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Our **Purpose**

Our purpose is to deliver quality healthcare services in unique models of partnership to improve our regions’ health.

Our **Vision**

Albury Wodonga Health – the best of health

Our **Values**

- **Ethical**
  Both in our clinical endeavour and our business practices we will be just in all our dealings.

- **Teamwork**
  Esprit de corp, harmony, partnership and unity are valued.

- **Respect**
  Appreciation of the worth of others and regard for their contribution is inherent.

- **Trust**
  Confidence that all are doing their best, honestly and positively.

- **Accountability**
  Understanding that all bear a personal responsibility to our community.

- **Compassion**
  Consideration, empathy and humanity are given freely to our patients and staff alike.

- **Equity**
  Fairness, integrity and justice are apparent in our actions.

- **Patient and Client Focused**
  Our purpose is to serve our patients and clients in order to achieve the Vision and Purpose of Albury Wodonga Health.
2012/13 has been a most difficult year from the point of view of management of the health service, budgeting and maintaining clinical activity.

To be asked halfway through a year to save $1M in the remaining 6 months and after initiating action, be told by the Commonwealth Minister that the savings were no longer required was a challenge. Albury Wodonga Health (AWH) was already required to find savings to operate within a $2M deficit parameter and the additional impost had a profound effect on elective surgery activity.

It is to the credit of all concerned that the final result for the year was an operating deficit of $1.43M combined with clinical activity that was very close to 100% of target. Regrettably but inevitably the total wait list climbed to 4,272 by year end, an increase of 11.48% over the twelve months. The cost of maintaining the waitlist at 2011/12 levels is estimated to have been in the order of $2M.

The reductions to the elective operating schedule combined with bed restrictions regrettably resulted in staff tension which challenged the still forming teamwork and partnership necessary to ensure Albury Wodonga Health meets the community’s expectation and those of its founders.

Putting aside the difficulties of finance and activity, there has been much to celebrate:

- The expanded Emergency Department at the Wodonga Hospital will be completed and will significantly improve the amenity for both patients and staff. With over 28,000 attendees per year, the new department provides a safer clinical environment.
- The PET/CT scanner, the result of a specific Commonwealth grant in 2010 will be completed and commissioned. It is expected to be investigating at least eight patients per week who would otherwise have had to travel to Melbourne. The service is provided at no cost to patients as services are “bulk billed” through the Commonwealth Medicare system.
- The Oncology Paediatric Chairs will be established within the Children’s ward. These were funded by the Commonwealth grant which is financing the Regional Cancer Centre.
- The Brachytherapy Service has been developed at the Wodonga Hospital bringing a form of radiotherapy treatment to patients with Prostatic Carcinoma. This new service is expected to assist up to 12 patients per year who would previously have had to travel to Melbourne.
- The Patient and Carers accommodation – ‘Hilltop’ has been established adjoining Albury Hospital. This 20 room facility is benefiting patients seeking care in Albury Wodonga from as far as Deniliquin, Corryong, Mt Beauty and Benalla. This is a great initiative funded by the generous donors of the wider North East Victoria and Southern New South Wales region.
- The mental health service merger of Northeast Health, Wangaratta, Beechworth Health and Albury Wodonga Health is a major step in enhancing mental health services across North East Victoria. We look forward to further enhancing this service when Southern NSW Mental Health services based in Albury join the North East and Border Mental Health Service, the next step in building a comprehensive mental health service for the region. It is anticipated this will occur in 2013/14.

Our major service and capital initiative is of course the Albury Wodonga Regional Cancer Centre. All is on track for a late 2013 ‘hole’ in the ground which will lead to a 2016 opening. This unique project encompasses both the public and private health services.

The cooperation of the Victorian, New South Wales and Commonwealth governments in facilitating this development will be greatly appreciated by the people of Albury Wodonga for many years to come.

Accountability to our community for our decisions and direction of AWH is recognised as a vital component of the Board and Senior Executive’s role. The 2012/13 year, with its challenges, has seen us having to respond to community concern in various forms. We will continue to work with our local communities to achieve outcomes relevant to our region.

The Community Advisory Committee has been effective in its contribution to the health service during the year, and we look forward to realising the ongoing benefits this community partnership offers.

The input of the Community through volunteering remains strong and in particular the work of the ‘red shirts’ (the ‘Concierges’) is greatly appreciated by staff, patients and volunteers alike.
The community support that has resulted in the opening of ‘Hilltop’, the patient and carers accommodation at Albury operated by the “Fight Cancer Foundation” as an independent entity, stands as testament to the wide support held in the community for the health service.

During the year David Whittle retired from the Board and we have missed his contribution.

Albury Wodonga Health serves the community but only through the contribution of all its staff; Medical, Nursing, Allied Health, support staff and volunteers. The Board congratulates them on a great job under very trying circumstances.

For the future, we still have challenges to create Albury Wodonga Health as a comprehensive regional health service. The Board continues to work with all Governments in order to fill the gaps in our service provision. We are hopeful that 2014 will see forward progress in cardiology and a broadening range of medical specialties.

The Emergency Department of Albury campus remains top priority and we are working with Government on solutions.

Ulf Ericson  
Chairman

Stuart Spring  
Chief Executive Officer
Board Of Directors

MR ULF ERICSON
Chairman

MS NICKI MELVILLE
Deputy Chair

PROF JULIA COYLE
Board Member

DR PETER VINE OAM
Board Member

MS ALLISON JENVEY
Board Member

MS JUDY CHARLTON
Board Member

MR GRAEME WELSH
Board Member

MR PHILLIP WILLIAMS
Board Member

MR DAVID WHITTLE – RESIGNED 2012
Board Member

EXECUTIVE REMUNERATION COMMITTEE
Mr Ulf Ericson (Chairman)
Ms Nicki Melville
Prof Julia Coyle
Ms Allison Jenvey

COMMUNITY ADVISORY COMMITTEE
Board Member:
Mr Graeme Welsh (Chairman)

Community Members:
Ms Bev Bennie
Ms Jennifer Schubert
Ms Leanne Jenvey
Ms Liz Hare
Mr Martin Butcher
Ms Robyn Raine
Ms Valda Murray
Mr Terry Carvan – (appointed February 2013)
Mr Duncan Harvey – (appointed February 2013)

Chief Executive Officer

DR STUART SPRING

The Chief Executive Officer (CEO) reports to the Board of Directors with respect to the overall function and operations of Albury Wodonga Health. The CEO must ensure that the strategic direction as formulated by the Department of Health, Victoria and the Board is delivered upon. Stuart is also the Chairman of the Hume Rural Health Alliance which operates the Hume Region’s Information Communication Technology Services.
Nature and **Range of Services**

AWH provides a comprehensive and growing range of health services spanning the primary, sub-acute and acute needs of regional residents. Some services, such as emergency, are offered at both the Wodonga and Albury Hospital locations. Others are concentrated at a single AWH location to optimise the delivery of specialist care. For example, the Wodonga Hospital specialises in obstetrics and the Albury Hospital delivers the organisation’s orthopaedic and intensive care services together with the majority of paediatric services.

Given the size of the health service and the region served by AWH, we expect to see the range of services we provide expand exponentially. Broadening of the health service’s responsibilities to include community and mental health in both States will follow over time after consultation with stakeholders. A summary of the nature and range of services currently provided at AWH is at Table 1.

