

Annual Report 2002





Stawell Regional Health
Sloane Street, Stawell Victoria 3380
Telephone : (03) 5358 2255
Facsimile : (03) 5358 3553

Email : info@srh.org.au

Web : www.srh.org.au



Stawell District Hospital Originally Established
Pleasant Creek : February 1859
Relocated to Sloane Street : June 1934
Change of Corporate Name : March 2001

Stawell Regional Health provides a complete continuum of intergrated health and related services, by providing the highest quality facilities and skills delivered in a personalised and caring environment.

MAJOR ACHIEVEMENTS

- Commencement of \$7.1m Stawell Hospital redevelopment
- Commencement of \$1.8m Helen Schutt Nursing Home extension and upgrade
- Community appeal raises \$810,000
- Australian Council on Healthcare Standards awards maximum four (4) year accreditation
- Opening of the John and Margaret Bennett Day Centre
- Funding of \$650,000 received for three (3) year Commonwealth Regional Health Services programme
- Completed human resources work practice review (STAR) project
- Development of organization wide risk management plan
- Purchase of residential accommodation for medical students
- Completed report titled "Stawell and District Aged Care Needs Analysis and Service Plan"



Contents

2. Board of Governance Report
5. Services we Offer
6. Board Member Profiles
8. Report of Operations
13. Organisational Structure
14. Clinical Services
15. Medical Practitioners
16. Public Relations/Fundraising
18. Guest Speaker
19. Awards
20. Vale
21. Quality of Care Report
- Financials (separate)

143rd Annual Report 2001/2002

Front Cover

Dr. Bruce Warton, Accreditation Surveyor and Claire Letts, Director of Clinical Services
Epworth Life Flight Helicopter

Div. 1 Nurse Chris Jordan with patient Max Perry

Governor John Landy and Sarah Warren, Quality Manager, following presentation of 4 year accreditation certificate

Back Cover

Hospital front entrance

Helen Schutt Nursing Home

Day Centre client Bob Sudholz

Quality Care Report Cover

Mrs. Esme Beck nursing baby Joshua Pryor, 3 days old, while mother Michelle looks on

Board of Governance Report



On behalf of the Board of Governance, it is once again our pleasure to present the Annual Report, for the year ended June 30, 2002; this being the 143rd Annual Report of this Health Service.

It is extremely gratifying to highlight the achievements that have occurred during the year, many of which were the result of sustained efforts over an extended period of time. These achievements, which formed part of our strategic plan adopted in 2001, include the following:

Capital Developments ***Stawell Hospital Redevelopment***

The Board is delighted to acknowledge that full funding of \$6.3m has been received from the State Government to ensure the redevelopment of the hospital occurs during the next two (2) years. Construction for stage 1 commenced in May 2002 and is scheduled to conclude in December 2003, with a total end cost of

\$3.8m. Stage 2 is scheduled to commence in early 2004 and be completed by December 2004 at a cost of \$3.3m. The project will, when completed at a total cost of \$7.1m, provide twenty-nine (29) overnight beds, six (6) day surgery beds, new operating theatre suite, new accident and emergency department, new radiology department, new Pharmacy Department and a redesigned medical records/front office area. We apologise for the inconvenience that has occasionally occurred during the redevelopment, particularly with the significant reduction in bed numbers. However, we look forward to the disruption being significantly reduced during the next twelve (12) months as progress occurs with the redevelopment. We particularly wish to acknowledge the support and outstanding assistance we are receiving with the redevelopment from Peter Muir (*Silver Thomas Hanley: Architects*) and Glenn Hardware, Project Manager (*Hooker Cockram: Builders*).

Nursing Home Extension

Construction of an additional five (5) beds to the 30 bed Helen Schutt Nursing Home commenced on July 1, 2002 and is to conclude in December 2002. We expect to accommodate the additional five residents from February 1, 2003. The \$1.8m project includes upgrading the existing facility with air conditioning and modernizing and expanding the living and servery area.

Again, we have been very fortunate to have two outstanding professionals leading this project, Clive Wilson, Architect (*Brown Falconer Group*) and Mr. Graham Altmann (*Building Contractor*).

Community Appeal

The costs associated with the capital redevelopments required the Board to launch a community appeal with a target of \$1m to be raised over three (3) years. The Board was delighted that Dr. Andrew Cunningham accepted our invitation to be chairman of the appeal which was launched in January 2002. At the time of writing this report the appeal totals \$810,000 and we are confident that our target will be exceeded in the very near future. We express our sincere thanks to all individuals and groups who have generously pledged to the appeal to ensure the hospital and nursing home redevelopments occur.

Accreditation

In early May 2002 three (3) surveyors comprising a Doctor, Nurse and an Administrator, appointed by the Australian Council on Healthcare Standards undertook an organization wide survey of the health service. The survey included a review of documentation, quality improvement reports and discussion with patients and families to ascertain the level of satisfaction with the care provided. The result of the survey was extremely positive.

In summary the surveyors stated "The surveyors were of the unanimous view that a culture of continuous improvement existed throughout the entire

organization"; with the result that the Australian Council on Healthcare Standards awarded the maximum four (4) year accreditation. The Board congratulates all staff on this outstanding achievement.

During the year other advances of our STRATEGIC PLAN included:

- The opening of the **John and Margaret Bennett Day Centre** in September 2001 in a building previously utilized as the Lady Brooks Kindergarten.
- Implementing the **Commonwealth Regional Health services programme** for this sub-region. The Commonwealth Government have allocated \$650,000 over three (3) years to provide improved health services to the communities of Halls Gap, Glenorchy, Landsborough, Navarre, Marnoo and Great Western. This programme is being delivered with the assistance of Budja Budja Aboriginal Co-Operative, Grampians Community Health Centre and Northern Grampians Shire.
- In partnership with the Northern Grampians Shire, **accommodation** was purchased **for medical students**, with the assistance of a \$145,000 grant from the Commonwealth Government.
- Completed report titled "**Stawell and District Aged Care Needs Analysis and Service Plan**" in partnership with Eventide Homes and the Department of Human Services. The report provides direction and priority setting for aged care services which will be progressively implemented.
- Completed the STAR (*Stawell, Transition, Action Learning, Redevelopment*) project to identify revised work practices required when the hospital redevelopment is finalized. All staff, particularly the nursing staff are commended for the pro-active manner in which they participated in this project; and

- Development of an **organization wide risk management plan** that we expect will be completed by December 2002.

Stawell Hospital Foundation

The Foundation was established in 1989 with the objective of raising \$1m which is invested, and only the interest used to purchase equipment required by the hospital. The Foundation received a significant boost this year with a bequest of \$240,000 from the estate of Mr. Alex Pickering, raising the fund balance to \$903,000.

In recognition of this bequest the Radiology Department has been named in honour of Mr. Pickering.

The Board also wishes to record its appreciation to Mr. John Blay who during the year, was appointed a Trustee of the Foundation.

Staff

To all staff we thank you for your continued dedication and loyalty to the objectives of the organization. In a time of major change, as a result of the capital redevelopment, staff are continually required to maintain quality care in sub-optimal conditions. The response to date has been excellent with patient care and access being maintained.

During the year we farewelled Ms. Wendy Glenister, Shaun Eldridge, Glenn Pulley and Pam Pianta, who held senior appointments. We thank them for their time with us and wish them every success in their future endeavours. We were pleased to appoint Mrs. Claire Letts to the position of Director of Clinical Services, Mr. Mark Knights to the position of Finance Director, Ms. Liz McCourt Primary Care Co-Ordinator, Mrs. Kaylene Baird to the position of Unit Manager Castle Ward and Mrs. Betty Meumann to the position of Unit Manager Simpson Wing.

We were also delighted to welcome to the community two new Doctors and their families - Dr. Greg Coates and Dr. Natasha Kustura.

Conclusion

This year has been a very exciting year for the health service with a large number of significant capital developments commencing and achievements, particularly in the area of accreditation occurring. These achievements have occurred for a number of reasons including a committed local community, a dedicated workforce and a supportive State and Federal Government.

In particular we wish to record our thanks to staff of the Regional Office and Capital Management Branch of the Department of Human Services and our local Members of Parliament - Mr. Hugh Delahunty and Ms. Catherine King. We thank Mr. Michael Ronaldson for his support during his time as our Federal Member.

We wish to sincerely thank our two auxiliaries - the Stawell District Hospital Ladies Auxiliary and Y-Zetts for the ongoing support and acknowledge the significant pledges they have each made to the current appeal.

In conclusion, we look forward to the coming year where we will see further advancement of our strategic plan which has as its platform the objectives of access, quality and efficiency.

On behalf of the Board of Governance.

Howard Cooper
President

Michael Delahunty
Chief Executive

Services We Offer

- **40 bed hospital providing a full range of medical and specialist services**
 - **General Surgery**
 - **Orthopaedic**
 - **Urology**
 - **Ear Nose and Throat**
 - **Ophthalmology**
 - **Obstetrics and Gynaecology**
 - **Gastroenterology**
 - **Dental**
- **High Dependency Care**
- **Midwifery service – delivering 120 babies per year**
 - **Domiciliary Midwifery**
- **24 hour emergency servicing – Including helipad on site**
- **Oncology**
- **Teleradiology – Telemedicine**
- **Hospital in the Home**
- **Full range of diagnostic services – including Pathology, Ultrasound, CT Scanning and General X-Rays**
- **Post Acute Care**
- **Aged Care – 30 bed Nursing Home – Day Centre**
- **District Nursing**
- **Pre-Admission Clinic**
- **Pharmacy**
- **Physiotherapy**
- **Occupational Therapy**
- **Podiatry**
- **Speech Therapy**
- **Audiology**
- **Social Worker**
- **Diabetic Education**
- **Dietitian**
- **Cardiac Rehabilitation**
- **Cardiac Stress Testing**
- **Blood Bank**
- **Conference/Catering Facilities**
- **Meals on Wheels**

Board Member Profiles



Mr. Howard Cooper : President
Chairman Quality Improvement Committee
Appointed to Board April 1999



Mrs. Joan Brilliant : Vice President
Appointed to Board October 1986



Mr. Peter Martin : Vice President
Appointed to Board April 1999
Chairman of Governance Committee



Mrs. Meg Blake
Appointed to Board May 1977



Dr. R. Norman Castle, OAM
Appointed to Board February 1980



Dr. Andrew Cunningham
Appointed to Board November 1990



Mr. Neville Dunn
Appointed to Board November 1991



Mr. Graham Fuller
Appointed to Board October 1982



Mrs. Kaye Harris
Appointed to Board April 1999
Chairperson of Nursing Home Project Control Group



Mr. Graeme McDonough
Appointed to Board April 1999



Mr. Gary Thomas
Appointed to Board March 1993
Chairman of: Audit Committee & Grampians
Health Alliance Project Control Group

Report to Operations

Financial Commentary

Introduction

The Health Service recorded an Operating Net Surplus before Depreciation and Capital Income of \$19k and a Net Surplus after Depreciation and Capital Income of \$1.19M. It should be noted that the inclusion of some \$1.2M worth of State Government funding for the Hospital redevelopment and associated equipment has been included in the Capital Purpose Income line which significantly contributes to the "bottom line" result. The 1.2M of the Capital Purpose income line is committed to specific projects and if the Net Surplus is adjusted to remove this, the Agency would in fact be in a breakeven position.

Revenues

State Government Grants increased over the prior year which was used primarily to fund increased wages associated with the Nursing Enterprise Bargaining Agreement. In addition the Agency received the first Commonwealth payment for the establishment of Primary Health care services at Halls Gap & Navarre. Donations increased substantially over the prior year due to the successful fundraising campaign for the capital redevelopment's and a substantial bequest to the Hospital Foundation.

Expenses

Salaries & Wages increased substantially over the prior year as the organization experienced the full impact of the Nursing Enterprise Bargaining Agreement. Patient Transport costs increased due to substantial increases in the cost of Emergency transfer charged by Rural Ambulance Victoria. Other Expenses increased over the prior year as a result of the STAR project (Change management associated with the Hospital redevelopment), increased legal fees and recruitment costs. Repairs and Maintenance costs particularly in the Business Units increased over last year as a result of increased contract

maintenance linked with the new Ultra sound machine and a general increase in maintenance costs associated with ageing equipment.

Financial Position – Balance Sheet

The Health Service's financial position is extremely healthy with a current asset ratio of 2.62 (\$2.62 of current assets for every \$1 of current liabilities). Cash and Investments have increased by \$1.5m over last year due to the successful fundraising campaign and Department of Human Services Grants for the hospital redevelopment received but as of June 30, 2002 unpaid to the Building Contractors.

Other Liabilities were reduced by \$400k compared to last year with the repayment of Department of Human Services Cash Advance received in June 2001.

Overall equity increased by \$1.073M. Contributed Capital of \$9.107M was transferred from Accumulated Surpluses as per the directives of the Department of Treasury and the detail is in the Financial Notes.

The Asset revaluation reserve was reduced by \$249k as building services (eg air conditioning) were reclassified from Plant & Equipment to Land & Buildings which included some duplication of asset values.

Major Capital Commitments to be funded by the Health Service include \$1.74M for the Extension and refurbishment of the Helen Schutt Nursing Home and \$300k for the Hospital redevelopment Stage 1.

