a spinning wheel and had face painting for the children.

I wish to thank each member and their families for their support and help throughout the year. I wish to also thank other community members and local businesses who have helped

and sponsored us whenever asked. Without these dedicated people we as a group would find it difficult to continue to raise funds for equipment for our excellent hospital.

With all the effort put into all of these functions, we have donated to the hospital 2 Crash Carts, 1 Children's cot and a personal controlled analgesic pump (PCAS).

Helena Nicholson
President



Staff Long Service Awards

In recognition of long and valued service to the hospital, the Board of Governance is pleased to present long service awards to the following staff members:

10 Years Service

2001

Elizabeth Bacon
Jean Curtis
Jenny Farrer
Seena Papalia
Michelle Morris
Linda Farrer
Barbara Oates

2000

Sue Boag
Carolyn Gellert
Rhonda Grellet
Margaret Hosking
Debbie Rathgeber

1999

Moira Hateley
Michael Hosking
Elizabeth McKenzie

1998

Norma Barton
Pam Dunn
Julie McSparron
Dot Trengove

1997

Fiona Baker
Claire Dufty
Sharon Grainger
Chris Kreunen
Tracey Pianta
Paul Tangey
Lowell Waller

1996

Carol Christian
Vicki Cockburn
Sue Fontana
Julie Gunn
Yvonne Harding
Mavis Henderson
Robyn Kalms
June Marrow
Leonie McLaughlin
Kath Moncrieff
Diane Noble
Ros Slorach
Sarah Warren

1995

Heather Buckingham
Cheryl Burke
Leigh Douglas
Sharon Douglas
Sandra Dunn
Jill Fiscalini
Kath Gibson
Lorraine Heslop
Julie Maddocks
Elizabeth Meumann
Merrilyne Middleton
Nicole Nicholson
Di Perry
Joan Ryan
Jan Sherwell

1994

Sandra Dalziel
Pam Fowkes
Darrelyn Gray
Simon Healy
Beth King
Garrie Martin
Julia Meek
Carolyn Smith
Rhonda Zanker

1993

Bruce Fowkes
Julie Healy
Heather Thomas

1992

Edith Baulch
Lynette Bond
Noreen Crawford
Michael Delahunty
Shirley Jones
Pam Pianta
Sandy Veroude

1991

Dawn Blackman
Coral Brightwell
Marie Cray
Avis Davis
Robert Hemley
Glenice Owen
Kathy Petch
Esta Peters
Beth Redford
Barb Savage
Shirley Summerhayes
Mary Teasdale
Julie Upson

1990

Anna Baulch
Lorraine Boak
Heather Delley
Kay Holmes
Glenn Pulley

1989

Debbie Barry
Phyllis Humphrey
Carol Mullane

1988

Meredith Binger
Annie Cooper
Jenny Gavin
Marg McGaffin
Barbara McLeod
Bobbie Naylor
Kathy Olerhead
Nora Sidebottom
Diane Wilson

1987

Pat Cook
David Guy
Carmel Murphy

1986

Ann Bibby

Ruth D'Arcy
Pam MacKay
Pam Potter
Yvonne Richards
Rae Smith
Elizabeth Wilson

1985

Lyn Clayton
Kevin Collins
Stella Fletcher
Lindsay Kent
Noelene Prydderch
Shirley Rowe

1984

Jean Boothman
Sally Howell
Marg Perry

1983

Lorna Carey
Rita Dunn
Lorraine Ellen
Margaret Forster
Faye Gooding
Mavis Graham
Kathy Holloway
Val Kennedy
Mary Kindred
June Mortyn
Gloria Rickard
Dot Simmons
Judy Skurrie
Fran Stewart
Lyn Willcock

1982

Monica Allan
Hazel Jerram
Nancy Trask

20 Years Service
2001
Dawn Blackman
Noreen Crawford
Avis Davis
Glenice Owen
Esta Peters
Barb Savage
Shirley Summerhayes
Mary Teasdale

2000

Glenn Pulley

1999

Debbie Barry
Phyllis Humphrey
Carol Mullane

1998

Stella Fletcher
Jenny Gavin
Marg McGaffin
Lyn Willcock

1997

Lyn Clayton
Carmel Murphy

1996

Meredith Binger
Pam MacKay
Pam Potter
Noelene Prydderch
Yvonne Richards
Shirley Rowe

1994

Marg Perry

1993

Lorna Carey
Lorraine Ellen
Gloria Rickard
Dot Simmons

1992

Kathy Holloway
Mavis Graham
Val Kennedy

1990

Rita Dunn

1982

Doris Evans
Isobel Smith

25 Years Service

2001

Lyn Clayton
Jenny Gavin
Phyllis Humphrey
Pam Potter
Yvonne Richards

2000

Shirley Rowe

1999

Marg Perry
Noelene Prydderch

1998

Lorna Carey

1997

Mavis Graham
Kathy Holloway
Val Kennedy

1996

Gloria Rickard
Isobel Smith

Life Governors

Bennett, Mrs. M.	Kennedy, Mrs. V.
Blake, Mrs. M.	Kingston, Mr. F.
Blake, Mr. R.	Krelle, Mrs. S.
Boatman, Mrs. C.	Kuehne, Mrs. E.
Breier, Mrs. E.	McCracken, Mr. J.D.
Brilliant, Mrs. J.M.	McDonald, Mrs. N.
Castle, Dr. R.N.Obe	McMullin, Mr. R.K.
Coote, Mrs. J.C.	Miller, Mrs. K.
Crouch, Mrs. J.	Miranda, Mr. C.
Crouch, Mrs. N.	Neilsen, Mrs. B.
Dadswell, Mr. K.	Neilsen, Mr. V.C.
Davidson, Mrs. H.	Norton, Mrs. R.
Delahunty, Mrs. M.	Perry, Mrs. R.
Earle, Mr. G.	Potter, Mrs. V.
Earle, Mrs. J.D.	Price Mrs. J.
Eime, Mrs. A.	Robson, Mr. M.
Evans, Mrs. M.	Robson, Mrs. M.
Fowkes, Mr. K.B.	Schwartz, Mrs. W.L.
Fraser, Mr. W.G.	Scott Mrs. M.
Fry, Mrs. D.	Sibson Mrs. J.
Gavan, Mrs. I.	Smith, Mrs. B.I.
Gaylard, Mr. R.	Stone, Mr. R.C.
Glover, Mr. J.	Teasdale, Mrs. K.
Gray, Mrs. P.	Ward, Mr. F.C.
Gross, Mrs. B.	West, Mrs. J.
Gyles, Mrs. J.	Witham, Mrs. J.H.
Howden, Mrs. B.	Young, Mrs. K.
Jerram, Mrs. H.C.	