**Table 1: Nature And A Range Of Services**

**SPECIALTIES**
- Acute Geriatrics
- Anaesthetics
- Breast Surgery
- Cardiology
- Chemotherapy
- Colorectal Surgery
- Critical Care
- Paediatric Medicine
- Day Procedure Unit
- Dialysis Unit
- Dental
- Dermatology
- Diagnostic GI Endoscopy
- Ear, Nose & Throat
- Emergency Medicine
- Facio-maxilliar Surgery
- Gastroenterology
- Gynaecology
- Haematology
- Head & Neck Surgery
- Intensive Care
- Medical Diagnostic Clinics
- Medical Imaging Services
- Medical Oncology
- Mental Health
- Obstetrics
- Ophthalmology
- Orthopaedics
- Paediatric Medicine & Surgery
- Pain Management
- Palliative Care
- Plastic & Reconstructive Surgery
- Post-operative Review Clinic
- Pre-admission Clinic
- Neonatology
- Rehabilitation Medicine
- Renal Medicine
- Respiratory Medicine
- Surgery
- Trauma Centre
- Upper GIT Surgery
- Urology
- PET/CT Scanner (from October 2013)

**OUTPATIENT SERVICES**
- Aboriginal Health
- Aged Services Emergency Team (ASET)
- Antenatal Classes
- Cardiac Rehabilitation
- Chronic Disease Management (CDM)
- Community Midwife Program
- Community Health & Health Promotion
- Community Packages
- Community Rehabilitation
- Continence Clinic
- Diabetes Education
- Dietetics
- District Nursing
- Fracture Clinic
- Health Information Management
- High Dependency Unit
- Hospital Admission Risk Program (HARP)
- Hospital in the Home
- Hydrotherapy
- Immunisation
- Inpatient Allied Health Services
- Lymphoedema Clinic
- Meals on Wheels
- No Falls Program
- Occupational Therapy
- Pacemaker Clinic
- Pain Management Program
- Palliative Care
- Perioperative Service
- Pharmacy
- Physiotherapy
- Podiatry
- Post Acute Care Program
- Pre-Admission Services
- Public Dental Service
- Pulmonary Rehabilitation
- Regional Communication Service
- Rehabilitation Clinic
- Rural Allied Health Team
- Social Work
- Speech Pathology
- Sexual Health/Family Planning Clinic
- Stomal Therapy
- Transition Care Program
- Upper Limb & Hand Therapy
The map below graphically represents the communities Albury Wodonga Health serves. The catchment area population is estimated at 260,000 people.
The Clinical Operations directorate co-ordinates and supports all services and staff directly associated with clinical care across acute, sub-acute, allied health and ambulatory care departments throughout AWH.

Key clinical areas of responsibility include general medical wards, Hospital in the Home (HITH), oncology services, inpatient rehabilitation, critical care services, trauma services, renal dialysis, emergency services, paediatric services, obstetrics and neonatal care, mental health and a wide range of surgical services including orthopaedics, ENT, facio-maxillary, ophthalmology, urology, gynaecology, plastic surgery, general surgery and newly introduced vascular surgery.

There is also a wide range of inpatient allied health services supported by clinical operations including physiotherapy, occupational therapy, speech therapy, dietetics and social work.

Key ambulatory care services include community health, diabetes self management and Home and Community Care (HACC) Rural Allied Health team, pain management, palliative care, district nursing, Hospital Admission Risk Program (HARP), Aged Services Emergency Team (ASET), Aboriginal health, dental services, podiatry, continence clinic, community rehabilitation, transition care, health promotion, cardiac and pulmonary rehabilitation, hydrotherapy, community midwife program, lactation services and a number of specialty clinics that support particular patient groups such as the elective surgery pre admission clinic, lymphoedema, fracture, post-acute care, post-operative wound management, pacemaker clinics and Cognitive, Dementia and Memory (CDAMs) clinic.

The directorate also incorporates support services, wards persons, security, internal transport unit and radiology.

Executive Staff

EXECUTIVE DIRECTOR OF CLINICAL OPERATIONS
Ms Catherine O’Connell

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The directorate also incorporates support services, wards persons, security, internal transport unit and radiology.

EXECUTIVE DIRECTOR OF CLINICAL OPERATIONS
Ms Catherine O’Connell

EXECUTIVE DIRECTOR FINANCE AND CORPORATE SUPPORT
Mr Martin Clifford

Finance and Corporate Support provides a range of services underpinning AWH operations, including food services, environmental services, supply and logistics, biomedical engineering, finance, administration services and information communication and technology (ICT). Corporately, the directorate is responsible for financial governance and reporting, fire safety, environmental management and contract and procurement oversight. Services are currently delivered through an amalgam of in-house, third party provider and contract arrangements that differ across each campus.

EXECUTIVE DIRECTOR MEDICAL SERVICES
Dr Glenn Davies (until September 2012)
Dr Alastair Mah (from September 2012)

The Medical Services directorate encompasses the Medical Workforce Unit, the Quality and Clinical Governance Unit, the Pharmacy Department, Health Information Services and the Electronic Health Information Project team. The Medical Workforce Unit is responsible for recruitment, credentialing and defining scope of clinical practice, administrative support to the Clinical Directors, medical workforce development and medico-legal management.

The Quality and Clinical Governance Unit has responsibility for the Australitan Council On Healthcare Standards (ACHS) accreditation, quality assurance and improvement, risk management, consumer participation including complaints management and the redesign activities of Albury Wodonga Health.

The Electronic Health Information Project team is tasked with transitioning AWH towards an e-Health friendly health service.
EXECUTIVE DIRECTOR MENTAL HEALTH SERVICES
Mr Peter Collicoat

The Mental Health Service directorate significantly changed over the course of the 2012/13 year. Mental Health services that were previously provided by three agencies were brought together under AWH operating as the north east and border mental services.

The beginnings of this can be traced back to the year 2000 when a Chief Psychiatrist’s review of mental health services in North East Victoria suggested governance and management arrangements needed to be consolidated under one auspice agency.

For many years, the fragmented service has created challenges and obstacles to the delivery of high quality, integrated care and has seriously impeded service delivery and development. With the goodwill and co-operation of the Beechworth Health Service and Northeast Health Wangaratta, years of discussion and planning finally lead to the establishment of an integrated mental health service.

Mary Wooldridge the Victorian Minister for Mental Health official launched the new North East and Border Mental Health Service (NEBMHS) on 7 December 2012.

Approximately 162 clinical and 25 support staff transferred to Albury Wodonga Health. Key stakeholders including clients, carers, staff and industrial bodies have played a pivotal role in working towards assisting to implement the change and thanks needs to be extended to these people in particular.

Programs within the North East and Border Mental Health Service include:
- Adult Acute Inpatient (Wangaratta)
- Adult Community (Wangaratta)
- Early Psychosis Service (Wangaratta)
- Adult Community Care Residential (Willows Beechworth)
- Older Persons MHS Community
- Older Persons Residential (Blackwood Beechworth)
- Older Persons Acute Inpatient (Kerferd)
- Integrated Primary Mental Health
- Mental Health Education / Office of Senior Psychiatric Nurse
- Secure Extended Care (SECU) Diversion
- Mental Health Nurse (Private Clinic)
- Adult Community (Watson St)
- North East Child and Adolescent Mental Health Service (Wodonga and Wangaratta)
- Benambra Community Care Residential (Wilson St)
- Perinatal Emotional Health (IPMHS)
- Early Psychosis Service (NECAMHS)
- Kids Early Action Program
- Private Psychiatrist Practice
Senior Staff as of 30 June 2013

DIRECTOR OF MEDICAL SERVICES
Dr Glenn Davies

CHAIR OF THE MEDICAL CONSULTATIVE COMMITTEE
Dr Tracey Merriman

CO-DIRECTOR OF ANAESTHETICS
Dr Angus Mitchell
Dr Stuart Heslop

DIRECTOR OF EMERGENCY MEDICINE
Dr Michael Taylor

DIRECTOR OF ICU
Dr Charles Mashonganyika

DIRECTOR OF MEDICINE
Dr Tim Shanahan – until May 2013
Dr Franz Eversheim – commenced May 2013

