

*Edenhope and District  
Memorial Hospital*



*31st Annual Report  
1991/92*

# **HOSPITAL SUMMARY**

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## **SCOPE OF HOSPITAL FUNCTIONS**

The Edenhope and District Memorial Hospital is a public acute hospital with 20 acute beds, providing, maternity, general and acute medical, general surgical and paediatric care, and a public nursing home of 18 beds. Additional services provided include Physiotherapy, Podiatry, Occupational Health, Speech Therapy, Opthamology, Dietetics, Dentistry, Pathology, Radiology, Community Health, District Nursing and Meals on Wheels. Whilst it does not have a registered outpatients service, it does provide an emergency outpatients service.

## **MINISTERIAL RESPONSIBILITY**

The Honorable Maureen Lister M.L.C. is the current Minister for Health.

## **LOCATION**

The hospital is located at:- 128 - 134 Elizabeth Street Edenhope Victoria 3318

The Postal Address is :- P.O. Box 75 Edenhope Victoria 3318

The Telephone number is :- (055) 85 1188

The Facsimile number is:- (055) 85 1405

## **BRIEF HISTORY**

The hospital began in 1910 and at that time it was situated in a house owned by Mr. Tabby Preece, in Elizabeth Street. The building was called Minogues, the name of the midwife who worked there at that time.

In 1913, it became a Bush Nursing Hospital.

The hospital was relocated to its present site utilising the home of Mrs. Dishon. The hospital was rebuilt in 1920, becoming two wards with a total of 5 beds. It continued to function in this manner until 1950, at which time control of the hospital was transferred to the Hospitals and Charities Commission.

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.

The hospital assumed an independent management status in 1988, concluding a lengthy administrative association with the Hamilton Base Hospital, by appointing its own full time Chief Executive Officer. During this year work commenced on building a new 18 bed Nursing Home Wing, which cost in excess of \$1,000,000, of which more than half was raised by the local community.

During 1990 work was completed on upgrading the "Halahan Wing", making it a new dental and ancillary services wing.

In 1991 and 1992 work has been undertaken to upgrade the acute area of the hospital, with a major portion of this work relating to the provision of a high dependency ward.

It is anticipated that there will be no major alteration to this hospitals current structure of 20 acute and 18 nursing home beds, but that major alterations to the maternity, theatre, outpatients, administration and catering areas will be necessary to bring the hospital up to an acceptable standard.

# **TABLE OF CONTENTS**

## **SECTION 1:- ANNUAL REPORT**

## **Page**

Hospital Summary .....	1
Philosophy and Objectives .....	3
Presidents Report .....	4-5
Treasurers Report .....	6
Report on Operations .....	7-13
Office Bearers .....	14
Staff Employed .....	15
Organisation Chart.....	16
Director of Nursings Report .....	17
Nursing Home Report.....	18
Community Health Report.....	18
Physiotherapy Report .....	19
Day Centre Report .....	19
Domestic Services Report .....	20
Maintenance Grounds and Gardens Report .....	20
Food Services Report .....	21
Administrative Services Report .....	21
Visiting Medical Officers Report .....	22
Ladies Auxiliary Report .....	23
Murray to Moyne Cycle Relay .....	23
Auditors Report .....	24

## **SECTION 2 :- FINANCE REPORT**

Revenue and Expense Statement .....	25
Balance Sheet .....	26
Statement of Changes in Equity .....	27
Statement of Cash Flows .....	28
Notes to and Forming Part of the Statements.....	29-35
Finance Statement Certification .....	36

# PHILOSOPHY AND OBJECTIVES

## PHILOSOPHY

### **Community**

The Hospital is concerned with achieving the most efficient use of resources allocated to it in fulfilling the needs of the community for high quality health care services.

### **Patients**

The Hospital believes that, at all times, every patient is entitled to receive high quality health care and that each person is an individual with differing and changing physical, physiological, emotional and spiritual needs and should therefore be accorded full recognition of his or her dignity, integrity and rights.

### **Staff**

The Hospital recognises the importance of members of staff as the primary strength in the achievement of Hospital goals. It therefore needs to attract and retain staff of the highest quality. The Hospital acknowledges the need for teamwork and the development of a working environment which enables each individual to attain their full potential. The Hospital seeks the constructive participation of all staff in achieving the common goal to provide high quality health care to the community.

### **Other Health Care Provides**

The Hospital will maintain close liaison with other health care and welfare agencies to ensure that the overall delivery of services within the region are optimised and thereby compliment rather than duplicate services.

## OBJECTIVES

Consistent with the philosophies of the Edenhope and District Memorial Hospital the following objectives will be implemented to the extent of the resources of the Hospital.

- To ensure that the highest quality patient care is provided for the Edenhope and District community within the limits of available resources and guidelines as set by the Health Department of Victoria.
- To set and achieve standards consistent with prevailing principals of quality patient care and community health needs.
- To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services.
- To encourage harmonious relationships with all staff members, providing employees a safe working environment, job satisfaction and development of personal skills.



# *PRESIDENTS REPORT*

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*Life Governors, Ladies and Gentlemen,*

It is my pleasure to present to you on behalf of the Board of Management, the 31st Annual Report of the Edenhope & District Memorial Hospital, for the year ending 30th June, 1992.

I wish to acknowledge, with great appreciation, the help and support given by the Board Members during the past year. To work as a team is of great importance and although the faces have changed a little, we all continue to work well together. Dr. Bade and I were re-appointed in October 1991 for a further three years and we were joined by two new members, Mr. Kevin Tiley and Mrs. Heather Tucker. Last year we lost the services of Mrs. Jan Grigg, who has given a great deal of her time and effort over many years.

