

## The History of Edenhope & District Memorial Hospital



The hospital began in 1910 as a privately owned and managed private hospital. At that time it was situated in a house owned by Mrs. Jerome Minogue, who was Mrs. Daly's mother of Clunie at Harrow. This building was later owned by Mr. Tabby Preece and is now known as "Edenhope Antiques".

The hospital was rebuilt in 1930, on its present site, becoming two wards with a total of 5 beds. Donations for the construction were sought with the help of many district people and Mrs. "Tug" Kealy who ventured out to collect them via horse and cart. The Hospital continued to function as two wards until 1950, at which time management of the hospital was transferred to the Hospitals and Charities Commission.

The "Halahan Wing" which currently houses the Executive Offices was residence to Mr. McDonald who operated Horsham Drays, a gravel contractor for the Kowree Shire. He also housed his horses at stables which were located where the

current Elsie Bennett Community Centre stands today. In winter times the stables were often flooded.

During 1961 the hospital underwent an upgrade and was extended, making it a 23 bed hospital. In 1981 approval was given for 8 beds in the Nurses Home to be reallocated as 8 Nursing Home Beds, giving the hospital a total of 31 beds.

In 1988–89, a new nursing home was built consisting of 18 beds. This now created a facility of 20 acute beds and 18 nursing home beds.

In 1998 the hospital opened its new 17 bed hostel and community health centre.

The ownership of the Barkala Flats was transferred to Edenhope & District Memorial Hospital in 2001. Of the 19 flats, 18 are used as accommodation for the Aged and Disabled while 1 is utilised by the hospital for short term accommodation for staff, students or other visitors as required.

In 2003, 5 beds were added to the hostel.

## Principal Operating Functions

Edenhope and District Memorial Hospital is a public health service with 20 acute beds, providing general and acute medical, general surgical, paediatric, pre natal and post natal care and residential aged care through a nursing home of 18 beds and a 22 bed hostel. The Hospital owns 19 Independent living units of which 18 are used as rental accommodation for the aged and disabled.

During the year the following additional services were provided:

- Chemotherapy
- Dialysis
- Physiotherapy
- Podiatry
- Speech Therapy
- Optometry
- Dietetics
- Dentistry
- Pathology
- Radiology
- Community Health
- District Nursing
- Meals on Wheels
- Home and bed-based respite
- Whilst we do not have a registered outpatients service, we does provide an accident and emergency service.

## MISSION STATEMENT:

*To provide the highest standard of care and health related services, that reflect community needs.*

### Governance

**GOAL:** To provide quality leadership to Edenhope & District Memorial Hospital through a comprehensive Governance Framework.

#### STRATEGIES

- Provide leadership by establishing and regularly reviewing the mission, goals, aims, objectives and policy.
- Maintain legal compliance and high ethical standards of operation.
- Provide a committee system, with clearly defined roles, responsibilities and tasks.
- Establish key financial objectives, with appropriate financial and audit processes in place that ensure that funds are prudently invested.
- Ensure robust risk management, including financial capacity and asset management, providing the organisation with targeted administration and infrastructure support to programs.
- Monitor the financial, operational and compliance risk exposures, and monitor the annual budget.
- Monitor the overall performance in regards to service delivery, continuous improvement and effective management practices.
- Undertake and approve strategic and business planning.
- Undertake succession planning for Board, Management and Staff, including skills, community engagement and capacity, through mentoring and training.
- Establish and regularly review the duties and responsibilities of the CEO.
- Develop and maintain strong links between the Board and the constituent community by maintaining a positive and well regarded profile.
- Ensures that the organisation takes an active role in local and regional health planning.

#### RESULTS

- Masterplanning process completed.
- Health Legal Regulatory Compliance System implemented.
- 90% of Board members attended Board Governance training.
- Reviewed Risk Management policy and processes in line with the Australian Standards and with the assistance of Victorian Managed Insurance Authority.
- Reviewed CEO Limitations Policy and Delegation of Authority Policy.
- Recruited two new Board members to commence in July 2009.

### Finance

**GOAL:** To continue to be an organisation that has long term financial viability and a flexible approach to change.

#### STRATEGIES

- Ensure Board and Management have a detailed understanding of the new flexible funding model of the Small Rural Health Service Guidelines, which are designed to:
  - Improve the health status of the community.
  - Support a sustainable configuration of health and aged care services which are responsive to local needs.
- Facilitate the delivery of locally determined mix of services.
- Continue to ensure all services are provided within a cost effective manner that is within available resources.

#### RESULTS:

- An above budget operating and overall surplus result.
- Access to a number of government grants.
- Department of Human Services funding of \$140K for development of new x-ray facility and purchase of equipment.
- Recruitment of new Director of Finance & Admin (Deputy CEO).

## VISION STATEMENT:

*To be the best quality provider of healthcare that is responsive to community needs.*

### Workforce Development

**GOAL:** To ensure we actively recruit and retain suitably skilled and qualified staff and provide ongoing education to ensure the Vision, Mission, Values and Strategic and Operational Plans of the organisation are met.

#### STRATEGIES

- Continue the annual staff performance review process linked to the Vision, Mission, Strategic Plan and Operational Plans
- Develop a targeted workforce development plan with input from the annual staff performance review process, with the Wimmera PCP's integrated workforce development program to be utilised as appropriate.
- Advocate for and input into a coordinated approach for the recruitment and retention of General Practitioners, Visiting Medical Officers and Allied Health Professionals across the Wimmera, through the existing alliances of the Wimmera PCP and West Vic Division of GPs.
- Ensure Registered Nurse staff have effective and efficient systems to exchange knowledge and to undertake distance education.
- Continue to enhance staff satisfaction, develop career pathways, provide a safe working environment and acknowledge staff achievements.

#### RESULTS

- OH&S Officer currently undertaking Certificate IV in OH&S.
- Appointment of a Clinical Educator for nursing and hostel ensuring there is a dedicated person appointed to the role and that the program is conducted in a strategic systematic way.
- Division 2 Nurse trainee commenced in February 2009 on a 2 year traineeship.
- 3 staff have commenced Certificate IV in Community Services (Lifestyle and Leisure) through distance education.
- 1 staff member has commenced 12 months of study in Certificate in Infection Control and Sterilisation through Mayfield in Melbourne.
- 6 senior nursing staff attended Preceptorship training which gave them the skills to be mentors and facilitators to students and trainees.

### Service Delivery

**GOAL:** To be responsive to future service needs by providing quality medical, nursing and support services to the Edenhope and surrounding community.

#### STRATEGIES

- Work in conjunction with the Shire Council, Wimmera Primary Care Partnership and Lowan Rural Health Network to utilise evidence based research to advocate and lobby on behalf of the Edenhope & District community
- Utilise evidence based research to flexibly allocate resources, between Acute, Sub-acute and Primary Health services, through the Small Rural Health Service Funding Guidelines, in consultation with the Department of Human Services, to meet the needs of the community and ensure efficient utilisation of limited resources

#### RESULTS

- Active participation in PCP including representation on Executive Committee.
- Participation in Municipal Emergency Planning meetings.
- Community Health staff member became a trained Consultant in Respecting Patient Choices which is an advanced care planning program. This has enabled us to expand this program into the community.
- Extension of Lowan Rural Health contract until the end of 2009.

### Continuous Improvement

**GOAL:** To continue to promote and enhance a culture of Continuous Improvement in all aspects of our operations and services, with the goal of achieving an excellent reputation as a quality healthcare provider.

#### STRATEGIES

- Maintain the organisation's quality plan as a "living" document, with all opportunities for improvement continually identified and reviewed, and Key Performance Indicators monitored.
- Continue to maintain, monitor and meet Accreditation (EQuIP, Aged Care Standards Agency, HACC & DVA) requirements to maintain accreditation
- Utilise existing links to Regional Director of Medical Services for the referral of ethical issues in the first instance, and establish protocols for referral to the Joint Ethnic Committee of Ballarat Health Service and St John of God Healthcare.
- Continue to ensure best practice Infection Control processes through a scheduled review of the Infection Control policies, monthly monitoring of incidences of infection, and liaising and membership with the Grampians Regional Infection Control Group.
- Undertake annual community feedback on the services we provide.

#### RESULTS

- Successful Australian Council on Healthcare Standards EQuIP 3 Organisational Wide Survey in July 2008.
- Achievement of 4 EA ratings in EQuIP 3 including: Risk Management, Care of the Dying and Deceased, Appropriateness of Health Care and services, Pressure Ulcer Prevention and Management.
- Community information pamphlets re-designed and printed in consultation with the Community Consultation Committee.
- Unannounced visit from the Aged Care Standards Agency for the Lakes Hostel and Kowree Nursing Home resulting in compliance in all 44 outcomes over both the facilities.

## OUR VALUES:

*We believe that our customers are entitled to the highest quality health care that is respecting of their rights, dignity and beliefs regardless of their cultural or socio-economic background.*

*We recognise staff as our most valuable asset, we care for their well-being and encourage and support their ongoing development.*

*We are committed to a culture of continuous quality improvement.*

*We are committed to the provision of a safe environment.*

## Risk Management

**GOAL:** To ensure all risks associated with provision of services and management of the business are effectively addressed.

### STRATEGIES

- Continue to develop protocols/guidelines to local Directors of Medical Services (DOMS) and between Visiting Medical Officers (VMO) to the whole Wimmera, not just those visiting Edenhope.
- Develop protocols/guidelines for emergency obstetrics including delivery and transfer.

### RESULTS

- Reviewed Risk Management policy and processes in line with the Australian Standards and with the assistance of Victorian Managed Insurance Authority (VMIA).
- Reviewed the VMIA Risk Management software with a view to implementation over the next year.
- Achievement of an EA rating in EQuIP 3 for Risk Management.

## Information Management

**GOAL:** To improve the use of information management as a tool for enhancing communication and decision making.

### STRATEGIES

- Develop a marketing and communication strategy that clearly articulates our services and facilities available.
- Liaise with DHS to ensure appropriate linkage of EDMH to the DHS Information & Communication Technology Strategy to ensure that ICT supports the delivery of focused health services.
- Ensure communication pathways are effective and efficient at all levels.
- IT resources reviewed and updated accordingly, and annual budgeting includes allowances for IT updating.

### RESULTS

- New, more user friendly EDMH website developed.
- Introduction of iCare an electronic care plan program for use in the nursing home and Lakes Hostel. This ensures a systematic but individual approach to resident assessment and care planning. The outcomes for residents are that their care is planned and updated in an accurate and timely manner.
- Introduction of e-learning which is an on-line-learning portal that all staff can access.
- Grampians Regional Health Alliance has been holding information and training sessions during 2008–09 in readiness for implementing the iSOFT Patient Management System as part of the Department of Human Services HealthSMART Program.
- Introduction of CasConnect which is a web based central casual bank for health care workers, which reduces the time spent by nursing staff for roster vacancies.

## Capital Development

**GOAL:** To pursue the provision of a re-developed service that will provide modern workable buildings and equipment for all (including residents, patients, clients, staff, visiting medical officers and visitors).

### STRATEGIES

- Liaise with and pursue DHS to fund a comprehensive Feasibility Masterplan for the Acute and Nursing Home facilities to maximise building functionality, including consideration of:
  - Certification requirements for the Nursing Home.
  - Co-location of Medical Practice.
  - Provision of recovery area separate from the theatre.
  - Allied Health space.
- Connectivity of functionality.
- Undertake a Feasibility Study for the redevelopment of the Barkala Flats including a self-funding asset replacement program.

### RESULTS

- Masterplanning process completed.
- Refurbishing of the Labour ward to become an X-ray facility.
- Pursued grants for capital improvements.



**Mr James McKay**  
President

Occupation: Chief Executive Officer, West Wimmera Shire Council  
Resides: Edenhope  
First appointed: 1 November 2004  
Current Term Expiry: 30 June 2011



**Mr Michael Holland**  
Senior Vice-President

Occupation: Agribusiness Manager  
Resides: Charam  
First appointed: 1 November 1993  
Current Term Expiry: 30 June 2011



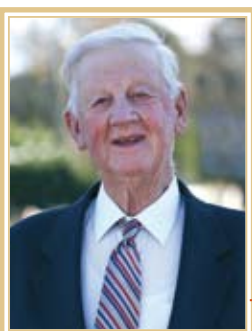
**Mr Robert Carberry**  
Junior Vice-President

Occupation: Wool Broker  
Resides: Apsley  
Committees: Continuum of Care  
First appointed: 1 November 2005  
Current Term Expiry: 30 June 2011



**Cr Ronald Hawkins**  
Assistant Treasurer

Occupation: West Wimmera Shire Councillor / Farmer  
Resides: Minimay  
First appointed: 1 September 1974  
Current Term Expiry: 30 June 2011



**Mr John Warner**  
Board Member

Occupation: Farmer  
Resides: Edenhope  
Committees: Medication Advisory Committee / VMO Committee  
First appointed: 1 November 1976  
Current Term Expiry: 30 June 2010

The Board of Management is appointed by the Governor-in-Council from nominations received by the Hospital. The Hospital is incorporated under, and regulated by, the Health Services Act 1988.

The Minister during the reporting period was The Hon Daniel Andrews MP.

Board Members each serve a three-year term, and may be eligible for re-nomination at the conclusion of each of their terms.

The role of the Board of Management is to ensure Edenhope and District Memorial Hospital achieves its Mission and Strategic goals and objectives and, in doing so, meets all the legal and moral responsibilities accompanying "best practice" corporate governance.

The Board of Management strives to be a professional Board that uses leadership to move the organisation towards its vision.



**Mr James Farran**  
Treasurer

Occupation: Grazier  
Resides: Edenhope  
Committees: Continuous Improvement  
First appointed: 1 November 2006  
Current Term Expiry: 30 June 2009



**Mrs Jan Grigg**  
Board Member

Occupation: Business Manager  
Resides: Edenhope  
Committees: Residential Care Services / Occupational Health & Safety  
First appointed: 1 November 2000  
Current Term Expiry: 30 June 2009



**Mr Tony Kealy**  
Board Member

Occupation: Farmer  
Resides: Patyah  
Committees: Risk Management / Occupational Health & Safety  
First appointed: 1 November 2008  
Current Term Expiry: 30 June 2010



*Board of Management President, Jim McKay and Hospital CEO, Kathy Huett.*

## HIGHLIGHTS

*Finalisation of Masterplan*

*Successful Australian Council  
on Healthcare Standards*

*EQuIP 3 Survey*

*Opening New X-ray Room*

*Recruitment of Two  
Additional Doctors*

*Above Budget Surplus*

**On behalf of the Board of Management, Executive and staff of Edenhope & District Memorial Hospital and in accordance with the Financial Management Act 1994, we are pleased to present this Annual Report for the year ended 30th June 2009.**

**Once again we would like to commence this report by thanking everyone associated with Edenhope & District Memorial Hospital for the commitment, hard work and dedication which has resulted in the excellent achievements this year.**

## Achievements

### PLANNING

One of the major highlights of the year has been the finalisation of our Master Plan for the redevelopment of the hospital.

This commenced late in 2007 and following a number of Project Control and User Group meetings was finalised in October 2008. We would like to thank all of the staff, board members and the Architects, Quantity Surveyors and Department of Human Services who were involved in this project. We look forward to receiving funding in the future to enable the plan to become a reality.

A summary of our Strategic Plan achievements for the year is outlined on pages 2–4 of this report. This was to be the final year of the plan however due to a number of factors including the time spent on our master plan, availability of the strategic planning facilitators, new staff, board and community consultation committee members it was moved and accepted at the March 2009 Board Meeting that we extend our current Strategic Plan to June 2010. This will allow us to spend time during the forthcoming year on developing a 3 – 5 year plan.

### CONTINUOUS IMPROVEMENT

At Edenhope & District Memorial Hospital we continue to strive to improve our services and programs offered. Our commitment to quality is evident in the positive results from the Victorian Patient Satisfaction Monitor, various patient/resident questionnaires and feedback from the community.

This year we were successful in achieving a further 4 years accreditation for the acute section of the Hospital and Home and Community Care (HACC) planned activities group. This followed an EQuIP audit which was conducted on the 16th & 17th September 2008 by the Australian Council on Health Care Standards. In addition we had positive outcomes from spot checks conducted at the Lakes Hostel and the Kowree Nursing Home on 10th December 2008.

The Lakes Hostel will undergo an accreditation audit in August 2009 which will be conducted by the Aged Care Standards and Accreditation Agency.

Further Quality of Care details will be outlined in our 2008/2009 Quality of Care Report which will be distributed in December 2009 via the West Wimmera Advocate or available from the hospital reception.

### FINANCE

Edenhope & District Memorial Hospital achieved a good financial result for 2008–2009 with an operating surplus of \$375,193. After allowing for capital income and depreciation our net result is a surplus of \$158,609.

Management and staff maintained a tight rein on controllable expenditure despite increases in food, fuel and electricity.

Grant funding of \$63,300 was received from DHS for various capital equipment purchases and developments including but not limited to:

- Food regeneration unit
- High low bed
- Fire sprinklers for the laundry

Please refer to the financial section of this report for the full details of the financial results for 2008–2009.

## TRAINING

Throughout the year staff undertook a number of training programs to ensure that they keep abreast of changes, update their skill and continue to perform their work in a competent manner.

The introduction of a number of e-learning programs assisted more staff to undertake training at their own pace and all staff completed their fire training in this manner.