VALE

The Board of Governance and staff of this hospital were deeply saddened with the passing of the following persons. These individuals were highly respected in the Stawell community, and for the support they provided this hospital over an extended period of time. We wish to extend our deepest sympathy to the families of:

Mr. Chilvers James Hutchings, MBE
March 15, 2000 : Life Governor

Mrs. Joan Denise Ryan
June 29, 2001 : Staff Member



FORM OF BEQUEST

When making or altering your Will, please remember the constant needs of the Stawell Regional Health in its effort for the sick and aged persons in our Community.

Please consult with your Solicitor or Trustee Company.

For your assistance we set out a suitable Form of Bequest:

I
Name

of
Address

“I GIVE AND BEQUEATH unto Stawell Regional Health of Sloane Street, Stawell in the State of Victoria the sum of \$ and I DECLARE that the receipt of the Treasurer for the time being of the said hospital shall be sufficient discharge for my executor or trustee”.

STAWELL REGIONAL HEALTH
SLOANE STREET, STAWELL Vic 3380
TELEPHONE (03) 5358 2255



**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 Stawell Regional Health.

Audit Scope

The accompanying financial report of Stawell Regional Health for the financial year ended 30 June 2001 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 the Stawell Regional Health and the entities it controlled at the year's end or from time to time during the financial year as disclosed in note 1 (b) 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, the 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 Australian Accounting Standards and other mandatory professional reporting requirements and complies with the requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Stawell Regional Health's and the economic entity's financial position, and the results of their operations and their cash flows.

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

Qualification

Stawell Regional Health has not complied the the *Financial Management Act 1994* in that it has failed to revalue a significant portion of its assets at least every five years. The Group has not revalued the asset class described as Plant and Equipment with a carrying value of \$1,728 million. As a result I am not in a position to determine whether the carrying value of these assets and their associated annual depreciation charge are fairly stated in the financial report of the Group as at 30 June 2001.

Qualified Audit Opinion

In my opinion, except for the effect on the financial report of the matter referred to above, the financial report presents fairly the financial position of Stawell Regional Health and the economic entity as at 30 June 2001 and the results of their operations and their cash flows for the year ended on that date in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and complies with the requirements of the *Financial Management Act 1994*.

MELBOURNE
24 October 2001


J.W. CAMERON
Auditor-General

Victorian Auditor-General's Office Level 34, 140 William Street, Melbourne Victoria 3000
Telephone (03) 8601 7000 Facsimile (03) 8601 7010 Email comments@audit.vic.gov.au Website www.audit.vic.gov.au

Auditing in the Public Interest

**Stawell Regional Health (formerly Stawell District Hospital)
And Its Controlled Entities Certification**

In our opinion the Report of Operations and the consolidated Financial Statements of Stawell Regional Health (formerly Stawell District Hospital) and its controlled entities comprising a Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows, 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 June 30, 2001 and the financial position as at that date of Stawell Regional Health (formerly Stawell District Hospital) and its controlled entities.

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.

Chairperson
(On behalf of the Board of Governance)
H.L. Cooper



Chief Executive
M.B. Delahunty



Director Finance & Corporate Services
S.A. Eldridge



Dated the twenty-first day of September, 2001

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
Statement of Financial Performance for the Year Ended 30 June 2001

	Note	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
REVENUE FROM ORDINARY ACTIVITIES	2,2a	12,119	10,353	12,168	10,459
EXPENSES FROM ORDINARY ACTIVITIES	2b				
Employee Entitlements		7,285	5,897	7,285	5,897
Fee for Service Medical Officers		841	766	841	766
Supplies and Consumables		1,516	1,357	1,516	1,357
Depreciation and Amortisation	3	626	600	626	600
Other Expenses		1,777	1,591	1,778	1,592
		12,045	10,211	12,046	10,212
Borrowing Costs	4	5	9	5	9
TOTAL EXPENSES FROM ORDINARY ACTIVITIES		12,050	10,220	12,051	10,221
SURPLUS FROM ORDINARY ACTIVITIES		69	133	117	238
Net Increase in Asset Revaluation Reserve	7	-	-	-	-
Net Increase in Other Reserves	8	-	-	-	-
TOTAL CHANGES IN EQUITY		69	133	117	238

This Statement should be read in conjunction with the accompanying notes

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
Statement of Financial Position as at 30th June 2001

	Note	Parent Entity 2001 \$'000	Parent Entity 2000 \$'000	Consolidated 2001 \$'000	Consolidated 2000 \$'000
ASSETS					
Current Assets					
Cash Assets	8,9	550	493	576	509
Receivables	10,9	773	420	790	438
Other Financial Assets	11,9	2,352	1,750	2,922	2,281
Inventory	12	126	130	126	130
Prepayments	9	24	11	24	11
Other Assets	11a	28	11	28	11
Total Current Assets		3,853	2,815	4,466	3,380
Non-Current Assets					
Other Financial Assets	11,9	1	1	1	1
Property, Plant & Equipment	13	9,338	9,570	9,338	9,570
Total Non-Current Assets		9,339	9,571	9,339	9,571
TOTAL ASSETS		13,192	12,386	13,805	12,951
LIABILITIES					
Current Liabilities					
Payables	14,9	877	764	877	764
Interest Bearing Liabilities	15,9	22	18	22	18
Employee Entitlements	16	1,026	847	1,026	847
Other Liabilities	17	428	11	428	11
Total Current Liabilities		2,353	1,640	2,353	1,640
Non-Current Liabilities					
Interest Bearing Liabilities	15,9	-	63	-	63
Employee Entitlements	16	643	556	643	556
Total Non-Current Liabilities		643	619	643	619
TOTAL LIABILITIES		2,996	2,259	2,996	2,259
NET ASSETS		10,196	10,127	10,809	10,692
EQUITY					
Reserves	6,7	932	932	932	932
Retained Surplus	5	9,264	9,195	9,877	9,760
Total Equity		10,196	10,127	10,809	10,692

This Statement should be read in conjunction with the accompanying notes

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
Statement of Cash Flows for the Year ended 30 June 2001

	Note	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES					
Receipts					
Government Grants		7,766	7,004	7,766	7,004
Patient Fees		1,796	1,709	1,796	1,709
Other		1,529	1,288	1,579	1,391
Total Receipts		11,091	10,001	11,141	10,104
Payments					
Employee Entitlements		(7,019)	(5,802)	(7,019)	(5,802)
Fee for Service Medical Officers		(838)	(760)	(838)	(760)
Supplies & Consumables		(1,520)	(1,279)	(1,520)	(1,279)
Other		(1,400)	(1,613)	(1,401)	(1,613)
Total Payments		(10,777)	(9,454)	(10,778)	(9,454)
NET CASH FLOWS FROM OPERATING ACTIVITIES	19	314	547	363	650
CASH FLOWS FROM INVESTING ACTIVITIES					
Purchase of Properties, Plant & Equipment		(543)	(576)	(543)	(576)
Proceeds from Sale of Properties, Plant & Equipment		176	50	176	50
Capital Grants		364	348	364	348
Purchase of Investments		(602)	-	(641)	(132)
Non-Government Capital Income		12	31	12	31
NET CASH USED IN INVESTING ACTIVITIES		(593)	(147)	(632)	(279)
CASH FLOWS FROM FINANCING ACTIVITIES					
Proceeds from Borrowings		400	-	400	-
Repayment of Borrowings		(59)	(11)	(59)	(11)
Interest on Borrowings		(5)	(8)	(5)	(8)
NET CASH FLOWS FROM FINANCING ACTIVITIES		336	(19)	336	(19)
NET INCREASE/ DECREASE IN CASH HELD		57	381	67	352
CASH AT 1 JULY 2000		493	112	509	157
CASH AT 30 JUNE 2001	8	550	493	576	509

This Statement should be read in conjunction with the accompanying notes

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2001

Note 1: Statement of Accounting Policies

The consolidated general purpose Financial Statements of the Health Service and its controlled entities 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 the 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 their acquisition and do not take into account changing money values nor the current cost of non current assets (unless specifically stated).