It has been a productive year, endeavoring to achieve maximum improvements for the Hospital, whilst keeping to the budget as closely as possible. Our most important achievement for the year has been the upgrade of the High Dependency Ward. The increased space is a great asset to the patient, doctors and staff, providing greater room for the new monitoring equipment. The carpeting of the major part of the Acute section has created a quieter and warmer Hospital for the patients and staff and also is proving to be cost effective.

We are most grateful for donations received during the year and would like to mention the Murray to Moyne Bike Riders and their splendid contribution in raising \$10,109.74. Also the Ladies Auxiliary, a seemingly tireless group, who continue to donate large sums of money to provide many essential pieces of equipment. We thank very sincerely these organisations and others and also the wider community who have encouraged and supported their cause.

Mrs. Joanna Cother, our Director of Nursing and all departments have been working quietly towards the goals for achieving accreditation for the Hospital and this takes much planning and organisation, but will be worthwhile. Mr. Tim Free, our Chief Executive Officer is to be congratulated on his handling of the Hospital finances and for his capacity to keep abreast of the changes in funding. He has been very helpful to the Board and together with his administrative staff, we have been kept well informed and we appreciate their efforts. The Hospital's finances continue to be sound, in spite of the difficult times, as you will see in our Treasurer's Report.

# PRESIDENTS REPORT

To keep a Hospital running smoothly whilst internal alterations are in progress, requires a great deal of effort and we thank the staff for their co-operation during that time. The staff of the hospital can be congratulated for their care and professionalism throughout the year.

The Hospital and community are well served by our two Visiting Medical Officers, Dr. Ron Bade and Dr. Philip Dover, and we thank them for their contribution. We also appreciate the work done by our visiting dentist and Allied Health staff.

During the year our Regional Director, Mrs. Kerrie Cross resigned from her position to become the Chief Executive Officer of North West Hospital and I would like to thank her for past efforts on our behalf.

In the summer, we were faced with the serious problem of algae in the lake water. Our thanks go to Mr. Tim Free, the Maintenance Staff and Board Member Mr. Ross McDonald for keeping a supply of clean water for the Hospital and patients. We are negotiating with the Health Department to enable the Hospital to have a greater storage to overcome any future problems.

The Board of Management has identified that a major building program is required to upgrade our Maternity Wards, Theatre, Outpatients, Administration and the Kitchen. This program will complete the refurbishment of the entire Hospital. There has been a request made to our Regional Office that we enter into a joint feasibility study and for that study to be completed by 30th June, 1993.

We, as the Board, are determined that this Hospital, together with other agencies in the Shire, will provide a broad coverage for the health of our isolated community, with the emphasis on keeping people well and happy as long as possible.

Elisabeth Edgar  
PRESIDENT

# **TREASURERS REPORT**

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*Life Governors, Ladies and Gentlemen*

## **CURRENT FINANCIAL STATUS**

The hospital has had an excellent year financially. Our accumulated deficit at the beginning of the financial year was \$46,653 and this has been reduced by \$15,766, leaving an accumulated deficit of \$30,887 as at the 30th of June 1992.

Capital reserves have increased from \$59,984 to \$108,952, an increase of \$48,968. These capital reserves are being accrued so as to enable the hospital to undertake a major rebuilding program involving the maternity, theatre, outpatients, administration and catering areas.

## **SALARIES AND WAGES**

Salaries and wages and the associated costs of long service leave, superannuation and workcare premiums, account for 72% of this hospital's expenditure. This year savings in this area amounted to \$96,859, when our actual expenditure is compared to our budget. The major reasons for these savings have been workcare bonuses, non replacement of maintenance staff taking long service leave, reduced levels of administrative and domestic staff employed.

## **OTHER EXPENDITURE**

The budget for all other expenditure was \$537,200, however the actual costs totaled \$647,590. The major reasons for the addition costs were:-

- Ambulance costs which increased by \$9,120 or 32%.
- Public dentistry, a service for which we received a budget \$10,500, but the actual cost of providing this service was \$19,782.
- The purchase of a standby generator at a cost of \$22,650.
- The upgrade of the Craig Wing of the hospital and the carpeting of the corridors at a cost of \$75,249.

It can be seen therefore that savings in other areas have been directed towards increased patient services and to improve the infrastructure and equipment of the hospital, as shown in our other expenditure costs.

## **REVENUE**

Inpatient revenue of \$190,054 was 20% below our target, as a result of a significant reduction in the number of private patients that were admitted to the hospital.

Nursing home revenue of \$479,986 was 4% in excess of our target.

All other revenue items amounting to \$58,086, were well in excess of our target of \$34,800.

## **CONCLUSION**

The hospital has financially performed exceptionally well in what are very difficult times. A considerable reduction in our operating deficit, a major increase in capital, extensive rebuilding works and equipment upgrades, combined with increased services being provided to the community, all of which has been achieved without any permanent employees being retrenched.

However, our Chief Executive Officer and the Board of Management are acutely aware of the economic climate existing and with the possibility of further budget cuts, we are encouraging any local fund raising to ensure that our proposed upgrade of services and facilities for the community can be achieved.