DIRECTOR OF OBSTETRICS AND GYNAECOLOGY
Dr Simon Craig

DIRECTOR OF CANCER SERVICES
Dr Craig Underhill

DIRECTOR OF PAEDIATRICS
Dr Mark Norden

DIRECTOR OF SURGERY
Dr Neil Bright

DIRECTOR OF REHABILITATION
Dr Michael Njovu

DIRECTOR OF PSYCHIATRY
Dr Alan England

DIRECTOR OF QUALITY AND CLINICAL GOVERNANCE
Mr Andrew Brown

DIRECTOR OF PHARMACY
Mr Leo Mason

DIRECTOR OF NURSING – ABBURY HOSPITAL
Ms Zane Healy

DIRECTOR OF NURSING – WODONGA HOSPITAL
Ms Ann Cassidy

DEPUTY DIRECTOR OF NURSING – ABBURY HOSPITAL
Ms Leanne Wegener

OPERATIONAL DIRECTOR SURGICAL SERVICES
Mr Dennis Baker

DEPUTY DIRECTOR OF MATERNITY SERVICES
Ms Julie Wright

DIRECTOR OF ALLIED HEALTH
Ms Karyn O’Loughlin

DIRECTOR OF FINANCE
Ms Angela Morrison

MANAGER AWESOME SUPPORT SERVICES
Ms Suzanne Gugger

DIRECTOR OF LOGISTICS
Mr Phil Todhunter

DIRECTOR OF INFRASTRUCTURE
Mr Greg Pearl

DIRECTOR OF HUMAN RESOURCES
Mr Don Elder

DEPUTY DIRECTOR NORTH EAST BORDER MENTAL HEALTH SERVICE
Mr Michael Nuck

MANAGER AWESOME SUPPORT SERVICES
Ms Suzanne Gugger

DIRECTOR OF PHARMACY
Mr Leo Mason

DIRECTOR OF NURSING – WODONGA HOSPITAL
Ms Ann Cassidy

DEPUTY DIRECTOR OF NURSING – ABBURY HOSPITAL
Ms Evelyn Silver
## Workforce Data Disclosure 2013

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<tr>
<th>LABOUR CATEGORY</th>
<th>JUNE CURRENT MONTH FTE</th>
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<tr>
<td></td>
<td>2012</td>
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</tr>
<tr>
<td>Nursing</td>
<td>575.37</td>
<td>657.95</td>
</tr>
<tr>
<td>Administration and Clerical</td>
<td>188.55</td>
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<tr>
<td>Medical Support</td>
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</tr>
<tr>
<td>Hotel and Allied Services</td>
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<td>161.04</td>
</tr>
<tr>
<td>Medical Officers</td>
<td>9.92</td>
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<tr>
<td>Hospital Medical Officers</td>
<td>85.57</td>
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<tr>
<td>Sessional Clinicians</td>
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<td>5.01</td>
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<tr>
<td>Ancillary Staff (Allied Health)</td>
<td>103.87</td>
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<tr>
<td>Dental Officers</td>
<td>2.22</td>
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<tr>
<td>Other Dental Clinicians</td>
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<td>TOTAL</td>
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<td>1,280.64</td>
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All employees of AWH are correctly classified in the above workforce data and are required to abide by the AWH Code of Conduct under their respective employment agreements. AWH is committed to applying the Public Sector employment principles.
The Year **In Review**

**CLINICAL OPERATIONS**

While the 2012/2013 year has presented many clinical and operational challenges, when we individually and collectively reflect on the previous 12 months it is clear to see that there is much to be proud of within the directorate that has contributed to improved clinical outcomes as well as better systems and processes to support the daily provision of care.

Clinical operations has progressed a range of significant improvements throughout the year. These include:

- Planning for a significant re-structure of the directorate that reflects a model focused on clinical streams. The proposed changes will more effectively align with the finance and corporate support and medical directorate structures.
- Progression of improvement initiatives for key clinical illnesses and specialties, including diabetic management, stroke management, cardiac services, blood management, organ donation program, medication safety, End of Life and advanced care planning, pressure injury and wound management, falls, nutrition and clinical handover.
- Successful implementation of bed management coordination into a single centralised process with all inpatient beds and support services across both the Albury and Wodonga Hospitals now being considered collectively each day.
- Introduction of five additional beds in the surgical ward at Albury Hospital as a response to sustained demand.
- Management of reduced bed capacity at Wodonga Hospital during 2013 as a result of capital works for the Emergency Department, Endoscopy Suite and new rehabilitation ward.
- Completed redevelopment of the AWH clinical education structure that has enabled the streamlining of training and education opportunities for clinical staff.
- The establishment of a Non-Medical Credentials Committee and governance structure that confirms and monitors Key Nursing, Allied Health and dental assistant roles.
- Employment of a Nurse Practitioner for critical care at Wodonga.
- Planning for the introduction of a Nurse Practitioner in aged care during 2013/2014
- Implementation of the “Perfect List” program that has resulted in improved utilisation of operating theatre session across campus.
- Introduction of an emergency surgery triage system across campus that has resulted in improved response to emergency surgery demand and a reduction in hours of surgery.
- Commencement of formal reporting into the State-wide information system for elective surgery (ESIS) in June 2013.
- Finalised system for elective surgery wait list patients that include a clinical support nurse for each specialty.
- Successful implementation of a partnership with private providers for otolaryngology and urology in response to additional funding from the Victorian Department of Health competitive bidding program.
- Progress in the planning for the enhancement of the day surgery services that includes a designated ‘surgical centre’ or ‘endoscopy suite’.
- Introduction of an acute pain service at Wodonga Hospital.
- Introduction of a Hospital in the Home (HITH) clinic at Wodonga Hospital.
- Planning for the transfer of parent and baby services to AWH from the Mercy Health Service to commence October 2013.
- Further development of inpatient and ambulatory sub-acute services including the consolidation of rehabilitation beds onto Albury Hospital for 2013 while re-furbishment occurs at Wodonga Hospital.
- Introduction of Assistant in Nursing (AIN) positions to support the increasing need for the management of the confused patient.
- Expansion of Geriatric Assessment Management (GEM) team to Wodonga Hospital.
• Establishment of an integrated structure for Allied Health across the Albury and Wodonga Hospitals.
• Planning for additional renal dialysis services into critical care at Albury Hospital.
• Introduction of tele-health services for mental health patients in the Albury Hospital Emergency Department.
• Introduction of improved systems for managing emergency activity in line with National Emergency Access Targets (NEAT).
• Progression of enhanced paediatric oncology services in partnership with The Royal Children’s Hospital, Melbourne.
• Review of dental services and introduction of an enhanced management structure.
• Introduction of a dental graduate program.
• Further progression of Closing the Health Gap initiative of ‘Asking the Question’ in Emergency Departments.
• Initiatives embedded into clinical operations processes in preparation for the conclusion of The Better Care for Older People (BC4OP) program.
• Further contribution to the development of the Albury Wodonga Regional Cancer Centre
• Utilisation of the Redesigning Hospital Care program to support improvements in all clinical areas.
• Support for the implementation of the e-Health project across clinical services.
• Management of key risks for clinical operations that include emergency and disaster management, complaints management, clinical incident management, manual handling, falls, the deteriorating patient, pressure injury, blood products, clinical handover, patient identification, infection control, clinical access, unmet financial and activity targets and security.

**FINANCE AND CORPORATE SUPPORT**

In the fourth year of Albury Wodonga Health the Finance and Corporate Support directorate has continued to integrate those functions most critical to its operations.