Meredith Finnigan, Director of Nursing commenced a Certificate in Infection Control and Sterilisation, while Kirily Ryan Occupational Health and Safety Officer commenced a Certificate 4 in OH&S. Both Meredith and Kirily expect to complete these training courses towards the middle of the next financial year.

Annie Osborn and Rhonda Winter are undertaking a Certificate 4 in Aged Care while Jan Obst, Leigh Matthews and Kerry Chaston are undertaking Certificate 4 in Leisure and Lifestyle.

## GENERAL

On October 21st we welcomed The Hon Daniel Andrews Minister for Health who officially opened our x-ray unit. The unit was made possible following a grant from DHS of \$140,000 which enabled us to redevelop the unused midwifery delivery room into a stand alone x-ray room and install a new tube stand and digital x-ray reader, removing the need for the x-ray developer and all the associated chemicals.



*Kathy Huett along with Cr. Ronald Hawkins present Dr. Stephen Flew and Dr. Licenia Ihuaquai with an original painting by local artist Grant Thomas.*

## Acknowledgements

### STAFF

Our staff is our best asset and we acknowledge the work they undertake and their dedication and extend our thanks to all for their excellent service and work undertaken throughout the year. Feedback from the community reinforces our knowledge of the dedication and high regard there is for the staff at Edenhope & District Memorial Hospital.

### VISITING MEDICAL OFFICERS

In September 2008 Doctors Flew and Ihuaquai left Edenhope and moved to Mansfield to take up working in a medical practice there having sold their practice in Edenhope to Dr Asim Khan. We would like to take this opportunity to thank Drs Flew and Ihuaquai for their many years of commitment to Edenhope & District Memorial Hospital.

In addition to the practice in Edenhope, Dr Khan owns a practice in Urana in NSW and divides his time between the two practices having employed Dr Amjad Hafizullah and Dr Rosario Palaypayon this year and transferred the employment of Dr Rajah Beejadhur, to provide medical services to the community and Edenhope & District Memorial Hospital. In addition Dr Bade continues to assist with locum and out of hours emergency visits to Edenhope & District Memorial Hospital.

We would like to take this opportunity to thank all of the Doctors for their commitment over the past year and look forward to working with them in the new year.

### BOARD OF MANAGEMENT

In July 2008 we welcomed Tony Kealy to the Board and thanked Wendy Reed for her contribution to the Board as she resigned for personal reasons. Sadly Vonnie Penrose resigned due to ill health prior to passing away. The Board would like to extend their condolences to Vonnie's family and express their gratitude for her contribution during her 10 years of service as a Board Member.

### COMMUNITY

In spite of the drought, bushfires and other events which impact on resources, Edenhope and the surrounding community continue to provide support and assistance to Edenhope & District Memorial Hospital for which we are very grateful.



*Board members, from left, Robert Carberry, Jim Farran, Tony Kealy and Cr Ron Hawkins, catering for a staff barbecue hosted by the Board on 12th December 2008.*

### **PARTNERSHIPS**

Due to the complex nature of our business and the varied requirements Edenhope & District Memorial Hospital would find it difficult to function as a stand alone service without some assistance from neighbouring health services and the input from the Wimmera Primary Care Partnership.

We continue to jointly manage the Lowan Rural Health Network in conjunction with West Wimmera Health Service and receive support from Wimmera Health Care Group for our payroll.

In addition to the above we also extend our thanks to Casterton Memorial Hospital for provision of coding services, Western District Health Service for provision of coding audits, physiotherapy to our aged care residents, speech pathology and dietician services and West Wimmera Health Service for the provision of occupational therapy services.

### **DEPARTMENT OF HUMAN SERVICES**

We acknowledge the support and assistance we receive from the Department of Human Services and particularly acknowledge the Regional Director, Brenda Boland and her staff who are directly involved with EDMH; Tom Niederle, Claire Sandford, Brendan Keating and Kristy Bellman.

### **Looking Ahead**

In 2009–2010 we will continue to work together to:

- Pursue the redevelopment of Edenhope & District Memorial Hospital.
- Develop our new Strategic Plan for the next 3 to 5 years.
- Achieve successful Aged Care Standards and Accreditation outcome for the Lakes Hostel in August 2009.
- Install the new Patient Client Management computer program.

In closing we would like to once again thank everyone for their continued commitment and support and we look forward to working with you all in 2009–2010.

**Mr. James McKay**  
*President*

**Kathy Huett**  
*Chief Executive Officer*

## Acute Care

We take pride in the quality of care and the range of services provided in the acute ward of the Edenhope & District Memorial Hospital.

To continue to provide quality we must be constantly looking for ways to improve our service by ensuring we have adequate numbers of well skilled staff, that we have appropriate and well maintained equipment and that we have policies, procedures and guidelines which are current and reflect the best practice available.

On the 16th and 17th of September 2008 we had our organisational wide survey by ACHS. It is pleasing to report that there were areas in the Clinical criteria which received an EA rating – which is extensive achievement.

These areas included:

- The care of dying and deceased patients being managed with dignity and comfort.
- Pressure ulcers are minimised by using a prevention and management strategy
- Appropriate care and services being provided to consumers and patients.

The introduction of new technology is enabling us to ensure that patients are able to access appropriate care and specialise services if required. A videoconferencing mobile unit is now being used in the hospital. This unit has the capacity to be able to link with specialised services in other hospitals.



*Janis Vanzini, Division 1 Nurse prepares the Nikki Syringe Driver for use.*

*Meredith Finnigan, Director of Nursing demonstrates the use of the intern machine.*



The intern gives us the ability to be able to see the specialist at the other end via a computer screen. The specialist can view the patient in our hospital and ask them questions. The unit also includes some diagnostic equipment which can be used such as cameras, which can give more detailed pictures if required. This technology is only in its infancy so capacity is limited but will be expanded in the future. Staff training and upskilling is very important in ensuring that quality care can be delivered.

Training in 2008–09 has included:

- 3 staff undertaking training in Leisure and Lifestyle. This enables them to deliver a quality Diversional Therapy program in the aged care areas.
- 6 senior nursing staff completed some preceptorship training which gave them the skills to mentor and facilitate nursing students and new staff.
- A staff member commenced a 12 month infection control course in February 2009 through Mayfield. This will ensure continuity of the Infection Control Program.
- 100% of Division 1 nurses completed training in Anaphylaxis.
- Division 1 nurses received training in a new piece of equipment called the Nikki syringe driver which is used to deliver medications to palliative care patients.

E-learning is a web based program which delivers education and programs on line and has been made available for all staff including clinical staff. It delivers modules in a self paced mode and includes topics like:

- Basic life support
- IV cannulation
- Manual handling

Procedural improvements have included:

- The writing of a plan regarding Pandemic Influenza Management
- Introduction of a policy and process in regard to adverse event reporting around blood transfusions
- Introduction of a policy regarding medication administration by Division 2 nurses who are endorsed to dispense medications.

Once again this year we have had the capacity to update some of our equipment through the ongoing support of hard working committees such as the Ladies Auxiliary and Murray to Moyne Cycle Relay Team. This year we purchased a Nikki syringe driver which delivers a time metered dose of medication to palliative care patients which ensures they are pain free and comfortable.

*Meredith Finnigan Director of Nursing*

# Key Achievements

## District Nursing

The District Nursing Service remains consistent, visiting many client's daily. Our aim is to support our community, by promoting wellness & to prevent or manage illness in the home environment.

Dispensing of medications via the Webster pack have now discontinued through the Nhill pharmacy & transferred to our local Edenhope pharmacy. This will provide a more efficient & prompt service. No delays in transport and medications can be changed at short notice, by pharmacy trained staff.

We continue to enhance our knowledge by attending regular meetings, seminars and education specific workshops. Recently attended education sessions include:

- Management & maintenance of picc lines, port-a- cath and Baxter pumps
- Parkinson's Disease
- Syringe Driver Education (new updated model)
- Grampians Region Home & Community Care Assessment 2 day workshop.

### District Nurses

## Community Health

Edenhope & District Memorial Hospital department of Community Health works with the Primary Care Partnership and the Department of Health in targeting the health needs of the community, this year as well as physical activity and nutrition, mental health has been identified.

Exercise programs are a strong focus of community health; in a recent survey all attendees felt the social catch up was as important as the exercise component, so as well as physically fit we are also mentally strong and can cope better with the challenges that happen in life.

Community Health works with the schools we were involved with the Active Girls Lunch a luncheon held with a special speaker and women involved in some type of physical activity acted as role models for the girls.

We are also involved with the Rural Life Skills day which is held at the College, Apsley and St Malachys primary are also invited. The focus this year was Wellness.

The Falls Prevention Program is going strong with a focus of exercise for strength and balance, this is achieved with set exercises and changing the floor surface to soft and hard and adding some challenges.

The warm water exercise program at the Horsham Aquatic Centre continues to be very popular and beneficial. We have some vacancies on the bus at present so if you have arthritis or are preparing or recovering from knee or hip surgery you would benefit from the session. It is a safe and friendly environment for both men and women, we meet some Goroke people there and all enjoy the exercises or just the relax in a heated pool.

The West Wimmera Shire has the lowest rate of Pap Smears in Victoria. As hHealth promotion and prevention is a large part of community health we have identified this need and will target women with education and more clinics to alter these statistics. The Well Women's Clinic is a free and confidential service for Pap Smears and womens health issues with an appointment at a time to suit you, with qualified Pap Nurse Providers at the Elsie Bennett Centre.

The bus is available 4 times a year to take women to Horsham for Breastsreen. Breastsreen Vic. provide afternoon tea, it is quiet a sociable outing. Remember early detection of cancer has very good results of recovery.

Carer's meeting/outings are a bi-monthly activity, they provide support, education on a range of topics and some light entertainment. There is also respite available for carer's if they need to keep appointments or just need some time out.

We have been very fortunate in obtaining some funding, this will go towards a Carer's holiday in October it is well deserved and looked forward to.

**Pauline Kelly**  
Community Health Nurse



*District Nurse Barbara Muegel preparing to commence rounds in the new District Nurse vehicle, Toyota RAV 4.*

## Adult Day Centre

This year has been a full year for both staff and Day Centre clients. We are operating five days a week providing meaningful activity for Home and Community Care eligible clients.

Our weekly trips to visit the towns and places of interest in the surrounding districts have been very well supported from both Apsley and Edenhope clients.

We now have a men's and ladies' group which operates twice a month on a Monday which caters to people with a higher need of care. This also provides respite for their carers and peace of mind for families of those who live alone.

Celebrating special days like St Patrick's Day, Valentine's Day and Melbourne Cup Day is a regular feature for Day Centre and gives our clients something to look forward to.

Our annual four day holiday was to Apollo Bay. 30 people and three staff travelled (with Judy Safin of Southern Coachlines) along The Great Ocean Road enjoying the scenery along the way. Tourist sites were visited, a tour through the Otways, also stopping at the other towns along the coast.



*St. Patrick's Day – one of the many special celebration days held this year.*

"The Woodshed" is currently operating two days per week. The workmen have turned out coffee tables, book cases, childrens toys etc. and their skills are improving all the time. People from the community also pay a small fee to have small wood items repaired. Goods made are sold from our trading table and we are proud to say that our wood shed is quite self sufficient.

The South-West ADASS Coordinators meetings are attended. Staff from Day Centres from as far away as Portland, Hamilton, Casterton and small towns in between get together to brainstorm new ideas for activities, discuss HACC policies and guidelines and other items of interest.

Once a year all these Day Centres come together to in an activity. This year we traveled to Hamilton for a Christmas in July.

Tom Boston has entertained us throughout the year playing guitar and singing which is very much appreciated by all who attend. The Lakes Hostel and Bade Wing residents have also joined us throughout the year to listen to Tom and to join in other activities provided.

The Day Centre Planned Activities Group (PAG) underwent HACC Accreditation in July 2008. There were a number of small recommendations from this audit and these will be resolved during the 2009/10 year.

**Fiona Mulraney**  
*Day Centre Co-Ordinator*



*Dallas Moore makes rapid progress completing a jigsaw puzzle in the Day Centre.*

# Key Achievements

## Aged Care

### KOWREE NURSING HOME

It's hard to believe another year has passed. Since the last report we have had the Dining/Lounge room painted and purchased new curtains to replace the old vertical blinds and it looks great. The residents' garden is well maintained by Diversional Therapy staff with the residents and help from Maintenance and it looks lovely too, particularly as Spring is in the air.

We have also purchased new wheels for our Q chairs so they are easier to wheel around and less like heavy shopping trolleys, so we can steer them a lot better. We have also purchased 2 new chairs to enable more comfort for residents and allow even the most frail to spend time out of bed, enjoying music, church services and other activities.

Our Speech Pathologist is teaching some of the staff to understand and manage swallowing problems, such as after a stroke and the Physiotherapist is also going to educate staff on exercises for residents as well as how to take care of our backs. We have regular Pharmacy lectures and lots of in-service talks, arranged by our educator, Carolyn Middleton, so we can ensure that even though we are a bit isolated here, we are able to keep up with current trends and best practice.

The last visit to Kowree Nursing Home by the accreditors was a spot visit in December last year and we remain



*Nursing Home resident Thelma Tansey enjoys the reduction in glare provided by the new blinds in the Nursing Home.*

compliant with standards and continue striving to improve. We will be due for accreditation here again next year.

All documentation in the nursing home is now done on computer. This has taken a while to implement, but is now working smoothly. There is also a new funding instrument which has now been implemented for all residents, so we are certainly kept busy.

**Mandy King**  
*Kowree Nursing Home  
Unit Manager*

### THE LAKES HOSTEL

We've been very fortunate to have involvement with the youth on various occasions over the last twelve months.

Residents visited the local kindergarten to acknowledge "Grandparents' Day" and then later in the year St. Malachy's school for a concert. The St. Malachy's students (of various ages) have returned the favour by visiting us to read stories, sing Christmas Carols and other singing sessions.

A special bond was developed between residents and Yr. 1/2 students at Naracoorte Primary School last year. Residents exchanged several hand-written letters and the students had the chance to learn the art of letter writing and about the postal system. A DVD of photos was also exchanged so that both parties could identify who they were buddied with. Eleven residents were keen enough to visit the students at their school in Naracoorte in order to personally meet them early in December last year. The students sang Christmas Carols, assisted the residents to make Christmas ornaments and shared afternoon tea. It was difficult to determine who got the most enjoyment – the young or the elderly.

Our Diversional Therapists have support from two PCAs who have offered to conduct D/T activities, assisting us all. They all display their different talents, providing a great variety, including armchair exercises, bus outings, footy tipping, special lunches and breakfasts.



*Local pony club members pay a visit to The Lakes Hostel resident Phoebe Burns.*

Other activities/services have been:

- Visit from Pony Club, Jazz Band, and Sing Australia group
- In house church services
- Piano sessions – made possible by local pianists
- Beauty care – hair care, facial waxing.

We greatly appreciate the continued involvement/support from Duke of Edinburgh students.

New developments/purchases have been:

- Adjustable hairdresser chair
- Portable phones
- New castors on weigh chair
- Housekeeping Carousel
- Flat Computer Screens and Keyboards
- Non-slip vinyl floor surface in dining room – replacing carpet
- Medication Trolley, complete with lock keypad to keep medication secure, was made possible by a generous donation from EDMH Auxiliary.

Clinical Educator has provided in service education as well as satellite broadcast education sessions on offer:

- Parkinson's Disease
- Ageing – The Skin
- Healthy Ageing
- Growing Old
- Administering Eye Drops
- Manual BP Monitoring

Mandatory training:

- Basic Life Support
- No Lift
- On-line Fire Training

Other on-line education is on offer – self paced learning topics, e.g. Elder abuse, office ergonomics.

Regular Aged Care Managers meetings enables managers to discuss and deal with any concerns/queries promptly.

Staff are more confident with iCare program – computerised clinical and care information management. Documenting exceptional reporting, assessments and care plans with more ease.

**Annie Osborn**  
*Hostel Team Leader*

*Volunteer Dorothy McGinty plays a lively tune for hostel resident Jean Evans.*



## Lowan Rural Health Network

The Lowan Rural Health Network (LRHN), a joint venture between the West Wimmera Health Service and Edenhope & District Memorial Hospital is funded by the Commonwealth to increase community nursing and allied health services to small rural communities.

This year the Lowan Rural Health Network entered its sixth year of service to the residents of the West Wimmera and Hindmarsh Shires providing a range of programs to assist in addressing health areas of: Physical fitness; Mental health; Nutrition; Chronic diseases such as Diabetes and Cardiac disease; and Youth Health.

We were fortunate to employ Lee Fox, Social Worker to provide a comprehensive service to the community. Lee's initial days of 3 per fortnight proved to be very busy and will be increased from the next financial year to ensure that she can accommodate the number of referrals she receives. Lee and Cath McDonald, Community Health Nurse have developed a great working relationship and are looking to develop new joint programs as well as providing referrals to each other.

On going support for the Lowan Community Health Programs is evidenced by high attendance rates and positive feedback. This indicates that we are addressing certain community needs, particularly in relation to providing opportunities for physical activity, social connectedness, and mental health awareness which are important for good health and prevention of chronic illness.

*Social Worker, Lee Fox.*



Cath and Lee were able to access \$10,000 of a \$25,000 equipment and training grant which was offered by the Department of Health and Ageing. The grant was used to purchase additional exercise equipment, social worker resources and attendance at a number of training courses.