(a) Rounding Off

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

(b) Principles of Consolidation

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

- Stawell District Hospital Foundation

(c) 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.

(d) Other Financial Assets

Other financial assets are valued at cost and are classified between current and non-current assets based on the Health Service 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.

(e) 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.

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

	2000/01	1999/00
Buildings	Up to 40 years	Up to 40 years
Plant & Equipment	Up to 15 years	Up to 15 years
Furniture & Fittings	Up to 10 years	Up to 10 years
Motor Vehicles	Up to 10 years	Up to 10 years
Leased Assets	Up to 10 years	Up to 10 Years

(f) Trade and Other Creditors

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.

(g) Inventories

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

(h) Employee Entitlements

Based on pay rates current at balance date. On-costs such as WorkCover and superannuation are included in the calculation of leave provisions.

Long Service Leave

The provision for long service leave is determined in accordance with Accounting Standard 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 services 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 services up to that date.

(i) Borrowing Costs

Borrowing costs include:

- interest on bank overdrafts and short-term and long-term borrowings
- finance charges in respect of finance leases recognised in accordance with Australian Accounting Standard AAS17 "Accounting for Leases"

(j) Nursing Home

The Health Service Board of Management has complete and effective control of the Helen Schutt Nursing Home and maintained such control for the year.

The Board administered, in its capacity as a Health Service Board, the operations of the Nursing Home throughout the year and as a result has amalgamated the financial results of the Nursing Home with those of the Health Service.

(k) Intersegment Transactions

Transactions between segments within the Health Service have been eliminated to reflect the extent of the Health Service's operations as a group.

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2001

(l) Leased Property and Equipment

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Where a non-current asset is acquired by means of a finance lease, the minimum lease payments are discounted at the interest rate implicit in the lease. The discounted amount is established as a non-current asset at the beginning of the lease term and is amortised on a straight line basis over its expected economic life. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense. Operating lease payments are representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

(m) Income in Advance

Revenue is recognised in accordance with AAS15 which draws a distinction between reciprocal and non-reciprocal transactions in the treatment of the contribution of assets to the entity. A reciprocal transaction is deferred and reported as Income in Advance due to the non completion of the service at reporting date. A non reciprocal transaction is recognised as revenue when the entity gains control of the transfer.

(n) Donations

Donations are recognised as revenue when the cash is received.

(o) Fund Accounting

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

(p) 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 Health Service's own activities or local initiatives.

(q) Comparative Information

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

(r) Change of Name

In recognition of the changing nature of services provided by Stawell District Hospital, the Board of Governance adopted a name change to Stawell Regional Health. This name change was formalised in the "Government Gazette" dated 15th March 2001.

(s) Revenue Recognition

Revenues from all sources are recognised when they are earned.

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 2 : Revenue

	HSA	HSA	Non HSA	Non HSA	Parent	Parent	Consolidated	Consolidated
	2000/01	1999/00	2000/01	1999/00	Entity	Entity	2000/01	1999/00
	\$'000	\$'000	\$'000	\$'000	2000/01	1999/00	\$'000	\$'000
Revenue from Operating Activities								
<i>Recurrent</i>								
Government Contributions								
- Department of Human Services	8,121	6,798	-	-	8,121	6,798	8,121	6,798
- Non Cash Revenue from Services Provided	84	-	-	-	84	-	84	-
Indirect Contributions by Human Services	95	128	-	-	95	128	95	128
Patient Fees (refer note 2c)	1,864	1,705	-	-	1,864	1,705	1,864	1,705
Other	121	96	1,042	842	1,163	938	1,163	938
<i>Capital Purpose Income</i>								
State Government Grants								
-Targeted Capital Works & Equipment	153	259	-	-	153	259	153	259
-Equipment & Infrastructure Maintenance	62	62	-	-	62	62	62	62
- Other	93	85	-	-	93	85	93	85
Donation & Bequests	-	-	104	117	104	117	112	189
Interest Income	-	-	139	104	139	104	180	138
Other	-	-	-	30	-	30	-	30
Sub-Total Revenue from Operating Activities	10,593	9,133	1,285	1,093	11,878	10,226	11,927	10,332
Revenue from Non-Operating Activities								
Property Income	-	-	65	53	65	53	65	53
Proceeds from Sale of Non Current Assets (refer note 2d)	155	74	21	-	176	74	176	74
Sub-Total Revenue from Non-Operating Activities	155	74	86	53	241	127	241	127
Total Revenue from Ordinary Activities (refer note 2a)	10,748	9,207	1,371	1,146	12,119	10,353	12,168	10,459

* Indirect Contributions by Human Services

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

Note 2a : Analysis of Revenue by Source

	Acute	Aged Care &	Mental	Other	Parent	Parent	Consolidated	Consolidated
	Care	Primary Care	Health		Entity	Entity	2000/01	1999/00
	2000/01	2000/01	2000/01	2000/01	2000/01	1999/00	2000/01	1999/00
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue from Services Supported by Health Services Agreement								
Government Grants								
- Department of Human Services	6,954	1,029	138	-	8,121	6,798	8,121	6,798
Indirect Contributions by Human Services*								
- Insurance	95	-	-	-	95	128	95	128
Non-Cash Revenue from Services Provided	54	30	-	-	84	-	84	-
Patient Fees (refer note 2c)	457	1,407	-	-	1,864	1,705	1,864	1,705
Other Revenue	101	20	-	-	121	96	121	96
Sub-Total Revenue from Services Supported by Health Services Agreement	7,661	2,486	138	-	10,285	8,727	10,285	8,727
Revenue from Services Supported by Hospital and Community Initiatives								
<i>Business Units</i>								
Diagnostic Imaging	-	-	-	484	484	478	484	478
Catering	-	-	-	151	151	147	151	147
Surgical Services	-	-	-	105	105	93	105	93
Property and Rental Income	-	-	-	65	65	53	65	53
Other	-	-	-	302	302	124	302	124
<i>Other Specific Purpose Revenues</i>								
Capital Purpose Income (Refer note 2)	-	-	-	551	551	657	600	763
Proceeds from Sale of Non Current Assets (refer note 2d)	-	-	-	176	176	74	176	74
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	-	-	-	1,834	1,834	1,626	1,883	1,732
Total Revenue from All Sources	7,661	2,486	138	1,834	12,119	10,353	12,168	10,459