Mr. R. McDonald

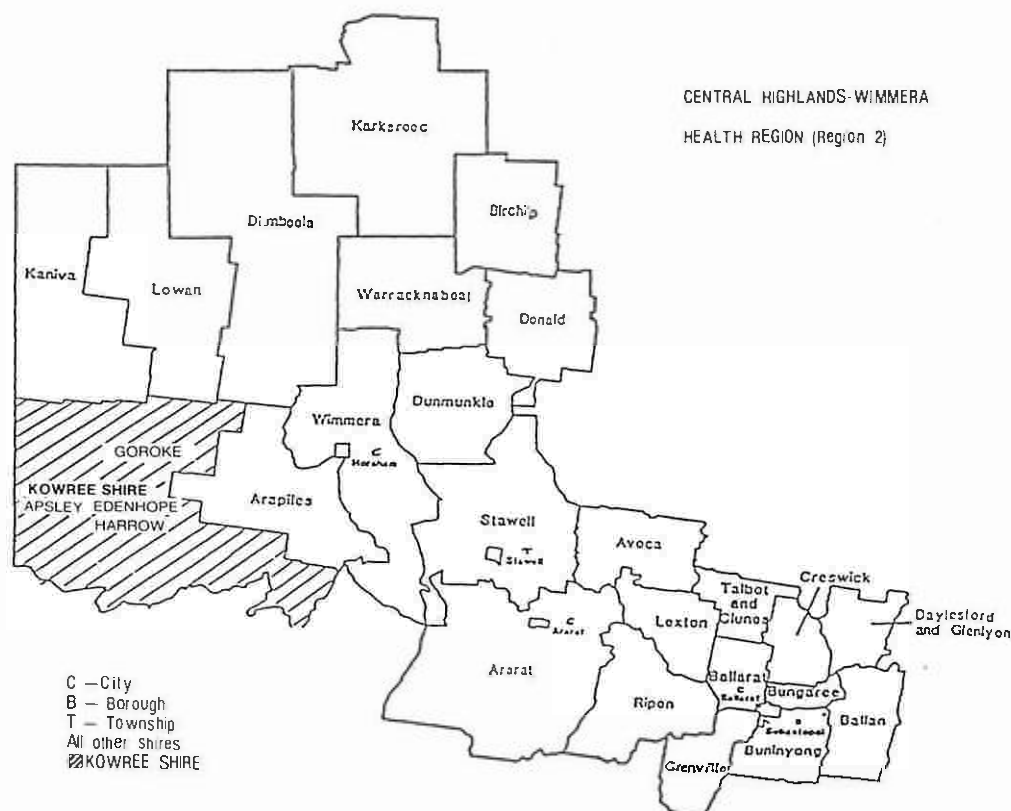
TREASURER

# **REPORT ON OPERATIONS**

## **DEMOGRAPHY**

The Hospital is situated in an intensive farming region, largely based upon sheep, with a minor amount of, cattle and cropping. There is little manufacturing within the area and the tertiary sector is comparatively small. The nearest significant population centers are the City of Hamilton 125 km away, the City of Horsham 96 kms away and the Town of Naracoorte 55 kms away. The hospital services the area largely comprising the Shire of Kowree which is 5469 square kilometers in area, but also services areas of the Lowan, Arapiles, Kaniva, Glenelg and Wannon Shires. The population of the Shire of Kowree was 3683 as reported in the 1986 Census.

## **LOCAL GOVERNMENT BOUNDARIES**



## **HUMAN RESOURCES AND INDUSTRIAL RELATIONS**

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 INTERESTS**

No employee of the hospital is required to complete a declaration of pecuniary interests. Board Members are required to declare any interests in matters to be discussed at Board meetings at the beginning of that meeting.

## **OCCUPATIONAL HEALTH AND SAFETY.**

An Occupational Health and Safety Committee has been formed at the hospital and is effectively functioning ensuring that there is a safe environment for staff.

# REPORT ON OPERATIONS

## **FREEDOM OF INFORMATION.**

The hospital receives requests for information from patients, medical practitioners and/or legal representatives. All such requests have been resolved and no applications were made under the Freedom of Information Act during the year.

## **MAJOR COMMITTEES.**

### **Patient Care Review Committee**

- Reports to the Board on the overall quality, effectiveness, appropriateness and use of services rendered to patients in the Hospital.

### **House and Works Committee**

- Monitors the maintenance of Hospital grounds, buildings and equipment, makes recommendations on major and minor works items.

### **Finance Committee**

- Examines financial reports, budgets, staffing levels, debt collection and accounting procedures and satisfies itself that all funds and investments are held to the best advantage and in a secure form.

### **Building Committee**

- Consults on all matters relating to building projects for the hospital.

The Board is satisfied that these Committees are functioning effectively and are fulfilling the purpose for which they were established.

## **PUBLICATIONS.**

No other publications relating to the operations of the Hospital were produced this year.

## **ASSET PURCHASES.**

Consistent with our policy of replacement of equipment and upgrading of the physical infrastructure, the following assets have been purchased.

Capnograph	\$ 8950	Vacuum Cleaner	\$ 707
2 x Printers	\$ 5187	7 x Portable TV's	\$ 2450
Computer	\$ 4548	Motor Car Changeover	\$ 3850
Facsimile	\$ 1445	Upgrade Bus	\$ 54824
Motor Mower	\$ 920	Upgrade Craig Wing	\$ 75249
Overhead Projector	\$ 1000	Standby Generator	\$ 22650
Dishwasher	\$ 5500	Waste Disposal Unit	\$ 1395
Photocopier	\$ 6450	High Dependency Bed	\$ 2343
Computer Software	\$ 2048	Concrete Tank	\$ 1750
Ramset Drill	\$ 1100	<b>TOTAL</b>	<b><u>\$ 202366</u></b>



# REPORT ON OPERATIONS

## STAFFING LEVELS.

The hospital employed within its operating budget of 48.17 equivalent full time (EFT) employees for the year, compared to its budget of 49.67 employees.