Further Social Work resources (St. Lukes Innovative Resources to the value of \$500) were obtained through a grant made available by the Foundation for Rural and Regional Renewal in partnership with the Edenhope Playgroup.

Early in the year Martha Karagiannis, Manager Community and Allied Health from West Wimmera Health Service took over the role of Coordinator of LRHN. Martha has been invaluable in her role which she has taken on with enthusiasm and has undertaken much work in submitting reports, applications for grants and general management of the program.

The Lowan contract was due to expire at the end of this financial year, however it has been extended to the end of December 2009 when all contracts will be reviewed in line with changes announced to Rural Health Programs.

**Kathy Huett**  
*Chief Executive Officer*

# Key Achievements

## Occupational Health & Safety

At the beginning of 2008–09 financial year I officially moved over from care taking the OH&S officer role into its permanent position.

During the financial year OH&S has seen some changes within the hospital. With the introduction and implementation of confined spaces and working at heights policies and procedures, job safety analysis for contractors, manual handling and risk assessments, along with main chemicals registers being developed for chemicals of dangerous and hazardous substances, material safety data sheets and manual handling.

Over 2008–09 all staff successfully completed online fire safety training that was developed for EDMH by Western District Health Services. Staff participated and completed manual handling training conducted by the hospitals physiotherapist Shaun Casey, as well as completing fire panel and first aid training.

Fire drills were conducted in three areas of the hospital for 2008–09. The results indicated positive outcomes, as well as indicating some areas for improvement. These areas will be undertaken in the 2009–10 financial year.

The external audit conducted by Grampians Regional OH&S Officer for the Department of Human Services in July is near completion with only 2 recommendations to be rolled over into the next financial year.

Completion of recommendations from the Lake Young fire audit was successfully completed during 2008–09.

In January I commenced studies in Certificate IV in Occupational Health and Safety through the University of Ballarat.

Overall Edenhope and District Memorial Hospital continues to strive to maintain its very high standard of Occupational Health and Safety and staff awareness,

**Kirily Ryan**  
OH&S Officer

*Hotel Services staff member Shirley Schmidt clears food scraps into the recently purchased disposal unit.*



*Hotel Service staff Sam Gibb (background) and Mary Staben fill the new Socamel Regeneration Unit ready for heating meals.*

## General Services

The last year has been full of challenges and opportunities to learn and grow in my new role as General Services Manager. Thankyou to all those that have supported me, your advice and assistance has been very welcome.

## CLEANING SERVICES

The cleaning services department continues to maintain the hospital at a very high standard of cleanliness. The result of our external cleaning audit this year as reported to DHS was 96.1%, which is an outstanding effort. This is an excellent result especially in an ageing facility, and one which reflects the high standard of work that is performed by the cleaning staff.



## CATERING SERVICES

The catering service continues to produce over 60,000 quality meals each year to internal and external clients. In order to produce the amount of food required, efficient systems and production techniques must be utilised. As part of continuing equipment upgrades in the Catering Department we have installed two new Socamel Regeneration Units, which we use to heat the plated meals. The latest version has an I-SERVE computer controlled system installed which monitors the temperatures reached inside the heating trolley to further comply with food standards.

We have also purchased a new food waste disposal unit as well as a steam cleaning unit, with its superheated steam at 145 degrees it kills bacteria on contact and leaves surfaces sanitised and spotless.

## LAUNDRY SERVICES

Our Laundry service continues to provide the hospital and the wider community with a fantastic product and timely service. The laundry staff wash, dry and press not only all the Hospital, Nursing Home and Hostel linen but also contract external services to hotels, motels and the footy club just to name a few.

## MAINTENANCE DEPARTMENT

After more than 20 years of service to the hospital we said farewell to Darren Young who has chosen a new career as a stay at home dad. We wish Darren all the best with his future.

The Maintenance department provides a myriad of services to the hospital from repairing small items of equipment to renovating entire rooms.

The team is kept constantly busy with maintenance requests, preventative maintenance and essential services activities.

A major upgrade this year has been the development of a new x-ray facility including the purchase of a state of the art x-ray unit and digital developer which replaces the old chemical developer previously used.

There have been many other upgrades through the facility over the last year including the installation of a new nurse call and emergency nurse call system, new vinyl in the hostel dining room and the installation of RCD body protected power points in the Outpatients and Dialysis rooms.

Some of the Barkala Flats have also received attention with new air conditioners and renovated bathrooms improving these facilities for the tenants.

## GROUNDS AND GARDENS

We said goodbye to Anthony Clarke, our apprentice gardener, as he has successfully completed his apprenticeship.

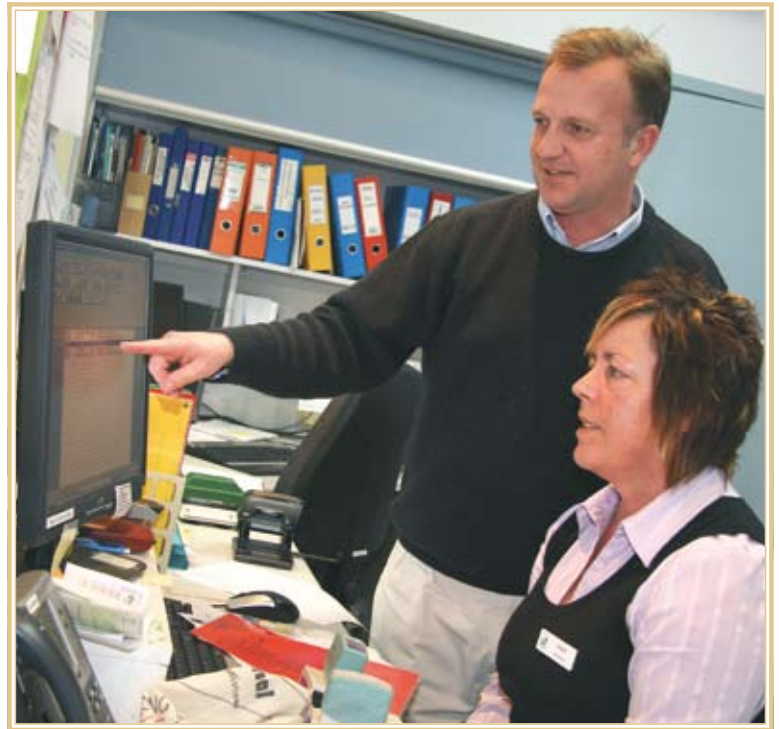
Congratulations Anthony, and all the best for the future.

We welcomed Brian Mclvor to the team, Brian's main role will be maintaining the grounds and gardens as well as general maintenance duties.

**Andrew Saunders**  
*General Services Manager*



*Brian Mclvor is the newest member of the Grounds and Gardens team.*



*Alister Ferguson, newly appointed Director Finance & Admin (Deputy CEO), explains the finer points of the new PMI system with Maree Emmerton.*

## Administration

The administration department has once again had a busy year. During the year there have been changes in relation to services provided by outside contractors for our public and inpatient clients. Staff have continued to provide valuable information regularly sourced by the public regarding these great services.

During the year staff undertook several quality improvement activities. A review of staff skills matrix for managing mandatory education and a break down for each department and development of VMO account sheets. Audits within all areas of administration were conducted throughout the year. Policy and procedure reviews were conducted on a monthly basis throughout the year.

Improvements were made in our department during the year. These included:

- An upgrade to our National Online electronic banking system
- The purchase of two cupboards to increase storage space
- The installation of blinds to protect account folders
- Full repaint of both admin and payroll offices.

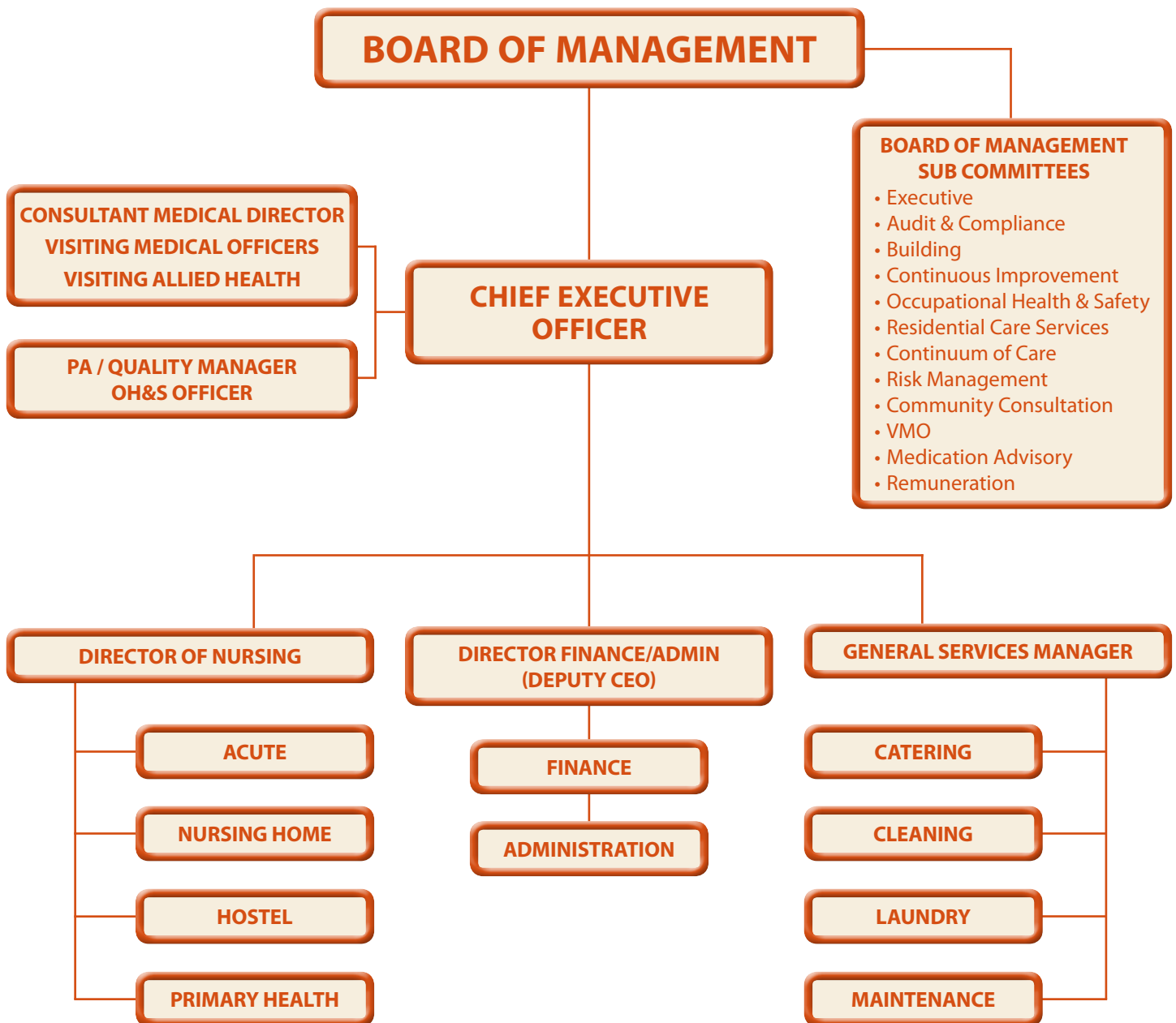
Staff attended various seminars, training and education programs throughout the year with special emphasis being placed on Information Patient Management system (iPM) training throughout the year for our new patient management system which is due to be implemented early in the financial year.

During the year we welcomed new staff members Alister Ferguson and Maree Emmerton. Alister has taken up the position as Director of Finance and Administration (Deputy CEO) and Maree, accounts payable/reception.

I would like to take this opportunity to thank all staff for their support and valuable contributions to the smooth operation of the Administration department during the year.

**Liz Mulraney**  
*HR/Administration Manager*

# Organisational Structure



## EXECUTIVE MANAGEMENT

### Board of Management

Refer to pages 5 of this report.

### Chief Executive Officer

Mrs. Kathy Huett

### Deputy Chief Executive Officer / Director of Corporate Services

Mr. Neil Harvey  
(resigned March 2009)

### Deputy Chief Executive Officer / Director of Finance and Admin

Mr. Alister Ferguson  
(commenced April 2009)

### Director of Nursing

Mrs. Meredith Finnigan

### General Services Manager

Mr. Andrew Saunders

## VISITING MEDICAL OFFICERS

Dr. Asim Khan  
Dr. Rajah Beejadhur  
Dr. Amjad Hafizullah  
Dr. Rosario Palaypayon  
Dr. Ronald Bade

## SOLICITORS

Russell Kennedy

## AUDITORS

Victorian Auditor General

## BANKERS

National Australia Bank  
Bendigo Bank

## VISITING SPECIALIST SERVICES

**Dentist** – Dr. T. Halloran

**Geriatrician** – Mr. J. Hurley

**Physiotherapist** – Mr. S. Casey

**Western District Health Service Medical Records  
Administration** – Casterton Memorial Hospital

**Podiatrist** – Limestone Coast Podiatry

**Optometrist** – Ross Both & Associates

**Dietetics** – Western District Health Service

**Speech Pathology** – Western District Health Service

**Occupational Therapy** – West Wimmera Health Service

**Radiography** – Bendigo Radiology Service

**Biomedical Engineering** – South West HealthCare

Our staff continue to be one of our greatest assets. Edenhope & District Memorial Hospital recognise staff and are appreciative of the valuable contribution they make to the thriving operation of the health service.

Staff constantly demonstrate their eagerness to participate as a team, meeting challenges while providing excellent care and customer services.

The success of the health service is not only due to staff skills and knowledge but to the positive commitment and attitude they demonstrate.

## Education & Training

During the year staff participated in education and training which can be either held onsite or at other venues which may require staff to travel long distances. During the year we employed a Clinical Nurse Educator which has been greatly appreciated by staff. We thank all staff for their commitment and willingness, thus enabling them to update and enhance their skills.

Significant budget allocations are made to assist staff who wish to further their education.

The resource room has continued to develop with increasing additions of books, videos and other resource course material required on request. Staff have access to four computers which have recently been updated. A Staff Training Calendar has been developed which outlines topics which can be viewed via the Aged Care Satellite channel. HPS Pharmacies also hold lectures on site on a monthly basis for our Nursing Staff.

## TRAINEESHIPS

During the year Tiarna Edwards commenced her Division 2 traineeship.

## Service Awards

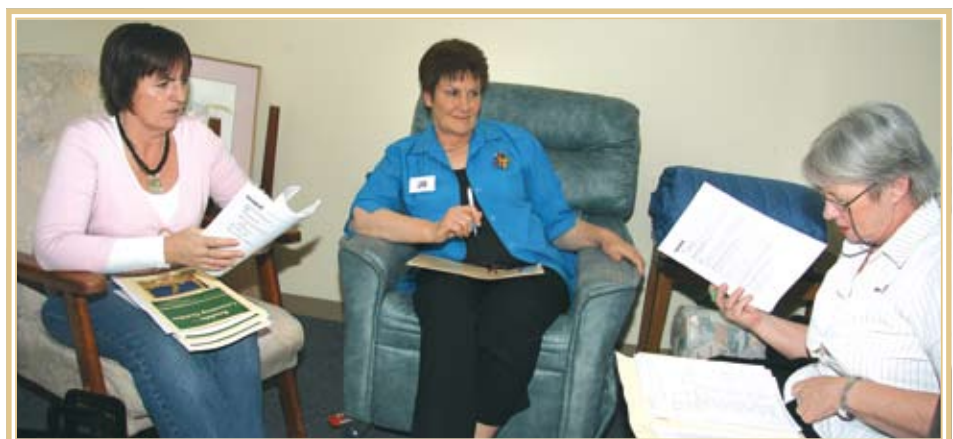
Each year we recognise those employees who have reached significant milestones in regard to years of service.

This year we would like to acknowledge the following staff members for their valuable contributions to the health service.

SERVICE AWARDS	
<b>25 YEARS</b>	Debbie McLeish
<b>20 YEARS</b>	Vicki Dishon
	Cath McDonald
	Janis Vanzini
	Rhonda Winter
<b>15 YEARS</b>	Adrienne Caldw
	Mandy Pretlove
<b>10 YEARS</b>	Tricia McInnes
	Fiona Mulraney
	Merilyn O'Bryan
	Annie Osborn

STAFFING PROFILE		
LABOUR CATEGORY	JUNE Current Month FTE	JUNE Year To Date FTE
Nursing	31.76	31.78
Administrative and Clerical	5.99	5.75
Medical Support	NIL	NIL
Hotel and Allied Services	29.01	28.94
Medical Officers	NIL	NIL
Hospital Medical Officers	NIL	NIL
Sessional Clinicians	NIL	NIL
Ancillary Staff (Allied Health)	0.29	0.26

EMPLOYEE ANALYSIS BY TENDER AND GENDER				
	F/T	P/T	Casual	Total
Males	4	2	0	6
Females	26	54	15	95
<b>Total</b>	<b>30</b>	<b>56</b>	<b>15</b>	<b>10</b>
F/T = Full Time		P/T = Part Time		



Kerry Chaston (left) and Jan Obst receive education in Certificate 4 in Leisure and Lifestyle by "Pragmatic Training" Facilitator.