* Indirect Contributions by Human Services

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

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 2b: Analysis of Expenses by Source

	Acute Care 2000/01 S'000	Aged Care & Primary Care 2000/01 S'000	Mental Health 2000/01 S'000	Other 2000/01 S'000	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Services supported by Health Services Agreement								
Employee Entitlements								
- Salaries and Wages	3,827	1,742	143	-	5,712	4,727	5,712	4,727
- Workcover	85	39	2	-	126	90	126	90
- Long Service Leave	132	71	5	-	208	153	208	153
- Superannuation	360	138	11	-	509	411	509	411
Fee for Service Medical Officers	841	-	-	-	841	766	841	766
Supplies and Consumables								
- Drug Supplies	189	3	-	-	192	138	192	138
- Medical And Surgical Supplies	627	113	-	-	740	556	740	556
- Food Supplies	24	89	35	-	148	303	148	303
Other Expenses								
- Domestic Services	131	54	-	-	185	152	185	152
- Administrative Expenses	508	89	-	-	597	754	597	754
- Repairs and Maintenance	276	87	-	-	363	348	363	348
- Patient Transport	29	-	-	-	29	29	29	29
- Bad & Doubtful Debts	4	-	-	-	4	-	4	-
- Other	261	-	-	-	261	101	261	101
Sub-Total Expenses from Services Supported by Health Services Agreement	7,294	2,425	196	-	9,915	8,528	9,915	8,528
Services Supported by Hospital and Community Initiatives								
Employee Entitlements								
- Salaries and Wages	-	-	-	652	652	455	652	455
- Workcover	-	-	-	8	8	7	8	7
- Long Service Leave	-	-	-	15	15	12	15	12
- Superannuation	-	-	-	55	55	42	55	42
Supplies and Consumables								
- Medical And Surgical	-	-	-	325	325	253	325	254
- Food Supplies	-	-	-	111	111	107	111	107
Other Expenses								
- Domestic Services	-	-	-	6	6	2	6	2
- Administrative Expenses	-	-	-	120	120	97	121	98
- Repairs and Maintenance	-	-	-	38	38	25	38	25
- Bad & Doubtful Debts	-	-	-	2	2	1	2	1
- Other	-	-	-	15	15	22	15	22
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	-	-	-	1,347	1,347	1,023	1,348	1,024
Depreciation and Amortisation (refer note 3)	-	-	-	626	626	600	626	600
Audit Fees - Auditor General's	-	-	-	8	8	8	8	8
Borrowing Costs (refer note 4)	-	-	-	5	5	9	5	9
Written Down Value of Assets Sold (refer note 2d)	-	-	-	149	149	52	149	52
Total Expenses From Ordinary Activities	7,294	2,425	196	2,135	12,050	10,220	12,051	10,221

Note 2c : Patient Fees

	Parent Patient Received 2000/01 S'000	Entity Fees Received 1999/00 S'000	Parent Patient Receivable 2000/01 S'000	Entity Fees Receivable 1999/00 S'000	Consolidated Patient Received 2000/01 S'000	Consolidated Fees Received 1999/00 S'000	Consolidated Patient Receivable 2000/01 S'000	Consolidated Fees Receivable 1999/00 S'000
Acute								
- Inpatients	450	369	98	41	450	369	98	41
- Outpatients	7	5	-	-	7	5	-	-
Aged Care & Primary Health								
- Nursing Homes	1,237	1,160	30	30	1,237	1,160	30	30
- Other	170	171	2	4	170	171	2	4
Total	1,864	1,705	130	75	1,864	1,705	130	75
Less Provision for Doubtful Debts			(3)	(8)			(3)	(8)
Net Patient Fees Receivable			127	67			127	67

Commonwealth Nursing Home inpatient benefits are included in patient fee revenue.
 The Health Service charges fees in accordance with Department of Human Services directives.

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 2d: Sale of Non Current Assets

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Proceeds from Disposal	176	74	176	74
Less: Written Down Value of Assets Sold	149	52	149	52
Net Surplus on Disposal	27	22	27	22

Note 2e: Analysis of Expenses by Business Unit for Services Supported by Hospital and Community Initiatives

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Business Units				
Diagnostic Imaging	442	435	442	435
Catering	217	165	217	165
Surgical Services	265	203	265	203
Other	423	220	424	221
Other Specific Purpose Services				
Depreciation and Amortisation (refer note 3)	64	65	64	65
Written Down Value of Assets Sold (refer note 2d)	33	19	33	19
Total	1,444	1,107	1,445	1,108

Note 3: Depreciation and Amortisation

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Buildings	165	164	165	164
Plant & Equipment	268	251	268	251
Furniture & Fittings	112	91	112	91
Motor Vehicles	62	70	62	70
Leased Asset	19	24	19	24
Total	626	600	626	600
Allocation of Depreciation/Amortisation:				
Services supported by Health Service Agreement	562	535	562	535
Services Supported by Hospital & Community Initiatives	64	65	64	65
Total	626	600	626	600

Note 4: Borrowing Costs

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Finance Charges on Finance Leases	5	8	5	8
Interest on Short Term Borrowings	-	1	-	1
Total	5	9	5	9

Note 5: Retained Surplus

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Retained Surplus at the Beginning of the Reporting Period	9,195	9,062	9,760	9,522
Net Surplus for the year	69	133	117	238
Transfers to and from Reserves	-	-	-	-
Adjustments Resulting from Change in Accounting Policy	-	-	-	-
Retained Surplus at the Reporting Date	9,264	9,195	9,877	9,760

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 6: Asset Revaluation Reserve

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Asset Revaluation at the Beginning of the Reporting Period	931	931	931	931
Increase Recognised in the Statement of Financial Performance on the Revaluation of Assets	-	-	-	-
Asset Revaluation Reserve at the Reporting Date	931	931	931	931

Note 7: Other Reserves

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Funds Held in Perpetuity at the Beginning of the Reporting Period	1	1	1	1
Transfers to and from Perpetuity	-	-	-	-
Funds Held in Perpetuity at the Reporting Date	1	1	1	1

Note 8: Reconciliation of Cash

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Financial Institutions	550	493	576	509
Total	550	493	576	509

For the purposes of the Statement of Cash Flows, the Health Service considers cash to include cash on hand and in banks.