While delivering services essential for clinical operations on each campus, the directorate has made significant progress in establishing and integrating foundation support functions such as finance, supply and logistics and administration services. Significant achievements include:

• Enhancement of the Finance and Corporate Support services through the establishment of the North East Border Mental Health Service.
• Establishment of one procurement system across the organisation and implementing key leadership positions within contract management and clinical product procurement.
• Repatriation of biomedical engineering services from Goulburn Valley Health to create a single service across the organisation.
• Refurbishment of the Albury Hospital cafeteria to create the Garden Oasis (GO) Café.
• Further contribution to the development of the Albury Wodonga Regional Cancer Centre
• Planning for additional renal dialysis services into critical care at Albury Hospital.
• Introduction of tele-health services for mental health patients in the Albury Hospital Emergency Department.
• Introduction of improved systems for managing emergency activity in line with National Emergency Access Targets (NEAT).
• Progression of enhanced paediatric oncology services in partnership with The Royal Children’s Hospital, Melbourne.
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• Utilisation of the Redesigning Hospital Care program to support improvements in all clinical areas.
• Support for the implementation of the e-Health project across clinical services.
• Management of key risks for clinical operations that include emergency and disaster management, complaints management, clinical incident management, manual handling, falls, the deteriorating patient, pressure injury, blood products, clinical handover, patient identification, infection control, clinical access, unmet financial and activity targets and security.
Despite the challenging environment that the health service found itself in with the changing budget demands this year, the Medical Services directorate has seen further integration and strengthening of core services, with development and significant achievements in key areas including:

- The separation of Mental Health Services from the Medical Services directorate to have a separate program management structure, coinciding with the formation of and the North East Border Mental Health Service.
- Commencing a review of the AWH Strategic Plan.
- Enhanced the Quality and Clinical Governance Framework for AWH.
- Restructuring of the Medical Administration team.
- Provision of medical administration services to Beechworth Health Service and Tallangatta Health Service.
- Strengthening clinical leadership with the establishment of key Clinical Director positions including Emergency Medicine, Psychiatry and Paediatrics.
- Development of Partnering for Performance with our senior lead clinicians.
- Restructuring junior medical staff positions to improve recruitment processes, education and training, as well as continuity of care for patients. This includes multiple junior medical staff positions contracted to AWH rather than being on rotation from metropolitan hospitals.
- Medical workforce recruitment and development in orthopaedics, anaesthetics, emergency medicine, paediatrics and internal medicine.
- Taking first steps towards an e-Health environment with the roll-out of the digital medical record in all clinical areas and the ability to review all diagnostics in the same software.
- Integration of the Albury and Wodonga Pharmacy Department structure.
- Adoption of a single IT pharmacy platform across Albury and Wodonga to allow reduced drug wastage from expiry and better inventory control as well as implementing PBS prescribing at Albury Pharmacy.

The integrated mental health service will see opportunities for improved governance and management under the one auspice agency. Albury Wodonga Health became an approved provider of residential aged care and achieved Aged care accreditation at Blackwood Cottage by the Aged Cared Services Accreditation Agency (ACSAA) on 28 December 2012. Post integration work continues as the changes are bedded down to gain the benefits integration will provide.

Some other key achievements in 2012/2013 included:

- Recruitment of additional Psychiatrists including to the position of Director of Psychiatry (Dr Alan England) and Inpatient Director (Dr Paul Friend).
- Completion of a clinical service plan that for the first time collected and analysed information regarding the make-up of the population of the mental health service catchment in both North East Victoria and Southern NSW. This plan articulated a range of requirements for the future public mental health service system in our area.
- Commenced the planning, design and land acquisition for the new purpose built Prevention and Recovery Care (PARC) service (sub-acute mental health residential service). This will be located on part of the former primary school site in Jarrah Street Wodonga.
- Entering into a partnership with Life Without Barriers to operate the PARC from mid-2014.
Future Direction

DIRECTIONS IN CLINICAL OPERATIONS

The pressures of projected and sustained demand during 2013/2014 will again provide the directorate with an opportunity to further develop current initiatives, identify other key improvement opportunities and further progress a program of wider engagement with staff and the community in identified projects.

The focus for the directorate will continue to be the provision of excellent clinical care. Improvement will be supported by initiatives that include:

- A finalised re-structure of clinical operations leadership and organisational configuration.
- Established cross campus Director of Nursing and Director of Allied Health positions.
- Development of structures for each clinical stream as per the revised arrangements i.e. critical care and emergency services, acute inpatient services, surgical services, maternity and children services, sub acute and continuing care services, clinical education and research and primary care services.
- Introduction of Activity Based Funding (ABF) as it pertains to clinical services.
- Continued focus on Statement of Priorities (SOP) Key Performance Indicators (KPI).
- Implementation of changed working arrangements as they pertain to the many refurbishments undertaken over several months including the upgraded Emergency Department at Wodonga, the new endoscopy suite at Wodonga a PET/CT Scanner at Albury, expansion of sub acute services at Wodonga, paediatric chemotherapy chairs at Albury and transfer of the parent and baby services to Wodonga.
- Progressing opportunities to enhance critical care services across the Albury and Wodonga Hospitals; particularly investigate the concept of tele-health between hospitals.
- Further enhancement of surgical operating theatre allocation and utilisation.
- Continued focus on the management of the elective surgery wait list with the additional support/responsibility of ESIS reporting to Department of Health, Victoria.
- Introduction of modified models of care that reflect best processes for the new endoscopy/procedure unit.
- Continued utilisation of funding opportunities as they pertain to the competitive bidding program for surgical services.
- Participation in the Victorian Department of Health, Victoria Ophthalmology project.
- Progressing short stay bed model of care at Albury and Wodonga via the Victorian Department of Health, Victoria Emergency Department streaming program.
- Further development of the combined bed management model that enables improvement in patient flow across both hospitals.
- Review of cross hospital transfers and clinical handover.
- Development of an AWH sub acute service plan for 2013-2016 that reflects the AWH service plan and incorporates the transfer of these services to Wodonga Hospital in 2014.
- Strengthened relationships with Hume Region and Mercy Health Service to develop an agreed model of care for palliative care services.
- Progress transfer of Transition Care Program (TCP) resources to AWH.
- Further expansion of the Redesigning Hospital Care program to all clinical departments.
- Progressing the key clinical initiatives around wound care and skin integrity.
- Increased focus on National Safety and Quality Health Services Standards (NSQHS) in particular those that relate to minimising patient harm for example: clinical handover, patient identification and consent, nutrition, falls and medication safety.
DIRECTIONS IN CLINICAL OPERATIONS (CONT.)

- Improved management for patients at discharge and the introduction of systems to enable improved patient flow between inpatient and ambulatory services.
- Improved care coordination for patients with chronic and complex needs.
- Expansion of HiTH services across both hospitals.
- Introduction of Nurse Practitioner, Aged Care position.
- Further development of AlNs to support clinical care in all clinical departments.
- Continued focus on clinical governance and progress of identified initiatives/projects to improve clinical care.
- Setting formal activity targets for all clinical departments.
- Expansion of activity reporting and data management to enable a consolidated approach to activity/demand analysis in all clinical services. This will include alignment to Victorian reporting systems whenever possible.
- Enhancement of Aboriginal health across all clinical settings via the Closing the Health Gap (CTHG) program and a re-aligned structure for staff within this team.
- Strengthened focus on staff training and education through a collaborative agreement with key local tertiary institutions, universities and other training providers.
- Further development of the simulated learning environment (SLE) program across all clinical disciplines in partnership with La Trobe University.
- Progressing the Productive Ward and Productive Leader program across identified clinical departments.
- Further develop of relationships and links with support services, radiology and pain management services.
- Further developments in dental services and structure to support enhanced funding and activity requirements.
- Review of security services and progressesion of the implementation of Code Grey and Code Black response across all campuses to strengthen safety in the workplace in line with the Improving Safety and Security in Victorian Health Services framework.
- Finalisation of the review and evaluation of the internal transport unit that includes progressesion to a centralised management system for all transport requirements (non-emergency and ambulance).
- Finalise transition to the newly re-furbished Wodonga Emergency Department.
- Actively participate in the development and planning for the Albury Wodonga Regional Cancer Centre.
- Continuing to consult with staff and industrial bodies with regard to the ongoing change processes still required for full integration.
- Participation in the E-Health project to further progress the introduction of electronic documentation/patient information systems across the organisation.
- Increased focus on emergency and disaster management.
- Expansion of volunteer programs that support patients and their families across all clinical departments.
- Supporting the implementation of an electronic roster system at Wodonga (Roster On).

In summary, key priority areas that the directorate will give attention to during 2013/2014 will be aimed at supporting the sustained demand across all clinical domains.

As well as the identified clinical initiatives there will also be a strong focus on the re-structure for the directorate along with improvements to key support services such as the internal transport unit, security and the electronic health project.