Mark Knights

Director of Finance & Administration

PERFORMANCE INDICATORS

Activity Statistics

	1997/1998	1998/1999	1999/2000	2000/2001	2001/2002
Accommodation-Available Beds	40	40	40	40	40
Patients Treated in Hospital					
Public-No Charge	2,006	2,137	2,314	2,363	2,253
Nursing Home Type	23	10	16	11	16
Private/Third Party	353	405	403	512	424
Total Patients Treated	2,382	2,552	2,733	2,886	2,693
Total Patient Days in Hospital					
Public-No Charge	7,316	7,070	7,713	7,018	6,526
Nursing Home Type	1,373	367	1,372	846	698
Private/Third Party	1,598	1,555	1,629	2,202	2,107
Total Patient Bed Days	10,287	8,992	10,714	10,291	9,331
Daily Average of Occupied Beds	28.18	24.64	29.27	28.19	25.56
% Occupancy	70.45	61.59	73.18	70.49	63.89
Average Length of Stay (Days)	4.32	3.52	3.35	3.21	3.11
Babies Born	98	106	109	107	114
Operations	1,191	1,425	1,341	1,281	1,211
Patient Mix (Hospital Bed Days)					
Public No-Charge %	86.32	85.86	87.25	84.27	85.48
Private/Third Party %	13.68	14.14	12.75	15.73	14.52
Nursing Home					
Bed Days	10,814	10,808	10,888	10,881	10,906
Daily Average Occupied Beds	29.6	29.6	29.75	29.81	29.88
Outpatient Services					
Number of Attendances					
Casualty	2,917	2,214	4,569	4,349	4,779
Occupational Therapy	1,732	1,087	1,075	948	1,487
Physiotherapy	5,330	5,404	4,567	4,390	5,510
Podiatry	3,714	3,800	3,710	2,905	3,029
Radiology	4,585	4,795	5,063	5,137	5,096
Day Centre	6,946	7,198	6,539	6,520	6,250
Audiology	351	478	401	388	366
Speech Therapy	448	298	308	318	337
Diabetic	36	41	83	60	126
Stress Tests	43	73	44	43	65
Tele Clinics	--	23	16	10	10
Psychological Consulting	--	100	197	212	196
OHS Medical Examinations	--	152	695	1,368	1,488
Ante Natal Classes	124	400	271	409	418
Social Worker	731	766	1,060	337	767
Pre-Admission Clinic	1,210	1,038	1,072	1,225	1,060
Total Outpatient Attendances	28,167	27,867	29,670	28,619	30,924
District Nursing					
Persons Visited	1,144	1,239	1,310	1,214	1,319
Number of Visits	18,000	16,639	14,672	12,582	13,078
Catering					
Patient Meals	65,683	63,719	70,053	70,886	65,025
Staff Meals	19,580	18,716	18,017	18,627	19,153
Meals on Wheels	12,503	15,615	16,825	15,516	16,759
Pleasant Creek Centre	52,690	28,732	4,194	--	--
Trackside Function Centre	--	--	--	2,845	3,658
Total Meals Served	150,456	126,782	109,089	107,874	104,595
Patients Treated by Category					
Same Day	725	876	947	1,058	1,202
More than One Day Stay					
Medical/Surgical	1,452	1,499	1,618	1,666	1,308
Obstetrics	182	168	152	151	167
Nursing Home Type	23	9	16	11	16
Total	2,382	2,552	2,733	2,886	2,693

CASEMIX DATA	1997/1998	1998/1999	1999/2000	2000/2001	2001/2002
Total Weighted Inlier Equivalent Separations	2,123	2,152	2,176	2,274	2,063
Average Inlier Equivalent DRG Weight	0.7692	0.8118	0.8012	0.7908	0.735
Cost per DRG Weighted Admitted Patient	\$ 2,447	\$ 2,623	\$ 2,624	\$ 2,969	2,999

UNIT COSTS	1997/1998	1998/1999	1999/2000	2000/2001	2001/2002
	\$	\$	\$	\$	
Hospital Av. Daily Bed Cost					
Inpatient	504.90	627.74	532.95	648.88	663.49
Hospital Av. Cost					
Inpatient Treated	2,201.75	2,211.83	2,089.28	2,313.03	2,299
Nursing Home Av. Daily Bed Cost					
Inpatient	112.24	113.06	142.82	140.63	172.16
Nursing Home Av. Cost					
Inpatient Treated	41,006	41,284	35,341	36,435	39,948
Av. Cost Outpatient Attendance	47.27	48.00	44.25	40.94	48.21
Av. Cost Day Centre Attendance	28.94	28.47	40.88	40.49	44.78
Av. Cost per District Nurse Visit	15.58	18.67	21.80	22.21	25.44
Av. Cost per Meal	5.28	5.30	6.59	7.13	7.44

REVENUE INDICATORS	Average Collection Days			
	1998/1999	1999/2000	2000/2001	2001/2002
Private	63	83	47	28
TAC	52	50	49	125
VWA	101	99	148	--
Other Compensable	30	--	--	--
Nursing Home	36	36	37	32

DEBTORS OUTSTANDING AS AT JUNE 30, 2002						
	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 30/ 6/2001	Total 30/ 6/2002
Private	22,390	2,937	--	820	60,467	26,147
TAC	2,175	--	7,202	5,499	11,901	14,876
VWA	--	--	--	--	24,436	--
NHT	1,817	--	685	--	1,318	2,503
Nursing Home	28,712	--	--	239	29,754	28,952

STAFFING LEVELS COMPARISON					
	Paid EFT* 1997/1998	Paid EFT* 1998/1999	Paid EFT* 1999/2000	Paid EFT* 2000/2001	Paid EFT* 2001/2002
Nursing	62.87	63.89	63.85	68.81	75.2
Administration and Clerical	14.56	14.22	11.56	12.48	12.5
Medical Support	8.36	8.56	7.98	7.55	8.1
Hotel and Allied	28.99	27.92	25.99	26.51	23.2
Business Units	0.41	1.00	6.83	8.79	7.8
	115.19	115.59	116.21	124.14	126.8

STATISTIC SUMMARY OF WORK ACCIDENTS AND COSTS						
Employment Code	1999/2000		2000/2001		2001/2002	
	Claims	Costs	Claims	Costs	Claims	Costs
Hygiene/Food	--	--	3	514	4	575
Nursing	3	2,190	3	1,321	6	12,628
Maintenance	--	--	--	--	--	--
Allied Health	--	--	--	--	--	--
Administration	3	177	--	--	--	--
	6	2,367	6	1,835	10	13,203

COMPARITIVE FINANCIAL RESULTS FOR THE PAST FIVE FINANCIAL YEARS					
	1997/1998 \$000	1998/1999 \$000	1999/2000 \$000	2000/2001 \$000	2001/2002 \$000
Total Expenses	9,244	9,930	10,221	12,051	12,925
Total Revenue	9,438	10,300	10,459	12,168	14,405
Operating Surplus	194	370	238	117	1,480
Retained Surplus	9,152	9,522	9,760	9,877	2,092
Total Assets	11,279	12,437	12,951	13,805	14,883
Total Liabilities	2,126	1,983	2,259	2,996	3,001
Net Assets	9,153	10,454	10,692	10,809	11,882
Total Equity	9,153	10,454	10,692	10,809	11,882

**Financial Analysis of Operating Revenues and Expenses
for the Year Ended 30 June 2002**

	Total 2001/02 S'000	Total 2000/01 S'000	Consolidated 2001/02 S'000	Consolidated 2000/01 S'000
REVENUES				
Services supported by Health Service Agreement				
Government Grants	8,873	8,121	8,873	8,121
Indirect Contributions by Human Services	120	95	120	95
Non-Cash Revenue from Services Provided	95	84	95	84
Patient Fees	1,795	1,864	1,795	1,864
Other Revenue	162	121	162	121
	<u>11,045</u>	<u>10,285</u>	<u>11,045</u>	<u>10,285</u>
Services Supported by Hospital & Community Initiatives				
Business Units	605	740	605	740
Donations & Bequests	-	-	-	-
Interest	114	139	158	180
Property Income	56	65	56	65
Other Revenue	282	302	282	302
	<u>1,057</u>	<u>1,246</u>	<u>1,101</u>	<u>1,287</u>
TOTAL REVENUE	<u>12,102</u>	<u>11,531</u>	<u>12,146</u>	<u>11,572</u>
EXPENSES				
Services supported by Health Service Agreement				
Employee Entitlements	7,037	6,555	7,037	6,555
Fee for Service Medical Officers	802	841	802	841
Supplies and Consumables	1,129	1,080	1,129	1,080
Borrowing Costs	1	5	1	5
Other Expenses	1,793	1,447	1,793	1,447
	<u>10,762</u>	<u>9,928</u>	<u>10,762</u>	<u>9,928</u>
Services Supported by Hospital & Community Initiatives				
Employee Entitlements	733	730	733	730
Supplies and Consumables	248	436	248	436
Other Expenses	340	181	340	182
	<u>1,321</u>	<u>1,347</u>	<u>1,321</u>	<u>1,348</u>
TOTAL EXPENDITURE	<u>12,083</u>	<u>11,275</u>	<u>12,083</u>	<u>11,276</u>
Surplus/(Deficit) for the Year before Capital Purpose	19	256	63	296
Income, Depreciation, Amortisation, and Specific Revenues and Expenses				
Capital Purpose Income	1,732	412	1,977	420
Proceeds From Sale of Non Current Assets	282	176	282	176
Written Down Value of Assets Sold	(238)	(149)	(238)	(149)
Depreciation & Amortisation	(605)	(626)	(605)	(626)
Correction of a Fundamental error	-	-	-	-
Specific Revenues & Expenses (1)	-	-	-	-
Surplus/(Deficit) for the Year Before	<u>1,190</u>	<u>69</u>	<u>1,479</u>	<u>117</u>
Extraordinary Items				
Extraordinary Items	-	-	-	-
Net Surplus (Deficit)	<u>1,190</u>	<u>69</u>	<u>1,479</u>	<u>117</u>

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 thirteen (13) 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 2001/2002 financial year. The most significant are:

Acts

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

Regulations

- Audit (Public Bodies)(Amendment) Regulations 2001 (St. Georges Health Service only)
- Dental Practice (Amendment) Regulations 2001

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

Hospital Fees

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

Consultants Engaged and Their Cost

Three (3) separate Consultants : total cost \$130,563

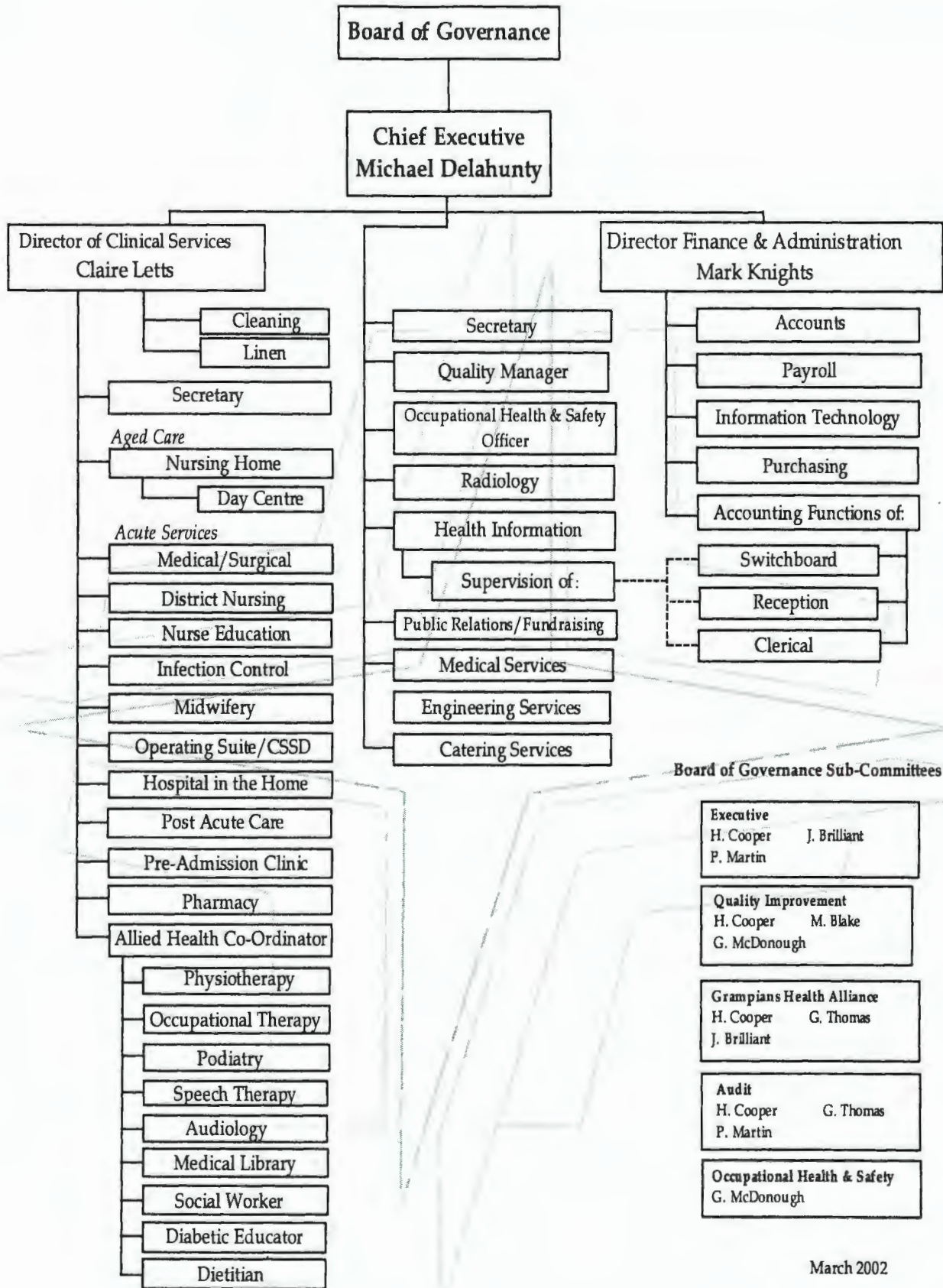
Public Authorities Equal Employment Opportunity Act 1990

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.

Staffing Profile

A total of 198 persons were employed by Stawell Regional Health : full time 54; part time 120; casual 24

Organisational Structure



March 2002

Clinical Services

The past year has been one of significant achievement and challenge for the Nursing, Allied Health and Hygiene Staff.

Our nursing staff have maintained a high standard of care despite shortages, on occasions, of Division One nurses. In May this year we farewelled Pam Pianta, Nurse Unit Manager of Simpson Wing since 1989.

We have recruited a number of new staff including a Nursing Unit Manager for Castle Ward, Kaylene Baird, and a Clinical Nurse Educator Carol Seiler. The appointment of a nurse educator will enable us to provide ongoing educational opportunities for all nursing staff and ensure staff they are credentialed in specialised treatment modalities.

In October we commenced the:

STAR Project : Stawell
: Transition
: Action Learning
: Redevelopment

The project was developed to identify areas for improvement and efficiency and assist in the transition to a new facility and multi-purpose ward in the redeveloped hospital.

The project is overseen by a Steering Committee which consists of representatives from multiple disciplines. One of the overarching goals of the project was to evaluate how we conduct our patient care processes, ranging from admission to discharge, with a view to becoming as "patient focused" as possible.

The project has been very successful and staff are to be commended for their enthusiastic approach and problem solving abilities.

The Helen Schutt Nursing Home is also undergoing redevelopment and will be expanded to accommodate thirty-five aged care residents. Estimated completion is December 2002. The redevelopment and refurbishment will provide a state of the art facility for our community's needs in the area of aged care.

Despite temporary changes to our bed numbers due to building redevelopments we have continued to provide seven surgical specialty services to members of our community, with no reduction in the number of patients treated.

Our Allied Health Department has achieved service expansion in the areas of Speech Pathology, Dietician and Physiotherapy. Many of the Allied Health staff are involved in Primary Health Care projects in the community under the leadership of Liz McCourt, the Allied Health Co-Ordinator.



The Hygiene Staff continue to play an integral role in providing a safe and clean environment for our patients and staff. Their efforts are confirmed by the excellent results of externally conducted audits and positive feedback from consumers of our services.

As the Director of Clinical Services, I look forward to the next twelve months and the improvements in service our staff will be able to provide to our customers.