Note 9: Financial Instruments

Interest Rate Exposure as at 30/06/2001

	Weighted Average Interest Rate	Fixed interest rate maturing					Non Interest Bearing S'000	Parent Entity 2000/01 S'000	Consolidated 2000/01 S'000
		Floating Interest Rate S'000	1 Year or Less S'000	1 to 5 Years S'000	Over 5 Years S'000				
Financial Assets									
Cash	2.20%	550	-	-	-	-	550	576	
Receivables	0.00%	-	-	-	-	773	773	790	
Prepayments	0.00%	-	-	-	-	24	24	24	
Other Financial Assets	5.21%	-	2,352	-	-	-	2,352	2,922	
Total Financial Assets		550	2,352	-	-	797	3,699	4,312	
Financial Liabilities									
Payables	0.00%	-	-	-	-	905	905	905	
Borrowings	9.47%	-	22	-	-	400	422	422	
Total Financial Liabilities		-	22	-	-	1,305	1,327	1,327	
Net Financial Assets/(Liabilities)		550	2,330	-	-	(508)	2,372	2,985	
Interest Rate Exposure as at 30/06/2000									
	Weighted Average Interest Rate	Fixed interest rate maturing					Non Interest Bearing S'000	Parent Entity 1999/00 S'000	Consolidated 1999/00 S'000
		Floating Interest Rate S'000	1 Year or Less S'000	1 to 5 Years S'000	Over 5 Years S'000				
Financial Assets									
Cash	2.50%	493	-	-	-	-	493	509	
Receivables	0.00%	-	-	-	-	420	420	438	
Prepayments	0.00%	-	-	-	-	11	11	11	
Other Financial Assets	6.05%	-	1,750	-	-	-	1,750	2,281	
Total Financial Assets		493	1,750	-	-	431	2,674	3,239	
Financial Liabilities									
Payables	0.00%	-	-	-	-	764	764	764	
Borrowings	6.48%	-	18	63	-	-	81	81	
Total Financial Liabilities		-	18	63	-	764	845	845	
Net Financial Assets/(Liabilities)		493	1,732	(63)	-	(333)	1,829	2,394	

Note 9: Financial Instruments (Continued)

Market Value	Parent Entity		Parent Entity		Consolidated		Consolidated	
	2000 /01	Net Market	1999 /00	Net Market	2000 /01	Net Market	1999 /00	Net Market
	Book Value \$'000	Value \$'000	Book Value \$'000	Value \$'000	Book Value \$'000	Value \$'000	Book Value \$'000	Value \$'000
Financial Assets								
Cash	550	550	493	493	576	576	509	509
Receivables	773	773	420	420	790	790	438	438
Prepayments	24	24	11	11	24	24	11	11
Other Financial Assets	2,352	2,352	1,750	1,750	2,922	2,922	2,281	2,281
Total Financial Assets	3,699	3,699	2,674	2,674	4,312	4,312	3,239	3,239
Financial Liabilities								
Payables	905	905	764	764	905	905	764	764
Borrowings	422	422	81	81	422	422	81	81
Total Financial Liabilities	1,327	1,327	845	845	1,327	1,327	845	845

- 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 market value.
 ii. Interest bearing liabilities 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 10: Receivables

Current	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Inter Hospital Debtors	14	8	14	8
Trade Debtors	193	151	193	151
Patient Fees	130	75	130	75
Accrued Investment Income	24	22	41	39
Accrued Revenue				
- Department of Human Services	321	162	321	162
- Other	12	16	12	17
DHS - Long Service Leave	84	-	84	-
Total	778	434	795	452
less Provision for Doubtful Debts				
Inter Hospital Debtors	-	-	-	-
Trade Debtors	2	6	2	6
Patient Fees	3	8	3	8
Total	5	14	5	14
Net Debtors and Accrued Revenue	773	420	790	438
Bad and Doubtful Debts - Trade Debtors	6	1	6	1
Total	6	1	6	1

Note 11: Other Financial Assets

	Operating Fund \$'000	Specific Purpose Fund \$'000	Capital Fund \$'000	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Current							
Other Financial Assets							
- Investments - Banks	-	-	2,352	2,352	1,750	2,922	2,281
Non Current							
Investments - Government Instrumentalities	-	-	1	1	1	1	1
Total	-	-	2,353	2,353	1,751	2,923	2,282
Analysed as follows:							
Current							
Aust. Dollar Term Deposits				2,352	1,750	2,922	2,281
Non Current							
Inscribed Stock				1	1	1	1
Total				2,353	1,751	2,923	2,282

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 11a: Monies Held in Trust

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Current				
Patient Monies held in Trust	14	11	14	11
Salary Packaging Trust Monies	14	-	14	-
Total	<u>28</u>	<u>11</u>	<u>28</u>	<u>11</u>
Represented by the following assets:				
Cash Assets	28	11	28	11
Total	<u>28</u>	<u>11</u>	<u>28</u>	<u>11</u>

Note 12: Inventory

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Pharmaceuticals	12	8	12	8
Catering Supplies	8	5	8	5
Housekeeping Supplies	5	4	5	4
Medical and Surgical Lines	92	108	92	108
Administration Stores	9	5	9	5
Total	<u>126</u>	<u>130</u>	<u>126</u>	<u>130</u>

Note 13: Property, Plant & Equipment

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
At Cost				
Buildings	155	51	155	51
Less Accumulated Depreciation	2	-	2	-
	<u>153</u>	<u>51</u>	<u>153</u>	<u>51</u>
Plant & Equipment	4,114	4,008	4,114	4,008
Less Accumulated Depreciation	2,386	2,135	2,386	2,135
	<u>1,728</u>	<u>1,873</u>	<u>1,728</u>	<u>1,873</u>
Furniture & Fittings	784	689	784	689
Less Accumulated Depreciation	469	360	469	360
	<u>315</u>	<u>329</u>	<u>315</u>	<u>329</u>
Leased Assets	55	104	55	104
Less Accumulated Amortisation	33	30	33	30
	<u>22</u>	<u>74</u>	<u>22</u>	<u>74</u>
Motor Vehicles	373	338	373	338
Less Accumulated Depreciation	111	116	111	116
	<u>262</u>	<u>222</u>	<u>262</u>	<u>222</u>
Total at Cost	<u>2,480</u>	<u>2,549</u>	<u>2,480</u>	<u>2,549</u>
At Valuation				
Land	635	635	635	635
Buildings	6,550	6,550	6,550	6,550
Less Accumulated Depreciation	327	164	327	164
	<u>6,223</u>	<u>6,386</u>	<u>6,223</u>	<u>6,386</u>
Total at Valuation	<u>6,858</u>	<u>7,021</u>	<u>6,858</u>	<u>7,021</u>
Total Property, Plant and Equipment	<u>9,338</u>	<u>9,570</u>	<u>9,338</u>	<u>9,570</u>

Land and Buildings were valued at 30th June 1999 by the Department of Natural Resources and Environment, Valuation and Survey Services Office. Land has been valued at current market value. Buildings have been valued at written down replacement cost.

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 13: Property, Plant & Equipment (continued)

Reconciliations of the carrying amounts of each class of land, buildings, plant & equipment, furniture & fittings, leased assets, and motor vehicles at the beginning and end of the current and previous financial year are set out below.