The Albury Wodonga Regional Cancer Centre planning, planning for ACHS periodic review and accreditation under the National Safety and Quality Health Services Standards in November 2013 will also remain a focus throughout the upcoming financial year.
DIRECTIONS IN MEDICAL SERVICES

The Quality and Clinical Governance Unit will be tackling its first period review survey with ACHS utilising the National Standards in November 2013. The unit will also be focusing on linking the Quality and Clinical Governance Framework to the AWH Strategic Plan.

There will be ongoing developments in cardiac services at AWH, with the anticipated trans-oesophageal echocardiography services available by end of 2013 and the planning of cardiac angiography facilities in conjunction with the private sector.

A number of service developments will progress including treatment of urological cancers with brachytherapy services, the introduction of the PET/CT scanner, and the opening of the endoscopy suite and the refurbished Emergency Department at Wodonga Hospital.

Recruitment of specialists in key specialty areas such as Emergency Medicine, Anaesthetics, Infectious Diseases, Palliative Care and Gastroenterology will be a priority.

Development of the Partnering for Performance initiative to ensure good clinical governance in partnership with the senior medical staff will continue.

Subsequent to a joint accreditation by the Postgraduate Medical Council of Victoria (PMCV) and the Health Education and Training Institute (HETI) of New South Wales at the end of this calendar year, to further developments towards a single accreditation body for junior medical staff at AWH. This would allow medical rotations to be distributed across the Albury and Wodonga Hospitals to facilitate better training opportunities.

Recruitment practices will be amended so that a majority of junior medical staff are contracted to AWH, rather than utilising doctors rotated through metropolitan hospitals. This will ensure better continuity of care, and will encourage doctors to relocate to the region permanently in the future. Increased training and development grant funding has also been secured through the Department of Health, Victoria. This allows for the recruitment of five additional interns bringing our total to 15. Funding will also be sought to increase the number of advanced trainees.

A continued focus on the restructure and integration of Health Information Services to consolidate services. Improving efficiency and quality of coding and auditing.

During the year we will implement Stage 2 of the Electronic Health Information Project, including electronic order entries, discharge summaries, clinical handover tools and referral pathways. There will also be consideration of linking with general practices around the region to facilitate better handover of care.

The adoption of full Pharmaceutical Benifit Scheme (PBS) prescribing at Albury Hospital Pharmacy, the strengthening of pharmacy services at AWH including medication reconciliation in more clinical areas, as well as improved antimicrobial stewardship support.

DIRECTIONS IN FINANCE AND CORPORATE SUPPORT

2013/14 will present another challenging and exciting year with further consolidation of Finance and Corporate Support service functions across AWH. A number of critical projects are already well underway including the assessment of a solution for a single Patient Administration System (PAS) across the health service and the implementation of a new menu management system (CBORD) for both hospitals.

The directorate will also continue to make significant progress in continuing to build on the integration of all its services across both sites. Key activities anticipated to be commenced or completed in 2013/14 are as follows:

- Completion of the pilot and full implementation across the Wodonga Hospital of the new rostering and time and attendance system (Roster On) for Victorian employees.
- Submission of a business case to the Department of Health, Victoria seeking funding for the implementation of a new PAS across AWH.
- Completion of the detailed dual campus financial review, including analysis of comparative performance with selected regional Victorian Health Services.
- Identification of opportunities to improve the service delivery options for identified corporate and non-clinical support services following completion of a feasibility study.
- Implementation of the new Administrative Services Structure supporting improved cross campus leadership and management responsibility.
- Assessment of the impact and implementation of risk mitigation strategies to address the outcome of funding changes due to National Health Reform and Activity Based Funding (ABF).
- Implementation of a corporate records management system to improve processes and ensure relevant legislative and accreditation compliance.
DIRECTIONS IN MENTAL HEALTH SERVICES

Efforts during 2013/14 will now turn towards working with the Murrumbidgee Local Health District to transfer and integrate mental health and drug and alcohol services based in Albury under the auspice of Albury Wodonga Health. When this occurs all public funded health services on the Border will be governed by the one agency allowing for greater efficiency in the way services are planned and co-ordinated for the Albury Wodonga community.

The Prevention and Recovery Care (PARC) Service facility development is planned to be operational by mid 2014 with the building construction being targeted for completion by June 2014 enabling operations to commence in July 2014. The tender processes are scheduled to enable a start on construction by September 2013.

The Mental Health Clinical Service Plan will inform further planning to ensure that a comprehensive public clinical mental health service system is designed that is responsive to the whole of the community’s needs.

The new Victorian Mental Health Act is scheduled to be presented to Parliament in the Spring Session 2013. In preparation for the implementation of this new legislation, the Department of Health has funded all mental health services to employ an Implementation Project Officer. While the main tasks will be to ensure that all systems and processes internally are ready for the implementation (probably March 2014), this position will also have a role engaging with the key community stakeholders to inform and educate.
Prepared For The Albury Wodonga Regional Cancer Centre

The design of the Albury Wodonga Regional Cancer Centre needed to resolve a series of contradicting requirements: the need for a highly collaborative, integrated working environment in a large complex mixed use building, with the need to create a high quality internal environment that is relaxing and not over stimulating for patient and carers. Working extensively with user groups and clinical experts we developed a series of innovative design strategies to deal with this challenge.

We worked backwards from traditional health design, focusing firstly on the design of a high quality patient experience then reintroducing functional relationships and flows back into the design equation. Instead of designing a building form we started by designing the landscape around and within the building. What we ended up with was a large building broken down into a series of more legible, more intimate spaces and discrete units.

The main building form is broken down by two courtyards which break up each of the different floor levels of the building into smaller more intimate sections.

On the upper floor the ward is separated into three small fingers with major public circulation and reception separated from three smaller ward blocks. Each of these ward blocks, with reduced patient traffic through them, are quieter more patient friendly environments. The fingers themselves are separated from one another by landscaped courtyards with each bedroom getting views to the surrounding hills over the courtyard trees.

On the middle level the consulting areas are separated into two wings and linked by a shared reception space, again with each room getting views and light from the central landscape spaces. The 30 day oncology chair spaces are broken down into four pods of seven to eight chairs, they still connected to each other, the spaces of each pod are still quite discrete from one another and with public circulation being separated as in the wards, noise and traffic is significantly reduced.

On the ground level the two courtyards split entry and the wellness and respite facilities from the radiation oncology and education departments.

The western courtyard is open to the north at ground proving space for the café to spill out into and bringing light into the entry foyer.

The eastern courtyard on ground level runs straight through the radiation oncology department. This breaks the biggest department in the centre into smaller more intimate pieces, allowing each of the waiting spaces for the department to be separate from one another and thus more intimate and private for gowned patients and bringing light to most of the rooms. The education department hugs the northern boundary of the building and like the wellness area bridges two of the courtyard spaces.

The clarity and light which the courtyards provide vertically is reinforced horizontally by a series of linear streets which provide clear way finding routes for patients. On the ground level this street runs front to back wrapping around the western courtyard and connecting the patients entering the building to each of the different departments on the ground floor as well as the lift and public stair access for the upper two levels.

On the mid-level this street links the main reception spaces together, with the lift shaft and stair located in the centre, the west leads to consulting spaces and the east leads to day oncology. On the upper levels the streets connect each ward with the main reception located directly adjacent the main lift and stair. On each level these streets are more than wide corridors. These streets are filled with seats and seating opportunities forming a continuous lounging environment rather than the traditional departmental waiting space. Flooded with the natural light provided by the deep courtyards these provide clear wayfinding routes for visitors and a high quality internal environment.