Claire Letts
Director of Clinical Services

Medical Practitioners

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. G. Coates, M.B., B.S.; D.A.(UK); Dip.Obst.
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. C.O. Jackson, M.B.B.S.; D.A.(UK); F.R.A.C.G.P.; R.A.C.G.P.
Dr. N. Kustura, M.D.; Acupuncture
Dr. D. Lia, MB., BS; D.Av.Med.
Dr. F. Maughan, MB., BS; Dip.R.A.C.O.G.
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.

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.

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

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. R. Ter, M.B., B.S.;
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. 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., PhD., 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. 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. N. McConchie, 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.



Visiting Medical Officers,
David Lia and
Natasha Kustura

Public Relations/Fundraising

The onset of the new financial year brought with it an extremely challenging phase in development of Stawell Regional Health.



Y-Zett Members Helena Nicholson and Betty Gust presenting a cheque to Appeal Chairman, Dr. Andrew Cunningham

Approval for capital development of the acute hospital and extension and refurbishment of the Helen Schutt Nursing Home was approved by government in May 2001, with a budget of \$8.9.

It was evident above government grants and investment of existing funds, \$1m would need to be raised to ensure the completion of the projects.

A professional fundraiser was engaged to conduct a feasibility study of community representatives to gauge the potential to raise \$1m locally over three years.

The outcome of the survey was very positive, with several of the interviewees having been previously involved with the 1989 capital appeal, and offering to assist in the formal process.

The Capital Appeal was officially launched in January 2002 under the guidance of Keith Martin with approval of the Board of Governance.

Dr. R. Norman Castle accepted the role of Patron, with Dr. Andrew Cunningham being appointed Appeal Chairman.

Stawell Regional Health is greatly indebted to the team of people who made up the Advance Gifts Team, Terry Monaghan as General Gifts Chair and the fifty additional General Gifts Team Members for their

tireless efforts of visitation and commitment.

After the initial ten weeks of the appeal, \$600,000 had been pledged, and at June 30, \$810,000 was the total.

That a small rural community commits to pledging such a significant amount of money is nothing short of amazing and confirms the acceptance by those residents for their health service, its philosophy and delivery of service. All donors, people who pledged, and volunteers who assisted, can be justly proud.

A considerable degree of work is yet to be completed with submission to philanthropic trusts and proposal for naming rights to businesses and organization, which will, I trust, see the \$1m appeal to fruition.

We again enjoyed support of sponsors and volunteers via the 11th TAC Charity Pro-Am proudly supported by Earle's IGA Supermarket and Liquor.

KC's Murray to Moyne Sprockets were active again and proceeds of their efforts funded an Inflatable Pressure Mattress.



Michael Delahunty, CEO receiving a cheque from Ladies Auxilliary Members Lorraine Rowe, Elizabeth Jackson, Jocelyn Fuller and Betty Gross

This office is indebted to media organizations, Ladies Auxilliary, Y-Zetts, Murray to Moyne Sprockets and numerous organizations and individuals who, when called upon, provide tremendous support.

Meg Blake
Public Relations/Fundraising Officer

LADIES AUXILIARY

It is a privilege to give this report of a successful years work by the Auxiliary. I would like to start by saying that I am just a small part of the Auxiliary which is a team of very dedicated ladies who each bring their own talents to combine into a successful whole. Some are good at cooking, some at decorating, some at selling and some who combine all these skills and others - no one person is more important than any other and any help that is called for is immediately provided.

Our major events this year were all successful and happy - the Christmas Dinner, the Fashion Parade, Open Garden and Wine and Savoury Night. Our other very big undertaking is the bookshop which is run in conjunction with local artists. Thanks to the generosity of the community, this has raised in excess of \$3,500 in its first twelve months of operation. It has recently moved into larger premises and has added second hand goods to its merchandise. Already this promises to be a great success and I want to thank all those who give their time to the running of the shop. As always too, we conducted a major raffle and for the great success of this our thanks must go to local businesses who so generously support us with their donations.

The money we raise at the moment is going to the major appeal to upgrade our hospital. Our contribution will go towards the supplying of necessary furnishing of the new areas. We have already given \$12,000 to the appeal.

Although I said, and meant most sincerely, that all members are equally important to the running of the Auxiliary, I must mention two in particular - Jocelyn Fuller has been a great support to me as she completes here seventh year in office and Betty Gross who has once again been a most meticulous treasurer. Without them I should have found it hard to indeed carry out my office.

Elizabeth Jackson
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, we once again decided to hold a 'Garden Day', in conjunction with the Stawell Rose Club who were holding the Victorian State Championships. We had six gardens and we thank the owners for the time and effort they put in to get their gardens ready for another successful day.

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

In April we catered for 440 Rotarians attending the Rotary District Convention. No mean feat, but with the dedication of our members, we managed to get the food to them on time.

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 our excellent hospital.

The hospital has started much needed renovations of the hospital operating theatre and as a result to accommodate this, other parts of the hospital are also being changed. With funds raised over the year, the Y-Zetts have donated \$10,000 towards the building appeal and have recently pledged to raise another \$20,000 over the next two years. A challenge indeed, but one that is very worthwhile.

Helena Nicholson
President

Fundraising and Community Support

The health service relies on the generosity of the community it serves for additional funds through fundraising and "gift in kind", to purchase and upgrade equipment and to enhance accommodation and health care delivery. The Board is extremely gratified for these efforts throughout the year. Donations of equipment, furniture, crafts, etc. have also been received from staff and community members.



Meg Blake (Public Relations/Fundraising Officer) with Pam Pianta (UNM Manager Simpson Wing) receiving the newly purchased Bilibed for the Midwifery Unit, from Mrs. Chris Thompson of Best's Winery

GUEST SPEAKER



Leonie McKeon is the Principal of Chinese Language and Cultural Advice. She has lived in Taiwan, China and Hong Kong for several years, and is fluent in Mandarin, the official language of China.

This valuable experience has given Leonie a practical understanding of Chinese culture and the business environment in Asia. Most importantly she understands the value and importance of cultural sensitivity for success in international business.

She has a Bachelor of Arts majoring in Mandarin and Anthropology, and a Graduate Diploma in Business Enterprise.

Awards

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

2002

Karen Watson
Shirley Mewett

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
Shirley Jones
Pam Pianta

Sandy Veroude

1991

Coral Brightwell
Marie Cray
Robert Hemley

Kathy Petch
Beth Redford
Julie Upson

1990

Anna Baulch
Lorraine Boak

Heather Delley

Kay Holmes

1988

Annie Cooper
Barbara McLeod
Bobbie Naylor
Kathy Olerhead
Nora Sidebottom
Diane Wilson

1987

Pat Cook
David Guy

1986

Ann Bibby
Ruth D'Arcy
Rae Smith
Elizabeth Wilson

1985

Kevin Collins
Lindsay Kent

1984

Jean Boothman
Sally Howell

1983

Margaret Forster
Faye Gooding
Mavis Graham
Kathy Holloway

Val Kennedy
Mary Kindred

June Mortyn
Judy Skurrie
Fran Stewart

1982

Monica Allan
Hazel Jerram
Nancy Trask

20 Years

2002
Lynette Healy
Michael Delahunty

2001

Dawn Blackman
Noreen Crawford
Avis Davis
Glenice Owen
Esta Peters

Barb Savage

Shirley Summerhayes

Mary Teasdale

2000

Glenn Pulley

1999

Debbie Barry
Carol Mullane

1998

Marg McGaffin

1996

Meredith Binger
Pam MacKay

1993

Lorraine Ellen
Dot Simmons

1990

Rita Dunn

1982

Doris Evans

25 Years

2002

Carmel Murphy
Lyn Willock
Stella Fletcher

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

1984

Isobel Smith

Life Governors

Blake, Mrs. M.
Blake, Mr. R.
Boatman, Mrs. C.
Breier, Mrs. E.
Brilliant, Mrs. J.M.
Castle, Dr. R.N.OBE
Cooté, Mrs. J.C.
Crouch, Mrs. J.
Crouch, Mrs. N.
Dadswell, Mr. K.
Davidson, Mrs. H.
Delahunty, Mrs. M.
Earle, Mr. G.
Earle, Mrs. J.D.

Eime, Mrs. A.
Evans, Mrs. M.
Fowkes, Mr. K.B.
Fraser, Mr. W.G.
Fry, Mrs. D.
Fuller, Mr. G.
Gavan, Mrs. I.
Gaylard, Mr. R.
Glover, Mr. J.
Gray, Mrs. P.
Gross, Mrs. B.
Gyles, Mrs. J.
Howden, Mrs. B.
Jerram, Mrs. H.C.

Kennedy, Mrs. V.
Krelle, Mrs. S.
Kuehne, Mrs. E.
McCracken, Mr. J.D.
McDonald, Mrs. N.
McMullin, Mr. R.K.
Miller, Mrs. K.
Miranda, Mr. C.
Neilsen, Mrs. B.
Neilsen, Mr. V.C.
Norton, Mrs. R.
Perry, Mrs. R.
Potter, Mrs. V.
Price Mrs. J.

Robson, Mr. M.
Robson, Mrs. M.
Schwartz, Mrs. W.L.
Scott Mrs. M.
Sibson Mrs. J.
Smith, Mrs. B.I.
Stone, Mr. R.C.
Teasdale, Mrs. K.
Ward, Mr. F.C.
West, Mrs. J.
Witham, Mrs. J.H.
Young, Mrs. K.

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 health service over an extended period of time. We wish to extend our deepest sympathy to the families of:

Mr. Harry Robert Hunter
December 23, 2001 : Former Staff Member

Mrs. Merren Maude Van Every
February 11, 2002 : Life Governor

Mr. Frederick (Fred) George Kingston
March 3, 2002 : Life Governor

Mr. Kevin Roy Collins
April 10, 2002 : Former Staff Member

Mrs. Margaret Ellen Bennett
April 15, 2002 : Life Governor

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 health service shall be sufficient discharge for my executor or trustee".

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



Quality Of Care Report

CONTENTS

- 22 Introduction
- 23 Accident and Emergency
- 24 How do you recognize Patients and their Carer's Needs
- 24 Waiting Times
- 25 Public Patients and Private Patients
- 26 Discharge Planning
- 30 Infection Control
- 33 Risk Management
- 33 Is my record kept confidential
- 34 Our Quality Commitment
- 38 Helen Schutt Nursing Home
- 40 Compliments and Complaints
- 41 Examples of Comments made to TQA Research
- 42 Glossary of Terms

INTRODUCTION



On behalf of all involved at Stawell Regional Health (SRH) I am delighted to introduce a new component of our annual reporting.

The format is in compliance with the State Governments recommendations in regard to style and content for "**Quality of Care Reports**".

In addition it allows health services to publish information that has been identified as being important by members of our community who look to this health service to provide high quality, accessible and safe health care.

We have worked with a broad range of groups and individuals to develop this report. The contents of the report are in a style that is hopefully easily understood by the community and details the range and quality of services provided by SRH. In particular we trust, after you have read this report, that you have a greater understanding of the controls and systems that are constantly being implemented and upgraded to monitor the quality of our

services and to identify areas where we could improve.

As mentioned earlier we consulted with a broad range of people to determine what information should be in this report.

Persons consulted included:-

- Members of our Community Advisory Committee.
- Members of the two auxiliaries that support the health service (Hospital Ladies Auxilliary and the Y-Zetts).
- Members of the three Stawell service clubs (Rotary, Apex and Lions), and
- Members of the three Stawell Probus Clubs.

The feedback from that consultation allowed us to identify and prioritise the topics and issues on which members of our community required further information about.

I commend the report to you. We would welcome your feedback, particularly topics that you would like further information on in next year's annual report.

If you do have questions or comments about this report please contact:

- Chief Executive Officer
- Director of Clinical Services or
- Quality Manager

at Stawell Regional Health on 5358 2255 or email info@srh.org.au

Michael Delahunty
Chief Executive

ACCIDENT AND EMERGENCY

When should I come to the Accident and Emergency Department?

In the event of an **Emergency**, please ring **000 for an ambulance**.

- Stawell Regional Health has an Accident and Emergency Department which is available 24 hours a day, 7 days per week.
- You don't need a referral to come to Accident and Emergency, but sometimes your doctor or another health professional will send you.
- A Registered Nurse is available to assess you when you come to Accident and Emergency.
- Your waiting time to see a Doctor will depend on how serious your condition is, and how many other people are seeking treatment in the Accident and Emergency Department at the same time.
- If someone else's condition is more serious than yours, they may be treated before you, even if they arrived after you.

- Critical cases will be given priority.
- A fee will be charged by your treating doctor for consultation provided.

On Saturday, Sunday and Public Holiday's, except Christmas Day, one of the clinics listed below will be open for appointments. A doctor will be available from 8.00 a.m. weekdays and 8.30 a.m. weekends for patient's seeking urgent medical attention.

Out of hours fees will be charged by the treating doctor for consultation provided.

Stawell Medical Clinic
53581410

Dr. Lia's Clinic
53581377

If additional information or advice is required you can contact a nurse at

Stawell Regional Health
53582255

"Stawell Regional Health provides a comprehensive range of services to its community"

[Extract from the May 2002 ACHS Accreditation Report]



Ambulance Officer Wayne Rice

HOW DO YOU RECOGNISE PATIENTS AND THEIR CARER'S NEEDS?

- Patients and their carer's needs are identified through a nursing and allied health assessment.
- Patients with complex needs will have a dedicated person to manage their requirements.



Sam & Heath Young with Baby Jake, together with Betty Meumann, Unit Manager and Governor John Landy during his visit to Stawell



Division 1 Nurse Libby Butler, checking the resuscitation trolley

WAITING TIMES

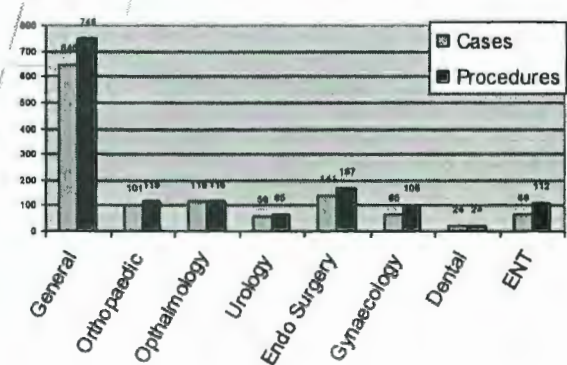
If I need an operation how long will I have to wait?

- Waiting times for surgery depend on the number of patients seen by the surgeon (number of people coming through the surgeon's clinic), theatre time available to the surgeon and the urgency of your condition.
- Sometimes the hospital may have to postpone your operation. If this happens we will let you know and arrange another date.
- In the last financial year 1215 patients underwent 1506 procedures broken into the Specialties as charted.