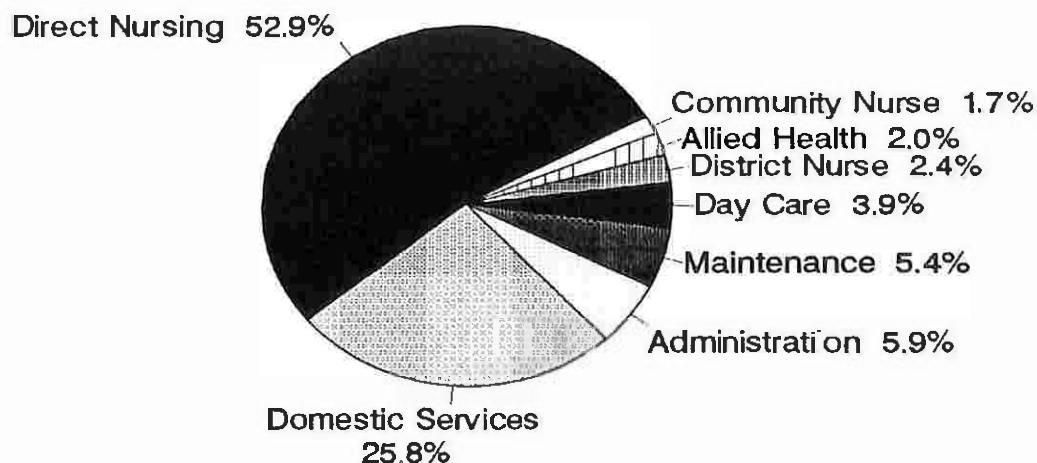
In addition to these staff, there are the hospital employees who are designated as working in non operating areas. In this area the hospital employed 2.46 EFT, compared to a budget of 2.6 EFT.

The following table depicts the current year staffing by departments compared to the prior years actual staffing and then compares current year budget to the current year actual and is a combination of both operating and non operating staff.

Department	Actual EFT 1990/91	Actual EFT 1991/92	Actual Variance	Budget EFT 1991/92	Actual EFT 1991/92	Variance 1991/92
Direct Nursing Services	27.91	26.78	-1.13	27.40	26.78	0.62
Community Nurse	0.85	0.85	0.00	0.80	0.85	-0.05
District Nurse	1.32	1.24	-0.08	1.40	1.24	0.16
Domestic Services	12.50	13.06	0.56	12.82	13.06	-0.24
Administration	2.91	2.97	0.06	3.65	2.97	0.68
Maintenance	3.25	2.71	-0.54	3.00	2.71	0.29
Allied Health	0.88	1.03	0.15	1.10	1.03	0.07
Day Care	2.02	1.99	-0.03	2.10	1.99	0.11
TOTAL EFT	51.64	50.63	-1.01	52.27	50.63	1.64

This pie chart is a graphically representation of the proportion of staff employed this year, by department.

Percentage of staff employed by department

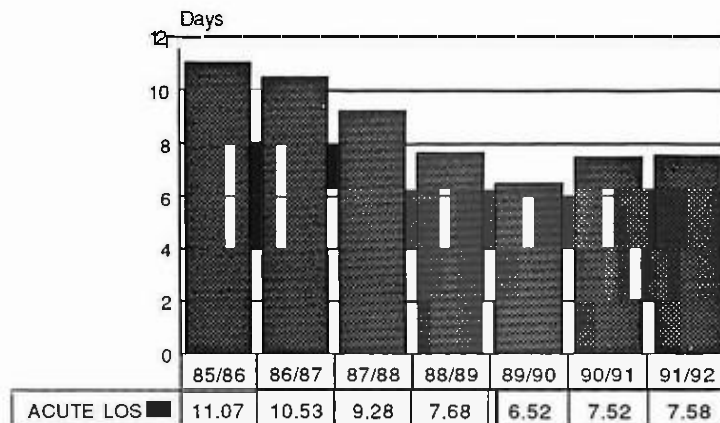


# REPORT ON OPERATIONS

## COMPARATIVE STATISTICS 1985/86 TO 1991/92

### AVERAGE LENGTH OF STAY

FOR FINANCIAL YEARS 1985/86 TO 1991/92

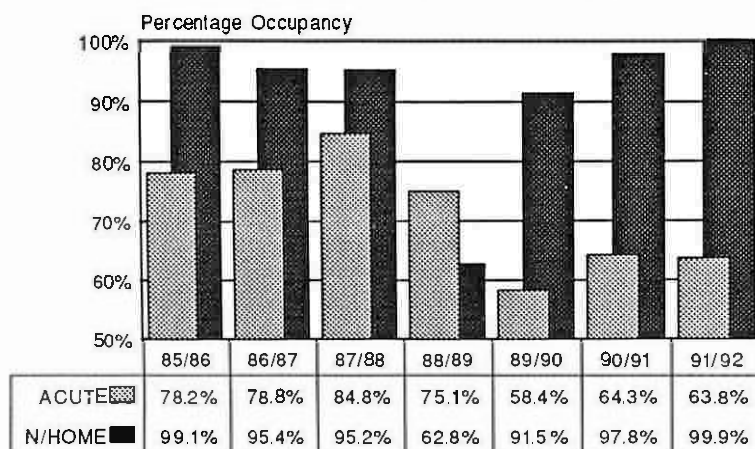


### LENGTH OF STAY

The statistic shown above, Length of Stay, is a representation of the number of days that each patient remains in hospital, averaged out over the financial year. The trend had been to greater lengths of stay due to the inclusion of "Nursing Home Type" patients prior to the building of the 10 bed nursing home extension to the hospital. Our average length of stay has now been reduced for acute patients to a point that shows the effectiveness and efficiency of the hospital.

### PERCENTAGE OCCUPANCY

FOR FINANCIAL YEARS 1985/86 TO 1991/92



### PERCENTAGE OCCUPANCY

Percentage occupancy is a figure derived from the average number of beds occupied, for the financial year, divided by the available number of beds.

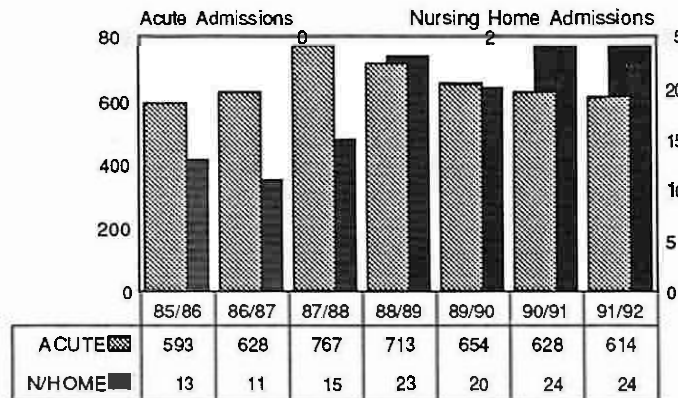
The Nursing Home has been fully utilised with an occupancy level of 99.9% and the Acute section has settled to a level consistent with the high and low daily occupancy levels associated with smaller rural hospitals.