Staff are interconnected in the same way as the public but on the reverse side of each of the floor plates. Separate staff stairs runs centrally up the building connecting each of the floor levels to each other and to the shared staff space on the mid level of the building. Open staff spaces and shared meeting rooms run throughout the facility create a connected integrated work environment rather than separated into their different departments, enabling and encouraging collaboration. Shared staff spaces and common meeting and education facilities further build upon this theme.
Statutory Compliance And Mandatory Reporting

MANNER OF ESTABLISHMENT AND RELEVANT MINISTERS
Albury Wodonga Health (AWH) is established under the Health Services Act 1988. The responsible Ministers for Health during the reporting period were the Honourable David Davis, MLC, Minister for Health and Ageing and the Honourable Mary Wooldridge MLA, Minister for Mental Health.

OBJECTIVES, FUNCTIONS, POWERS AND DUTIES
The Objectives, Functions, Powers and Duties of AWH are described in the By-Laws of the organisation.

ACCREDITATION AND QUALITY
AWH was awarded a 4 year Accreditation status with the Australian Council on HealthCare Standards under the EQuIP5 (Evaluation and Quality Improvement Program) following an Organisation Wide Survey conducted in October 2011. AWH is currently preparing for a Periodic Review survey in November 2013 under the new National Accreditation Standards through the EQuIP National program.

Blackwood Cottage, part of the NEBMHS, is accredited by the Aged Care Standards and Accreditation Agency. Blackwood Cottage will have a re-accreditation audit in September 2013.

DETAILS OF INDIVIDUAL CONSULTANCIES > $10,000
A number of consultants were contracted to work for AWH in 2012/13. As required by the Victorian Industry Participation Policy Act 2003. A summary of these consultancies is provided herewith.

<table>
<thead>
<tr>
<th>CONSULTANT</th>
<th>PURPOSE OF CONSULTANCY</th>
<th>TOTAL APPROVED PROJECT FEE (EXCL GST) $</th>
<th>EXPENDITURE 2012/13 (EXCL GST) $</th>
<th>FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biruu Health Pty Ltd</td>
<td>Assistance with the service &amp; strategic plan of the Mental Health Services.</td>
<td>43,462.27</td>
<td>43,462.27</td>
<td></td>
</tr>
<tr>
<td>CH Group Pty Ltd</td>
<td>Assistant with the restructure of Mental Health Services.</td>
<td>12,800.00</td>
<td>12,800.00</td>
<td></td>
</tr>
<tr>
<td>Coalesce Pty Ltd</td>
<td>Research &amp; data analysis.</td>
<td>14,273.70</td>
<td>14,273.70</td>
<td></td>
</tr>
<tr>
<td>J Krassie &amp; Associate Pty Ltd</td>
<td>Final report &amp; recommendations regarding Albury Wodonga Health food services.</td>
<td>30,000.00</td>
<td>30,000.00</td>
<td></td>
</tr>
<tr>
<td>Mr Michael Rhook</td>
<td>Data analysis &amp; service plan modelling.</td>
<td>43,351.30</td>
<td>43,351.30</td>
<td></td>
</tr>
<tr>
<td>Mr Michael Rhook</td>
<td>Ongoing work regarding mental health.</td>
<td>40,960.80</td>
<td>35,560.80</td>
<td>5,400.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>179,448.07</td>
</tr>
</tbody>
</table>

In 2012/13 Albury Wodonga Health engaged 33 consultancies where the total fees payable to the consultants were less than $10,000 with a total expenditure of $58,034.32 (excl GST).
EX-GRAVIA PAYMENTS
AWH made no ex-gratia payments in the 2012/2013 financial year.

OCCUPATIONAL HEALTH AND SAFETY
AWH has an active team of Health & Safety Representatives who participate in the reporting and monitoring of Workplace Health & Safety issues for staff through their participation in the Workplace Health & Safety Consultative Committee (WHSCC).

The WHCCCs report through the Workplace Health & Safety Systems Management Committee to the Executive Committee and the Board of Directors through the Audit & Risk Committee.

COMPLIANCE WITH BUILDING AND MAINTENANCE PROVISION OF BUILDING ACT 1993
AWH complies with the requirements of the Building and Maintenance of Building Act 1993. Routine inspections and ongoing maintenance programs were undertaken to ensure buildings on both campuses are maintained in a safe and serviceable condition. Where required, AWH implemented recommendations arising from those inspections through a program of rectification and maintenance works.

NATIONAL COMPETITION POLICY
AWH complies with the National Competition Policy. In addition, the Victorian Government’s competitive neutrality pricing principles for all relevant business activities have been applied in AWH.

VICTORIAN INDUSTRY PARTICIPATION POLICY ACT 2003
AWH abides by the Victorian Industry Participation Policy Act 2003. In 2012/13 there were two contracts commenced by Albury Wodonga Health under this Act. The contracts were:

- The Wodonga Hospital Day Procedure Unit and Emergency Department Upgrade to the value of $3m. This project proposes the use of 95% local content and created for 2012/2013 38 additional EFT and ensured the retention of 18 EFT. Skills transfer saw the recruiting of one new apprenticeship and the retention of one existing apprentice.
- The Supply Installation & Commissioning of a PET/CT Scanner. This project was deemed not contestable by the Industry Capability Network (ICN) and as such there were no specific commitments in relation to local content.

FREEDOM OF INFORMATION APPLICATIONS 2012/13
Under the Freedom of Information Act 1982, and the Health Records and Information Privacy Act 2002, AWH received the following requests:

<table>
<thead>
<tr>
<th>FOI Requests received</th>
<th>395</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access granted in full</td>
<td>370</td>
</tr>
<tr>
<td>Requests Denied</td>
<td>0</td>
</tr>
<tr>
<td>Request not proceeded with</td>
<td>17</td>
</tr>
<tr>
<td>No documents</td>
<td>8</td>
</tr>
</tbody>
</table>
The major task of the first four years of operation of AWH has been to consolidate the service and deliver co-ordinated care to the community it services. In this process there has been a consolidation of both the clinical and support services where it has been apparent that services will be enhanced.

A critical success factor in the ongoing development of AWH has been and will continue to be maximising the relationships between New South Wales Health and the Victorian Department of Health, Victoria. In particular, with the recent establishment of the Murrumbidgee Local Health District, the development of a robust, mutually supportive and co-operative effort will ensure effective service delivery to the people served by AWH.

In 2012/13 there was a major focus on carrying forward the capital developments which saw progress in the:

- PET/CT Scanner facility construction and commencement of the Albury Wodonga Regional Cancer Centre at the Albury Hospital
- Endoscopy and Minor Surgery Unit and an extended Emergency Department, both at Wodonga Hospital.

A hallmark of the past four years has also been a continuing review and reorganisation of both clinical and support services. This process continues to deliver significant savings in the 2012/13 year. This is against a background of historically high levels of clinical activity – particularly in emergency services which have revealed an increase in 2012/13 at the Albury Emergency Department. This activity points to the need to develop a future plan for emergency services as part of the AWH Service Plan.