## STAFF EMPLOYED DURING 2008–09

### CHIEF EXECUTIVE OFFICER

Huett, Kathy

### DIRECTOR OF FINANCE AND ADMIN (DEPUTY CEO)

Ferguson, Alister

### DIRECTOR OF NURSING

Finnigan, Meredith

### DEPUTY CEO / DIRECTOR OF CORPORATE SERVICES

Harvey, Neil\*

### NURSING

Atchison, Darryl  
Ballard, Sue  
Barby, Sheree \*  
Braune, Janice  
Buckley, Marcia  
Burgess, Therese  
Caldow, Adrienne  
Caldow, Pamela  
Cameron, Pamela  
Carter, Elizabeth  
Clark, Barbara A.  
Clarke, Gloria  
Cryer, Sonya  
Edwards, Tiarna  
Enright, Ruth  
Farran, Janet  
Finlayson, Diane\*  
Forster, Mary  
Fraser, Katrina\*  
Goodwin, Jeanette  
Hackwill, Ruth  
Hempel, Kallie  
Hobbs, Bronwyn  
Holmes, Jodie\*  
Jacobs, Oscar \*  
King, Amanda  
McCall, Christine  
McClure, Jillian

McGlone, Abbie  
McInnes, Tricia  
McLeish, Debra  
Middleton, Carolyn  
Millard, Linda  
Mulcahy, Linda  
Obst, Janette  
Quinn, Margaret  
Roberts, Susan  
Rudd, Rosemary  
Sambell, Jessica  
Sagasser, Patricia  
Sayle, Marelle  
Shields, Helen  
Smith, Nanette  
Smyth, Angela  
Vanzini, Janis  
Wheeler, Helen  
Wilks, Nola  
Wilson, Kathryn

### DISTRICT NURSING

Grigg, Naomi  
Jones, Shelley  
McManus, Ainslee \*  
Muegel, Barbara

### COMMUNITY HEALTH

Fox, Lee  
Grummett, Helen  
Kelly, Pauline  
McDonald, Cathryn

### PERSONAL CARE ATTENDANTS

Casey, Toni  
Chaston, Kerry  
Cochrane, Sophia  
Cranage, Kate \*  
Finnigan, Jodi  
Goldburg, Julie  
Kelly, Margaret  
Major, Marion  
Matthews, Leigh  
Mulraney, Chloe  
O'Bryan, Marilyn  
Osborn, Christine  
Roper, Jann \*  
Rowe, Mary-Anne  
Smith, Julie  
Thomas, Helen \*  
Warren, Margaret  
Winter, Rhonda

### ADMINISTRATION

Baxter, Fiona  
Boag, Skye \*  
Burns, Sharon  
Cooper, Sheree  
Emmerton, Sheree  
Mulraney, Elizabeth  
Pretlove, Amanda  
Stevenson, Sally

### MAINTENANCE/ GROUNDS

Clarke, Anthony \*  
Lloyd, Andrew  
McIver, Brian  
Winter, Ronnie  
Young, Darren \*

### DAY CENTRE

Colgate, Estelle  
Colgate, Maria  
Mulraney, Fiona  
Trenery, Margaret  
Ryan, Kirily

### HOTEL SERVICES

Burford, Aileen  
Carman, Hazel  
Caulfield, Sylvie  
Cryer, Wendy  
Dishon, Margaret  
Dishon, Vicki  
Elford, Grace  
Gleeson, Ingrid  
Gibb, Samantha  
Grigg, Gail  
Hempel, Narelle  
Mibus, Jane  
Saunders, Andrew  
Schmidt, Shirley  
Shore, Karen  
Skinner, Linda\*  
Staben, Mary  
Tansey, Marcia  
Taylor, Naomi  
Thomas, Jane  
Tuffnell, Susan \*

*\*Indicates employees who have resigned during the year.*

## Employee Recognition

Employee of the Month and Improvement Form of the Month awards continued this year.

The winner of Employee of the Year for 2007–08 was Debbie McLeish.

Debbie's workplace skills and practices are at a very high standard. She has excellent communication and management skills and works well as a team member delegating tasks to relevant staff and mentoring student nurses.

She is responsible for the Post Acute Program which ensures patients have the best possible discharge care and acts as the wound management consultant ensuring consistent best practice in wound care for patients and residents.

Debbie continually strives to improve her skills and knowledge and during the year undertook a 6-month course in wound management and training in telemedicine videoconferencing technology, which she has implemented into EDMH including the development of policies and systems.

She always demonstrates empathy and understanding to staff, patients, residents and the community.

Our Improvement Form of the year winner for 2007–08 was Julie Goldburg. Julie's nomination was for the installation of IXL Tastic heat lamps in all of the bathrooms in the Lakes Hostel. This has now created a warmer environment for residents when using the bathrooms.



*Debbie McLeish  
Employee of the Year.*

At the time of writing this report nominations were being sought for Employee of the Year and Improvement Form of the year and the winner will be announced at our Annual General Meeting on November 9th 2009 and reported in our next Annual Report.

## Ladies' Auxiliary

I am pleased to report another successful year for the Auxiliary, due to a hard working committee.

Thanks to all who deliver meals on wheels and help at all functions.

The main fundraising activities this year were:

- Garden Walk
- Golf Day
- Bowls Night
- Men's Luncheon

Our annual dinner was enjoyed by 18 members along with Josie Campbell whose support is greatly appreciated.

Office bearers elected:

- President – Helen Harvey. This position was then filled by Faye Molloy after Helen's resignation.
- Secretary – Cecily McFarlane
- Treasurer – Heather Parker.



*Heather Parker*

Congratulations to Heather Parker (who has since resigned) on achieving 10 years of service with the Ladies Auxiliary.

This year we supplied new curtains to the Kowree Nursing Home and purchased a syringe driver used in palliative care.

New members are always welcome to our meetings which are held on the last Wednesday of the month at 8.00 pm in the Board Room of the Hospital.

Once again we look forward to the great community support of 2008–09.

**Cecily McFarlane**  
*Secretary*



*Dialysis patient Colin White chats with volunteer Helen Brown.*

## Volunteers

It is a requirement that people who wish to become a volunteer at the Hospital undergo a formal application process which includes a police check.

We currently have 19 active registered volunteers (excluding Board Members and Ladies Auxiliary Members).

Volunteers have assisted EDMH by:

- Visiting residents in the Lakes Hostel and Kowree Nursing Home
- Volunteering at the Day Centre
- Taking cars to Naracoorte for scheduled services.

Being a volunteer can be very rewarding and we encourage any interested people to make contact with the Human Resources/Administration Manager for more information.

We sincerely thank all volunteers for their willing support.

## Continuing Support

Despite a number of factors, including the impact of drought and bushfires, donations by the community of Edenhope and the surrounding district continue to actively support the Hospital and in excess of \$19,900 was donated during the 2008–09 financial year.

All donations and bequests received by the hospital are administered in strict accordance with the wishes of the donor.

The financial environment that public hospitals operate under has increased our reliance on community support to provide suitable equipment that ensures we can continue to offer the range and quality of services currently available.

Our local community have always responded through direct donations and support of associated fundraising events. This has enabled us to purchase much needed equipment and furnishings that enhance the quality of care we are able to provide.

We offer our sincere thanks to those fundraising bodies, service clubs, businesses and community members that have assisted us throughout the year.



*The 2008–2009 Murray to Moyne cycle relay team, from left, Darcy Penrose, Dennis Sharkey, Daryl Atchison, Richard Wait, Chloe Tuffnell, Jim Farran, Carolyn Middleton and Doug Huett.*

### **Woody's Murray To Moyne Cycle Relay**

A small but determined team of six riders successfully participated this year in the Murray to Moyne cycle relay completing the 520 kilometre event.

The weather was fine but windy on departure from Mildura on the Saturday morning but worsened to drizzle and patchy rain as the entire team set out together from Peshurst on Sunday morning to complete the final leg of the ride into Port Fairy.

The success of the riders was made possible thanks to the assistance of the wonderful Edenhope Hospital support team comprising of bus driver, Doug Huett, masseur Darcy Penrose, and the brilliant Hamilton support team of Deanna Farranfield, Susy Tuffnell and Gloria Freeman.

Special thanks must go to all the people in the Edenhope community who kindly donated sponsorship money to benefit the Edenhope and District Memorial Hospital in such difficult economic times.

These efforts of the community and the Murray to Moyne relay team has resulted in raising \$8,077 which will be used to continue the re-furnishing of the family/special needs room and the Elsie Bennett Community Centre of the Edenhope and District Memorial Hospital.

**Darryl Atchison**  
*Team Rider*

### Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for the Edenhope and District Memorial Hospital for the year ending 30th June 2008.

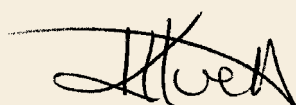


Mr James McKay  
Board President

Edenhope  
23 September 2009

### Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Kathy Huett certify that Edenhope and District Memorial Hospital has risk management processes in place consistent with the *Australian/New Zealand Risk Management Standard* and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The audit committee verifies this assurance and that the risk profile of Edenhope and District Memorial Hospital has been critically reviewed within the last 12 months.



Kathy Huett  
Chief Executive Officer

Edenhope  
23 September 2009

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carving for the community

# Finance and Compliance

# Compliance Disclosure Index

The Annual Report of Edenhope and District Memorial Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
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#### Management and structure

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<i>Victorian Industry Participation Act 2003</i>	29
<i>Building Act 1993</i>	29
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## Additional information (FRD 22B Appendix)

The following information is available upon request to the Chief Executive Officer by relevant Ministers, members of Parliament and the public:

1. A statement of pecuniary interest has been completed.
2. Details of shares held by senior officers as nominee or held beneficially.
3. Details of publications produced by the Health Service about the activities of the Board and where they can be obtained.
4. Details of changes in prices, fees, charges, rates and levies charged by the Board.
5. Details of any major external reviews carried out on the Board.
6. Details of major research and development activities undertaken by the Board that are not otherwise cover either in the Report of Operations or in a document that contains the Financial Report and Report of Operations.
7. Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
8. Details of major promotional, public relations and marketing activities undertaken by the Board to develop community awareness of the Board and its services.
9. Details of assessments and measures undertaken to improve the occupational health and safety of employees.
10. General statement on industrial relations within the Board and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
11. A list of major committees sponsored by the Board, the purpose of each committee and the extent to which the purpose had been achieved.

# Performance Statistics

## ANALYSIS OF OPERATING REVENUES & EXPENSES

	Total 2009'2008 \$	Total 2008'2007 \$
<b>Revenue</b>		
<b>From Operating Activities</b>		
Government Grants	3,860,590	3,862,691
Indirect Contributions by Human Services	123,716	66,043
Residential Aged Care Subsidy	1,261,525	1,330,807
Patient Fees	666,083	737,614
Other Revenue	353,703	405,674
<b>Sub Total</b>	<b>6,265,617</b>	<b>6,402,829</b>
<b>Revenue From Non-Operating Activities</b>		
Interest	161,517	168,099
<b>Sub Total</b>	<b>161,517</b>	<b>168,099</b>
<b>Revenue From Capital Purpose Income</b>		
State Government Capital Grants	63,304	337,225
Residential Accommodation Payments	60,359	56,514
Net Gain from sale of Non-Current Asset	(11,321)	2,512
<b>Sub Total</b>	<b>112,342</b>	<b>396,251</b>
<b>Total Revenue</b>	<b>6,544,476</b>	<b>6,967,179</b>
<b>Expenditure</b>		
<b>Services Supported by Health Service Agreement</b>		
Employee Benefits	4,420,569	4,239,362
Fees for Visiting Medical Officers	170,251	202,945
Supplies & Consumables	382,022	411,324
Other	920,132	973,807
<b>Sub Total</b>	<b>5,892,974</b>	<b>5,827,438</b>
<b>Services Supported by Hospital &amp; Community Initiatives</b>		
Employee Benefits	124,645	124,547
Supplies & Consumables	21,003	23,862
Other Expenses	18,319	31,035
<b>Sub Total</b>	<b>163,967</b>	<b>179,444</b>
Expenditure using Capital Income	3,212	0
Depreciation	325,714	279,843
<b>Total Expenditure</b>	<b>6,385,867</b>	<b>6,286,725</b>
<b>Net Result from Continuing Operations Before Capital &amp; Specific Items</b>	<b>375,193</b>	<b>542,042</b>
<b>Net Result for the Year</b>	<b>158,609</b>	<b>680,454</b>

## COMPARISON OF FINANCIAL RESULTS

	08/09 \$000	07/08 \$000	06/07 \$000	05/06 \$000	04/05 \$000
Total Expenses	6,385	6,287	5,937	5,838	5,462
Total Revenue	6,544	6,967	6,096	5,850	5,654
<b>Operating Surplus / Deficit</b>	<b>159</b>	<b>680</b>	<b>159</b>	<b>12</b>	<b>192</b>
<b>Retained Surplus / (Accumulated Deficit)</b>	<b>1,956</b>	<b>1,798</b>	<b>1,117</b>	<b>1,105</b>	<b>913</b>
Total Assets	10,618	9,309	8,328	7,941	7,870
Total Liabilities	2,127	2,581	2,414	2,186	2,127
<b>Net Assets</b>	<b>8,491</b>	<b>6,728</b>	<b>5,914</b>	<b>5,755</b>	<b>5,743</b>
<b>Total Equity</b>	<b>8,491</b>	<b>6,728</b>	<b>5,914</b>	<b>5,755</b>	<b>5,743</b>

## SERVICE ACTIVITY

### ACUTE SERVICES

	08/09	07/08	06/07	05/06
<b>Patient Separations</b>				
Public	679	681	597	660
Private	38	59	43	53
DVA	33	56	49	42
TAC	0	4	2	2
Other	21	3	6	15
Total Patient Separations	771	803	697	772
Renal Episodes	413	318	260	267
<b>Patient Bed days</b>				
Acute	3,016	3,357	3,377	3,716
Nursing Home Type	78	0	106	277
Total Patient Bed days	3,094	3,357	3,483	3,993
<b>Average Length of Stay</b>				
Acute	4	4	5	5
Occupancy	42%	46%	48%	54%

### RESIDENTIAL SERVICES

	08/09	07/08	06/07	05/06
<b>Nursing Home Bed days</b>	<b>6,078</b>	<b>6,237</b>	<b>6,291</b>	<b>6,234</b>
<b>Nursing Home Occupancy</b>	<b>92.51%</b>	<b>94.9%</b>	<b>95.8%</b>	<b>94.9%</b>
<b>Hostel Bed days</b>	<b>7,496</b>	<b>7,688</b>	<b>7,615</b>	<b>7,779</b>
<b>Hostel Occupancy</b>	<b>93.35%</b>	<b>95.5%</b>	<b>94.8%</b>	<b>96.9%</b>

### OTHER HEALTH RELATED SERVICES

The hospital also provides other services to the community incorporating an accident and emergency department, which saw 940 patients for the year; other clinics include dental, physio-therapist, podiatry and dietitian. The district nurses attended 2916 patients in their homes and the day centre provided activity for 3143 patrons.

## DEBTORS OUTSTANDING AS AT 30 JUNE 2009

	Under 30 days	31-60 days	61-90 days	Over 90 days	Total 30/6/09	Total 30/6/08
Private	11,029	21,000	15,120	5,603	52,752	33,571
TAC	-	-	-	-	-	-
VWA	-	-	-	-	-	-
Other Compensable	18,120	9,000	50	144	27,314	11,478
Psychiatric	-	-	-	-	-	-
Residential Aged Care	9,560	1,771	4,104	469	15,904	-

**Abbreviations:** TAC Transport Accident Commission  
VWA Victorian WorkCover Authority

## REVENUE INDICATORS

	Average Collection Days	
	2009	2008
Private	157	44
TAC	0	60
VWA	-	59
Other Compensable	20.25	38.5
Psychiatric	-	-
Residential Aged Care	11	35.3

## ACTIVITY

Admitted Patient	Acute	Sub-Acute	Mental Health	Other	Total
Separations					
Same Day	456	-	-	-	456
Multi Day	315	-	-	-	315
Total Separations	771	-	-	-	771
Emergency	-	-	-	-	0
Elective	-	-	-	-	0
Other Inc. Maternity		-	-	-	0
Total Separations	771	-	-	-	771
Total WIES	500.23				
Total Bed Days	3094	-	-	-	3094

Non Admitted Patients	Acute	Sub-Acute	Mental Health	Other	Total
Emergency Department Presentations	940	-	-	-	940
Outpatient Services – occasions of services (VACS and Non VACS clinics)	-	-	-	-	-
Other Services – occasions of services	-	-	-	2916	2916
Total occasions of service	940	-	-	2916	3856

Labour Category	JUNE Current Month FTE	JUNE YTD FTE
Nursing	31.76	31.78
Administration and Clerical	5.99	5.75
Medical Support	NIL	NIL
Hotel and Allied Services	29.01	28.94
Medical Officers	NIL	NIL
Hospital Medical Officers	NIL	NIL
Sessional Clinicians	NIL	NIL
Ancillary Staff (Allied Health)	0.29	0.26

# Treasurer's Report

Edenhope & District Memorial Hospital has achieved another positive financial result for 2008–2009. A highlight of which was the provision of significant Capital funds by the Department of Human Services, compared to previous years. We have continued to provide high quality services to the Community, whilst keeping operating costs within budget.

There are continuing demands upon our resources which must be managed. This year's financial result was enhanced by sound financial management, provisioning for future years operations, as well as ensuring cost recoveries for services provided to external bodies were in line with or slightly above the Consumer Price Index.

## OPERATING RESULT

The operating result for 2008–2009 is an overall Surplus of \$375,193 before the application of capital purpose income and depreciation, compared to an operating surplus of \$566,713 in 2007–2008.