# REPORT ON OPERATIONS

## COMPARATIVE STATISTICS 1985/86 TO 1990/91

### ADMISSIONS

FOR FINANCIAL YEARS 1985/86 TO 1991/92

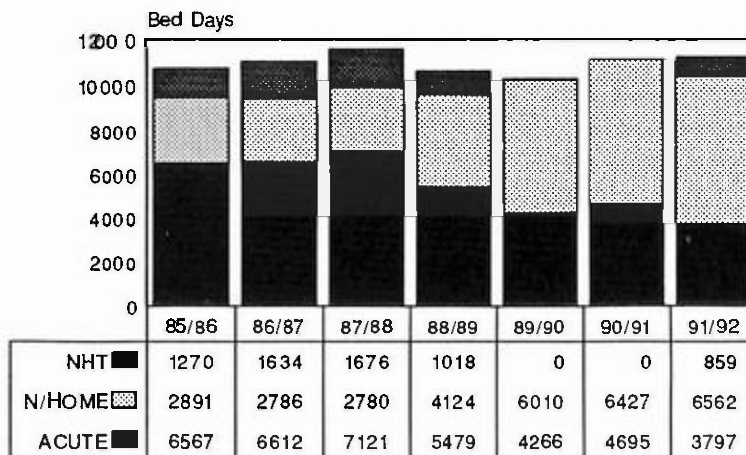


### ADMISSIONS TO THE HOSPITAL AND NURSING HOME

The graph and table above are indicative of the number of patients and residents that were treated, during the financial years indicated. Acute admissions for the years up to 1990 show the effect of the hospital treating a dialysis patient, who was treated three times per week for a number of years. The current trend is relative to the admissions prior to those treatments.

### BED DAYS

FOR FINANCIAL YEARS 1985/86 TO 1991/92



### BED DAYS

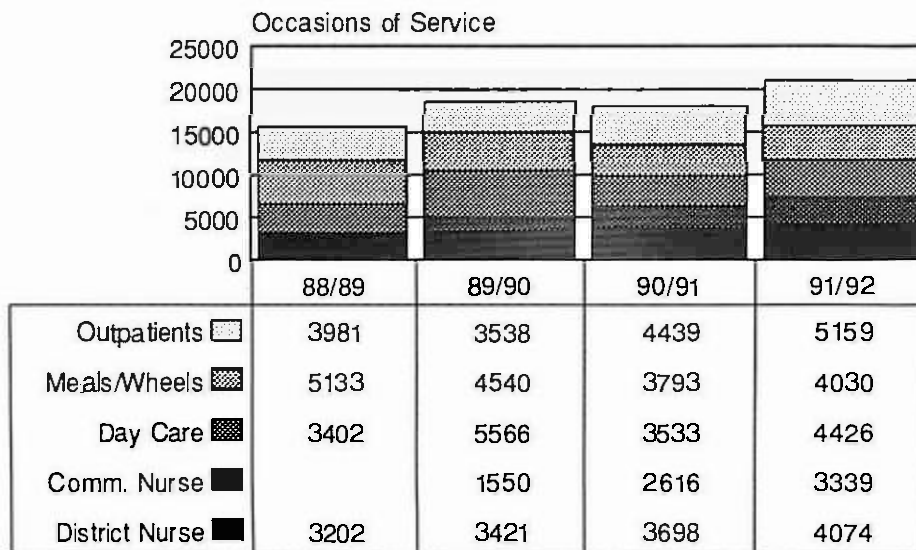
Bed days are the total days for the financial year that a bed was occupied. (e.g. 2 beds occupied 75% of the time equates to,  $2 \times 365 \times 0.75 = 547.5$  Bed Days). As can be seen in the graph and table above, the hospital has altered its proportion of bed days, between the various types, but still maintained a similar overall number of bed days.

# REPORT ON OPERATIONS

## COMPARATIVE STATISTICS 1986/87 TO 1990/91

### NON INPATIENT STATISTICS

FOR FINANCIAL YEARS 1988/89 TO 1991/92



### OUTPATIENTS

This is the total number of outpatient services. These services include Allied Health services and emergency outpatients that have attended the hospital. The hospital is not a registered outpatients center, but provides an emergency service to the community. This year has seen a increase of 16%, when compared to the previous year. This is a result of the hospital providing a greater variety of services to the community.

### MEALS ON WHEELS

This is the total number of meals on wheels delivered for each respective financial year. This year has seen a 6% increase when compared to the previous year.

### DAY CARE

The numbers of people attending day care are significantly higher than for the previous year having increased by 25% and this increase can be attributed to the excellent work of the day center staff.

### COMMUNITY HEALTH

Our Community Health Nurse Mrs. Kelly, has again been very active in promoting many new programs this year. As a result of her additional programs and their acceptance by the community, there has been a massive 28% increase in the number of people seen.

### DISTRICT NURSING VISITS

This is the number of visits made by the District Nursing Service based at the hospital. This year has seen a significant increase of 10% when compared to the previous year and is indicative of the aging population within our catchment area.

### ALL OUTPATIENT SERVICES

Total outpatient services have increased by a massive 16%.