	Land \$'000	Buildings \$'000	Plant & Equipment \$'000	Furniture & Fittings \$'000	Leased Assets \$'000	Motor Vehicles \$'000	Total \$'000
2001							
Carrying amount at start of year	635	6,437	1,873	329	74	222	9,570
Additions	-	104	125	98	-	216	543
Disposals	-	-	2	-	33	114	149
Depreciation expense (note 3)	-	165	268	112	19	62	626
Carrying Amount at end of year	635	6,376	1,728	315	22	262	9,338
2000							
Carrying amount at start of year	635	6,550	1,773	333	63	244	9,598
Additions	-	51	354	91	49	80	625
Disposals	-	-	3	4	14	32	53
Depreciation expense (note 3)	-	164	251	91	24	70	600
Carrying Amount at end of year	635	6,437	1,873	329	74	222	9,570

Note 14: Payables

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Current				
Trade Creditors	565	461	565	461
Accrued Expenses	312	303	312	303
Total Payables	877	764	877	764

Note 15: Interest Bearing Liabilities

	Parent Entity 2000/01 \$'000	Parent Entity 1999/00 \$'000	Consolidated 2000/01 \$'000	Consolidated 1999/00 \$'000
Current				
Finance Lease Liability (refer note 15a)	22	18	22	18
Non Current				
Finance Lease Liability (refer note 15a)	-	63	-	63
Total Interest Bearing Liabilities	22	81	22	81

All finance leases are secured by the equipment for which the finance lease was taken out and are Australian Dollar Borrowings.

Note 15a: Lease Liabilities

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Finance Leases				
Commitments in relation to finance leases are payable as follows:				
Not later than one year	23	22	23	22
Later than one year and not later than 5 years	-	64	-	64
Later than 5 years	-	-	-	-
Minimum lease payments	23	86	23	86
Less future finance charges	1	5	1	5
Total	22	81	22	81
Representing Lease Liabilities				
Current	22	18	22	18
Non Current	-	63	-	63
Total	22	81	22	81

Note 16: Employee Entitlements

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Current				
Long Service Leave	148	151	148	151
Accrued Salaries and Wages	249	189	249	189
Annual Leave	603	493	603	493
Accrued Days Off	26	14	26	14
Total Current	1,026	847	1,026	847
Non Current				
Long Service Leave	643	556	643	556
Total	1,669	1,403	1,669	1,403
Movement in Long Service Leave:				
Balance July 1, 2000	707	707	707	707
Provision made during the year	223	165	223	165
Settlement made during the year	(139)	(165)	(139)	(165)
Balance June 30, 2001	791	707	791	707

Note 17: Other Liabilities

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Current				
- Nurses EBA Advance from Department of Human Services	400	-	400	-
- Monies held in Trust (refer note 11a)	28	11	28	11
Total	428	11	428	11

Note 18: Equity

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Total Equity at the Beginning of the Reporting Period	10,127	9,994	10,692	10,454
Total Changes in Equity Recognised in the Statement of Financial Performance	69	133	117	238
Total Equity at the Reporting Date	10,196	10,127	10,809	10,692

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 19: Reconciliation of Net Cash Used in Operating Activities to Operating Result

	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Entity Surplus/(Deficit) for the Year	69	133	117	238
Less income designated for capital purposes	376	386	376	386
Entity Surplus/(Deficit) prior to capital items	(307)	(253)	(259)	(148)
NON CASH MOVEMENTS				
Depreciation & Amortisation	626	600	626	600
Increase/(Decrease) in Payables	118	161	118	161
Increase/(Decrease) in Employee Entitlements	266	95	266	95
Increase/(Decrease) in Lease Liabilities	-	12	-	12
Net Profit from Sale of Plant and Equipment	(27)	(22)	(27)	(22)
(Increase)/Decrease in Other Current Assets	(9)	(77)	(9)	(77)
(Increase)/Decrease in Receivables	(353)	31	(352)	29
NET CASH PROVIDED BY OPERATING ACTIVITIES	314	547	363	650

Note 20: Commitments

	Not later than one year S'000	Later than one year and not later than 5 years S'000	Later than 5 years S'000	Parent Entity 2000/01 S'000	Parent Entity 1999/00 S'000	Consolidated 2000/01 S'000	Consolidated 1999/00 S'000
Capital Commitments							
Plant and Equipment	272	-	-	272	-	272	-
Total	272	-	-	272	-	272	-

Note 21: Contingent Liabilities

As at June 30 2001 Stawell Regional Health has no knowledge of any contingent liabilities.

Note 22: Superannuation

- Stawell Regional Health contributes to Health Super Pty Ltd and the Hesta Superannuation Fund for all eligible employees.
- During the 2000/01 financial year, Stawell Regional Health's contribution to Health Super Pty Ltd totalled \$557,896 (1999/00 - \$453,080) and Hesta Superannuation Fund totalled \$6,776 (1999/00 - \$401).
- There are no contributions outstanding in respect of the 2000/01 financial year payable by Stawell Regional Health to Health Super Pty Ltd or Hesta Superannuation Fund.
- In accordance with Section 20(2)(a) of the Hospital's Superannuation Act 1988 and the State Superannuation Act 1988, contributions of the institution are calculated as a percentage of the employee's salary. Separate Contributions are determined for basic benefits and optional contributory benefits in accordance with Section 29(3).
- There have been no loans made to Stawell Regional Health from employee superannuation funds.

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 23: Segment Reporting

Segment	Segment Revenue 2000/01 S'000	Segment Expenditure 2000/01 S'000	Surplus/ Deficit 2000/01 S'000	Segment Assets 2000/01 S'000	Segment Liabilities 2000/01 S'000	Segment Equity 2000/01 S'000
Hospital	10,390	10,262	128	11,126	2,537	8,589
Nursing Home	1,729	1,788	(59)	2,066	459	1,607
Sub - Total	12,119	12,050	69	13,192	2,996	10,196
Foundation	49	1	48	613	-	613
Total	12,168	12,051	117	13,805	2,996	10,809
Segment	Segment Revenue 1999/00 S'000	Segment Expenditure 1999/00 S'000	Surplus/ Deficit 1999/00 S'000	Segment Assets 1999/00 S'000	Segment Liabilities 1999/00 S'000	Segment Equity 1999/00 S'000
Hospital	8,818	8,665	153	10,262	2,181	8,081
Nursing Home	1,535	1,555	(20)	2,124	78	2,046
Sub - Total	10,353	10,220	133	12,386	2,259	10,127
Foundation	106	1	105	565	-	565
Total	10,459	10,221	238	12,951	2,259	10,692

STAWELL REGIONAL HEALTH (FORMERLY STAWELL DISTRICT HOSPITAL)
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

Note 24: Responsible Person Related Disclosures

(a) Responsible Persons

The Hon. J. Thwaites MP	Dr. A.H. Cunningham	Mr P.J. Martin
Mrs. M.I. Blake	Mr. N.S. Dunn	Mr G.E. McDonough
Mrs. J.M. Brilliant	Mr. G.B. Fuller	Mr. G.J. Thomas
Dr. R.N. Castle	Mrs K. Harris	Mr. M.B. Delahunty C.E.O
Mr H.L. Cooper		