Most areas of expenditure were down on last year in line with activity levels, the notable exception was Employee Benefits which were up on last year.

Total Staff costs: \$4,545,214 compared to \$4,363,909 in 2007–08.

Depreciation was also higher due to recent purchases of medical and other equipment.

## NET RESULT

The overall net result for 2008–2009 is a Surplus of \$158,609 compared to \$680,454 in 2007–2008.

## DHS CAPITAL GRANTS

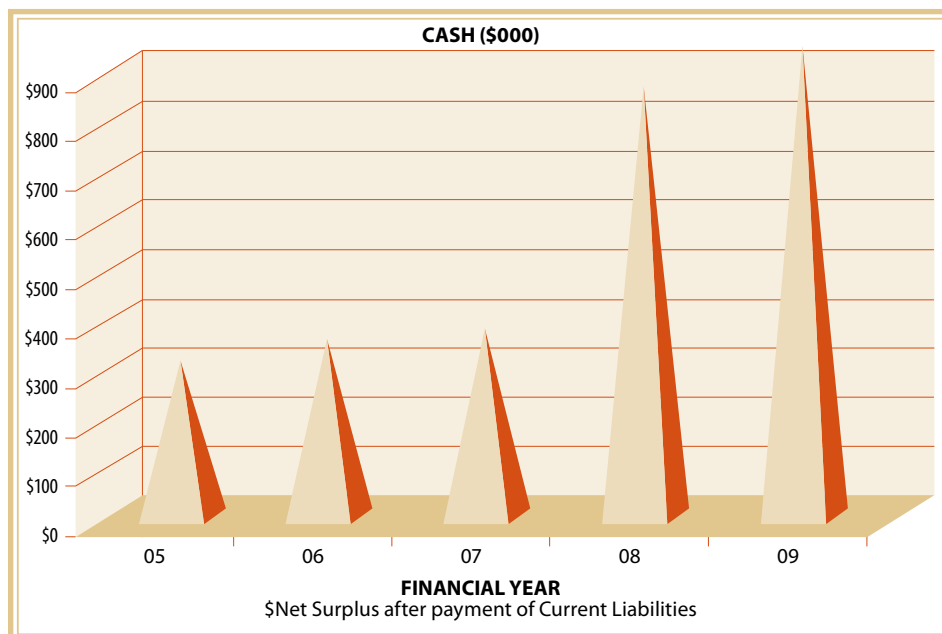
During the year we received \$63,303.64 in capital grants, this grant was utilised to cover costs of the master planning process and water tanks already installed.

## CASH POSITION

Our cash position at the end of the 2008–2009 financial year is \$2,414,267. This is down on the previous year. The cash flow statement indicates that cash generated from operating activity is \$76,909, significant capital expenditure during the year of \$659,184 has been the cause of the decline in cash balances.

## ASSET REPLACEMENT

Edenhope & District Memorial Hospital allocates funds from its surpluses and/or donations for asset replacement each



year. The major acquisitions for 2008–2009 are detailed below:

### Hospital Funded Capital Purchases

127-129 Elizabeth Street	\$195,000
Digital X-ray machine (funded by DHS in 2007–2008)	\$121,000
2 x food service units	\$60,870
Reverse cycle air conditioner In the kitchen	\$32,000
Motor vehicle for district nurse	\$28,870
Motor vehicle for doctor	\$28,462
Upgrade of nurse call system	\$36,087
Renovation of X-ray room	\$17,438
Air conditioners for Bakala Flats	\$7,751
Fire sprinklers in laundry	\$7,120
Mobile shower trolley (Acute ward)	\$6,618
Computers doctor surgery	\$6,595
Vinyl replacement in the Hostel	\$5,577
<b>Total</b>	<b>\$553,388</b>

### Ladies' Auxiliary

Ambulatory Syringe	\$2,250
Drapes in the Nursing Home	\$3,631
Treatment Cart, Blood Pressure monitor	\$3,262
<b>Total</b>	<b>\$9,143</b>

### Murray to Moyne

LCD Television	\$486
Holland Blinds	\$885
Mobile Shower Trolley for the Nursing Home	\$6,618
<b>Total</b>	<b>\$7,989</b>

## THE FUTURE

At the conclusion of this year the hospital maintains its sound financial position. Replacement of a number of items of equipment has been undertaken during

the year these will add to the efficiency of the services provided.

The hospital has undertaken a master planning process of the year and plans have been finalised for the construction of a new facility. There is currently no timeline for the funding of the construction by the Department of Human Services however the board remains optimistic.

The hospital will continue to provide services to the community in its traditional areas and innovate to maintain its relevance to the community – but maintain financially sound footing.

## ACKNOWLEDGEMENT

I would like to acknowledge Kathy Huett for her leadership, Alister Ferguson for his work on the finances and all the staff for the support and assistance over the past year and commend them all for their hard work, commitment to the care and welfare of the community.

I would also like to thank our Donors, Volunteers, Ladies Auxiliary, the Murray to Moyne Cycle Relay Team, and the Community for their continued support and donations, and their time so freely and generously given to the Hospital throughout the past year.

Finally, I would like to thank my fellow Board members for their support over the past year and look forward with them to what promises to be a bright and exciting future for our hospital.

**Jim Farran**  
Treasurer

## HUMAN RESOURCE MANAGEMENT

There have been no significant changes in the staffing policy or human resources during the year. There was no lost time due to industrial disputes or accidents.

## PECUNIARY INTEREST

There were no instances in this reporting period when a declaration of Pecuniary Interest was required.

## FREEDOM OF INFORMATION

There was one (1) request under the Freedom of Information Act 1982 regulations and access to information was granted on that occasion. A total of \$22.70 was collected in related fees.

F.O.I. Requests should be in writing and addressed to:

Freedom of Information Officer  
Edenhope & District Memorial Hospital  
PO Box 75  
EDENHOPE Vic. 3318

## PUBLICATIONS

- Edenhope & District Memorial Hospital Annual and Quality of Care Report
- Patient Information Booklet
- Brochures describing services

## FEES

Fees charged by Edenhope & District Memorial Hospital are regulated by the Commonwealth Department of Health and Aged Care and in accordance with the Department of Human Services Victoria directives.

## COMPETITIVE NEUTRALITY

The Edenhope & District Memorial Hospital complied with competitive neutrality requirements with all tender applications.

## CONSULTANCIES

- Over \$100,000 – Nil
- Under \$100,00 – Two (2) Consultants were engaged at a total cost of \$12,100.

## EX-GRATIA PAYMENTS

No ex-gratia payments were made during 2008-09.

## FINANCIAL MANAGEMENT ACT 1994

In accordance with the Direction of the Minister for Finance information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request to the Chief Executive Officer.

## MERIT AND EQUITY

EDMH must comply with a number of rules and regulations when employing new staff in order to ensure that the employment process is conducted in a fair, equitable and transparent manner.

In complying EDMH ensures open competition in recruitment, selection, transfer and promotion. It bases its employment decisions on merit, treats employees fairly and reasonably; provides employees with an avenue of redress against unfair or unreasonable treatment and does not discriminate, directly or indirectly on the basis of various individual proclivities, personal characteristics, beliefs or social activities.

## OCCUPATIONAL HEALTH & SAFETY

EDMH has a responsibility to ensure the provision of a safe environment for all staff, patients, residents and visitors.

During the 2008-09 financial year there were no serious injuries, diseases or workplace deaths.

## REPORTING COMPLIANCE

This Annual Report is prepared in accordance with the Financial Management Act 1994, the Directions of the Minister for Finance and the Australasian Annual Reporting Awards for open disclosure about this Service to our communities, Government and other stakeholders.

## VICTORIAN INDUSTRY PARTICIPATION POLICY ACT 2003

There were no disclosures in relation to contracts commenced or completed under this Act for 2008-09.

## BUILDINGS AND MAINTENANCE

Edenhope & District Memorial Hospital complies with the Building Act 1994 under the guidelines for publicly owned buildings issued by the Minister for Finance 1994 in all redevelopment and maintenance issues.

All maintenance and renovations to existing buildings complied with regulations at the time of works.

## WHISTLEBLOWERS PROTECTION ACT 2001

The Whistleblowers Protection Act came into effect on 1 January 2002. The Act is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters.

Edenhope & District Memorial Hospital's policies and procedures are consistent and compliant with the Whistleblowers Protection Act.

Disclosures of improper conduct by Edenhope & District Memorial Hospital or its employees may be made to:

The Protected Disclosure Officer,  
Mandy Pretlove,  
Telephone 03 5585 9806  
Email [mandyp@edmh.org.au](mailto:mandyp@edmh.org.au)

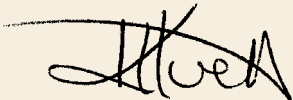
or  
The Ombudsman Victoria  
Level 22,  
459 Collins Street,  
Melbourne, 3000  
Telephone 03 9613 6222  
Toll Free 1800 806 314  
Website:

<http://www.ombudsman.vic.gov.au>

No disclosures under the Act were received during 2008-09.

### Attestation on Data Accuracy

I, Kathy Huett certify that the Edenhope & District Memorial Hospital has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. The Edenhope & District Memorial Hospital has critically reviewed these controls and processes during the year.



Kathy Huett  
Chief Executive Officer

Edenhope  
23 September 2009

## Edenhope & District Memorial Hospital

### Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's Declaration

We certify that the attached financial report for Edenhope & District Memorial Hospital has been prepared in accordance with the Standing Direction 4.2 of the *Financial Management Act 1994*, applicable *Financial Reporting Directions*, Australia Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial report, presents fairly the financial transactions during the year ended 30 June 2009 and the financial position of the Edenhope & District Memorial Hospital as at 30 June 2009.

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

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



**Jim McKay**  
**President &  
Member of Board**

**Edenhope**  
**23rd September 2009**



**Kathy Huett**  
**Chief Executive Officer**

**Edenhope**  
**23rd September 2009**



**Alister Ferguson**  
**Chief Finance & Accounting  
Officer**

**Edenhope**  
**23rd September 2009**

## INDEPENDENT AUDITOR'S REPORT

### To the Members of the Board, Edenhope and District Memorial Hospital

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2009 of Edenhope and District Memorial Hospital which comprises the operating statement, balance sheet, statement of changes in equity and cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance and accounting officer's declaration has been audited.

#### *The Members of the Board's Responsibility for the Financial Report*

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

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

#### *Auditor's Responsibility*

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

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

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

## Independent Auditor's Report (continued)

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

This auditor's report relates to the financial report published in both the annual report and on the website of Edenhope and District Memorial Hospital for the year ended 30 June 2009. The Members of the Board of Edenhope and District Memorial Hospital are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Edenhope and District Memorial Hospital website.

### *Independence*

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

### *Auditor's Opinion*

In my opinion, the financial report presents fairly, in all material respects, the financial position of Edenhope and District Memorial Hospital as at 30 June 2009 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE  
23 September 2009



D D R Pearson  
Auditor-General

# Edenhope & District Memorial Hospital

## Operating Statement

For the Year Ended 30 June 2009

	Note	Total 2009 \$	Total 2008 \$
Revenue from Operating Activities	2	6,259,656	6,402,829
Revenue from Non-operating Activities	2	161,517	168,099
Employee Benefits	3	(4,545,214)	(4,363,909)
Non Salary Labour Costs	3	(170,251)	(202,945)
Supplies & Consumables	3	(403,025)	(435,186)
Other Expenses From Continuing Operations	3	(938,451)	(1,002,175)
Share of Net Result of Associates & Joint Ventures Accounted for using the Equity Method	18	10,961	-
<b>Net Result Before Capital &amp; Specific Items</b>		<b>375,193</b>	<b>566,713</b>
Capital Purpose Income	2	112,342	396,251
Depreciation	4	(325,714)	(279,843)
Expenditure using Capital Purpose Income	3	(3,212)	(2,667)
<b>NET RESULT FOR THE YEAR</b>		<b>158,609</b>	<b>680,454</b>

*This Statement should be read in conjunction with the accompanying notes.*

**Edenhope & District Memorial Hospital**  
**Balance Sheet**  
**For the Year Ended 30 June 2009**

	Note	Total	Total
		2009	2008
		\$	\$
<b>Current Assets</b>			
Cash and Cash Equivalents	5	2,945,038	3,532,193
Receivables	6	127,743	135,000
Inventories	7	28,275	25,188
Prepayments		-	15,263
<b>Total Current Assets</b>		<b>3,101,056</b>	<b>3,707,644</b>
<b>Non-Current Assets</b>			
Receivables	6	99,149	66,365
Investment Accounted for using the Equity Method	18	10,961	-
Property, Plant & Equipment	8	7,406,894	5,534,749
<b>Total Non-Current Assets</b>		<b>7,517,004</b>	<b>5,601,114</b>
<b>TOTAL ASSETS</b>		<b>10,618,060</b>	<b>9,308,758</b>
<b>Current Liabilities</b>			
Payables	9	461,180	769,076
Employee Benefits and Related On-Cost Provisions	10	995,863	1,037,924
Other Liabilities	11	530,771	547,651
<b>Total Current Liabilities</b>		<b>1,987,814</b>	<b>2,354,651</b>
<b>Non-Current Liabilities</b>			
Employee Benefits and Related On-Cost Provisions	10	139,183	225,890
<b>Total Non-Current Liabilities</b>		<b>139,183</b>	<b>225,890</b>
<b>TOTAL LIABILITIES</b>		<b>2,126,997</b>	<b>2,580,541</b>
<b>NET ASSETS</b>		<b>8,491,063</b>	<b>6,728,217</b>
<b>EQUITY</b>			
Property, Plant & Equipment Revaluation Reserve	12a	2,276,565	672,328
Restricted Specific Purpose Reserve	12a	276,268	276,268
Contributed Capital	12b	3,981,684	3,981,684
Accumulated Surpluses/(Deficits)	12c	1,956,546	1,797,937
<b>TOTAL EQUITY</b>	12d	<b>8,491,063</b>	<b>6,728,217</b>
Contingent Liabilities and Contingent Assets	20		
Commitments for Expenditure	19		

*This Statement should be read in conjunction with the accompanying notes.*

**Edenhope & District Memorial Hospital**  
**Cash Flow Statement**  
**For the Year Ended 30 June 2009**

	Note	Total 2009 \$	Total 2008 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating Grants from Government		5,091,586	5,543,154
Patient and Resident Fees Received		755,256	737,614
Donations and Bequests Received		36,242	41,975
GST Received from/(paid to) ATO		865	120,253
Interest Received		161,517	168,099
Other Receipts		285,533	50,676
Employee Benefits Paid		(4,696,859)	(4,226,220)
Non Salary Labour Costs		(170,251)	(228,660)
Payments for Supplies & Consumables		(437,914)	(527,741)
Other Payments		(1,012,370)	(882,022)
<b>Cash Generated from Operations</b>		<b>13,605</b>	<b>797,128</b>
Capital Grants from Government		63,304	337,225
Capital Donations and Bequests Received			56,515
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	13	<b>76,909</b>	<b>1,190,868</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of Property, Plant & Equipment		(659,584)	(254,163)
Proceeds from Sale of Fixed Assets		12,400	63,500
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>		<b>(647,184)</b>	<b>(190,663)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Contributed Capital from Government			68,441
<b>NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES</b>		-	<b>68,441</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>(570,275)</b>	<b>1,068,646</b>
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		<b>2,984,542</b>	<b>1,915,896</b>
<b>CASH AND CASH EQUIVALENTS AT END OF PERIOD</b>	5	<b>2,414,267</b>	<b>2,984,542</b>

*This Statement should be read in conjunction with the accompanying notes.*

**Edenhope & District Memorial Hospital**  
**Statement of Changes in Equity**  
**For the Year Ended 30 June 2009**

	Note	Total 2009 \$	Total 2008 \$
<b>Total equity at beginning of financial year</b>		<b>6,728,217</b>	<b>5,914,322</b>
Gain on Asset Revaluation	12a	1,604,237	65,000
<b>NET INCOME RECOGNISED DIRECTLY IN EQUITY</b>		<b>1,604,237</b>	<b>65,000</b>
Net result for the year		158,609	680,454
<b>TOTAL RECOGNISED INCOME AND EXPENSE FOR THE YEAR</b>		<b>158,609</b>	<b>680,454</b>
Transactions with the State in its capacity as owner	12b	-	68,441
<b>Total Equity at the End of the Financial Year</b>		<b>8,491,063</b>	<b>6,728,217</b>

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
**As at 30 June 2009**

**Note 1: Statement of Significant Accounting Policies**

**(a) Statement of compliance**

The financial report is a general purpose financial report which has been prepared on an accrual basis in accordance with the *Financial Management Act 1994*, applicable Australian Accounting Standards (AAS), and Australian Accounting Interpretation. AAS's includes equivalents to International Financial Reporting Standards.

The entity is a not for profit entity and therefore applies the additional Aus paragraphs applicable for a "not-for-profit" entities under the AAS's.

**(b) Basis of preparation**

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

In the application of AASs management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

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

The accounting policies set out below have been applied in preparing the financial report for the year ended 30 June 2009, and the comparative information presented in these financial statements for the year ended 30 June 2008.

**(c) Reporting Entity**

The financial report includes all the controlled activities of the Hospital.

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
**As at 30 June 2009**

**(d) Cash and Cash Equivalents**

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

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

**(e) Receivables**

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists. Bad debts are written off when identified.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

**(f) Inventories**

Inventories include goods and other property held either for sale or for distribution at no or nominal cost in the ordinary course of business operations.