# REPORT ON OPERATIONS

## CONCLUSIONS

The hospital is in a sound financial situation, with a reduction in our operating deficit and in increase in capital reserves. It is necessary to continue to apply stringent restraints upon expenditure, if we are to continue to provide the wide range of services that the community currently has access to. It is only from a sound economic foundation that these services can be provided and expanded upon, as additional community needs and expectations are identified.

This year has seen the first upgrade of the Craig Wing of the hospital, since it was first built. In addition to this work were, a new staff toilet, nursing station, drug storage and equipment storage areas. A major change was to carpet the corridors and a number of rooms which has improved the aesthetic and functional aspects of the hospital. As well as upgrading the infrastructure, the equipment and fittings of the hospital have been significantly improved. Examples of this are the new day center bus, the installation of a 187 KVA standby generator and an electro cardiograph machine.

We are providing an exceptional range and quality of service to the community. This is the result of a very progressive and supportive Board of Management that has in the past and continues to plan for the future needs of those people to whom we provide an ever increasing variety of services. Few people realise the time and energy, often at the expense of their personal lives, that members of the Board give to the hospital.

Mrs. Jo Cother, our Director of Nursing, has managed the clinical services of the hospital exceptionally well. The major portion of our budget reduction this year was a reduction of one full time nursing position. Despite this staff reduction, she has maintained our high standards of nursing care and promoted the morale of her staff.

The most important asset of any organisation is the people who work within it. The care shown for patients, residents and other members of staff ensures that we will continue to provide a very personal and caring environment. If the level of pride in ones work is any indication, then we have the very best of staff.

I have noted with regret the number of hospitals that have had problems relating to being unable to attract Medical Practitioners to their towns. The hospital and the community are fortunate to have Dr Bade and Dr Dover as our visiting medical officers. They provide a diversity and quality of service that would be the envy of many rural communities such as ours. I would like to personally thank them for their support of the hospital at a managerial level, this support is vital in terms of this hospitals survival in these difficult times.

I would recommend to you that you support your hospital and have pride in it as it is a major factor in the quality of life of this community.

*Timothy Free*

CHIEF EXECUTIVE OFFICER



# OFFICE BEARERS

## BOARD PRESIDENT

*Mrs. E.M.M. Edgar*

## SENIOR VICE-PRESIDENT

*Mr. J. S. Warner*

## JUNIOR VICE-PRESIDENT

*Mr. C. Kealy*

## TREASURER

*Mr. R. McDonald*

## BOARD MEMBERS

*Dr. R. W. Bade*

*Dr. P. A. J. Dover*

*Mrs. G. L. Edgar*

*Mr. R. R. Hawkins*

*Mr. N. Hammond*

*Mrs. J. L. Heffernan*

*Mr. K. Tiley*

*Mrs. H. Tucker*

## LIFE GOVERNORS

*Mr. M.G. Crawford*

*Mrs. S. Dubois*

*Mr. L. M. Bull*

*Mr. R. T. Hood*

*Mrs. L. A. Hadden*

*Mrs. L. Stephens*

*Dr. R. W. Bade*

*Mr. E. J. Narik*

*Mr. J. L. Jenkins*

*Mrs. C. A. Hood*

*Mr. R. McDonald*

*Mr. R. R. Hawkins*

*Mr. J. S. Warner*

*Mrs. I. Oliver*

## CHIEF EXECUTIVE OFFICER

*Mr. T. J. Free*

## DIRECTOR OF NURSING

*Mrs. J. Cother*

## VISITING MEDICAL OFFICERS

*Dr. R. W. Bade*

*Dr. P. A. J. Dover*

## BOARD SUB-COMMITTEES

### FINANCE

*Mr. R. McDonald (Chairperson)*

*Mrs. E.M.M. Edgar*

*Mr. N. Hammond*

*Mr. R. R. Hawkins*

*Mrs. J. L. Heffernan*

*Mr. J. S. Warner*

### BUILDING

*Mr. J. S. Warner (Chairperson)*

*Members of House and Works*

### PATIENT CARE REVIEW

*Mrs. E. M. M. Edgar  
(Chairperson)*

*Mrs. G. L. Edgar*

*Dr. R. W. Bade*

*Mrs. J. Cother*

*Dr. P. A. J. Dover*

*Mr. T. J. Free*

### HOUSE AND WORKS

*Mr. J. S. Warner (Chairperson)*

*Dr. R. W. Bade*

*Dr. P. A. J. Dover*

*Mrs. E.M.M. Edgar*

*Mr. N. Hammond*

*Mrs. J. L. Heffernan*

*Mr. C. Kealy*

### REGIONAL DELEGATES

*Mrs. G. Edgar*

*Mrs. J. L. Heffernan*

### AUDITOR

*Auditor General Victoria*

### BANKERS

*National Australia Bank*

### ARCHITECT

*Balcombe Griffiths*

# DEPARTMENT REPORTS

## DIRECTOR OF NURSING'S REPORT

*It is with pleasure that I present my report for 1991-1992,*

Edenhope Hospital never stays still for very long and there has been no exception this past year as the upgrading and improving of the Acute Wings have now been completed. Through all the noise and dirt and general disruption which the building caused, patient care did not suffer although the staff's nerves certainly did.

The Nurse's Station is larger and better equipped and presents an imposing and welcome front to visitors. Room 8 has been considerably enlarged and upgraded and is fitted out as a High Dependency Unit, which will be far more convenient. The new bathroom floors are safer and it is a relief to have a staff toilet.

After a few initial concerns, carpet was laid in the main corridor and two single rooms and the staff and patients are thrilled with the effect of quietness, warmth and a general feeling of luxury.

Nursing staff have continued to attend Inservice Lectures given by the Regional Educator each month and staff are encouraged to attend suitable lectures and study days in the region. Unfortunately in these difficult times, staff are reluctant to travel too far away for education and so extra lectures are being organised.

Despite of having two S.E.N. positions cut back in the Nursing Home in last year's budget, I am very pleased to say that the standard of patient care has not dropped.