A positive feature of AWH is the involvement of the community in our daily activities. This is particularly so with the expansion of volunteer services at both hospitals.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTION</th>
<th>DELIVERABLE</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a system that is responsive to people’s needs</td>
<td>• In partnership with other providers within the local area apply existing service capability frameworks to maximise the use of available resources across the local area.</td>
<td>• The establishment of the North East Border Mental Health Service within the responsibility of Albury Wodonga Health – effective from 31 March 2013. • Develop and maintain clinical pathways that improve access to all available mental health beds for appropriate out-of-area patients when in the best interest of the consumer and carer(s).</td>
<td>• Achieved December 2012. • Achieved in relation to North East Victoria.</td>
</tr>
<tr>
<td>Improving every Victorian’s health status and experiences</td>
<td>• Collaborate with key partners such as members of local PCP, the newly formed Medicare Locals, community health services and Aboriginal health service providers to support local implementation of relevant components of the Victorian health and Wellbeing Plan 2011-2015.</td>
<td>• Ensure effective communication and partnering efforts with local indigenous health bodies. • Develop strategies to reach goals of participation in the workforce – June 2013.</td>
<td>• Active membership of the Albury Wodonga Aboriginal Health Reference Group. • Workforce participation currently 0.44%.</td>
</tr>
<tr>
<td>PRIORITY</td>
<td>ACTION</td>
<td>DELIVERABLE</td>
<td>OUTCOMES</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Expanding service, workforce and system capacity | • Develop collaborative approaches to deliver professional education, training and support.  
• Identify opportunities to address workforce gaps by optimising workforce capability and capacity, and exploring alternative workforce models. | • Partnership developed with local tertiary providers to establish simulation laboratory – March 2013.  
• Development of Enrolled Nurse alternatives in clinical services - December 2012. | • Simulated laboratories introduced at Albury Wodonga Health in February 2013.  
• Enrolled Nurse alternatives and Assistants in Nursing are under continual development. |
| Increasing the system's financial sustainability and productivity | • Identify opportunities for efficiency and better value service delivery.  
• Contain costs through more efficient purchasing of non-clinical services.  
• Examine and reduce variation in administrative overheads. | • Replace the 20 year old air-conditioning system at Albury Hospital with new generation equipment – 30 June 2013.  
• Focus on logistics and tendering through re-organised purchasing and supply service – ongoing.  
• Benchmark non-clinical overheads against peer health services. | • Air-conditioning system at Albury Hospital deferred to July 2013 to be completed by December 2013.  
• Continuing development of logistic processes.  
• Benchmarking underway and further initiatives being developed during 2013/14. |
| Implementing continuous improvements and innovation | • Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services.  
• Develop and implement strategies that support service innovation and redesign. | • Implement new surgical operation schedule that is in sequence with the surgical on call cycle – October 2012.  
• Develop dedicated inpatient capacity to support Albury Hospital Emergency Department (ED) in order to improve key performance indicators with particular focus on patients spending greater than 24 hours in the ED – September 2012. | • The ‘Perfect List’ implemented October 2012.  
• Trial of a short stay ward in a general ward was not conclusive. Further development of issue for 2013/14. |
| Increasing accountability & transparency | • Implement systems that support streamlined approaches to clinical governance at all levels of the organisation. | • “Partnering for Performance” will be implemented across all specialities by March 2013.  
• Expand the involvement of the Senior Medical Staff through the development of a robust clinical governance approach across the organisation. | • Implementation Delayed. Workshop conducted in July 2013. |
| Improving utilisation of e-Health and communications technology. | • Trial, implement and evaluate strategies that use ICT as an enabler of better patient care. | • The electronic health record will be commissioned across AWH in all clinical areas – May 2013. | • Electronic Health Record Stage I implemented by March 2013 and Stage II commenced. |
### FINANCIAL PERFORMANCE

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR</th>
<th>TARGET</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING RESULTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual operating result ($M)</td>
<td>-2.0</td>
<td>-1.43</td>
</tr>
<tr>
<td><strong>WIES (1) ACTIVITY PERFORMANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of WIES (public &amp; private) performance to target</td>
<td>100</td>
<td>95%</td>
</tr>
<tr>
<td><strong>CASH MANAGEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>&lt; 60 days</td>
<td>62 days</td>
</tr>
<tr>
<td>Debtors</td>
<td>&lt; 60 days</td>
<td>54 days</td>
</tr>
</tbody>
</table>

### ACCESS PERFORMANCE

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR</th>
<th>TARGET</th>
<th>2012/13 ACTUALS WODONGA</th>
<th>2012/13 ACTUALS ALBURY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of ambulance transfers within 40 minutes (2)</td>
<td>90%</td>
<td>88%</td>
<td>95%</td>
</tr>
<tr>
<td>NEAT - Percentage of emergency presentations to physically leave the Emergency Department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours (July – December 2012)</td>
<td>70%</td>
<td>80%</td>
<td>69%</td>
</tr>
<tr>
<td>NEAT - Percentage of emergency presentations to physically leave the Emergency Department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours (January - June 2013)</td>
<td>75%</td>
<td>78%</td>
<td>67%</td>
</tr>
<tr>
<td>Number of patients with a length of stay in the emergency department greater than 24 hours</td>
<td>0</td>
<td>77</td>
<td>489</td>
</tr>
<tr>
<td>Percentage of Triage Category 1 emergency patients seen immediately</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times</td>
<td>80%</td>
<td>84%</td>
<td>78%</td>
</tr>
</tbody>
</table>

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(1) WIES is a Weighted Inlier Equivalent Separation

(2) This indicator is calculated by Department of Health, Victoria using data supplied by Ambulance Victoria
### SERVICE PERFORMANCE

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR</th>
<th>TARGET</th>
<th>2012/13 ACTUALS</th>
<th>2012/13 ACTUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRITICAL CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult ICU minimum operating capacity</td>
<td>5</td>
<td></td>
<td>4.7</td>
</tr>
<tr>
<td><strong>QUALITY AND SAFETY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health service accreditation</td>
<td></td>
<td>Full compliance</td>
<td></td>
</tr>
<tr>
<td>Cleaning standards</td>
<td></td>
<td>Full Compliance</td>
<td></td>
</tr>
<tr>
<td>Hospital acquired infection surveillance</td>
<td>No outliers</td>
<td>No outliers</td>
<td>No outliers</td>
</tr>
<tr>
<td>Hand Hygiene (rate)</td>
<td>70</td>
<td>80.1</td>
<td>75.75</td>
</tr>
<tr>
<td>SAB rate per occupied bed days&lt;sup&gt;(1)&lt;/sup&gt;</td>
<td>&lt;2/10,000</td>
<td>1.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Victorian Patient Satisfaction Monitor: (OCI)&lt;sup&gt;(2)&lt;/sup&gt;</td>
<td>73</td>
<td>77.5</td>
<td>76.1</td>
</tr>
<tr>
<td>Consumer Participation Indicator&lt;sup&gt;(3)&lt;/sup&gt;</td>
<td>75</td>
<td>81</td>
<td>76</td>
</tr>
<tr>
<td>People Matter Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MATERNITY</strong></td>
<td></td>
<td></td>
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<tr>
<td>Percentage of women with prearranged postnatal home care</td>
<td>100</td>
<td>94</td>
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<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td></td>
<td>NEBMHS</td>
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</tr>
<tr>
<td>28 day readmission rate</td>
<td>14</td>
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<tr>
<td>Post-discharge follow up rate</td>
<td>75</td>
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<tr>
<td>Seclusion rate per occupied bed days&lt;sup&gt;(1)&lt;/sup&gt;</td>
<td>&lt; 20/1,000</td>
<td>13</td>
<td></td>
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</tbody>
</table>

<sup>(1)</sup> SAB is *Staphylococcus aureus* bacteraemia  
<sup>(2)</sup> The target for the Victorian Patient Satisfaction Monitor is the Overall Care Index (OCI) which comprises six categories  
<sup>(3)</sup> The Consumer Participation Indicator is a category of the Victorian Patient Satisfaction Monitor
## Part C: Activity And Funding

<table>
<thead>
<tr>
<th>FUNDING TYPE</th>
<th>ACTIVITY - AWH</th>
<th>ACTIVITY – WODONGA</th>
<th>ACTIVITY - ALBURY</th>
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<tr>
<td><strong>ACUTE INPATIENT</strong></td>
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<tr>
<td>WIES Public</td>
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<tr>
<td>WIES Private</td>
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<tr>
<td>WIES (PUBLIC AND PRIVATE)</td>
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<tr>
<td>WIES Renal</td>
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<tr>
<td>WIES DVA</td>
<td>262</td>
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<tr>
<td>WIES TAC</td>
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<td>WIES TOTAL</td>
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<td><strong>CASEWEIGHTS (CWS)</strong></td>
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<td>Caseweights Public</td>
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<td>9,726</td>
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<td>Caseweights Private</td>
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<td>Caseweights DVA</td>
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<td>Caseweights Compensible</td>
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<td>Caseweights Total ^</td>
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<td><strong>13,371</strong></td>
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<td><strong>SUBACUTE INPATIENT</strong></td>
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<tr>
<td>Rehab L2 Public</td>
<td>2,393</td>
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<td>Rehab L2 Private</td>
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<td>Rehab L2 DVA</td>
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<td>Rehab L2 Compensable</td>
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<tr>
<td>GEM Public</td>
<td>32</td>
<td>1,610</td>
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<td>GEM Private</td>
<td>60</td>
<td>381</td>
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<td>GEM DVA</td>
<td>46</td>
<td>109</td>
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<tr>
<td>Palliative Care Public</td>
<td>326</td>
<td>63</td>
<td></td>
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<tr>
<td>Palliative Care Private</td>
<td>326</td>
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<td>Palliative Care DVA</td>
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<td>Maintenance Care Public</td>
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<tr>
<td>Maintenance Care Private</td>
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<td><strong>AMBULATORY</strong></td>
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<td>Emergency Services – Non Admitted</td>
<td>27,806</td>
<td>32,227</td>
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<tr>
<td>Non VACS Outpatients</td>
<td>8,867</td>
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<td>Hospital Admission Risk Program</td>
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<td>SACS</td>
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<td>SACS DVA</td>
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<td>Post Acute Care</td>
<td>826</td>
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<tr>
<td>Post Acute Care DVA</td>
<td>223</td>
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### Summary Of Financial Results For The Year