Inventories held for distribution are measured at cost, adjusted for any loss of service potential. All other inventories, are measured at the lower of cost and net realisable value.

Bases used in assessing loss of service potential for inventories held for distribution include current replacement cost and technical or functional obsolescence. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions the way it did when it was first acquired.

Inventories acquired for no cost or nominal considerations are measured at current replacement cost at the date of acquisition.

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
**As at 30 June 2009**

**(g) Property, Plant and Equipment**

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

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

**Plant, Equipment and Vehicles** are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

**(h) Revaluations of Non-current Physical Assets**

Non-current physical assets measured at fair value are revalued in accordance with FRD 103D. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently should there be an indication that fair values are materially different from the carrying value. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

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

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

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes. Revaluation reserves are not transferred to accumulated funds on derecognition of the relevant asset.

In accordance with FRD 103D the hospital's non-current physical assets were subject to a detailed valuation in the current financial year.

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
**As at 30 June 2009**

**(i) Depreciation**

Assets with a cost in excess of \$1,000 (2007-08 and 2008-09) are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually. This depreciation charge is not funded by the Department of Human Services.

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

	<b>2009</b>	<b>2008</b>
Buildings	30 to 40 Years	30 to 40 Years
Plant & Equipment	8 to 10 Years	8 to 10 Years
Medical Equipment	7 to 9 Years	4 to 5 Years
Computers & Communications	3 to 5 Years	3 to 5 Years
Furniture & Fittings	3 to 5 Years	3 to 5 Years
Motor Vehicles	2 to 3 Years	2 to 3 Years

**(j) Net Gain/(Loss) on Non-Financial Assets**

Net gain/(loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets.

**Disposal of Non-Financial Assets**

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

**Impairment of Non-Financial Assets**

All assets, except for inventories, are assessed annually for indications of impairment.

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

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

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
**As at 30 June 2009**

**(k) Payables**

These amounts consist predominantly of liabilities for goods and services.

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

The normal credit terms are usually Net 30 days.

**(l) Provisions**

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

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

**(m) Resources Provided and Received Free of Charge or for Nominal Consideration**

Resources provided or received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions, unless received from another entity or agency as a consequence of a restructuring of administrative arrangements. In the latter case, such transfer will be recognised at carrying value. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

**(n) Functional and Presentation Currency**

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

**(o) Goods and Services Tax**

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

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

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

Commitments and contingent assets and liabilities are presented on a gross basis.

# Edenhope and District Memorial Hospital

## Notes To and Forming Part of the Financial Statements

As at 30 June 2009

### **(p) Employee Benefits**

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

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

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

#### **Long Service Leave**

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

The components of this current LSL liability are measured at:

present value – component that the Hospital does not expect to settle within 12 months; and

nominal value – component that the Hospital expects to settle within 12 months.

**Non-Current Liability – conditional LSL** (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates of Commonwealth Government guaranteed securities in Australia.

#### **Superannuation**

##### **Defined contribution plans**

Contributions to defined contribution superannuation plans are expenses when incurred.

##### **Defined benefit plans**

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

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

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

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
As at 30 June 2009

**(p) Employee Benefits (continued)**

*Defined benefit plans (continued)*

Fund	Contributions Paid or Payable for the year	
	2009	2008
	\$	\$
<b>Defined benefit plans:</b>		
Health Super	21,450	24,515
<b>Defined contribution plans:</b>		
Health Super	331,700	322,720
HESTA	22,679	19,809
<b>Total</b>	<b>375,829</b>	<b>367,044</b>

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

**Termination Benefits**

Liabilities for termination benefits are recognised when a detailed plan for the termination has been developed and a valid expectation has been raised with those employees affected that the terminations will be carried out. The liabilities for termination benefits are recognised in other creditors unless the amount or timing of the payments is uncertain, in which case they are recognised as a provision.

**On-Costs**

Employee benefits on-costs (workers compensation, superannuation, annual leave and LSL accrued while on LSL taken in service) are recognised separately from provision for employee benefits.

**(q) Residential Aged Care Service**

The Edenhope Nursing Home's operations are an integral part of the Hospital and shares its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

The Edenhope Lakes Hostel's operations are an integral part of the Hospital and shares its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

**Edenhope and District Memorial Hospital**  
**Notes To and Forming Part of the Financial Statements**  
**As at 30 June 2009**

**(r) Intersegment Transactions**

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

**(s) Income Recognition**

Income is recognised in accordance with *AASB 118 Revenue*. Income is recognised as revenue to the extent it is earned. Unearned income at reporting date is reported as income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

**Government Grants**

Grants are recognised as income when the entity gains control of the underlying assets in accordance with *AASB 1004 Contributions*. For reciprocal grants, Hospital is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, Hospital is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

**Indirect Contributions**

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

**Patient Fees**

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

**Donations and Other Bequests**

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

**(t) Fund Accounting**

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

**(u) Services Supported By Health Services Agreement and Services Supported By Hospital And Community Initiatives**

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

# Edenhope and District Memorial Hospital

## Notes To and Forming Part of the Financial Statements

As at 30 June 2009

### (v) Comparative Information

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

### (w) Property, Plant and Equipment Revaluation Reserve

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

### (x) Specific Restricted Purpose Reserve

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

### (y) Contributed Capital

Consistent with Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 2A *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions, have also been designated as contributed capital are also treated as contributed capital.

### (z) Net Result Before Capital & Specific Items

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

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

- ❖ Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer note 1 (m)). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- ❖ Depreciation and amortisation, as described in note 1 (i)
- ❖ Expenditure using capital purpose income, comprises expenditure which either falls below the asset capitalisation threshold (note 1 (i) , or doesn't meet asset recognition criteria and therefore does not result in the recognition of an asset in the balance sheet, where funding for that expenditure is from capital purpose income.

### (aa) Joint Ventures

Interests in jointly controlled assets are accounted for by recognising in the Hospital financial statements, its share of assets, liabilities and any revenue and expenses of such joint ventures. Details of the joint venture are set out in note 18.

# Edenhope and District Memorial Hospital

## Notes To and Forming Part of the Financial Statements

As at 30 June 2009

### (ab) Change in Accounting Policies

In accordance with Victorian Government Financial Reporting Direction 103D 'Non-Current Physical Assets', the hospital measures plant and equipment, and medical equipment assets at fair value from 1st July 2008. Previously these assets were measured at cost. This change in accounting policy is required to ensure that Victoria's Whole of Government financial report, to which the hospital is consolidated into, complies with the requirements of AASB 1049 Whole of Government and General Government Sector Financial Reporting. As this change is the initial application of a policy to revalue assets in accordance with AASB116 Property, Plant and Equipment the change is treated as a revaluation in the current year.

### (ac) Category Groups

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

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

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

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

**Residential Aged Care including Mental Health (RAC incl. Mental Health)** referred to in the past as psychogeriatric residential services, comprises those Commonwealth-licensed residential aged care services in receipt of supplementary funding from DHS under the mental health program. It excludes all other residential services funded under the mental health program, such as mental health-funded community care units (CCSs) and secure extended care units (SECs).

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

### (ad) Financial Instruments – Risk Management Policies

#### Credit Risk

In the context of the Hospital, credit risk represents the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

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

- Cash Equivalents;
- Other financial assets;
- Receivables;
- Trade creditors and accruals;
- Monies held in trust and Aged Care Bonds; and
- Other liabilities.

As regards credit risk for Cash Equivalents and Other Financial Assets, it is the Hospital's policy to only invest funds in reputable Australian Deposit taking institutions listed as recommended by the Victorian Department of Treasury. Credit risk should be minimised as such institutions have their capital adequacy monitored by the Australian Prudential Regulatory Authority.

# Edenhope and District Memorial Hospital

## Notes To and Forming Part of the Financial Statements

As at 30 June 2009

### (ad) Financial Instruments – Risk Management Policies (continued)

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

Trade creditors and accruals are generally paid within trading terms. It is the Hospital's policy to monitor and review the capabilities and creditworthiness of counterparties on a regular basis. The Hospital maintains a list of approved suppliers and overlays a delegation of authority for supplies over certain monetary thresholds.

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

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

#### **Liquidity Risk**

In the context of the Hospital, liquidity risk refers to the risk that the Health Service will encounter difficulty in meeting obligations associated with financial liabilities.

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

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

#### **Market Risk**

In the Hospital's context, market risk is defined as the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Generally, market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Hospital is only generally subject to interest rate risk on investments. The Hospital is not empowered to borrow funds subject to interest on the principal and is therefore not subject to market risk on financial liabilities.

Very infrequently, the Hospital will purchase supplies from overseas suppliers. Liabilities are recognised and paid at the spot rate prevalent at that time. Overseas purchases and currency risk generally is immaterial to the Hospital.

# Edenhope and District Memorial Hospital

## Notes To and Forming Part of the Financial Statements

As at 30 June 2009

### (ae) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2009 reporting period. As at 30 June 2009, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2008. Hospital has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for reporting periods beginning on or ending on	Impact on Entities Annual Statements
AASB 8 Operating Segments.	Supersedes AASB 114 Segment Reporting.	Beginning 1 January 2009	Not applicable
AASB 2008-3 Amendments to Australian Accounting Standards arising from AASB 3 & AASB 127 [AASB 1,2,5,7,101,107,112,114,116,121,128,131,132,133,134,136,137,138 & 139 and Interpretation 9 & 107]	This standard gives effect to consequential changes arising from revised AASB 3 and amended AASB 127. The prefaces summarise the main requirements of those standards.	Beginning 1 January 2009	Impact expected to be not significant.
AASB 2008-6 Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]	Option to expense borrowing cost related to a qualifying asset had been removed. Entities are now required to capitalise borrowing costs relevant to qualifying assets.	Beginning 1 January 2009	All Australian government jurisdictions are currently still actively pursuing an exemption for government from capitalising borrowing costs.
AASB 2008-7 Amendments to AAS Cost of investment in a subsidiary, jointly controlled entity or associate[AASB 1, AASB 118, AASB 121, AASB 127 & AASB 136]	Changes mainly relate to dividends from subsidiaries or controlled entities.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2008-9 Amendments to AASB 1049 for consistency with AASB 101	Amendments to AASB 1049 for consistency with AASB 101 ( September 2007) version.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2009-1 Amendments to AASB – borrowing costs of not for profit public sector entities [AASB 1, AASB 111 & AASB 123]	Amendments to Australian Accounting Standards to allow borrowing costs of not for profit public sector entities to be expensed.	Beginning 1 January 2009	Impact expected to be insignificant.
AASB 2009-2 Amendments to AAS-Improving disclosure about financial instruments [AASB 4, AASB 7, AASB 1023 & AASB 1038]	Amendments to AASB 7 to enhance disclosure about fair value measurements and liquidity risk. Editorial amendments to AASB 4, AAS 1023 and AASB 1038 resulting from the amendments to AASB 7.	Beginning 1 January 2009	Impact expected to be insignificant.

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 2: Revenue

	HSA	HSA	Non HSA	Non HSA	Total	Total
	2009	2008	2009	2008	2009	2008
	\$	\$	\$	\$	\$	\$
<b>Revenue from Operating Activities</b>						
Government Grants						
- Department of Human Services	3,830,954	3,823,696	-	-	3,830,954	3,823,696
- Dental Health Services Victoria	29,637	38,995	-	-	29,637	38,995
- Commonwealth Government						
- Residential Aged Care Subsidy	1,261,525	1,330,807	-	-	1,261,525	1,330,807
<b>Total Government Grants</b>	<b>5,122,116</b>	<b>5,193,498</b>	<b>-</b>	<b>-</b>	<b>5,122,116</b>	<b>5,193,498</b>
Indirect Contributions by Department of Human Services						
- Insurance	65,640	66,043	-	-	65,640	66,043
- Long Service Leave	58,076	-	-	-	58,076	-
<b>Total Indirect Contributions by Department of Human Services</b>	<b>123,716</b>	<b>66,043</b>	<b>-</b>	<b>-</b>	<b>123,716</b>	<b>66,043</b>
Patient and Resident Fees						
- Acute (Inpatient & Outpatient) (refer note 2b)	158,366	245,717	-	-	158,366	245,717
- Residential Aged Care (refer note 2b)	507,717	491,897	-	-	507,717	491,897
<b>Total Patient &amp; Resident Fees</b>	<b>666,083</b>	<b>737,614</b>	<b>-</b>	<b>-</b>	<b>666,083</b>	<b>737,614</b>
Internal and Restricted Specific Purpose Fund						
- Catering	-	-	82,627	64,821	82,627	64,821
- Laundry	-	-	5,803	5,713	5,803	5,713
- Property Income	-	-	59,447	54,867	59,447	54,867
<b>Total Business Units &amp; Specific Purpose Funds</b>	<b>-</b>	<b>-</b>	<b>147,877</b>	<b>125,401</b>	<b>147,877</b>	<b>125,401</b>
Donations and Bequests	-	-	35,160	24,671	35,160	24,671
Other Revenue from Operating Activities	-	-	164,705	255,602	164,705	255,602
<b>Sub-Total Revenue from Operating Activities</b>	<b>5,911,915</b>	<b>5,997,155</b>	<b>347,742</b>	<b>405,674</b>	<b>6,259,657</b>	<b>6,402,829</b>
<b>Revenue from Non-Operating Activities</b>						
Interest	161,517	168,099	-	-	161,517	168,099
<b>Sub-Total Revenue from Non-Operating Activities</b>	<b>161,517</b>	<b>168,099</b>	<b>-</b>	<b>-</b>	<b>161,517</b>	<b>168,099</b>
<b>Revenue from Capital Purpose Income</b>						
State Government Capital Grants						
- Targeted Capital Works and Equipment	63,303	337,225	-	-	63,303	337,225
Residential Accommodation Payments (note 2b)	-	-	60,359	56,514	60,359	56,514
Net(Gain/Loss) from Disposal of Non Current Assets (note 2c)	-	-	(11,321)	2,512	(11,321)	2,512
<b>Sub-Total Revenue from Capital Purpose Income</b>	<b>63,303</b>	<b>337,225</b>	<b>49,038</b>	<b>59,026</b>	<b>112,341</b>	<b>396,251</b>
Share of Net Result of Joint Venture Accounted using the Equity Method (note 18)	10,961	-	-	-	10,961	-
<b>Total Revenue (note 2a)</b>	<b>6,147,696</b>	<b>6,502,479</b>	<b>396,780</b>	<b>464,700</b>	<b>6,544,476</b>	<b>6,967,179</b>

Indirect contributions by Department of 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.

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 2a: Analysis of Revenue by Source

	Admitted Patients	Aged Care	Residential Aged Care	Primary Health	Other	Total
	2009	2009	2009	2009	2009	2009
	\$	\$	\$	\$	\$	\$
<b>Revenue from Services Supported by Health Services Agreement</b>						
Government Grants	2,962,032	994,759	787,519	353,369	24,437	5,122,116
Indirect contributions by Department of Human Services	34,133	15,097	15,097	1,313	58,076	123,716
Patient and Resident Fees (note 2b)	121,413	254,475	253,242	36,953		666,083
Interest and Dividends					161,517	161,517
Capital Purpose Income (note 2)	52,791	6,570	3,942			63,303
Share of Net Result of Joint Venture Accounted for Using the Equity Method (note 18)	10,961					10,961
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>3,181,330</b>	<b>1,270,901</b>	<b>1,059,800</b>	<b>391,635</b>	<b>244,030</b>	<b>6,147,696</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>						
Donations & Requests					35,160	35,160
Business Units & Specific Purpose Funds					147,877	147,877
Other Revenue from Operating Activities					164,705	164,705
Capital Purpose Income (note 2)		42,680	17,679			60,359
Net Gain/(Loss) from Disposal of Non Current Assets (note 2c)					(11,321)	(11,321)
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>42,680</b>	<b>17,679</b>	<b>-</b>	<b>336,421</b>	<b>396,780</b>
<b>Total Revenue</b>	<b>3,181,330</b>	<b>1,313,581</b>	<b>1,077,479</b>	<b>391,635</b>	<b>580,451</b>	<b>6,544,476</b>

	Admitted Patients	Aged Care	Residential Aged Care	Primary Health	Other	Total
	2008	2008	2008	2008	2008	2008
	\$	\$	\$	\$	\$	\$
<b>Revenue from Services Supported by Health Services Agreement</b>						
Government Grants	2,966,284	1,049,743	738,567	299,795	139,109	5,193,498
Indirect contributions by Department of Human Services	34,335	15,183	15,183	1,342	-	66,043
Patient and Resident Fees (note 2b)	201,356	232,892	259,005	44,361	-	737,614
Interest and Dividends	-	-	-	-	168,099	168,099
Capital Purpose Income (note 2)	281,225	35,000	21,000	-	-	337,225
<b>Sub-Total Revenue from Services Supported by Health Services Agreement</b>	<b>3,483,200</b>	<b>1,332,818</b>	<b>1,033,755</b>	<b>345,498</b>	<b>307,208</b>	<b>6,502,479</b>
<b>Revenue from Services Supported by Hospital and Community Initiatives</b>						
Donations & Requests	-	-	-	-	24,671	24,671
Business Units & Specific Purpose Funds	-	-	-	-	125,401	125,401
Other Revenue from Operating Activities	-	-	-	-	255,602	255,602
Capital Purpose Income (note 2)	-	38,636	17,878	-	-	56,514
Net Gain/(Loss) from Disposal of Non Current Assets (refer note 2c)	-	-	-	-	2,512	2,512
<b>Sub-Total Revenue from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>38,636</b>	<b>17,878</b>	<b>-</b>	<b>408,186</b>	<b>464,700</b>
<b>Total Revenue</b>	<b>3,483,200</b>	<b>1,371,454</b>	<b>1,051,633</b>	<b>345,498</b>	<b>715,394</b>	<b>6,967,179</b>

Indirect contributions by Department of Human Services:

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

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 2b: Patient and Resident Fees

	Total 2009 \$	Total 2008 \$
<b>Patient and Resident Fees Raised</b>		
<b>Recurrent:</b>		
Acute		
– Inpatients	121,413	201,356
– Outpatients	36,953	44,361
Residential Aged Care		
– Nursing Home (*)	254,475	232,892
– Residential Accommodation Payments(*)	253,242	259,005
<b>Total Recurrent</b>	<b>666,083</b>	<b>737,614</b>
<b>Capital Purpose:</b>		
Residential Accommodation Payments(**)	60,359	56,514
<b>Total Capital</b>	<b>60,359</b>	<b>56,514</b>

(\*) This includes accommodation charges

(\*\*) This includes interest earned on accommodation bonds and retention amount.