(b) Remuneration of Responsible Persons

The number of Responsible Persons are shown in their relevant income bands

Income	2001 No.	2000 No.
\$30000- \$39,999	1	1

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 benefits were paid in connection with the retirement of Responsible Persons

(d) Other Transactions of Responsible Persons and their Related Parties

	2001 \$'000	2000 \$'000
Dr R.N. Castle and Dr A.H. Cunningham provide Visiting Medical Officer services.	143	122
Mr G Thomas is a Partner of Curtis & Thomas, Chartered Accountants which provides Computer Hardware	-	7
Mr G Fuller is a Manager of Ford Kinter & Associates (formerly the Principal of G.Fuller Pty Ltd) which provides Insurance Broking Services	13	1
Ms M Blake provides rental accomodation for staff housing	8	1

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

	2001 \$'000	2000 \$'000
Aggregate amounts payable at Balance Date	12	6

(f) Amounts attributable to other Transactions with Responsible Persons and their Related Parties

There are no amounts attributable to other Transactions with Responsible Persons and their Related Parties.

(g) Executive Officer Remuneration

The number of Executive Officers whose total remuneration for the year falls within each successive \$10,000 band, commencing at \$100,000.

	2001 No.	2000 No.
\$120,000 - \$129,999	-	1
\$130,000 - \$139,999	1	-

Note 25: Transactions with Other Government Controlled Entities

During the 2000/01 financial year transactions undertaken with other State Government controlled entities were as follows:

	Intra Health Portfolio \$'000	Inter Health Portfolio \$'000
Assets	434	55
Liabilities	444	3
Revenue	8,610	180
Expenses	324	43

This data is required to enable consolidation across the Health Portfolio and to ensure proper elimination of intra and inter department portfolio transactions.

Note 26: Controlled Entities

This Consolidated Financial Report consolidates the financial transactions of the following entities:-

Parent Entity:- Stawell Regional Health

Controlled Entity:- Stawell District Hospital Foundation

STAWELL DISTRICT HOSPITAL FOUNDATION

Balance Sheet as at 30th June 2001

	Note	2000/01 \$	1999/00 \$
Equity			
Settled Sum		100	100
Retained Earnings		613,597	564,396
Total Equity		613,697	564,496
Liabilities			
Accrued Expenses		0	0
Total Liabilities		0	0
Total Equity and Liabilities		613,697	564,496
Assets			
Cash at Bank and on Hand		25,926	15,972
Accrued Revenue		0	1,000
Accrued Interest		17,816	16,817
Investments	3	569,955	530,707
Total Assets		613,697	564,496

Revenue and Expense Statement for the Year Ended 30th June 2001

	Note	2000/01 \$	1999/00 \$
Income			
Donations	5	8,500	72,210
Interest		40,927	34,383
Total		49,427	106,593
Less Expenditure			
Administrative Fees		226	163
Total		226	163
Operating Surplus for the Year		49,201	106,430
Retained Earnings at 1 July		564,396	457,966
Retained Earnings at 30 June		613,597	564,396

Statement of Cash Flows for the Year Ended 30th June 2001

	Note	2000/01 \$	1999/00 \$
Cash Flows From Operating Activities			
Interest received		39,928	32,207
Donations received		9,500	71,210
Payments		(226)	(163)
Net Cash Generated From Operating Activities	4	49,202	103,254
Cash Flows from Investing Activities			
Payments for purchase of Investments		(39,248)	(132,201)
Net Cash used in Investing Activities		(39,248)	(132,201)
Net Increase in Cash Held		9,954	(28,947)
Cash at 1 July		15,972	44,919
Cash at 30 June		25,926	15,972

Stawell District Hospital Foundation

Notes to and forming part of the Accounts of the Year Ending 30th June 2001

Note 1: Statement of Accounting Policies

The accounts of the Foundation have been drawn up in accordance with the deed of settlement, the accounting standards and disclosure requirements of the Australian accounting bodies, and the requirements of law. They have been prepared on the basis of historical costs and do not take into account changing money values. Except where stated, the accounting policies have been consistently applied.

Set out below is a summary of the significant accounting policies adopted by the trust in the preparation of the accounts.

(a) Accrual Accounting

The accounts have been prepared on an accrual basis, whereby income is recognised as earned and expenditure as incurred.

(b) Income Tax

The Foundation is exempt from the requirement to pay Income Tax pursuant to Section 23(j)(ii) of the Income Tax Assessment Act.

(c) Investments

Investments are valued at cost. Interest revenue from investments is brought to account as it is earned.

(d) Cash

For the purposes of the Statement of Cashflows, cash includes cash on hand and in banks net of outstanding bank overdrafts.

Note 2: Creation of Trust

A Deed of Settlement was executed on December 18, 1989 to establish the Stawell District Hospital Foundation. The purpose of the Foundation is to establish a charitable fund to which any person, corporation or association may contribute for the purpose of providing money, property and benefits to the Stawell District Hospital.

Note 3: Investments

	2000/01	1999/00
	\$	\$
Interest Bearing Bank Deposits	569,955	530,707

Note 4: Reconciliation of Net Cash Provided by Operating Activities to Operating Surplus

	2000/01	1999/00
	\$	\$
Operating Surplus	49,201	106,430
Increase (Decrease) in Accrued Expenses	0	0
(Increase) Decrease in Accrued Revenue	1,000	(1,000)
(Increase) Decrease in Accrued Interest	(999)	(2,176)
Net Cash Flow from Operating Activities	49,202	103,254

Note 5: Donations

	2000/01	1999/00
	\$	\$
Mrs. E. Raggart		100
Hyslop Family	1,000	
Mr. N. Bennett	100	100
A.G.S. Gray	1,000	300
Mr. & Mrs. L.H.S. Tolliday		200
Other	4,050	2,920
A. & S. Carter		200
D.J. McCue	250	
Mr. & Mrs. L.A. & K.M. Morgan	1,000	
B. & P. Shelly	100	100
Mrs. E. Breier		100
Mr. & Mrs. M. Robson		300
Mr. J.M. & Mrs. M.E. Bennett Family Trust		30,000
Mrs. C. Crow		200
Mr. & Mrs. J. Newall		100
Mrs. C. MacKay		100
Estate of late Olive Mathews		2,000
Estate of late Emily Belinda Mills		33,490
Hyslop Pastoral		1,000
Barham Families	1,000	1,000
Total	8,500	72,210

Note 6: Commitments and Contingent Liabilities

The Trustees are unaware of any commitments or contingent liabilities not recorded or disclosed as at June 30, 2001.

BRIEF HISTORY OF THE STAWELL HOSPITAL

The Stawell Hospital is in its 143rd year of community service. It is Stawell's oldest continuing Community Institution.

Prior to the discovery of gold in 1853, many large sheep holdings had started in the area. In 1856, the gold mining was on in earnest, and an estimated population of 20-30,000 people were in the area.