There was extensive evidence that clinical care delivery was evaluated, benchmarked and although there was evidence of excellent results, improvements have been made in subsequent reviews"

[Extract from the May 2002 ACHS Accreditation Report]

Specialty Activity 2001-2002



PUBLIC PATIENT'S AND PRIVATE PATIENT'S

If I am admitted as a private patient, will I get a private room?

- If a private room is available you will be accommodated in a private room on admission.

If I am put in a private room and I am not covered for it....

- You will not be charged for a private room but will be charged at a shared rate.

If I am a private patient, what are the benefits at Stawell Regional Health compared with being a public patient?

- The complimentary services offered to you are listed below:
 - Choice of daily newspaper
 - A choice of quality food and beverages from a personalised menu
 - Phone put on hold when having a rest
 - Daily personal laundry service
 - Single room as soon as possible after admission
 - Transport, to and from hospital, when required and organised by either the Liaison Officer or the Nurse Unit manager on the ward
- The Private Patient and Veterans Affairs Information Brochure are available at the admission's office when booking in to the hospital, and from the wards.
- Public and private patients all receive the same high standard of care.



When I am admitted as a private patient...

- You are financially assisting the hospital.
- The revenue and savings generated from the use of private health insurance enables the hospital to maintain and improve existing services as well as develop new initiatives for the community.

If I am admitted as a Department of Veteran Affairs (DVA) patient...

You will receive all the benefits as described earlier for private patients and financially assist the hospital.

If I am coming in for a day procedure...

- You will be cared for in the day procedure unit regardless of your insurance status.
- If you are not well enough to go home after your day procedure an overnight bed will be made available.

If I am coming in for surgery....

- You will be required to attend the Pre-Admission and Anaesthetic Clinic, prior to your procedure or operation.
- This allows us to provide safe and effective care and plan for your discharge home.
- If you are coming in for surgery and will be staying overnight, you will be admitted through the Day Procedure unit and will be allocated a room to go to after your surgery.
- If you are a private patient you will be allocated a private room if it is available.
- If you remain unwell at your estimated discharge date, arrangements will be made regarding your further care.

"The entire organization demonstrated an extra-ordinary culture of constant improvement in the services delivered"

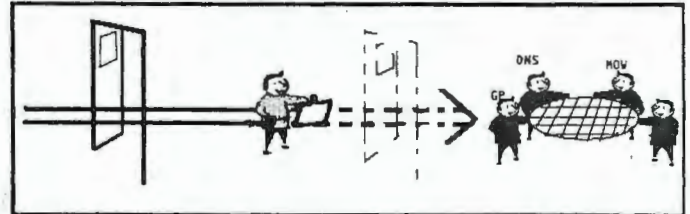
[Extract from the May 2002 ACHS Accreditation Report]



Pre Admission Co-Ordinator Helen Kennedy and Dr. Chris Jackson with patient Mrs. Mary Blake

Do you have a formal discharge policy in place?

"Every entry is an exit somewhere else"



- Yes we do.
The policy is outlined below.

DISCHARGE PLANNING:

- **Discharge Planning** will commence at first contact on admission to hospital
- It is a process that helps each patient/client continuity of care after leaving hospital.
- It usually involves a multidisciplinary approach to assessing a patient's needs, in consultation with the patient/client and/or carer and includes hospital and community-based providers.
- We recognise the importance of having your involvement and that of your family/carer in planning for your discharge.
- This will help the patient, carer and staff, to have an integrated approach to the planning and delivery of the required services. This ensures continuity across different care providers.

How long will I have to stay in hospital?

- **Anticipated Date of Discharge.**
- On, or prior to, admission you will be given an estimate of how long you will be in hospital by your Doctor and/or the nursing staff.

- This allows you and your family/friends a chance to commence planning your discharge, and destination if it will be different to your normal home address.
- In most cases the discharge date will be confirmed by your Doctor at least 24 hours prior, to your discharge.
- The discharge time is 10.30 am and your family or friends will need to provide transport to take you home.
- Please ask the nurses if you need their assistance to contact your family or friends.



Post Acute Care Co-Odinator
Lyn MacKenzie

What if I need help after leaving hospital?

Post Discharge Support Services

- You may have had support services prior to admission to hospital and these would normally continue after discharge.
- If you require extra support this will be identified and arranged before your discharge after discussion with you.

- It may be necessary if multiple service organisations are involved for a meeting to be arranged between you, your family/support person and the services that will be involved. This will be organized with your agreement. A home visit may be arranged if needed.

Some of these services include:

*District Nursing
Post Acute Care
Physiotherapy
Occupational Therapy
Meals on Wheels
Home Care
Personal Care
Carers' Respite
Social Worker
Palliative Care
Linkages
Diabetes Education
Asthma Support & Education
Drug & Alcohol Services
Community Aged Care Package*



Linda Wubbling, Physiotherapist with patient

On Discharge:

- If you have any concerns about your medical condition once you are home then you should phone your Doctor.

- If you have any other concerns related to your admission to and/or discharge from hospital please phone the nurse in charge of the ward you were discharged from.
- You can contact the ward 24 hours a day by phoning 5358 8526.

"The Surveyors commend Stawell Regional Health for initiatives to engage the community in the life of the hospital. There is no doubt that Stawell Regional Health is strongly and loyally supported by the community"

[Extract from the May 2002 ACHS Accreditation Report]

Medications

- You may be ordered medication or have your medications changed whilst a patient.
- During your stay and on discharge you will receive information on the purpose, dosage, frequency and possible adverse effects of your medication, from either your Doctor or the Pharmacist.



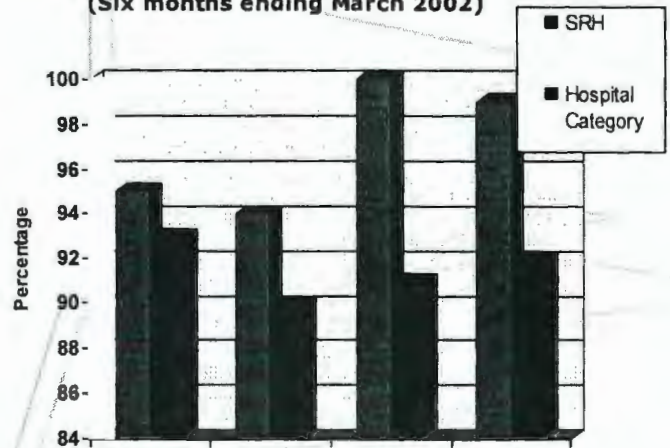
Patient Shirley Burton with Castle Wing Unit Nursing Manager Kaylene Baird and Pharmacist Belinda Lock

Victorian Patient Satisfaction Monitor Discharge and Follow Up

SRH ranked 4th
(%rating Excellent, V Good, Good.)
SRH 78%, Category Average 75%



Victorian Patient Satisfaction Monitor (Six months ending March 2002)



1= Time given to planning return home, Excellent, Very Good or Good.
2=Info re looking after condition as Excellent, Very Good or Good. 3=Post Disch. Serv. Arrangement Excellent, Very Good, Good. 4=Explain. of medications.

Are the staff treating me qualified?

Nursing Staff

- Nurses from each division, 1, 2 and 3 are registered with the Nurses Board of Victoria. An annual Practicing Certificate is required to ensure nursing staff are able to legally practice.

- Our Nurse Educators ensure staff are clinically competent to perform lifesaving and technically advanced care.
- New staff attend a full day orientation program and are supported by another colleague.

Allied Health Staff

- Our Allied Health staff are all members of their respective professional bodies and this is confirmed on appointment.

and documentary evidence of graduate and specialist qualifications.

- They also must demonstrate they actively participate in continuing education and professional development.
- The Medical Staff Credentialing Committee is responsible for:
 - Assessing the professional expertise, competence, experience and authenticity of the qualifications of



Allied Health Team

Back Row from left: Liz McCourt (Co-Ordinator); Linda Wubbling (Physiotherapist); Kirsty Shaw (Dietitian); Penny Limmer (Physiotherapist); Cherry Thomas (Occupational Therapist) : Middle Row from left: Helen Davidson (Podiatrist); Marg McGaffin (Physiotherapist Assistant); Leonie Munro (Receptionist); Peter Steggall (Chief Physiotherapist) : Front Row from left: Deborah Khor (Physiotherapist); Linda Gathercole (Social Worker); Deborah Hewson (Locum Occupational Therapist)

- We ensure Allied Health staff have access to ongoing education and research related to their specialty.
- Staff are mentored by expert practitioners to ensure "best practice" care is given to our clients.

each applicant through examination of the applicant's training, experience, professional reputation, knowledge and demonstrated skill;

- Defining the area of clinical responsibility which a practitioner shall exercise in the hospital.

Medical Staff

- All medical practitioners must be registered to practice in Victoria by having current registration with the Medical Practitioners Board of Victoria,

"The surveyors commend the demonstrated involvement of the VMO's and the work of those responsible for encouraging and supporting them, in Quality Improvement and Clinical Risk Management programs"

[Extract from the May 2002 ACHS Accreditation Report]

INFECTION CONTROL

How do you ensure high level of Infection Control?

- Infection Control is the process of identifying, monitoring and analysis of hospital acquired infections. In conjunction with evidenced based research and the implementation of government standards, this surveillance formulates the basis of policies and procedures to *minimise the risk of acquiring / introducing an infection* related to hospitalisation. Policies, procedures, the broad Infection Control Program and infections are monitored, investigated and recorded by the Infection Control/Theatre Committee and the Quality Improvement Committees.
 - Stawell Regional Health has affiliation with an Infectious Diseases Physician and has two qualified Infection Control Practitioners. Four Infection Control Liaison Nurses based in each ward and clinical departments, conduct continuous surveillance on hospital acquired:
 - Surgical wound infections
 - Urinary tract infections
 - Respiratory tract infections
 - Blood borne infections
- Plus additional surveillance on:
- Cleaning standards
 - Environmental testing
 - Food safety
 - Antibiotic usage and resistance
 - Legionella
 - Waste management
 - Staff health
 - Out break of infectious diseases and
 - Compliance with Australian Standards and best practice.

Infection Control Audits and standards

- Stawell Regional Health audits include:
- Internal audits, and

- Regular government audits
- We also submit strategic plan progress reports to the government and
- We bench mark with other rural hospitals in the Grampians region to maintain high standards of care, and to minimise the risk of infections to patients and staff.

A recent external Infection Control audit required by the Government was conducted in March 2002 and a satisfactory result was achieved.

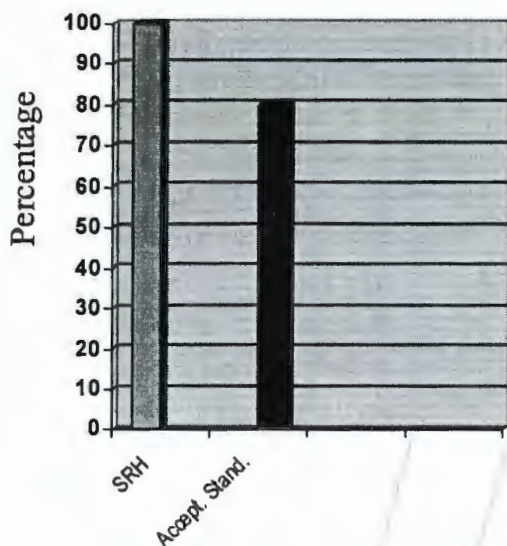
"There is a very comprehensive infection control programme incorporating surveillance, education, data collection and analysis"

[Extract from the May 2002 ACHS Accreditation Report]

Is the hospital clean?

- In August 2001, an internal audit, was conducted using the Cleaning Standards of Victoria:
 - This hospital achieved a score of 79.6%.
 - A score of 80% or greater has been maintained over the last six months.
- An external government audit was conducted in May 2002;
 - Clinical areas of the hospital scored 100%, which was above the acceptable standard of 80% or greater.

External Audit May 2002



Stawell Regional Health achieved excellent results in cleaning audits that have been conducted by both internal and external audits"

[Extract from the May 2002 ACHS Accreditation Report]

What are my chances of getting an infection?

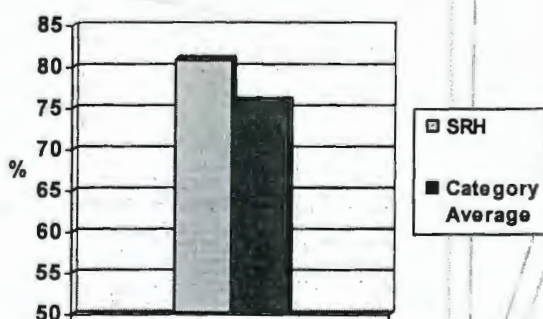
Prevention of spreading micro organisms

- Bacteria and viruses can be spread via hand contact and through the reuse of medical and surgical equipment.
 - All nursing staff attends six monthly hand washing audits.
 - Education sessions are attended six monthly to reinforce the importance of a simple but effective method for the prevention of spreading infections.
- We comply with Australian Standard 4187 relating to the cleaning, disinfection and sterilizing of reusable medical and surgical instruments and equipment and the manner in which this equipment is stored and handled in a hospital setting.
- Medical/surgical instruments and equipment (including gastroscopes and colonoscopes) are meticulously cleaned and checked by qualified technicians prior to being sterilised. The steriliser's internal sensors monitor the sterilisation process. This provides a printout for staff to ensure that all the parameters (heat, pressure and time) have been reached, as per standards, to ensure that the instruments/equipment are sterile.

Victorian Patient Satisfaction Monitor

Physical Environment

SRH ranked 2nd
SRH 81%, Category Average 76%



Source TQA Research for DHS
*14 Victorian hospitals surveyed.
(Results six months ended March 2002)

- In addition to the printout, each sterile item has chemical indicators in the packet that change colour when it has been through the sterilising process. The printout and chemical indicators are checked prior to instruments and equipment being released for use.
- A sterile stock manual tracking system is in place. This allows us to identify the date, load and the person who processed the equipment and the person the equipment was used for. The manual tracking also allows us to recall equipment if a problem with the process is identified.
- In December 2001 an audit was conducted to benchmark with other hospitals in the Grampians region to determine the hospitals compliance to this standard.

The hospitals result was an overall equal top score of compliance with the standard.

Antibiotic usage and resistance

- Antibiotics have been used for many years to treat bacterial infections. Some bacteria, over a long period of time, have become resistant to some antibiotics. The Infection Control Practitioner and the Director of Pharmacy monitor antibiotic usage, to ensure that appropriate antibiotics are prescribed for the type of infection.
- The main antibiotic resistant micro organism is called Vancomycin Resistant Enterococci (VRE). Stawell Regional Health monitors trends of micro organisms with antibiotic resistance by monthly pathology reports, which identifies all the micro organisms identified from specimens. No cases of VRE that have been identified at Stawell Regional Health.