## Note 2c: Net Gain/(Loss) on Disposal of Non-Current Assets

	Total 2009 \$	Total 2008 \$
<b>Proceeds from Disposals of Non-Current Assets</b>		
Motor Vehicles	8,400	63,500
Medical Equipment	4,000	
<b>Total Proceeds from Disposal of Non-Current Assets</b>	<b>12,400</b>	<b>63,500</b>
<b>Less: Written Down Value of Non-Current Assets Sold</b>		
Motor Vehicles	7,785	60,988
Medical Equipment	15,936	
<b>Total Written Down Value of Non-Current Assets Sold</b>	<b>23,721</b>	<b>60,988</b>
<b>Net gains/(losses) on Disposal of Non-Current Assets</b>	<b>(11,321)</b>	<b>2,512</b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 3: Expenses

	HSA 2009 \$	HSA 2008 \$	Non HSA 2009 \$	Non HSA 2008 \$	Total 2009 \$	Total 2008 \$
<b>Employee Benefits</b>						
Salaries & Wages	3,929,572	3,799,017	109,296	109,486	4,038,868	3,908,503
Workcover Premium	42,057	47,346	1,290	1,401	43,347	48,747
Long Service Leave	83,164	35,366	4,006	4,249	87,170	39,615
Superannuation	365,776	357,633	10,053	9,411	375,829	367,044
<b>Total Employee Benefits</b>	<b>4,420,569</b>	<b>4,239,362</b>	<b>124,645</b>	<b>124,547</b>	<b>4,545,214</b>	<b>4,363,909</b>
<b>Non Salary Labour Costs</b>						
Fees for Visiting Medical Officers	170,251	202,945	-	-	170,251	202,945
<b>Supplies and Consumables</b>						
Drug Supplies	32,005	44,862	-	-	32,005	44,862
Medical, Surgical Supplies and Prosthesis	64,840	76,737	-	-	64,840	76,737
Medical Support Services	102,838	94,483	-	-	102,838	94,483
Food Supplies	182,339	195,242	21,003	23,862	203,342	219,104
<b>Total Supplies and Consumables</b>	<b>382,022</b>	<b>411,324</b>	<b>21,003</b>	<b>23,862</b>	<b>403,025</b>	<b>435,186</b>
<b>Expenditure using Capital Purpose Income</b>						
Other Expenses			-	3,212	3,212	2,667
<b>Total Expenditure using Capital Purpose Income</b>	<b>-</b>	<b>-</b>	<b>3,212</b>	<b>2,667</b>	<b>3,212</b>	<b>2,667</b>
<b>Other Expenses from Continuing Operations</b>						
Domestic Services & Supplies	41,432	47,444	-	-	41,432	47,444
Fuel, Light, Power and Water	137,166	122,388	-	11,883	137,166	134,271
Insurance costs funded by DHS	65,640	66,043	-	-	65,640	66,043
Motor Vehicle Expenses	25,489	30,754	12,802	10,560	38,291	41,314
Repairs & Maintenance	133,561	203,393	977	2,815	134,538	206,208
Maintenance Contracts	18,989	16,787	-	-	18,989	16,787
Patient Transport	53,307	50,506	-	-	53,307	50,506
Other Administrative Expenses	261,049	377,386	4,540	3,110	265,589	380,496
Other	169,472	50,506	-	-	169,472	50,506
Audit Fees						
- VAGO - Audit of Financial Statements	9,400	8,600	-	-	9,400	8,600
- Food Safety Audit	4,627				4,627	
<b>Total Other Expenses from Continuing Operations</b>	<b>920,132</b>	<b>973,807</b>	<b>18,319</b>	<b>28,368</b>	<b>938,451</b>	<b>1,002,175</b>
Depreciation and Amortisation (note 4)	325,714	279,843	-	-	325,714	279,843
<b>Total</b>	<b>325,714</b>	<b>279,843</b>	<b>-</b>	<b>-</b>	<b>325,714</b>	<b>279,843</b>
<b>Total Expenses</b>	<b>6,218,688</b>	<b>6,107,281</b>	<b>167,179</b>	<b>179,444</b>	<b>6,385,867</b>	<b>6,286,725</b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 3a: Analysis of Expenses by Source

	Admitted Patients	Aged Care	Residential Aged Care	Primary Health	Other	Total
	2009	2009	2009	2009	2009	2009
	\$	\$	\$	\$	\$	\$
<b>Services Supported by Health Services Agreement</b>						
Employee Benefits	1,325,855	898,437	536,478	239,002	1,420,797	4,420,569
Non Salary Labour Costs	170,251					170,251
Supplies & Consumables	113,999	18,179	12,950	7,461	229,433	382,022
Other Expenses from Continuing Operations	84,235	21,480	21,995	10,620	781,802	920,132
Depreciation (refer note 4)					325,714	325,714
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>1,694,340</b>	<b>938,096</b>	<b>571,423</b>	<b>257,083</b>	<b>2,757,746</b>	<b>6,218,688</b>
<b>Services Supported by Hospital and Community Initiatives</b>						
Employee Benefits	-	-	-	-	124,645	124,645
Supplies & Consumables	-	-	-	-	21,003	21,003
Other Expenses from Continuing Operations	-	-	-	-	18,319	18,319
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>163,967</b>	<b>163,967</b>
<b>Services Supported by Capital Sources</b>						
Other Expenses	-	-	-	-	3,212	3,212
<b>Sub-Total Expenses from Services Supported by Capital Resources</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,212</b>	<b>3,212</b>
<b>Total Expenses</b>	<b>1,694,340</b>	<b>938,096</b>	<b>571,423</b>	<b>257,083</b>	<b>2,924,925</b>	<b>6,385,867</b>

	Admitted Patients	Aged Care	Residential Aged Care	Primary Health	Other	Total
	2008	2008	2008	2008	2008	2008
	\$	\$	\$	\$	\$	\$
<b>Services Supported by Health Services Agreement</b>						
Employee Benefits	1,432,715	807,650	498,382	212,965	1,287,650	4,239,362
Non Salary Labour Costs	202,945	-	-	-	-	202,945
Supplies & Consumables	63,178	13,600	6,333	5,492	322,721	411,324
Other Expenses from Continuing Operations	220,407	17,640	37,902	23,005	674,853	973,807
Depreciation (refer note 4)	-	-	-	-	279,843	279,843
<b>Sub-Total Expenses from Services Supported by Health Services Agreement</b>	<b>1,919,245</b>	<b>838,890</b>	<b>542,617</b>	<b>241,462</b>	<b>2,565,067</b>	<b>6,107,281</b>
<b>Services Supported by Hospital and Community Initiatives</b>						
Employee Benefits	-	-	-	-	124,547	124,547
Supplies & Consumables	-	-	-	-	23,862	23,862
Other Expenses from Continuing Operations	-	-	-	-	28,368	28,368
<b>Sub-Total Expense from Services Supported by Hospital and Community Initiatives</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>176,777</b>	<b>176,777</b>
<b>Services Supported by Capital Sources</b>						
Other Expenses from Continuing Operations	-	-	-	-	2,667	2,667
<b>Sub-Total Expenses from Services Supported by Capital Resources</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,667</b>	<b>2,667</b>
<b>Total Expenses</b>	<b>1,919,245</b>	<b>838,890</b>	<b>542,617</b>	<b>241,462</b>	<b>2,744,511</b>	<b>6,286,725</b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 4: Depreciation

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
<b>Depreciation</b>		
Buildings	110,635	109,883
Plant & Equipment	66,942	46,145
Medical Equipment	61,973	44,696
Computers and Communication	15,449	14,670
Furniture and Equipment	13,956	15,239
Motor Vehicles	56,759	49,210
<b>Total Depreciation</b>	<b>325,714</b>	<b>279,843</b>

## Note 5: Cash and Cash Equivalents

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

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
Cash on Hand	515	687
Cash at Bank	1,189,110	1,829,145
Deposits at Call	1,755,413	1,702,361
<b>TOTAL</b>	<b>2,945,038</b>	<b>3,532,193</b>
<b>Represented by:</b>		
Cash for Health Service Operations (as per Cash Flow Statement)	2,414,267	2,984,542
Cash for Monies Held in Trust		
- Cash at Bank	27,451	24,855
- Deposits at Call	503,320	522,796
<b>TOTAL</b>	<b>2,945,038</b>	<b>3,532,193</b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 6: Receivables

	<b>Total 2009</b>	<b>Total 2008</b>
		<b>\$</b>
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Debtors	60,527	33,478
Patient Fees	27,314	56,128
Accrued Revenue - DHSV	4,475	3,933
Accrued Revenue - DHS		5,200
	<u>92,316</u>	<u>98,739</u>
<b>Statutory</b>		
GST Receivable	35,427	36,261
<b>TOTAL CURRENT RECEIVABLES</b>	<b><u>127,743</u></b>	<b><u>135,000</u></b>
<b>NON CURRENT</b>		
<b>Statutory</b>		
DHS – Long Service Leave	99,149	66,365
<b>TOTAL NON-CURRENT RECEIVABLES</b>	<b><u>99,149</u></b>	<b><u>66,365</u></b>
<b>TOTAL RECEIVABLES</b>	<b><u>226,892</u></b>	<b><u>201,365</u></b>

### (a) Ageing analysis of receivables

Please refer to note 14(b) for the ageing analysis of receivables

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

Please refer to note 14(b) for the nature and extent of credit risk arising from receivables

## Note 7: Inventories

	<b>Total 2009</b>	<b>Total 2008</b>
	<b>\$</b>	<b>\$</b>
<b>CURRENT</b>		
Pharmaceuticals - at cost	11,284	9,765
Catering Supplies - at cost	5,198	3,745
Housekeeping Supplies - at cost	3,158	2,695
Medical and Surgical Lines - at cost	8,635	8,983
<b>TOTAL INVENTORIES</b>	<b><u>28,275</u></b>	<b><u>25,188</u></b>

## Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

### Note 8: Property, Plant & Equipment

	Total 2009 \$	Total 2008 \$
<b>Land</b>		
- Land at fair value	-	34,433
- Land at Valuation	1,015,000	465,000
<b>Total Land</b>	<b>1,015,000</b>	<b>499,433</b>
<b>Buildings</b>		
- Buildings Under Construction	-	42,240
- Buildings at fair value		361,192
Less Accumulated Depreciation		(29,329)
		331,863
- Buildings at Valuation	5,559,000	4,386,795
Less Accumulated Depreciation		(419,473)
	5,559,000	3,967,322
<b>Total Buildings</b>	<b>5,559,000</b>	<b>4,341,425</b>
<b>Plant and Equipment at Fair Value</b>		
- Plant and Equipment	891,815	770,152
Less Accumulated Depreciation	(556,178)	(489,237)
<b>Total Plant and Equipment</b>	<b>335,637</b>	<b>280,915</b>
<b>Medical Equipment at Fair Value</b>		
- Medical Equipment	910,244	822,951
Less Accumulated Depreciation	(680,201)	(647,792)
<b>Total Medical Equipment</b>	<b>230,043</b>	<b>175,159</b>
<b>Computers and Communication at Fair Value</b>		
- Computers and Communication	335,140	275,426
Less Accumulated Depreciation	(263,620)	(248,172)
<b>Total Computers and Communications</b>	<b>71,520</b>	<b>27,254</b>
<b>Furniture and Fittings at Fair Value</b>		
- Furniture and Fittings	210,486	204,189
Less Accumulated Depreciation	(150,658)	(136,703)
<b>Total Furniture and Fittings</b>	<b>59,828</b>	<b>67,486</b>
<b>Motor Vehicles at Fair Value</b>		
- Motor Vehicles	261,612	230,018
Less Accumulated Depreciation	(125,746)	(86,941)
<b>Total Motor Vehicles</b>	<b>135,866</b>	<b>143,077</b>
<b>TOTAL</b>	<b>7,406,894</b>	<b>5,534,749</b>

Reconciliations of the carrying amounts of each class of asset at the beginning and end of the previous and current financial year is set out below.

	Land \$	Buildings \$	Plant & Equipment \$	Medical Equipment \$	Computers & Communications \$	Furniture & Fittings \$	Motor Vehicles \$	Total \$
<b>Balance at 1 July 2007</b>	434,433	4,398,267	206,672	215,985	31,165	76,944	192,952	5,556,418
Additions	-	53,042	120,387	3,870	10,759	5,781	60,324	254,163
Disposals							(60,989)	-60,989
Revaluation	65,000	-	-	-	-	-		65,000
Depreciation (note 4)	-	(109,883)	(46,145)	(44,696)	(14,670)	(15,239)	(49,210)	(279,843)
<b>Balance at 1 July 2008</b>	<b>499,433</b>	<b>4,341,426</b>	<b>280,914</b>	<b>175,159</b>	<b>27,254</b>	<b>67,486</b>	<b>143,077</b>	<b>5,534,749</b>
Additions	36,000	245,780	121,665	132,793	59,716	6,298	57,332	659,584
Disposals	-	(42,241)	-	(15,936)	-	-	(7,785)	(65,962)
Revaluation	479,567	1,124,670	-	-	-	-	-	1,604,237
Depreciation (note 4)	-	(110,635)	(66,942)	(61,973)	(15,449)	(13,956)	(56,759)	(325,714)
<b>Balance at 30 June 2009</b>	<b>1,015,000</b>	<b>5,559,000</b>	<b>335,637</b>	<b>230,043</b>	<b>71,521</b>	<b>59,828</b>	<b>135,865</b>	<b>7,406,894</b>

#### Land and buildings carried at valuation

An independent valuation of the Health Service's land and buildings was performed by the Valuer General Victoria to determine the Fair Value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation is 30 June 2009.

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 9: Payables

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
<b>CURRENT</b>		
<b>Contractual</b>		
Trade Creditors	350,560	576,763
Accrued Expenses	105,423	187,147
	<u>455,983</u>	<u>763,910</u>
<b>Statutory</b>		
GST Payable	5,197	5,166
<b>TOTAL CURRENT</b>	<b><u>461,180</u></b>	<b><u>1,532,986</u></b>

### (a) Maturity analysis of payables

Please refer to Note 14(c) for the ageing analysis of payables

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

Please refer to note 14(c) for the nature and extent of risks arising from payables

## Note 10: Employee Benefits and Related On-Costs Provisions

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
<b>CURRENT</b>		
Employee Benefits		
- unconditional and expected to be settled within 12 months	389,753	528,515
- unconditional and expected to be settled after 12 months	606,110	509,409
<b>TOTAL</b>	<b><u>995,863</u></b>	<b><u>1,037,924</u></b>
<b>NON-CURRENT</b>		
Employee Benefits	139,183	225,890
<b>TOTAL</b>	<b><u>139,183</u></b>	<b><u>225,890</u></b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 10: Employee Benefits and Related On-Costs Provisions (Cont.)