Sickness was rife and the mortality high. In July 1858, several concerned citizens met initially and three men, who could be regarded as the founders of the Stawell District Hospital, namely Mr. James Playford, Mr. A.R. Clemes and Mr. R.H. Buchanan, tirelessly visited all parts of the district to raise money for the hospital.

On August 2, 1858, a public meeting was held. A total of 500 pounds was raised in three months and by February 1859, a 16 bed hospital was ready for occupation. It had three rooms and was made of bark and calico construction. Its first patient was admitted on February 28, 1859 with a spinal injury suffered at the gold mine.

The hospital had cost 365 pounds to build, 130 pounds for the furniture inside and was debt free on completion. The population at this time was between 8,000 and 10,000 people.

The first annual meeting was held in June 1860 and it was reported that 67 patients had been admitted during the year, of which 42 were cured or relieved, 14 were still in hospital and 11 had died.

At the time, Maryborough and Portland were the only other hospitals west of Ballarat, and Stawell was one of the first 18 hospitals in Victoria.

A better hospital was built at Pleasant Creek in 1861, which is now Pleasant Creek Training Centre.

In 1887, the first ward to care specially for the aged (*like our present nursing home*) was built. It cared for the aged and the friendless. In 1874 hospitals were built in Horsham and St. Arnaud, resulting in a loss of large subscriptions to the Stawell District Hospital.

In 1884, a drought and a severe economic depression hit the colony involving mining, agriculture and pastoral. This saw a cut in government grants and therefore the Hospital Committee was forced to restrict the number of admissions and to reduce the salaries and wages of the staff.

In 1930, Stawell Hospital was declared a Community Hospital on one condition that no needy or poor patients were to be denied admission through paying patients occupying the beds.

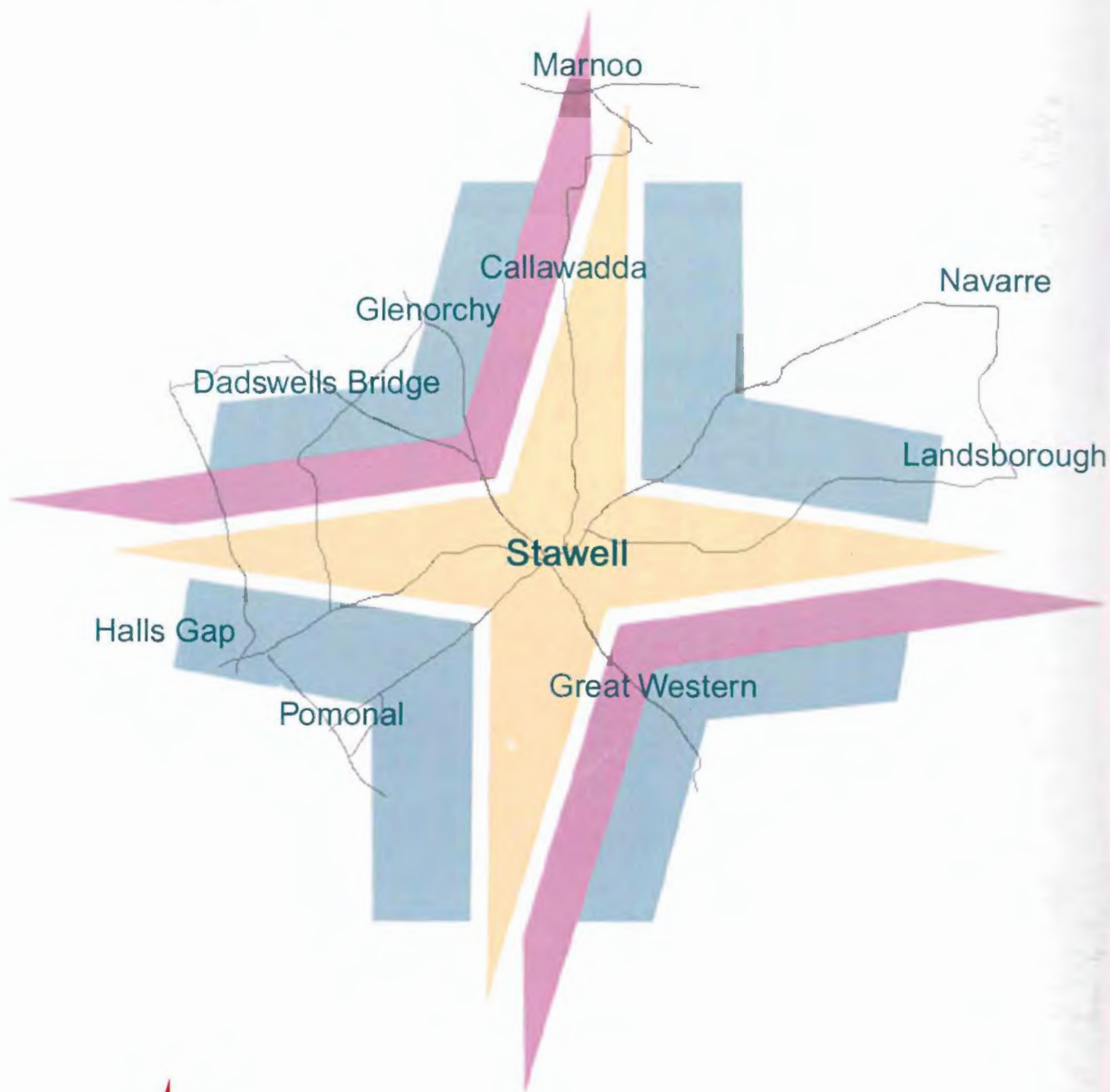
The hospital at this time had become too small and old. A government grant of 4,000 pounds was offered for renovations and extensions but the committee of that time persuaded the government that a new hospital was necessary and so the present hospital was built on the site which was then known as the St. George Sands. The old hospital was taken over by the Mental Health Authority.

The present site was prepared by voluntary labour at the cost of 275 pounds. Plans were prepared and approved and the hospital opened in June 1934 by Sir W. Irvine, Governor of Victoria.

Major capital developments since then include:

- 1956 : Nurses home built (*currently occupied by Grampians Community Health Centre*)
- 1967 : X-Ray/Theatre Wing opened
- 1973 : Nursing Home beds first established (*16 beds*)
- 1976 : Day Centre building (*Grampians Wing*) officially opened
- 1984 : Kitchen upgraded
- 1986 : Nursing Home increased by 14 beds (*Perry Wing*)
- 1987 : Castle Wing (*24 bed Medical Wing*) opened
- 1988 : New Radiology complex officially opened
- 1991 : Simpson Wing (*16 bed Surgical/Midwifery Wing*) officially opened
- 1995 : Helen Schutt 30 Bed Nursing Home officially opened
- 1998 : Helipad established
- 2001 : John and Margaret Bennett Day Centre opened
- 2001 : Corporate name of organisation changed to Stawell Regional Health

Caring for Our Community



STAWELL
REGIONAL HEALTH