Legionella

- Legionella is usually associated with cooling towers. Stawell Regional Health does not have cooling towers. However, with the new Health Regulations introduced in March 2001, we are now testing for Legionella in warm water systems and water pipes that are no longer in use (dead legs). Dead Leg testing occurs on a weekly basis.
- A consultant engineer from Melbourne reviewed our policies and procedures in January 2002 for Legionella testing.
- No recommendations for alterations to current policies and procedures were given.

Education

Stawell Regional Health's Infection Control programme includes:

- Staff orientation program to ensure staff compliance with infection control policies and procedures.
- An annual Infection Control exam, which forms the basis for our education program.
- Distribution of bi-monthly newsletters to all wards and departments to inform staff of current infection control issues, and
- Information pamphlets have been produced for staff and patients. Information pamphlets about infectious diseases are available on request.



Hygiene staff members, Leonie McLaughlin & Sandra Dalziel on routine cleaning round

RISK MANAGEMENT

Definition:

Risk Management is a Systematic approach to:-

- Minimising and where possible eliminating risks; and
- Minimising the impact of adverse events if they do occur.

In April 2002 the Board of Governance adopted a policy that recognised "Risk Management" as an integral component of good management practice. This policy required the management team of SRH to:

- Identify areas of business risk; and
- Identify systems and controls that are or should be in place to avoid or minimise those risks.



Michael Delahunty, CEO Stawell Regional Health with David Swan, Risk Management Consultant and Bill Colvin, Manager of Stawell Goldmines

Following extensive work shopping and analysis by a large number of staff from all disciplines a total of two hundred and forty seven (247) risks were identified across the organisation.

The risks were ranked on their individual likelihood and consequence.

IS MY MEDICAL RECORD KEPT CONFIDENTIAL?

Protecting your privacy

- Stawell Regional Health is committed to protecting your privacy. We are required by law to protect personal and confidential information such as information relating to your health and other personal details.
- We comply with the Victorian Legislation relating to confidentiality and privacy, including, where relevant, the Health Services Act 1988 (Vic.), and the Health Records Act 2001 (Vic.).

- Our brochure "Protection and Use of Your Health Information" is provided to you on admission (hospital and nursing home) and on allied health service attendances. This details how we manage your health information. If you require further information the privacy policy is available from the Health Information Manager.

"100% of medical patients (December, 2001-January 2002) were satisfied their information was kept confidential."

OUR QUALITY COMMITMENT

"Quality is consistently meeting the negotiated expectations of our clients and optimising their health outcomes, in a cost effective manner."

- Stawell Regional Health has an ongoing commitment to improving the quality of its services.
- We do this through our Quality Improvement Program and maintaining Accreditation through the Australian Council on Health Care Standards (ACHS) and the Commonwealth Aged Care Accreditation Standards.

Quality Improvement Program

- The Board of Governance is responsible for the quality of care and services but the commitment to this program infiltrates all levels of the organisation, from the Board and Chief Executive, to all staff members.
- Responsibility for direction of the Quality Improvement Program is vested in the Quality Improvement Committee (QIC).
- This committee coordinates, reviews and gives direction to the organisations Quality Improvement Program. This committee is a sub committee of the Board of Governance.
- The committee is a multidisciplinary committee comprising Board Members, Allied Health, Nursing, Medical Practitioners and Chief Executive.
- The QIC receives reports on audits, quality studies undertaken, complaints, incidents, clinical indicators, sentinel events, risk management, ethical issues, occupational health and safety, infection control and the effectiveness of the Quality Improvement Program.

- Recommendations from Accreditation Surveys, consumer feedback, external surveys, external reviews of the services, benchmarking/comparing results with other health facilities and information from the Department of Human Services also provides areas for improvement.

Sample of Quality Outcomes Year 2001

- An audit of eight nursing activities demonstrated they were attended to in the nominated time frame, showing an overall improvement from a previous audit.
- After the introduction of an 'Orange Discharge Notification Card', notification to Administration/Reception of discharges increased by 36%.
- The accumulative effective dose limit for occupational exposure to radiation for the Radiographer/Sonographer was equal to 0.2% of the annual effective dose limits as specified by National Health and Medical Research Council.

Year 2002

- Twenty six departments have submitted a Year 2002 Quality Plan. In addition to this, the ongoing Acute Hospital and a Nursing Home Infection Control and Occupational Health and Safety Management Plans continue. These were endorsed by the Board on March 26th, 2002.

Measuring Satisfaction

- We constantly measure how well we treat people, either through focus groups, satisfaction surveys or phone interviews.

Are patients satisfied with the Care and Services provided?

The following outcomes give an indication of what patients, clients, consumers think about the care they have received.

- The introduction of the Anaesthetist and nurse seeing the patient during one visit at Preadmission Clinic has resulted in 100% satisfaction with this aspect of the service.
- 100% of patients seen at Preadmission Clinic believed they were given adequate information in relation to all aspects of their operation.
- Oncology clients rated the care they received, the comfort of the room, and their needs being met as 100%.
- With the expansion of the Post Acute Care Service from four towns in Year 2000 to nine towns in Year 2001, an improvement of 11% satisfaction was documented with help provided. (84% to 95%)
- 90% of orthopaedic inpatients believed seeing a physiotherapist prior to surgery was worthwhile.
- 100% of medical patients believed they were satisfactorily involved in planning their care.
- 90% of medical patients believed carers/relatives were sufficiently involved in planning their care.
- 87% of clients rated ease of access to the Occupational Therapy service as Excellent/Very Good.
- The following comments were made by the Surveyors, at our organisational wide Survey in May, 2002, about our Quality Improvement Program.

"A very comprehensive Quality Plan was noted to be in place and the Surveyors were impressed with the wide support for, and participation in, the activities outlined in the plan."

"There is sufficient evidence that care delivered is evaluated and actions for improvements identified and implemented."

Follow up evaluation of the outcome of recommended programs is well documented."

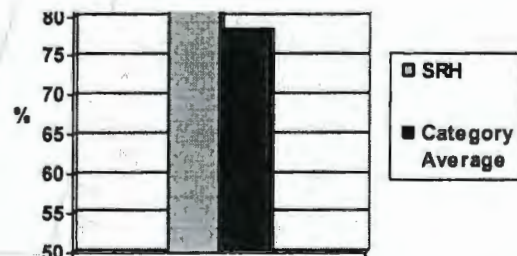
External Monitoring of Patient Satisfaction

- SRH is involved in a continuous patient satisfaction survey (Victorian Patient Satisfaction Monitor) across all (95) Victorian Public Hospitals from September 2001 until September 2003. The Survey is being conducted by TQA Research for the Department of Human Services (DHS). Our results are compared to thirteen other hospitals in the same category.
- We have received the third six monthly report, and the result is as follows for:

the Overall Care Index

SRH ranked equal 2nd
SRH 82%, Category Average 78%

Source TQA Research for DHS
*14 Victorian hospitals surveyed
Total sample base 1,424



Maintaining Accreditation

- We have been continually accredited since 1984 and this year received the maximum 4 years accreditation.
- The hospital's Organisational Wide Survey (OWS) for Accreditation was held on May 1st and 2nd, 2002.
- Three surveyors, a doctor, nurse and administrator spent two days at the hospital to assess our compliance against criteria in six standards.



Mr. Bob Barter, Surveyor at the May 2002 Accreditation Survey Summation

- We would like to share with you some further comments made by the surveyors relating to the six standards:

1. Leadership and Management (L. & M.)

"The surveyors encountered a positive dynamic environment at SRH...."

The factors contributing to this situation were a very committed group of staff at all levels of the organisation, a Board which provides clear leadership, direction and support and the calibre of executive leadership by the chief executive and his management team."

"The Surveyors believe a special culture exists within SRH and it should continue to be nurtured to ensure that the organisation continues apace with its philosophy of doing things better."

2. Continuum of Care. (C. of C.)

Two criteria in this standard achieved an Outstanding Achievement.

"The entire organisation demonstrated an extraordinary culture of constant improvement in the services delivered."

"The Board and Executive Management team are commended for their consumer focused approach in addressing the physical and clinical practice needs for the capital works program and in particular the manner in which staff were included in the development of the required change management strategies."

3. Human Resources Management (HRM)

"Personnel records are managed extremely well...."

"Planning for current and future needs has been extensively addressed through the STAR program...."

"An excellent staff development program is in place."

4. Information Management (IM)

"SRH is commended on the manner in which information technology has been implemented in accordance with a soundly developed strategy."

"...cohesive well informed staff."

"Management and content of the Medical Record was found to be of a high standard."

5. Safe Practice and En-vironment (SPE)

"..... pleasing for the Surveyors to note the extent to which the whole area of safe practice is part of the culture of SRH... integral part of everything they did."

"The Surveyors commend the initiative of SRH in establishing the Occupational Health and Medical Screening Service..."

"The Surveyors noted the very comprehensive infection control program incorporating surveillance, education data collection and analysis."

"SRH IS COMMENDED for its recent project which led to the implementation of a total tracking system for all sterilised equipment."

6. Improving Performance (IP)

"The Surveyors were of the unanimous view that a culture of quality improvement existed throughout the organisation."

- We welcomed the Surveyors making recommendations on where improvement could be made. We received nine recommendations across four of the standards.
- Governor John Landy presented us with our Accreditation Certificate at SRH on Wednesday 13th August, 2002.



Governor John Landy presenting four year Accreditation Certificate to Joan Brilliant (Board Member), Sarah Warren (Quality Improvement Co-Ordinator) and Michael Delahunty (CEO)



OHMSS Co-Ordinator, Janet Calovic interviewing a patient

HELEN SCHUTT NURSING HOME



Darren Clark, Unit Nursing Manager
Helen Schutt Nursing Home

- The following activities have been implemented to improve performance against two of the Aged Care Accreditation Standards;
 - Health and personal care, and
 - Resident Lifestyle
- 1. Commenced Community Visitors Program (Office of the Public Advocate) on a monthly basis.
 - This program monitors the care provided to the Psychogeriatric residents at the Nursing Home.
 - Reports from all visits have indicated compliance with program requirements.
- 2. Changed residents drug charts from 6 monthly to 6 weekly, to ensure regular review from VMO's.
- 3. Introduced new Long Term Nursing Care Plans.
 - The new format is a more comprehensive individualised plan that ensures all resident needs are met.
- 4. Increased Activity Co-ordinators role/hours thus dramatically improving resident activity and lifestyle needs.
- 5. Introduced a new Physiotherapy Program improving maintenance of resident mobility and dexterity.
- 6. Purchase of a new blood glucose meter, resulting in more accurate monitoring of residents with diabetes.
- 7. Purchase of 6 new electric High/Low beds.
 - This enabled residents with limited mobility the freedom to position themselves in bed, and will meet occupational health and safety requirements.
- 8. Commenced Nursing Home redevelopment including the construction of 5 new beds and major works to the existing facility.

This redevelopment will address highlighted deficiencies in the current facility such as air conditioning and visitor seating.



Podiatrist Helen Davidson who visits the nursing home on a regular basis

9. Various internal and external staff education sessions including Contenance, Behaviour Management, Documentation, Dementia Resident, Classification Scale, Aggression and Conflict Management, Skin Management, Privacy and Dignity, and Clinical Risk Assessment.

- These education sessions improve staff knowledge and promote changes to work practices that improve resident care and service delivery.

10. Introduction of a new menu to allow residents greater choice. The Dietitian was guest speaker at the Resident/Relative meeting, which educated residents, relatives and representatives on nutritional requirements.

11. Comprehensive monthly cleaning and waste management audits to ensure the environment is clean thereby reducing the risk of infection to nursing home residents.

12. Quality Assurance (QA) audits on Nursing Care Plans, Privacy and Dignity, Sleep Management, Hot and Cold food temperature readings.

- Results are examined and work practices are changed where required.

13. Resident/Relative Satisfaction Survey to monitor satisfaction levels and assist in quality activity planning for the future.

14. Commenced Business High Risk Assessment to identify high risk areas in the workplace. This will assist in implementing risk prevention strategies.



Day Centre client Mrs. Bernice Davies being assisted with her handcraft by activity co-ordinator Elizabeth McKenzie

COMPLIMENTS AND COMPLAINTS

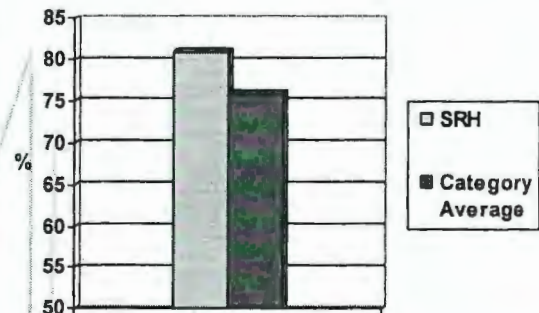
- Stawell Regional Health (SRH) receives a large number of compliments, and on occasions, complaints.
- Because your care is our prime concern we want to know if you are not satisfied with services or treatment provided. All complaints are handled in the strictest confidence.
- Please contact the Nurse Unit Manager in your ward, or the Director of Clinical Services to express your concern. We will certainly try to rectify the problem.
- If you believe your complaint is serious, you have the right to make a formal complaint. Please ask for a complaint form. You will need to document your complaint on this form. These forms are available from reception, wards and the Clinical Coordinators.
- All formal complaints are reported to the bi monthly Quality Improvement Committee (QIC).
- Example of complaints received by the QIC in the last financial year related to:
 - Delay in treatment
 - Inadequate care; and
 - Unacceptable facilities

If you are not satisfied with the way your complaint was handled, you may make a formal complaint to the Victorian Health Services Commissioner 10/55 Swanston Street, Melbourne, 3000. Tel. 1800 136 066

VICTORIAN PATIENT SATISFACTION MONITOR

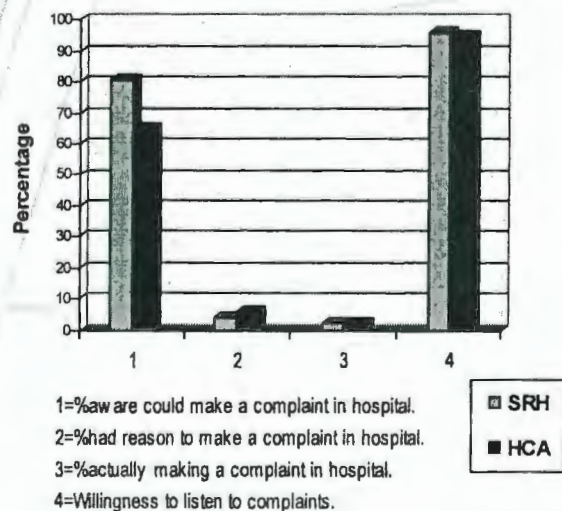
Complaints Management

SRH ranked equal 1st
SRH 81%, Category Average 78%



Source TQA Research for DHS
*14 Victorian hospitals surveyed.
Results six months ended March 2002

Source TQA Research (DHS) Results - Six months ending March 2002



1=% aware could make a complaint in hospital.
2=% had reason to make a complaint in hospital.
3=% actually making a complaint in hospital.
4=Willingness to listen to complaints.