	Total 2009 \$	Total 2008 \$
<b>CURRENT EMPLOYEE BENEFITS</b>		
Unconditional long service leave entitlements	591,296	501,945
Annual leave entitlements	366,367	364,864
Accrued Wages and Salaries	22,652	151,920
Accrued Days Off	15,548	19,195
<b>TOTAL</b>	<b>995,863</b>	<b>1,037,924</b>
<b>NON-CURRENT</b>		
Conditional long service leave entitlements (present value)	139,183	225,890
<b>TOTAL</b>	<b>139,183</b>	<b>225,890</b>
<b>TOTAL EMPLOYEE BENEFITS AND RELATED ON-COSTS</b>	<b>1,135,046</b>	<b>1,263,814</b>
<b>Movement in Long Service Leave:</b>		
<b>Balance at start of year</b>	727,835	733,541
Provision made during the year	(47,770)	(51,027)
Settlement made during the year	50,414	45,321
<b>Balance at end of year</b>	<b>730,479</b>	<b>727,835</b>

## Note 11: Other Liabilities

	Total 2009 \$	Total 2008 \$
<b>CURRENT</b>		
Monies Held in Trust*		
- Patient Monies Held in Trust*	27,451	24,855
- Accommodation Bonds (Refundable Entrance Fees)*	503,320	522,796
<b>Total Current</b>	<b>530,771</b>	<b>547,651</b>
<b>* Total Monies Held in Trust</b>		
<b>Represented by the following assets:</b>		
Cash Assets (refer to Note 5)	530,771	547,651
<b>TOTAL</b>	<b>530,771</b>	<b>547,651</b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 12: Equity

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
<b>(a) Reserves</b>		
<b>Property, Plant &amp; Equipment Asset Revaluation Reserve (1)</b>		
Balance at the beginning of the reporting period	672,328	607,328
Revaluation Increments/(Decrements) -Land	479,567	
- Buildings	1,124,670	65,000
<b>Balance at the end of the reporting period</b>	<b>2,276,565</b>	<b>672,328</b>
Represented by:		
- Land	634,567	155,000
- Buildings	1,641,998	517,328
<b>Total Asset Revaluation Reserve</b>	<b>2,276,565</b>	<b>672,328</b>
<b>Restricted Specific Purpose Reserve</b>		
Balance at the beginning of the reporting period	276,268	276,268
Transfer to and from Restricted Specific Purpose Reserve	-	-
<b>Balance at the end of the reporting period</b>	<b>276,268</b>	<b>276,268</b>
<b>Total Reserves</b>	<b>2,552,833</b>	<b>948,596</b>
<b>(b) Contributed Capital</b>		
Balance at the beginning of the reporting period	3,981,684	3,913,243
Capital contribution received from Victorian Government		68,441
<b>Balance at the end of the reporting period</b>	<b>3,981,684</b>	<b>3,981,684</b>
<b>(c) Accumulated Surpluses/(Deficits)</b>		
Balance at the beginning of the reporting period	1,797,937	1,117,483
Net Result for the Year	158,609	680,454
Transfers to and from Reserve		-
<b>Balance at the end of the reporting period</b>	<b>1,956,546</b>	<b>1,797,937</b>
<b>(d) Total Equity at end of financial year</b>	<b>8,491,063</b>	<b>6,728,217</b>

(1) The property, plant and equipment asset revaluation reserve arises on the revaluation of property, plant & equipment.

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 13: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
<b>Net Result for the Year</b>	158,609	680,454
Share of net result joint venture	(10,961)	-
Depreciation	325,714	279,843
Works in progress written off	42,241	-
Net (Gain)/Loss from Sale of Plant and Equipment	11,321	(2,512)
Change in Operating Assets & Liabilities		
Increase/(Decrease) in Payables	(307,896)	244,306
Increase/(Decrease) in Employee Benefits	(128,768)	58,960
(Increase)/Decrease in Receivables	(25,527)	(65,219)
(Increase)/Decrease in Prepayments	15,263	(11,815)
(Increase)/Decrease in inventories	(3,087)	6,851
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>76,909</b>	<b>1,190,868</b>

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 14: Financial Instruments

### (a) Significant accounting policies

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

### Categorisation of financial instruments

	Note	Category	Carrying Amount 2009	Carrying Amount \$ 2008	\$
<b>Financial Assets</b>					
Cash and cash equivalents	5	N/A	2,945,038	3,532,193	
Receivables	6	Loans and Receivables	92,316	165,104	
<b>Financial Liabilities</b>					
Payables	9	Financial liabilities measured at amortised cost	455,983	763,910	
Accommodation Bonds	11	Financial liabilities measured at amortised cost	503,320	522,796	
Other Liabilities	11	Financial liabilities measured at amortised cost	27,451	24,855	

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 14: Financial Instruments (continued)

### (b) Credit Risk

The Hospital's exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table. For interest rates applicable to each class of asset refer to individual notes to the financial statements.

#### Interest rate exposure and ageing analysis of financial asset as at 30 June

	Carrying Amount	Not Past Due and Not Impaired	Past Due But Not Impaired				Impaired Financial Assets
			Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years	
2009	\$	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Financial Assets</b>							
Cash and Cash Equivalents	2,945,043	2,945,043	-	-	-	-	-
Receivables	92,316	35,057	31,771	19,273	6,215	-	-
<b>Total Financial Assets</b>	<b>3,037,359</b>	<b>2,980,100</b>	<b>31,771</b>	<b>19,273</b>	<b>6,215</b>	-	-
<b>2008</b>							
<b>Financial Assets</b>							
Cash and Cash Equivalents	3,532,193	3,532,193	-	-	-	-	-
Receivables	165,104	109,461	51,777	30,799	9,328	-	-
<b>Total Financial Assets</b>	<b>3,697,297</b>	<b>3,641,654</b>	<b>51,777</b>	<b>30,799</b>	<b>9,328</b>	-	-

### (c) Liquidity Risk

The following table discloses the contractual maturity analysis for the Hospital's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

#### Interest rate exposure and maturity analysis of financial liabilities as at 30 June

	Carrying Amount	Contractual Cash Flows	Maturity Dates				
			Less than 1 Month	1-3 Months	3 months - 1 Year	1-5 Years	Over 5 years
2009	\$	\$	\$	\$	\$	\$	\$
<b>Payables:</b>							
Trade creditors and accruals	455,983	455,983	455,983	-	-	-	-
Patient Trust Account	27,451	27,451	27,451	-	-	-	-
Accommodation Bonds	503,320	503,320	-	499,594	3,726	-	-
<b>Total Financial Liabilities</b>	<b>986,754</b>	<b>986,754</b>	<b>483,434</b>	<b>499,594</b>	<b>3,726</b>	-	-
<b>2008</b>							
<b>Payables:</b>							
Trade creditors and accruals	763,910	763,910	763,910	-	-	-	-
Patient Trust Account	24,855	24,855	24,855	-	-	-	-
Accommodation Bonds	522,796	522,796	-	522,796	2,770	-	-
<b>Total Financial Liabilities</b>	<b>1,311,561</b>	<b>1,311,561</b>	<b>788,765</b>	<b>522,796</b>	<b>2,770</b>	-	-

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 14: Financial Instruments (continued)

### (d) Market Risk

The Hospitals exposure to market risk are primarily through interest rate risk with only insignificant exposure to foreign currency and other price risks. Objective, policies and processes used to manage each of these risks are disclosed in the paragraph below.

### Currency Risk

The Hospital is exposed to no foreign currency risk through its payables relating to purchases of supplies and consumables from overseas. This is because all purchases in the financial year 2008'2009 and 2007'2008 were from suppliers who quoted fixed prices in \$AUD.

### Interest Rate Risk

Exposure to interest rate risk's arise primarily through the Hospital's cash and cash equivalents. Minimisation of risk is achieved by mainly holding fixed rate or non-interest bearing financial instruments. For financial assets, the Hospital mainly holds those financial assets with relative even maturity profiles.

### Other Price Risk

The Hospital is not exposed to Other Price Risks.

### Interest Rate Exposure of Financial Assets and Liabilities as at 30 June

	Weighted Average Effective Interest Rate (%)	Carrying Amount \$	Interest Rate Exposure		
			Fixed Interest Rate \$	Variable Interest Rate \$	Non Interest Bearing \$
<b>2009</b>					
<b>Financial Assets</b>					
Cash and Cash Equivalents	3.62	2,945,043	1,755,417	1,189,110	515
Receivables	-	92,316	-	-	92,316
<b>Total Financial Assets</b>		<b>3,037,359</b>	<b>1,755,417</b>	<b>1,189,110</b>	<b>92,831</b>
<b>Financial Liabilities</b>					
Trade creditors and accruals	-	455,983	-	-	455,983
Patient Trust Account	-	27,451	-	-	27,451
Accommodation Bonds	-	503,320	-	-	503,320
<b>Total Financial Liabilities</b>		<b>986,754</b>	<b>-</b>	<b>-</b>	<b>986,754</b>
<b>2008</b>					
<b>Financial Assets</b>					
Cash and Cash Equivalents	6.00	3,532,193	1,172,992	2,358,514	687
Receivables	-	165,104	-	-	165,104
<b>Total Financial Assets</b>		<b>3,697,297</b>	<b>1,172,992</b>	<b>2,358,514</b>	<b>165,791</b>
<b>Financial Liabilities</b>					
Trade creditors and accruals	-	763,910	-	-	763,910
Patient Trust Account	-	24,855	-	-	24,855
Accommodation Bonds	-	522,796	-	-	522,796
<b>Total Financial Liabilities</b>		<b>1,311,561</b>	<b>-</b>	<b>-</b>	<b>1,311,561</b>

### Sensitivity Disclosure Analysis

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

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

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

	Carrying Amount \$	Interest Rate Risk			
		-1%		+1%	
		Profit \$	Equity \$	Profit \$	Equity \$
<b>2009</b>					
<b>Financial Assets</b>					
Cash and Cash Equivalents	2,945,043	(29,450)	(29,450)	29,450	29,450
Receivables	92,316	-	-	-	-
<b>Financial Liabilities</b>					
Trade creditors and accruals	455,983	-	-	-	-
Patient Trust Account	27,451	-	-	-	-
Accommodation Bonds	503,320	-	-	-	-

	Carrying Amount \$	Interest Rate Risk			
		-1%		+1%	
		Profit \$	Equity \$	Profit \$	Equity \$
<b>2008</b>					
<b>Financial Assets</b>					
Cash and Cash Equivalents	3,532,193	(35,322)	(35,322)	35,322	35,322
Receivables	165,104	-	-	-	-
<b>Financial Liabilities</b>					
Trade creditors and accruals	763,910	-	-	-	-
Patient Trust Account	24,855	-	-	-	-
Accommodation Bonds	522,796	-	-	-	-

## Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

### Note 15: Segment Reporting

	Acute		Nursing Home		Hostel		Others		Consolidated	
	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>REVENUE</b>										
External Segment Revenue	3,181,330	3,483,200	1,313,581	1,371,454	1,077,479	1,051,633	972,086	890,371	6,544,476	6,796,658
<b>Total Revenue</b>	<b>3,181,330</b>	<b>3,483,200</b>	<b>1,313,581</b>	<b>1,371,454</b>	<b>1,077,479</b>	<b>1,051,633</b>	<b>810,569</b>	<b>890,371</b>	<b>6,544,476</b>	<b>6,796,658</b>
<b>EXPENDITURE</b>										
Allocated Expense	1,694,340	3,412,826	938,096	1,299,944	571,423	977,987	3,182,008	593,546	6,385,867	6,284,303
<b>Net Result from ordinary activities</b>	<b>1,486,990</b>	<b>70,374</b>	<b>375,485</b>	<b>71,510</b>	<b>506,056</b>	<b>73,646</b>	<b>(2,371,439)</b>	<b>296,825</b>	<b>(2,908)</b>	<b>512,355</b>
Interest Income	-	-	-	-	-	-	161,517	168,099	161,517	168,099
<b>Net Result for Year</b>	<b>1,486,990</b>	<b>70,374</b>	<b>375,485</b>	<b>71,510</b>	<b>506,056</b>	<b>73,646</b>	<b>(2,209,922)</b>	<b>464,924</b>	<b>158,609</b>	<b>680,454</b>
<b>OTHER INFORMATION</b>										
Segment Assets	3,938,323	3,888,844	917,336	1,001,053	2,072,010	2,219,603	3,690,391	2,199,258	10,618,060	9,308,758
<b>Total Assets</b>	<b>3,938,323</b>	<b>3,888,844</b>	<b>917,336</b>	<b>1,001,053</b>	<b>2,072,010</b>	<b>2,219,603</b>	<b>3,690,391</b>	<b>2,199,258</b>	<b>10,618,060</b>	<b>9,308,758</b>
Unallocated Liabilities	543,567	1,574,763	387,945	285,135	257,970	717,998	937,515	2,645	2,126,997	2,580,541
<b>Total Liabilities</b>	<b>543,567</b>	<b>1,574,763</b>	<b>387,945</b>	<b>285,135</b>	<b>257,970</b>	<b>717,998</b>	<b>937,515</b>	<b>2,645</b>	<b>2,126,997</b>	<b>2,580,541</b>
Acquisition of property, plant and equipment and intangible assets	132,793	111,073	63,981	35,000	63,982	21,000	398,828	87,090	659,584	254,163
Depreciation & amortisation expense	111,471	112,049	22,074	24,710	41,072	35,988	151,097	107,096	325,714	279,843

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

#### Business Segments

Residential Aged Care Services (RACS)

Acute Services

Other

#### Services

Bade Wing Nursing Home & The Lakes Hostel

Edenhope & District Memorial Hospital

The Elsie Bennett Centre (Community Health & District Nursing), Domestic Services, Catering, Laundry & Administration

#### Geographical Segment

Edenhope & District Memorial Hospital operates predominantly in the West Wimmera Shire, Victoria. More than 90% of the revenue and net surplus from ordinary activities and segment assets relate to operations in the West Wimmera Shire, Victoria.

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 16a: Responsible Persons

In accordance with the Ministerial Directions issued by the Minister for Finance under the Financial Management Act 1994, the following disclosures are made regarding responsible persons for the reporting period.

	Period
<b>Responsible Minister</b> The Hon. Daniel Andrews M.P.	01/07/2008 - 30/06/2009
<b>Governing Board</b>	
Mr. R. Carberry	01/07/2008 - 30/06/2009
Mr. J Farran	01/07/2008 - 30/06/2009
Mrs. J. Grigg	01/07/2008 - 30/06/2009
Mr. R. R. Hawkins	01/07/2008 - 30/06/2009
Mr. M. Holland	01/07/2008 - 30/06/2009
Mr. A. Kealy	01/07/2008 - 30/06/2009
Mr. J.G. McKay	01/07/2008 - 30/06/2009
Mrs. V. Penrose	01/07/2008 - 30/06/2009
Mr. J.S. Warner	01/07/2008 - 30/06/2009
<b>Accountable Officer</b>	
Mrs. K Huett	01/07/2008 - 30/06/2009

### Remuneration of Responsible Persons

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

	Total Remuneration	
	2009	2008
	No.	No.
\$0 - \$9,999	9	11
\$130,000 - \$139,999	-	1
\$150,000 - \$159,999	1	-
<b>Total Numbers</b>	10	12

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

	2009	2008
	\$	\$
	<b>157,693</b>	<b>131,884</b>

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

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

Board member, Mr. J.G. McKay is the CEO of West Wimmera Shire Council. West Wimmera Shire Council, provides services to and uses services provided by Edenhope & District Memorial Hospital. The aggregate amounts for 2009 & 2008 were:

	2009	2008
	\$	\$
	<b>61,397</b>	<b>60,189</b>

## Note 16b: Executive Officer Disclosures

### Executive Officers' Remuneration

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

	Total Remuneration		Base Remuneration	
	2009	2008	2009	2008
	No.	No.	No.	No.
\$100,000 - \$109,999	1	-	1	-
<b>Total</b>	1	-	1	-
	<b>2009</b>	<b>2008</b>	<b>2009</b>	<b>2008</b>
	\$	\$	\$	\$
<b>Total Remuneration</b>	104,252	-	104,252	-

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 17: Events Occurring after the Balance Sheet Date

There were no events that have occurred between June 30th 2009 and as of the date of signing the Certification Certificate which would materially affect the result for the 12 months ending June 30th 2009.

## Note 18: Investments Accounted for Using the Equity Method

	<b>2009</b>	<b>2008</b>
	<b>\$</b>	<b>\$</b>
<b>Interest in Jointly Controlled Entities</b>	10,961	-
<b>TOTAL</b>	<b>10,961</b>	<b>-</b>

Name of Entity	Principal Activity		Ownership Interest		Published Fair Value	
			2009	2008	2009	2008
			%	%	\$	\$
<b>Grampians Rural Health Alliance</b>	Information and Telecommunications Services	Australia	2.98	0	10,961	0

	<b>2009</b>	<b>2008</b>
	<b>\$</b>	<b>\$</b>
<b>Sheet:</b>		
Current Assets	92,201	-
Non-Current Assets	19,344	-
<b>Share of Total Assets</b>	<b>111,545</b>	<b>-</b>
Current Liabilities	16,913	-
Non-Current Liabilities	-	-
<b>Share of Total Liabilities</b>	<b>16,913</b>	<b>-</b>
<b>Share of Jointly Controlled Entities Net Assets</b>	<b>94,632</b>	<b>-</b>
Total Income	135,721	-
<b>Net Result</b>	<b>10,961</b>	<b>-</b>
<b>Share of Jointly Controlled Entities' Net Result After Income Tax</b>	<b>10,961</b>	<b>-</b>
<b>Dividends received from jointly controlled entities</b>	<b>-</b>	<b>-</b>

During the 2009 financial year, the Edenhope & District Memorial Hospital received no dividends from its jointly controlled entities.

# Edenhope & District Memorial Hospital

Notes Forming Part of the Financial Statements for the Year Ended 30 June 2009

## Note 19: Commitments for expenditure

	<b>Total 2009 \$</b>	<b>Total 2008 \$</b>
<b>Capital Expenditure Commitments</b>		
Plant and Equipment	-	198,000
<b>Total Capital Commitments</b>	<b>-</b>	<b>198,000</b>
<b>Other Operating Expenditure Commitments</b>		
Payable:		
Alliance JV commitment	-	33,950
iPM Computer Software Implementation commitment	-	44,562
<b>Total Other Expenditure Commitments</b>	<b>-</b>	<b>78,512</b>
<b>Total Commitments for Expenditure (exclusive of GST)</b>	<b>-</b>	<b>276,512</b>

## Note 20: Contingent Liabilities & Contingent Assets

The hospital is unaware of any issues at balance date that would give rise to a contingent liability or contingent asset.