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<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>205,950</td>
<td>181,791</td>
<td>176,059</td>
<td>157,552</td>
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<tr>
<td>Total Expenses</td>
<td>200,166</td>
<td>183,763</td>
<td>171,003</td>
<td>157,375</td>
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<tr>
<td>Net Result for the Year (incl Capital and Specific Items)</td>
<td>5,784</td>
<td>-1,972</td>
<td>5,056</td>
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<tr>
<td>Retained Surplus/(Accumulated Deficit)</td>
<td>9,045</td>
<td>3,261</td>
<td>5,233</td>
<td>177</td>
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<tr>
<td>Total Assets</td>
<td>91,164</td>
<td>74,696</td>
<td>75,097</td>
<td>73,655</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>42,450</td>
<td>34,508</td>
<td>32,937</td>
<td>36,551</td>
</tr>
<tr>
<td>Net Assets</td>
<td>48,714</td>
<td>40,188</td>
<td>42,160</td>
<td>37,104</td>
</tr>
<tr>
<td>Total Equity</td>
<td>48,714</td>
<td>40,188</td>
<td>42,160</td>
<td>37,104</td>
</tr>
</tbody>
</table>

On December 10, 2012 the North East Border Mental Health Services (NEBMHS) was established bringing together the mental health services of Beechworth Health Service, Northeast Health Wangaratta and the Wodonga campus of Albury Wodonga Health. The total annual recurrent revenue across the three mental health services combined is approximately $23M.

From March 2013, a voluntary redundancy program was implemented that resulted in 24 staff departing the health service equating to 20 FTE.

In December 2012 the Commonwealth government announced it would reduce funding allocated to the state of Victoria following a revision to the 2011 census data from the Australian Bureau of Statistics (ABS). A funding reduction was passed through to Albury Wodonga Health from the Department of Health Victoria as a consequence. This resulted in a significant reduction in elective surgery in an attempt to contain costs to offset the reduced funding. The Commonwealth reversed its decision in March 2013 and the funding was subsequently returned to Albury Wodonga Health.
In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Albury Wodonga Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

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

RESPONSIBLE BODIES DECLARATION
In accordance with the Financial Management Act of 1994, I am pleased to present the Report of Operations for Albury Wodonga Health for the year ending 30 June 2013.

Mr Ulf Ericson
Chairman, Albury Wodonga Health
28 August 2013

ATTESTATION ON DATA INTEGRITY
I, Dr Stuart Spring, certify that Albury Wodonga Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Albury Wodonga Health has critically reviewed these controls and processes during the year.

Dr Stuart Spring
Chief Executive Officer, Albury Wodonga Health

ATTESTATION ON COMPLIANCE WITH AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD
I, Dr Stuart Spring, certify that Albury Wodonga Health 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 and Risk Committee verifies this assurance and that the risk profile of Albury Wodonga Health has been critically reviewed within the last 12 months.

Dr Stuart Spring
Chief Executive Officer, Albury Wodonga Health

ATTESTATION FOR COMPLIANCE WITH THE MINISTERIAL STANDING DIRECTION 4.5.5.1 - INSURANCE
I, Dr Stuart Spring certify that Albury Wodonga Health has complied with Ministerial Direction 4.5.5.1 - Insurance.

Dr Stuart Spring
Chief Executive Officer, Albury Wodonga Health
Disclosure Index

The annual report of Albury Wodonga Health 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.

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<tbody>
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<td></td>
<td><strong>MINISTERIAL DIRECTIONS</strong></td>
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<td><strong>REPORT OF OPERATIONS</strong></td>
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<td><strong>CHARTER AND PURPOSE</strong></td>
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<td>FRD 22C</td>
<td>Manner of establishment and the relevant Ministers</td>
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<td>Objectives, functions, powers and duties</td>
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<td>FRD 22C</td>
<td>Nature and range of services provided</td>
<td>7</td>
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<td>FRD 22B</td>
<td>Organisational structure</td>
<td>12</td>
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<td><strong>MANAGEMENT AND STRUCTURE</strong></td>
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<td>Disclosure index</td>
<td>31</td>
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<td>FRD 11</td>
<td>Disclosure of ex-gratia payments</td>
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<td>Executive Officer disclosures</td>
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<td>FRD 21B</td>
<td>Responsible person and executive officer disclosures</td>
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<td>Application and operation of Freedom of Information Act 1982</td>
<td>23</td>
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<td>FRD 22C</td>
<td>Compliance with building and maintenance provisions of Building Act 1993</td>
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<td>FRD 22C</td>
<td>Details of consultancies over $10,000</td>
<td>22</td>
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<tr>
<td>FRD 22C</td>
<td>Details of consultancies under $10,000</td>
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<td>FRD 22C</td>
<td>Major changes or factors affecting performance</td>
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<td>Occupational health and safety</td>
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<td>Operational and budgetary objectives and performance against objectives</td>
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<td>Significant changes in financial position during the year</td>
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<td>FRD 22C</td>
<td>Statement of availability of other information</td>
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<td>Statement on National Competition Policy</td>
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<td>Subsequent events</td>
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<td>FRD 22C</td>
<td>Summary of the financial results for the year</td>
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<td>Workforce Data Disclosures including a statement on the application of</td>
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<td>employment and conduct principles</td>
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<td>FRD 25</td>
<td>Victorian Industry Participation Policy disclosures</td>
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<td><strong>LEGISLATION REQUIREMENT</strong></td>
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<td>Responsible Bodies Declaration</td>
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<td>SD 3.4.13</td>
<td>Attestation on data integrity</td>
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<td>Attestation on Compliance with Australian/New Zealand Risk Management Standard</td>
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<td><strong>FINANCIAL STATEMENTS</strong></td>
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<td>SD 4.2(a)</td>
<td>Statement of changes in equity</td>
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<td>SD 4.2(b)</td>
<td>Comprehensive operating statement</td>
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<td>SD 4.2(b)</td>
<td>Balance Sheet</td>
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<td>SD 4.2(b)</td>
<td>Cash flow statement</td>
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## Disclosure Index (Cont.)

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<td>Compliance with Australian accounting standards and other authoritative pronouncements</td>
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## Glossary

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<th>ABF</th>
<th>Activity Based Funding</th>
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<td>ACHS</td>
<td>Australian Council on Healthcare Standards</td>
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<td>AIN</td>
<td>Assistants in Nursing</td>
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<td>CWS</td>
<td>Case Weighted Separations</td>
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<td>DVA</td>
<td>Department of Veterans’ Affairs</td>
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<td>Emergency Department</td>
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<td>Home and Community Care Program</td>
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<td>Hospital in The Home</td>
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<td>ICU</td>
<td>Intensive Care Unit</td>
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<td>North East and Border Mental Health Service</td>
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<td>National Safety and Quality Health Service Standards</td>
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<td>Prevention and Recovery Care Service</td>
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