EXAMPLES OF COMMENTS MADE TO TQA RESEARCH

Emergency Patient

"My overall stay in hospital was excellent. I could not complain about anything."

"I was completely satisfied."



Patient, Lachlan with his mother Hayley Cox and Governor John Landy

Oncology Patient

"Very good and convenient."

District Nurse Client

"I can only say that the help provided was at all times very good indeed, the folk who attended me were kind and considerate; they do a fine job for which I'm most grateful."



Merrilyne Middleton, District Nurse with client Mr. Ted Evans

Private Patient

"Compared to a previous emergency visit to thein Melbourne, my experience at Stawell Hospital was an absolute joy. I was treated with friendliness, care and respect and not just another statistic. I would choose to go to Stawell Hospital over any other hospital (public or private) due to the excellent staff and conditions."

Elective Patients

"I have stayed in a few hospitals and Stawell is the best and most caring I have encountered."

"The hospital is run in an orderly and professional manner. Nobody wishes to be in hospital. However, I could not endow enough accolades on the Stawell Hospital."

GLOSSARY OF TERMS

Adverse Events	An untoward patient event, which is not the result of the patient's disease
Audit	An official review or assessment of results or documents in order to determine performance outcomes.
Benchmarking	The continuous process of measuring and comparing products, services and practices with similar systems or organisations both inside or outside the health care industry for continual improvement.
Best Practice	The way leading edge organisations manage the delivery of world class standards of performance in all aspects of their operations. The concept of continuous improvement is integral to the achievement of international best practice.
Carers	Those who care for the consumer/patient/client who are not members of the health care team.
Clinical Indicators	A measure of the clinical management and outcome of care; a method of monitoring consumer/patient care and services which attempts to 'flag' problem areas; evaluate trends and so direct attention to issues requiring further review.
Continuum of Care	The cycle of care including access and entry, assessment; care planning; delivery and evaluation; and separation.
Credentialed	Authorised to provide specific consumer/patient care and treatment services, within defined limits, based on an individuals licence, education, training, experience and competence.
EQuIP	Evaluation and Quality Improvement Program.
Ethics	Acknowledged set of principles which guide professional and moral conduct.
Improving Performance	Continuous study and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of customers.
Incident	An event or circumstance which could have or did lead to unintended and/or unnecessary harm to a person, and/or complaint, loss or damage.
Information Management	The process of planning and organising analysing and controlling data and information. The management of information applies to both computer based and manual systems.

Glossary Of Terms .. cont...

Inpatient	An inpatient is a person who has been assessed by a doctor as requiring medical care and is formally admitted to the hospital. A patient does not need to stay overnight to be classed as an inpatient, many patients who come to a hospital for a day procedure are classed as inpatients.
Multidisciplinary	Care or a service given with input from more than one discipline or profession.
Outpatient	When a patient attends the hospital to see a doctor or health care provider, but is not formally admitted to the hospital.
Overall Care Index	To obtain reliable measures of patient satisfaction, an Overall Care Index is calibrated based on patient response to 27 separate questions. The overall care index is on a 0-100 scale.
Sentinel Event	An untoward incident of great significance to the patient.
Standards	A state or level of performance to be achieved.
Risk Management	The culture processes and structures that are directed towards the effective management of potential opportunities and adverse events.

Acknowledgements:

We would like to acknowledge glossary for this report has been developed from:

The ACHS EQuIP Guide. 3rd Edition. 2002

Victorian Patient Satisfaction Monitor. SRH Report. Six months ending March 2002. (TQA Research for Department of Human Services.)

The Department of Human Services Victoria.



**Redevelopment of the
New Combined Simpson Ward
&
The Helen Schutt Nursing Home**





Financial Statements 2002





AUDITOR GENERAL
VICTORIA

AUDITOR-GENERAL'S REPORT

To the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Board of Management of Stawell Regional Health

Audit Scope

The accompanying financial report of Stawell Regional Health for the financial year ended 30 June 2002, comprising a statement of financial performance, statement of financial position, statement of cash flows and notes to the financial statements, has been audited. The financial report includes the consolidated financial statements of the economic entity, comprising Stawell Regional Health and the entity 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, responsible Ministers and Members of the Board of Management as required by the *Audit Act 1994*.

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

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

Audit Opinion

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

MELBOURNE
15/10/2002


for J.W. CAMERON

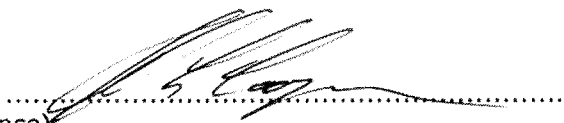
**Stawell Regional Health
And Its Controlled Entity Certification**

In our opinion the Report of Operations and the consolidated Financial Statements of Stawell Regional Health and its controlled entity 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.

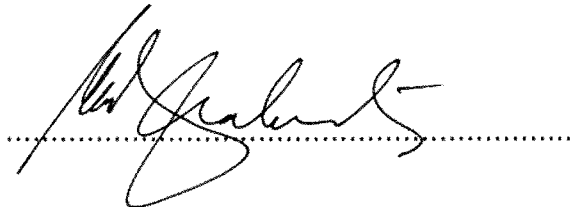
In our opinion the Financial Statements present fairly the financial transactions for the year ended June 30, 2002 and the financial position as at that date of Stawell Regional Health and its controlled entity.

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



Dated the thirtieth day of September, 2002

Statement of Financial Performance for the Year Ended 30 June 2002

	Note	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
REVENUE FROM ORDINARY ACTIVITIES	2,2a	14,116	12,119	14,405	12,168
EXPENSES FROM ORDINARY ACTIVITIES	2b				
Employee Entitlements		7,770	7,285	7,770	7,285
Fee for Service Medical Officers		802	841	802	841
Supplies and Consumables		1,377	1,516	1,377	1,516
Depreciation and Amortisation	3	605	626	605	626
Other Expenses from Ordinary Activities	2d	2,371	1,777	2,371	1,778
		12,925	12,045	12,925	12,046
Borrowing Costs	4	1	5	1	5
TOTAL EXPENSES FROM ORDINARY ACTIVITIES		12,926	12,050	12,926	12,051
NET RESULT FOR THE YEAR		1,190	69	1,479	117
Net Increase/(Decrease) in Asset Revaluation Reserve	15	(249)	-	(249)	-
Decrease in Accumulated Surplus - Prior year Adjustment	15	(157)		(157)	
TOTAL CHANGES IN EQUITY		784	69	1,073	117

This Statement should be read in conjunction with the accompanying notes

Statement of Financial Position as at 30th June 2002

	Note	Parent Entity 2002 \$'000	Parent Entity 2001 \$'000	Consolidated 2002 \$'000	Consolidated 2001 \$'000
ASSETS					
Current Assets					
Cash Assets	5,17	1,068	550	1,101	76
Receivables	6,17	318	689	357	706
Other Financial Assets	7,17	3,030	2,352	3,861	2,922
Inventory	9	149	126	149	126
Prepayments		9	24	9	24
Other Assets	8	32	28	32	28
Total Current Assets		4,606	3,769	5,509	4,382
Non-Current Assets					
Other Financial Assets	7	1	1	1	1
Receivables	6	155	84	155	84
Property, Plant & Equipment	10	9,219	9,338	9,219	9,338
Total Non-Current Assets		9,375	9,423	9,375	9,423
TOTAL ASSETS		13,981	13,192	14,884	13,805
LIABILITIES					
Current Liabilities					
Payables	11,17	1,162	877	1,162	877
Interest Bearing Liabilities	12,17	8	22	8	22
Employee Entitlements	13	1,045	1,026	1,045	1,026
Other Liabilities	14	32	428	32	428
Total Current Liabilities		2,247	2,353	2,247	2,353
Non-Current Liabilities					
Interest Bearing Liabilities	12,17	-	-	-	-
Employee Entitlements	13	754	643	754	643
Total Non-Current Liabilities		754	643	754	643
TOTAL LIABILITIES		3,001	2,996	3,001	2,996
NET ASSETS		10,980	10,196	11,883	10,809
EQUITY					
Reserves	15a	683	932	683	932
Contributed Capital	15b	9,107	-	9,107	-
Accumulated Surplus/(Deficit)	15c	1,190	9,264	2,093	9,877
Total Equity		10,980	10,196	11,883	10,809

This Statement should be read in conjunction with the accompanying notes

Statement of Cash Flows for the Year ended 30 June 2002

	Note	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES					
Receipts					
Government Grants		10,238	7,766	10,238	7,766
Capital Grants		1,431	376	1,431	376
Patient Fees		1,787	1,796	1,787	1,796
Donations & Bequests		431		677	-
GST Recovered from ATO		406		406	
Other		1,232	1,529	1,254	1,579
Total Receipts		15,525	11,467	15,793	11,517
Payments					
Employee Entitlements		(7,544)	(7,019)	(7,544)	(7,019)
Fee for Service Medical Officers		(882)	(838)	(882)	(838)
Supplies & Consumables		(1,619)	(1,520)	(1,619)	(1,520)
GST paid to ATO		(857)	(608)	(857)	(608)
Other		(2,168)	(792)	(2,169)	(793)
Total Payments		(13,070)	(10,777)	(13,071)	(10,778)
NET CASH FLOWS FROM OPERATING ACTIVITIES	16	2,455	690	2,722	739
CASH FLOWS FROM INVESTING ACTIVITIES					
Purchase of Properties, Plant & Equipment		(1,131)	(543)	(1,131)	(543)
Proceeds from Sale of Properties, Plant & Equipment		282	176	282	176
Purchase of Investments		(678)	(602)	(938)	(641)
NET CASH USED IN INVESTING ACTIVITIES		(1,527)	(969)	(1,787)	(1,008)
CASH FLOWS FROM FINANCING ACTIVITIES					
Proceeds from Borrowings		4	400	4	400
Repayment of Borrowings		(414)	(59)	(414)	(59)
Interest on Borrowings		-	(5)	-	(5)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(410)	336	(410)	336
NET INCREASE/DECREASE IN CASH HELD		518	57	525	67
CASH AT 1 JULY 2001		550	493	576	509
CASH AT 30 JUNE 2002	5	1,068	550	1,101	576

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

Note 1: Statement of Accounting Policies

The consolidated general purpose Financial Statements of the 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 Certified Practising Accountants Australia 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 the controlled entity 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 to the Health Service 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:

	2001/02	2000/01
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) Payables

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

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

- (k) **Goods & Services Tax**
Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows in accordance with Accounting Standard AAS 28.
- (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) **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.
- (n) **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.
- (o) **Comparative Information**
Where necessary, the previous year's figures have been reclassified to facilitate comparisons.
- (p) **Revenue Recognition**
Revenue is recognised in accordance with AAS 15. Income is recognised as revenue to the extent they are earned, should there be unearned income at reporting date, it is reported as income in advance. Government Grants are recognised as revenue when the Hospital gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grant is received or receivable. Conditional grants may be reciprocal or non reciprocal depending on the terms of the grant. Indirect Contributions – Insurance is recognised as revenue following advice from the Department of Human Services and Long Service Leave – Revenue is recognised monthly upon finalisation of movements in LSL liability in line with the arrangements set out in the Acute Health Division Hospital Circular 13/2001. Patient Fees are recognised as revenue at the time invoices are raised. Donations and bequests are recognised as revenue when the cash is received. (If donations are for a special purpose they may be appropriated to a reserve, for example special purpose reserve)
- (q) **Investments**
Cash, deposit investments, cash equivalents and non - interest bearing financial assets are valued at cost which approximates net market value
- (r) **Statement of Cashflow**
For the purposes of the Statement of Cash Flows, cash includes cash on hand, cash at banks and investments in money market instruments.
- (s) **Change in Accounting Policies: Contributed Capital**
In previous reporting periods up to 30 June 2001, the following items were recognised as revenues and expenses in the statement of financial performance:
 - Assets received and provided free of charge from and to other government entities, and
 - Grants received from other government entities for capital purposes.

Previously, in certain circumstances the Minister for Finance has granted an exemption to treat these items as a contributed capital. For the reporting period ending 30 June 2002, these transactions between wholly owned public sector entities', are now recognised in the statement of financial position as adjustments to the net assets at the sector level but have no effect on the net assets at the whole of government level. This change in accounting policy for transfers of assets and liabilities is in compliance with the accounting requirements of Urgent Issues Group Abstract 38 'Contributions by Owners Made to Wholly-Owned Public Sector Entities' and the Accounting and Financial Reporting (AFR) Bulletin No.39 'Accounting for Contributed Capital' Under AFR Bulletin No. 39,

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

required to be transferred to contributed capital. The impact of this change is:

Decrease Accumulated Surplus	\$ 9,107,000
Increase Contributed Capital	\$ 9,107,000

Revaluation policy

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

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

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

Accordingly, the change in accounting policy for land and buildings and plant and equipment has had no impact on either the current year statement of financial performance or opening accumulated surplus. The change in measurement basis is to comply with the accounting requirements of AASB 1041 and the Victorian Government Policy Paper, Revaluation of Non-Current Physical Assets.

(u) Revaluations of Non-Current Assets

Subsequent to the initial recognition as assets, non-current physical assets, other than plant and equipment, are measured at fair value. Plant & equipment are measured at cost. Revaluations are made with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at the reporting date.

Revaluations are assessed annually and supplemented by independent assessments, at least every three years. Revaluations are conducted in accordance with the Victorian Government Policy Paper Revaluation of Non-Current Physical Assets. Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised at an expense in net result, the increment is recognised immediately as revenue in net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve. Revaluation increments and decrements are offset against one another within a class of non current assets.

Recoverable Amount of Non-Current Assets

Cash flows have not been discounted to present values in determining the recoverable amount of non - current assets

(v) Contributed Capital

Consistent with UIG Abstract 38 " Contributions by Owners Made to Wholly - Owned Public Sector Entities" and Accounting and Financial Reporting Bulletin 39 " Accounting for Contributed Capital" , transfers that are in the nature of contributions or distributions, have been designated as contributed capital.