Nearly all the Nursing Policy and Procedure Manuals have been completed and are being revised continually.

The Occupational Health & Safety Committee has been re-convened and the Infection Control Committee has been formed.

The Birthing Services Committee was formed and has had regular meetings and improvements made to the birthing services and a complete revising of the Ante-Natal Classes has been achieved.

I would like to thank the Ladies Auxiliary for their untiring fund raising - their efforts enable us to purchase a great deal of the extra equipment and furnishings.

Finally my thanks to all members of the nursing staff for their hard work and devotion to duty, to Mr. Tim Free and the office staff, the maintenance and gardening staff, Mrs. Deanna Field and her domestic staff, Mr. Andrew Saunders and the catering staff and the Allied Health staff who have all worked hard to achieve a splendid united team.

Ioanna Cother  
Director Of Nursing

# DEPARTMENT REPORTS

## NURSING HOME REPORT

This has been a year of gradual change as we are now working towards new resident classifications which will standardise the level of care for all Nursing Home Residents in the Commonwealth. Although we have had a reduction in staff numbers, this has not reduced the high standard of care we have attained.

My thanks must go to Fiona Warren, Audrey Huntly and Estelle Colgate and their loyal band of volunteers for their help in providing the residents with outings and a wide range of entertainments.

The Relatives and Residents Committee have worked hard this past year with a street stall in May and another planned for November. This year we have been able to "revamp" the fish aquarium and purchase new outdoor furniture for the terrace overlooking the lake, an area that has proved popular on the warmer days.

With the co-operation of all staff during the recent upgrading of the Acute Hospital, we were able to maintain a sense of humour, despite cramped and crowded working conditions, not to mention the dust!

My personal thanks to all staff for their help, advice and support throughout the year.

Dawn Clifton  
Sister-in-charge  
Nursing Home

## COMMUNITY HEALTH

A busy year has quickly slipped by. A focus was Women's Health with very successful days being held in Edenhope, Goroke, Harrow and Apsley with approximately 150 women attending.

A successful clinic was held earlier in the year with educational articles in the paper and 70 people coming to have sunspots and moles checked by the doctor with a positive result.

As all foundations such as Arthritis, Diabetes, National Heart Foundation and Stroke week, focus on exercise, I have continued to offer a variety of exercises for older adults such as bike rides, a day in the Grampians, and exercise classes. During the summer months water aerobics got under way once a week at the pool with people joining in who are unable to do weight bearing exercises.

To bring variety to our cooking, we had a vegetarian demonstration. A very entertaining day and some delicious samples were shared.

S.A.N.D.S. (Stillborn and Neonatal Deaths Support Group) meetings are held once a month on the 2nd Tuesday. An asthma education evening was also held. I also attend the schools to talk to children about personal health.

An interesting afternoon was attended by people wanting to know more about Lupus. I also work in with the Health Department Focus weeks and days.

Pauline Kelly  
Community Health Nurse

# DEPARTMENT REPORTS

## PHYSIOTHERAPY DEPARTMENT ANNUAL REPORT:

This past year has seen an increase of acute patients being referred to our Department as opposed to previous years.

This can be attributed to the close liaison between Doctor Bade and Doctor Dover and the staff Physiotherapist.

This year's rotation of Hamilton Physiotherapists has again settled into a quarterly rotation, in effect attaining continuity for patients and staff.

We have seen a keen increase overall of inpatient treatments and outpatient treatments.

	90/91	91/92		90/91	91/92
Inpatients	278	329	Treatments	1962	2014
Outpatients	330	435	Treatments	866	1310
	----	----		----	----
	608	764		2828	3324
	=====	=====		=====	=====

Linda Guthridge  
Physiotherapist Aide

## DAY CARE CENTRE

During the past year our main goal has been to run activities that would reinforce, improve and promote independent living and to provide clients with a sense of purpose and achievement. At all times we endeavour to motivate and encourage each person according to their individual and particular needs.

This year has seen the High School students become more involved. We have had their band and also four students have been volunteering their services for six weeks during the school terms. We have also exchanged visits with the Kindergarten. Both the High School and Kindergarten visits have proven most successful.

Other activities have included visiting other Day Centres, Woodwork, Musical Exercises, Community Singing, Day Trips, Board Games plus a host of other activities.

In closing I would like to say a big thankyou to all our volunteers, church guilds and local clubs who give their time freely. We really do appreciate their efforts.

Fiona Warren  
Day Centre Co-ordinator

# DEPARTMENT REPORTS

## DOMESTIC SUPERVISORS REPORT

The past twelve months have passed quickly. Some Policies and Procedures have been reviewed and adjustment made in the wake of the upgrading of the Acute Wing and Intensive Care Ward.

The carpeting of the Acute Wing corridors has seen a significant reduction in noise levels and new equipment has been purchased to accommodate the changing environment.

Staffing requirements will be evaluated and some reduction seems inevitable at this time.

The Cycle Relay from Mildura to Port Fairy created a real team effort with staff participating in the running of a street stall, a restaurant style dinner as well as taking part in the Relay itself. Well done everyone concerned.

I would like to thank the Domestic Staff for support and loyalty during the last 12 months.

Deanna Fields  
Domestic Supervisor

## MAINTENANCE /GARDENS AND GROUNDS REPORT

Both departments have been very busy over the last twelve months. A reduction in the number of major projects carried out has meant that efforts have concentrated more on regular maintenance duties.

The following is a list of the major activities carried out this year;

- Planning and installation of standby generator

- Assisting contractors with the Acute Upgrade

- Installation of a new dishwasher and associated bench areas

- Conversion of water supply at the time of the algae problem in Lake Wallace

Landscaping around the Bade Wing stalled during the year with only the installation of handrails, completion of the ramp and continuation of plantings occurring. However, planning for future development with pathways, garden and bar-b-que area on the north side and planter boxes on the south side are well advanced. Also in the planning stage is extensive windbreak plantings on the rear lawns and a new water pressure system for the Hospital to alleviate the frequent and dangerous pressure drops that occur.