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

Note 2 : Revenue

	HSA	HSA	Non HSA	Non HSA	Parent	Parent	Consolidated	Consolidated
	2001/02	2000/01	2001/02	2000/01	Entity	Entity	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000	2001/02	2000/01	\$'000	\$'000
Revenue from Operating Activities								
Recurrent								
Government Contributions								
- Department of Human Services	8,810	8,121	-	-	8,810	8,121	8,810	8,121
- Commonwealth Government	63				63	-	63	-
- Non Cash Revenue from Services Provided	95	84	-	-		84	95	84
Indirect Contributions by Human Services	120	95	-	-	120	95	120	95
Patient Fees (refer note 2c)	1,795	1,864	-	-	1,795	1,864	1,795	1,864
Other	162	121	887	1,042	1,049	1,163	1,049	1,163
Capital Purpose Income								
State Government Grants								
- Targeted Capital Works & Equipment	1,202	153	-	-	1,202	153	1,202	153
- Equipment & Infrastructure Maintenance	-	62	-	-	-	62	-	62
- Other	99	93	-	-	99	93	99	93
Donation & Bequests	-	-	431	104	431	104	677	112
Specific Revenues	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Sub-Total Revenue from Operating Activities	12,346	10,593	1,318	1,146	13,664	11,739	13,910	11,747
Revenue from Non-Operating Activities								
Interest	-		114	139	114	139	157	180
Property Income	-	-	56	65	56	65	56	65
Proceeds from Sale of Non Current Assets (refer note 2e)	168	155	114	21	282	176	282	176
Other								
Sub-Total Revenue from Non-Operating Activities	168	155	284	225	452	380	495	421
Total Revenue from Ordinary Activities	12,514	10,748	1,602	1,371	14,116	12,119	14,405	12,168
(refer note 2a)								

* 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.

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

Note 2b: Analysis of Expenses by Source

	Acute Care	Aged Care & Home Care	Mental Health	Other	Parent Entity	Parent Entity	Consolidated	Consolidated
	2001/02	2001/02	2001/02	2001/02	2001/02	2000/01	2001/02	2001/02
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Services supported by Health Services Agreement								
Employee Entitlements								
- Salaries and Wages	4,202	1,832	153	-	6,187	5,712	6,187	5,712
- Workcover	68	32	2	-	102	126	102	126
- Long Service Leave	134	55	6	-	195	208	195	208
- Superannuation (refer note 20)	381	158	14	-	553	509	553	509
Fee for Service Medical Officers	802	-	-	-	802	841	802	841
Supplies and Consumables								
- Drug Supplies	215	3	-	-	218	192	218	192
- Medical And Surgical Supplies	655	101	-	-	756	740	756	740
Food Supplies	39	101	15	-	155	148	155	148
Other Expenses								
- Domestic Services	132	56	-	18	206	185	206	185
- Electricity, Gas & Water	98	43	-	-	141	-	141	-
- Indirect contribution by DHS - Insurance	122	-	-	-	122	-	122	-
- Motor Vehicle Expenses	17	34	-	-	51	-	51	-
- Postal & Telephone	60	2	-	-	62	-	62	-
- Repairs and Maintenance	208	50	-	-	258	363	258	363
- Patient Transport	69	-	-	-	69	29	69	29
- Bad & Doubtful Debts	(2)	(2)	-	-	(4)	4	(4)	4
- Other Administrative Expenses	424	39	-	-	463	597	463	597
- Other	365	42	-	-	407	261	407	261
Sub-Total Expenses from Services Supported by Health Services A/ment	7,989	2,546	190	18	10,743	9,915	10,743	9,915
Services Supported by Hospital and Community Initiatives								
Employee Entitlements								
- Salaries and Wages	-	-	-	671	671	652	671	652
- Workcover	-	-	-	7	7	8	7	8
- Long Service Leave	-	-	-	5	5	15	5	15
- Superannuation (refer note 20)	-	-	-	50	50	55	50	55
Supplies and Consumables								
- Drug Supplies	-	-	-	7	7	-	7	-
- Medical And Surgical	-	-	-	125	125	325	125	325
Food Supplies	-	-	-	116	116	111	116	111
Other Expenses								
- Domestic Services	-	-	-	6	6	6	6	6
- Fuel, Light, Power and Water	-	-	-	10	10	-	10	-
- Motor Vehicle Expenses	-	-	-	6	6	-	6	-
- Postal & Telephone	-	-	-	10	10	-	10	-
- Repairs and Maintenance	-	-	-	77	77	38	77	38
- Bad & Doubtful Debts	-	-	-	1	1	2	1	2
- Administrative Expenses	-	-	-	189	189	120	189	121
- Other	-	-	-	41	41	15	41	15
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	-	-	-	1,321	1,321	1,347	1,321	1,348
Depreciation and Amortisation (refer note 3)	-	-	-	605	605	626	605	626
Audit Fees - Auditor General's	-	-	-	9	9	8	9	8
- Other	-	-	-	9	9	-	9	-
Borrowing Costs (refer note 4)	-	-	-	1	1	5	1	5
Written Down value of Non - Current Assets Sold (refer note 2e)	-	-	-	238	238	149	238	149
Total Expenses From Ordinary Activities	7,989	2,546	190	2,201	12,926	12,050	12,926	12,051

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

Note 2b: Analysis of Expenses by Source

	Acute Care	Aged Care & Home Care	Mental Health	Other	Parent Entity	Parent Entity	Consolidated	Consolidated
	2001/02	2001/02	2001/02	2001/02	2001/02	2000/01	2001/02	2001/02
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Services supported by Health Services Agreement								
Employee Entitlements								
- Salaries and Wages	4,202	1,832	153	-	6,187	5,712	6,187	5,712
- Workcover	68	32	2	-	102	126	102	126
- Long Service Leave	134	55	6	-	195	208	195	208
- Superannuation (refer note 20)	381	158	14	-	553	509	553	509
Fee for Service Medical Officers	802	-	-	-	802	841	802	841
Supplies and Consumables								
- Drug Supplies	215	3	-	-	218	192	218	192
- Medical And Surgical Supplies	655	101	-	-	756	740	756	740
Food Supplies	39	101	15	-	155	148	155	148
Other Expenses								
- Domestic Services	132	56	-	18	206	185	206	185
- Electricity, Gas & Water	98	43	-	-	141	-	141	-
- Indirect contribution by DHS - Insurance	122	-	-	-	122	-	122	-
- Motor Vehicle Expenses	17	34	-	-	51	-	51	-
- Postal & Telephone	60	2	-	-	62	-	62	-
- Repairs and Maintenance	208	50	-	-	258	363	258	363
- Patient Transport	69	-	-	-	69	29	69	29
- Bad & Doubtful Debts	(2)	(2)	-	-	(4)	4	(4)	4
- Other Administrative Expenses	424	39	-	-	463	597	463	597
- Other	365	42	-	-	407	261	407	261
Sub-Total Expenses from Services Supported by Health Services A/ment	7,989	2,546	190	18	10,743	9,915	10,743	9,915
Services Supported by Hospital and Community Initiatives								
Employee Entitlements								
- Salaries and Wages	-	-	-	671	671	652	671	652
- Workcover	-	-	-	7	7	8	7	8
- Long Service Leave	-	-	-	5	5	15	5	15
- Superannuation (refer note 20)	-	-	-	50	50	55	50	55
Supplies and Consumables								
- Drug Supplies	-	-	-	7	7	-	7	-
- Medical And Surgical	-	-	-	125	125	325	125	325
Food Supplies	-	-	-	116	116	111	116	111
Other Expenses								
- Domestic Services	-	-	-	6	6	6	6	6
- Fuel, Light, Power and Water	-	-	-	10	10	-	10	-
- Motor Vehicle Expenses	-	-	-	6	6	-	6	-
- Postal & Telephone	-	-	-	10	10	-	10	-
- Repairs and Maintenance	-	-	-	77	77	38	77	38
- Bad & Doubtful Debts	-	-	-	1	1	2	1	2
- Administrative Expenses	-	-	-	189	189	120	189	121
- Other	-	-	-	41	41	15	41	15
Sub-Total Expenses from Services Supported by Hospital and Community Initiatives	-	-	-	1,321	1,321	1,347	1,321	1,348
Depreciation and Amortisation (refer note 3)	-	-	-	605	605	626	605	626
Audit Fees - Auditor General's	-	-	-	9	9	8	9	8
- Other	-	-	-	9	9	-	9	-
Borrowing Costs (refer note 4)	-	-	-	1	1	5	1	5
Written Down value of Non - Current Assets Sold (refer note 2e)	-	-	-	238	238	149	238	149
Total Expenses From Ordinary Activities	7,989	2,546	190	2,201	12,926	12,050	12,926	12,051

Notes To and Forming Part of the Financial Statements for the Year Ended 30 June, 2002

Note 2c : Patient Fees

	Parent Entity Patient Fees Raised 2001/02 \$'000	Consolidated Patient Fees Raised 2000/01 \$'000	2001/02 \$'000	2000/01 \$'000
Acute				
- Inpatients	400	450	400	450
- Outpatients	5	7	5	7
Aged Care & Primary Health				
- Nursing Homes	1,218	1,237	1,218	1,237
- Other	172	170	172	170
Total	1,795	1,864	1,795	1,864

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

Note 2d: Analysis of Other Expenses from Ordinary Activities

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000
- Administrative Expenses	189	120
- Bad & Doubtful Debts	(3)	6
- Domestic Services	212	191
- Electricity, Gas & Water	151	
- Indirect contribution by DHS - Insurance	122	
- Motor Vehicle Expenses	57	
- Other	448	276
- Other Administrative Expenses	463	597
- Patient Transport	69	29
- Postal & Telephone	72	
- Repairs and Maintenance	335	401
Audit Fees - Auditor General's	9	8
Audit Fees - Other	9	-
Written Down value of Non - Current Assets Sold (refer note 3d)	238	149
Total Other Expenses	2,371	1,777

Note 2e: Sale of Non Current Assets

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Proceeds from Disposal	282	176	282	176
Less: Written Down Value of Assets Sold	238	149	238	149
Net Surplus on Disposal	44	27	44	27

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

	2001/02	2000/01	2001/02	2000/01
Business Units				
Diagnostic Imaging	426	442	426	442
Catering	172	217	172	217
Surgical Services	197	265	197	265
Other	424	423	424	424
Other Activities				
Depreciation and Amortisation (refer note 3)	102	64	102	64
Written Down Value of Assets Sold	96	33	96	33
Total	1,417	1,444	1,417	1,445

Note 3: Depreciation and Amortisation

	2001/02	2000/01	2001/02	2000/01
Buildings	183	165	183	165
Plant & Equipment			-	-
- Plant	235	268	235	268
- Transport	78	62	78	62
- Computers & Communication	77	91	77	91
- Other Equipment	-	-	-	-
Furniture & Fittings	21	21	21	21
Leased Asset	11	19	11	19
Total	605	626	605	626
Allocation of Depreciation/Amortisation:				
Services supported by Health Service Agreement	503	562	503	562
Services Supported by Hospital & Community Initiatives	102	64	102	64
Total	605	626	605	626

Note 4: Borrowing Costs

	2001/02	2000/01	2001/02	2000/01
Finance Charges on Finance Leases	1	5	1	5
Interest on Short Term Borrowings	-	-	-	-
Total	1	5	1	5

Note 5: Reconciliation of Cash

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

	Parent Entity 2001/02 \$'000	Parent Entity 2000/2001 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/2001 \$'000
Cash on Hand	2	2	2	2
Cash at Bank	1,066	548	1,099	574
Total	1,068	550	1,101	576

Note 6: Receivables

Current	Parent	Parent	Consolidated	Consolidated
	Entity	Entity		
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Inter Hospital Debtors	16	14	16	14
Trade Debtors	116	193	116	193
Patient Fees	138	130	138	130
Accrued Investment Income	15	24	54	41
Accrued Revenue				
- Department of Human Services	-	321	-	321
- Other	36	12	36	12
	-	-	-	-
Total	321	694	360	711
less Provision for Doubtful Debts				
Inter Hospital Debtors	-	-	-	-
Trade Debtors	1	2	1	2
Patient Fees	2	3	2	3
Total Current Receivables	318	689	357	706
Non Current				
	155	84	155	84
Total Non Current Receivables	155	84	155	84
Net Debtors and Accrued Revenue	473	773	512	790
Bad and Doubtful Debts - Trade Debtors	3	6	3	6
Total	3	6	3	6

Note 7 Other Financial Assets

Current	Operating	Specific	Capital	Parent	Parent	Consolidated	Consolidated
	Fund	Purpose	Fund	Entity	Entity		
	\$'000	Fund	\$'000	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Other Financial Assets							
- Investments -							
Banks	-	-	3,030	3,030	2,352	3,861	2,922
Non Current							
Investments -							
Government							
Instrumentalities	-	-	1	1	1	1	1
Total	-	-	3,031	3,031	2,353	3,862	2,923
Analysed as follows:							
Current							
Aust. Dollar Term Deposits				3,030	2,352	3,861	2,922
Non Current							
Inscribed Stock				1	1	1	1
Total				3,031	2,353	3,862	2,923

Note 8 : Other Assets

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Current				
Patient Monies held in Trust	16	14	16	14
Salary Packaging Trust Monies	16	14	16	14
Total	32	28	32	28
Represented by the following assets:				
Cash Assets	32	28	32	28
Total	32	28	32	28

Note 9: Inventory

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Pharmaceuticals	16	12	16	12
Catering Supplies	8	8	8	8
Housekeeping Supplies	4	5	4	5
Medical and Surgical Lines	113	92	113	92
Administration Stores	8	9	8	9
Total	149	126	149	126

Note 10: Property, Plant & Equipment

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
At Cost				
Freehold Land	22	-	22	-
Assets under Construction	418	38	418	38
Buildings	503	117	503	117
Less Accumulated Depreciation	20	2	20	2
	483	115	483	115
Total Land & Buildings at Cost	923	153	923	153
Plant & Equipment				
- Plant & Equipment	2,796	4,114	2,796	4,114
Less Accumulated Depreciation	1,693	2,386	1,693	2,386
	1,103	1,728	1,103	1,728
- Motor Vehicles	371	373	371	373
Less Accumulated Depreciation	92	111	92	111
	279	262	279	262
- Furniture & Fittings	754	784	754	784
Less Accumulated Depreciation	545	469	545	469
	209	315	209	315
- Leased Assets	55	55	55	55
Less Accumulated Amortisation	44	33	44	33
	11	22	11	22
Total Plant & Equipment	1,602	2,327	1,602	2,327
Total at Cost	2,525	2,480	2,525	2,480
At Valuation				
Freehold Land	635	635	635	635
Buildings	6,550	6,550	6,550	6,550
Less Accumulated Depreciation	491	327	491	327
	6,059	6,223	6,059	6,223
Total at Valuation	6,694	6,858	6,694	6,858
Total Property, Plant & Equipment	9,219	9,338	9,219	9,338

Land and Buildings were valued at 30th June 1999 by the Valuer General Land has been valued at current market value. Buildings have been valued at written down replacement cost.

Note 10: 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.

	Buildings		Buildings	Plant & Equipment	Furniture & Fittings	Leased Assets	Motor Vehicles	Total
	WIP	Land						
2002								
Carrying amount at start of year	38	635	6,338	1,728	315	22	262	9,338
Additions	380	22	56	389	17	-	266	1,130
Disposals		-	-	(67)	-	-	(171)	(238)
Transfer to Land & Buildings	-		331	(322)	(9)			-
Adjustment asset revaluation reserve				(390)	(16)			(406)
Depreciation expense (note 3)		-	(183)	(235)	(98)	(11)	(78)	(605)
Carrying Amount at end of year	418	657	6,542	1,103	209	11	279	9,219

Note 11: Payables

	Parent Entity	Parent Entity	Consolidated	Consolidated
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Current				
Trade Creditors	453	565	453	565
Accrued Expenses	363	312	363	312
Grants Recalled	112		112	
GST Payable	234		234	
Total Payables	1,162	877	1,162	877

Note 12: Interest Bearing Liabilities

	Parent Entity	Parent Entity	Consolidated	Consolidated
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Current				
Finance Lease Liability (refer note 17)	8	22	8	22
Non Current				
Finance Lease Liability (refer note 17)	-	-	-	-
Total Interest Bearing Liabilities	8	22	8	22

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

Note 13: Employee Entitlements

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Current				
Long Service Leave	132	148	132	148
Accrued Salaries and Wages	270	249	270	249
Annual Leave	619	603	619	603
Accrued Days Off	24	26	24	26
Total Current	1,045	1,026	1,045	1,026
Non Current				
Long Service Leave *	754	643	754	643
Total	1,799	1,669	1,799	1,669
Movement in Long Service Leave:				
Balance July 1, 2001	791	707	791	707
Provision made during the year	200	223	200	223
Settlement made during the year	(105)	(139)	(105)	(139)
Balance June 30, 2002	886	791	886	791

* The following assumptions were adopted in measuring present value. Inflation rate of 4% , Oncost rate of 10% and Discount Rates as follows:
Yr 1 4.45%, Yr 2 5.17%, Yr 3 5.43%, Yr 4 5.61%, Yr 5 5.70%, Yr 6 5.77%, Yr 7 5.86%, Yr 8 5.92%, Yr 9 5.96%, Yr 10 5.99%, Yr 11 6.02%, Yr 12 6.06%

Note 14: Other Liabilities

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Current				
- Nurses EBA Advance from Department of Human Services	-	400	-	400
- Monies held in Trust (refer note 8)	32	28	32	28
Total	32	428	32	428

Note 15: Equity & Reserves

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
(a) Reserves				
Asset Revaluation Reserve				
Balance at the beginning of the reporting period	931	931	931	931
Increase/(Decrease) during the year			-	
Adjustment to Asset revaluation reserve*	(406)		(406)	-
Change due to revaluation of land in 1999	157		157	
Balance at the end of the reporting period	682	931	682	931
General Purpose Reserve				
Balance at the beginning of the reporting period	1	1	1	1
Increase/(Decrease) of during the year				
Balance at the end of the reporting period	1	1	1	1
Total Reserves	683	932	683	932
(b) Contributed Capital				
Balance at the beginning of the reporting period	-	-	-	-
Recognition of opening balance on adoption of UIG 38/AFR No 39	9,107		9,107	
Capital contribution received from Victorian Government			-	-
Capital Repayments			-	-
Balance at the end of the reporting period	9,107	-	9,107	0
(c) Accumulated Surpluses/(Deficits)				
Balance at the beginning of the reporting period	9,264	9,195	9,877	9,760
Net Result for the Year	1,190	69	1,480	117
Change due to revaluation of land in 1999	(157)		(157)	-
Recognition of opening balance on adoption of UIG 38/AFR No. 39	(9,107)		(9,107)	-
Balance at the end of the reporting period	1,190	9,264	2,093	9,877
Total Equity at the Beginning of the Reporting Period	10,196	10,127	10,810	10,693
Total Changes in Equity Recognised in the Statement of Financial Performance	784	69	1,073	117
Total Equity at the Reporting Date	10,980	10,196	11,883	10,810

Note:

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

* Adjustment made to accurately reflect the value of Plant & Equipment held.

Note 16: Reconciliation of Net Cash Used in Operating Activities to Operating Result

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Net Result for the Year	1,190	69	1,479	117
Entity Surplus/(Deficit) prior to capital items	1,190	69	1,479	117
NON CASH MOVEMENTS				
Depreciation	594	614	594	614
Amortisation	11	12	11	12
Provision for Doubtful Debts	(2)	-	(2)	-
Increase/(Decrease) in Payables	284	118	284	118
Increase/(Decrease) in Employee Entitlements	129	266	129	266
Net Profit from Sale of Plant and Equipment	(44)	(27)	(44)	(27)
(Increase)/Decrease in Other Current Assets	(8)	(9)	(8)	(9)
(Increase)/Decrease in Receivables	301	(353)	279	(352)
NET CASH PROVIDED BY OPERATING ACTIVITIES	2,455	690	2,722	739

Note 17: Financial Instruments**Interest Rate Exposure as at 30/06/2002**

	Weighted Average Interest Rate	Floating Interest Rate \$'000	Fixed interest rate maturing			Non Interest Bearing \$'000	Parent Entity 2001/02 \$'000	Consolidated 2001/02 \$'000
			1 Year or Less \$'000	1 to 5 Years \$'000	Over 5 Years \$'000			
Financial Assets								
Cash	1.64%	1,068	-	-	-	-	1,068	1,101
Receivables	0.00%	-	-	-	-	318	318	357
Prepayments	0.00%	-	-	-	-	9	9	9
Other Financial Assets	5.07%	-	-	-	-	3,030	3,030	3,861
Total Financial Assets		1,068	-	-	-	3,357	4,425	5,328
Financial Liabilities								
Payables	0.00%	-	-	-	-	1,162	1,162	1,162
Monies held in Trust	0.00%	-	-	-	-	32	32	32
Borrowings	8.78%	-	8	-	-	-	8	8
Total Financial Liabilities		-	8	-	-	1,194	1,202	1,202
Net Financial Assets/(Liabilities)		1,068	(8)	-	-	2,163	3,223	4,126

Interest Rate Exposure as at 30/06/2001

	Weighted Average Interest Rate	Floating Interest Rate	Fixed interest rate maturing			Non Interest Bearing	Parent Entity	Consolidated
			1 Year or Less	1 to 5 Years	Over 5 Years			
		\$'000	\$'000	\$'000	\$'000	\$'000	2000/01	2000/01
							\$'000	\$'000
Financial Assets								
Cash	2.20%	550	-	-	-	-	550	576
Receivables	0.00%	-	-	-	-	689	689	706
Prepayments	0.00%	-	-	-	-	24	24	24
Other Financial Assets	5.21%	-	2,352	-	-	-	2,352	2,922
Total Financial Assets		550	2,352	-	-	713	3,615	4,228
Financial Liabilities								
Payables	0.00%	-	-	-	-	877	877	877
Monies held in Trust	0.00%	-	-	-	-	28	28	28
Borrowings	9.47%	-	22	-	-	400	422	422
Total Financial Liabilities		-	22	-	-	1,305	1,327	1,327
Net Financial Assets/(Liabilities)		550	2,330	-	-	(592)	2,288	2,901

Note 17a: Financial Instruments (Continued)

Net Fair Value	Parent Entity		Parent Entity		Consolidated		Consolidated	
	2001/02		2000/01		2001/02		2000/01	
	Book Value	Net Fair Value	Book Value	Net Fair Value	Book Value	Net Fair Value	Book Value	Net Fair Value
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Financial Assets								
Cash	1,068	1,068	550	550	1,101	1,101	576	576
Receivables	318	318	689	689	357	357	706	706
Prepayments	9	9	24	24	9	9	24	24
Other Financial Assets	3,030	3,030	2,352	2,352	3,861	3,861	2,922	2,922
Total Financial Assets	4,425	4,425	3,615	3,615	5,328	5,328	4,228	4,228
Financial Liabilities								
Payables	1,162	1,162	877	877	1,162	1,162	877	877
Monies held in Trust	32	32	28	28	32	32	28	28
Borrowings	8	8	422	422	8	8	422	422
Total Financial Liabilities	1,202	1,202	1,327	1,327	1,202	1,202	1,327	1,327

- 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.
- 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 18: Commitments

	Parent Entity 2001/02 \$'000	Parent Entity 2000/01 \$'000	Consolidated 2001/02 \$'000	Consolidated 2000/01 \$'000
Capital Commitments				
Land & Buildings	5,022	-	5,022	-
Plant and Equipment	404	272	404	272
Total Capital	5,426	272	5,426	272
Land & Buildings				
Not Later than one year	4,019		4,019	-
Later than one year and not later than 5 years	1,003		1,003	-
Later than 5 years				
Sub Total	5,022	-	5,022	-
Plant & Equipment				
Not Later than one year	210	272	210	272
Later than one year and not later than 5 years	194		194	-
Later than 5 years				
Sub Total	404	272	404	272
Total	5,426	272	5,426	272
Lease Commitments				
Operating Leases	35	-	35	-
Finance Leases	8	22	8	22
Total Lease Commitments	43	22	43	22
Operating Leases - cancellable				
Not Later than one year	12		12	-
Later than one year and not later than 5 years	23		23	-
Later than 5 years				-
Total	35	-	35	-
Finance Leases				
Commitments in relation to finance leases are payable as follows:				
Not Later than one year	8	22	8	22
Later than one year and not later than 5 years			-	-
Later than 5 years			-	-
Minimum Lease payments			-	-
Less future Finance Charges	0	0	-	-
Total	8	22	8	22
Representing Lease Liabilities				
Current (Note 17)	8	22	8	22
Non - current (note 17)	0	0	0	0
TOTAL	8	22	8	22

The weighted average interest rate implicit in the leases is 6.92% (2001 - 6.92%%)

Under the terms of the PABX lease, the Hospital has an option to acquire the leased asset for 100% of its agreed fair value on expiry

Note 19: Contingent Liabilities

As at June 30 2002 Stawell Regional Health has no knowledge of any contingent liabilities.

Note 20: Superannuation

Superannuation contributions for the reporting period are included as part of salaries and associated costs in the statement of financial performance of the hospital
The names and details of the major employee superannuation funds and contributions made by the Hospital are as follows:

FUND	Contribution for the Year	Contribution for the Year	Contribution Outstanding at Year End	Contribution Outstanding at Year End
	2001/02	2000/01	2001/02	2000/01
	\$'000	\$'000	\$'000	\$'000
Health Super	578	558	23	-
Hesta	2	7	-	-
TOTAL	580	565	23	-

Contributions are paid in accordance with the Hospital Superannuation Act 1988

The above amounts were measured as at 30 June of each year, or in the case of employer contributions they relate to the year ended 30 June 2002

Note 21: Responsible Person Related Disclosures**(a) Responsible Persons**

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

(b) Retirement Benefits of Responsible Persons

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

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

	2002	2001
	\$'000	\$'000
Dr R.N. Castle and Dr A.H. Cunningham provide Visiting Medical Officer services.	118	143
Mr G Thomas is a Partner of Curtis & Thomas, Chartered Accountants which provides Computer Hardware	1	0
Mr G Fuller retired as Manager of Ford Kinter & Associates (formerly the Principal of G.Fuller Pty Ltd) which provides Insurance Broking Services	0	13
Ms M Blake provides rental accomodation for staff housing and is employed by the Agency as the Public Relations Officer	41	41

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

	2002	2001
	\$'000	\$'000
Aggregate amounts payable at Balance Date	0	12

(e) 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.

(f) 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.

	2002	2001
	No.	No.
\$130,000 - \$139,999	-	1
\$140,000 - \$149,999	-	-
\$150,000 - \$159,999	1	-

Note 22: Remuneration of Auditors

	2002	2001
	\$'000	\$'000
Audit fees paid or payable to the Victorian Auditor - General's Office for the audit of the Hospitals financial report		
Payable as at June 2002	9	

STAWELL DISTRICT HOSPITAL FOUNDATION

Balance Sheet as at 30th June 2002

	Note	2001/02 \$	2000/01 \$
<u>Equity</u>			
Settled Sum		100	100
Retained Earnings		902,764	613,597
Total Equity		902,864	613,697
<u>Liabilities</u>			
Accrued Expenses		0	0
Total Liabilities		0	0
Total Equity and Liabilities		902,864	613,697
<u>Assets</u>			
Cash at Bank and on Hand		33,193	25,926
Accrued Revenue		0	0
Accrued Interest		38,933	17,816
Investments	3	830,738	569,955
Total Assets		902,864	613,697

Revenue and Expense Statement for the Year Ended 30th June 2002

	Note	2001/02 \$	2000/01 \$
<u>Income</u>			
Donations		245,900	8,500
Interest		43,267	40,927
Total		289,167	49,427
<u>Less Expenditure</u>			
Administrative Fees		-	226
Total		0	226
Operating Surplus for the Year		289,167	49,201
Retained Earnings at 1 July		613,597	564,396
Retained Earnings at 30 June		902,764	613,597

Statement of Cash Flows for the Year Ended 30th June 2002			
	Note	2001/02	2000/01
		\$	\$
Cash Flows From Operating Activities			
Interest received		22,150	39,928
Donations received		245,900	9,500
Payments		0	(226)
Net Cash Generated From Operating Activities	4	268,049	49,202
Cash Flows from Investing Activities			
Payments for purchase of Investments		(260,783)	(39,248)
Net Cash used in Investing Activities		(260,783)	(39,248)
Net Increase in Cash Held		7,267	9,954
Cash at 1 July		25,926	15,972
Cash at 30 June		33,193	25,926

**Stawell District Hospital Foundation
Notes to and forming part of the Accounts of the Year Ending 30th June, 2002**

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		
	2001/02	2000/01
	\$	\$
Interest Bearing Bank Deposits	830,738	569,955
Note 4 - Reconciliation of Net Cash Provided by Operating Activities to Operating Surplus		
	2001/02	2000/01
	\$	\$
Operating Surplus	289,167	49,201
Increase/(Decrease) in Accrued Expenses	0	0
(Increase)/Decrease in Accrued Revenue	0	1,000
(Increase)/Decrease in Accrued Interest	(21,117)	(999)
Net Cash Flow from Operating Activities	268,049	49,202

Note 5 - Commitments and Contingent Liabilities

The Trustees are unaware of any commitments or contingent liabilities not recorded or disclosed as at June 30, 2002.



CERTIFICATE OF ACCREDITATION

This is to certify that
The Australian Council on Healthcare Standards
has accredited

Stawell Regional Health

This certificate is granted by the authority of the Council in recognition of the achievement of Evaluation & Quality Improvement Program (EQIP) standards and a commitment to continuous improvement in the quality of care, service and safety when surveyed on

1-2 May 2002

On this basis ACHS accreditation is awarded subject to continuous evaluation and quality improvement until

20 June 2006

Eric Rait

President

Andrew Johnson

Chief Executive



STAWELL
REGIONAL HEALTH

Incorporating

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