The Garden Department has purchased a new self propelled mower, while in the Maintenance Department, a new cordless drill and ramset impact drill have been the major purchases.

As the Hospital continues to expand, and projects in the planning stage become reality, the role of both departments will remain productive and hectic

Russell Dawson & Darren Young  
Maintenance & Grounds Department



# DEPARTMENT REPORTS

## FOOD SERVICES DEPARTMENT REPORT

The past year has seen many changes occur. The first menu change took place in August '91, which proved quite successful. Upgrading of equipment has also been a major priority with the purchasing of, a new boiling water unit and a new dishwasher, both which have been well accepted by staff.

Food services also catered for many successful functions, including, The AGM Dinner and the Fundraising Dinner for the Murray to Moyne cyclists, which was a huge success. A credit to all staff who volunteered their time and effort.

Finally, thank-you to all staff involved with the Food Service Department for your support and hard work.

We look towards the next 12 months and hope they will prove as interesting and enjoyable as this last year has been.

Andrew Saunders  
Food Services Department

## ADMINISTRATIVE SERVICES REPORT

As seems to be the normal in our department during the last few years, there has been a great deal of change within the staffing of the Administration Department in the last twelve months. Brenda Etherton returned from maternity leave for three months and then went on a further twelve months maternity leave. Rosie Rokebrand, who was relieving Brenda during her maternity leave, has resigned from work due to the birth of her own son. Jenny Bickley has been employed as an Administrative Officer for one year to replace Brenda. Sue Cranage has worked with us on regular occasions to cover for staff absences.

In addition to all our staff changes, the hospital has purchased a variety of new computer software that has taken time to come to grips with.

The equipment in the office has been significantly upgraded. New items include an new computer and laser printer and the replacement of our facsimile and photocopier.

Our payroll service has been transferred to Wimmera Base Hospital, from Hamilton Base Hospital.

A significant increase in our workload has resulted from the updating and writing of new policies and procedures, throughout the hospital as a result of the hospitals move towards accreditation status.

Whilst many of the changes mentioned above, have made this a very interesting year, the next twelve months are certain to be very challenging for all staff and I am looking forward to continuing the high standards set by this hospital.

Chris Mulraney  
ADMINISTRATION

# DEPARTMENT REPORTS

## VISITING MEDICAL OFFICER'S REPORT

### "PATIENTS COME FIRST"

To practice quality medical care in an isolated rural setting is both challenging and rewarding. Our relative isolation requires us to be well equipped and trained for most situations, and the strong community spirit cultivates a satisfying feeling to the care we strive to give. We aim to give the best possible care within our capabilities and with the facilities available to us.

We have guided the hospital towards purchasing modern medical equipment to maintain high quality patient care. An example of this is the new 'Burdick' ECG with computer interpretation to help us give an "on the spot" cardiac diagnosis. Another is the new Oximeter-Capnograph used during an anaesthetic which allows us to monitor the patient's cardia-respiratory status very closely.

To maintain our skills we attend regular post-graduate seminars, both locally and overseas. We meet monthly with members of the West Wimmera Doctor's Association in Nhill. the Edenhope Hospital was fortunate to be able to host a combined West Wimmera and Naracoorte Medical Association dinner last year.

We are actively involved in the hospital's management via membership of the Hospital Board and the ever increasing number of committees concerned with patient care.

We extend our services where possible by inviting visiting specialists to assist us with surgery and patient care, e.g. Geriatrics.

The hospital has been able to satisfy our patient's needs by providing excellent para-medical services. Dental, Physiotherapy, Speechtherapy, Podiatry and Optical needs are well catered for. District Nursing and Community Education programs complete a total care package for our district.

The Edenhope and District Memorial Hospital has run very smoothly this year. We would like to thank all the staff for their contributions to the pleasant surroundings our patients have, and the efficient effective and friendly care they receive. Special thanks must go to Chief Executive Officer, Mr. Tim Free and Director of Nursing, Mrs. Jo Cother, For their support and co-operation over the last 12 months.

In this challenging world of long waiting -lists and overstretched resources, especially in the larger hospitals we feel that the Edenhope Hospital provides efficient, prompt, friendly service to the people of the Kowree Shire. We look forward to help meeting that commitment in the year to come.

Dr Phillip Dover and Dr Ron Bade

# COMMUNITY SUPPORT GROUPS

## LADIES AUXILIARY REPORTS

It is with great pleasure that I present to you the Edenhope - Apsley - Langkoop Hospital Auxiliary, 1991/92 Annual Report.

As is normally the situation with our organisation, this year has been a very busy, happy and rewarding time.

Our major activities have been :-

Catering for the races, Henley and Golf Ladies Dinner.

A regular bingo series .

Our annual stall at the Edenhope Bowls Club.

Our annual dinner which was held at the Edenhope Motel.

As usual we were again involved in the delivery of Meals on Wheels this year and I would like to thank all those people who assisted with this.

The Hospital Golf Day, which is held at the Edenhope Golf Club.

Our proceeds again were donated to the Hospital this year. As a result of our donations, vases, window drapes, physiotherapy equipment, television sets, ceiling fans, patient meal trays, a resuscitator and a high dependency bed were purchased for use in the hospital.

In addition to these major purchases we were able to support the Hospital and the Nursing Home with the purchase of many smaller items of furniture and equipment.

Finally I would like to thank all of our members and supporters, in particular, Nessie Wheeler for her donation of the proceeds from the sale of flowers and bulbs, the members of the Edenhope Golf Club for their support of the Hospital Golf Day, Josie Campbell and Ethel Bull for their donations, Iona Oliver for organising our bingo, the Edenhope Bowling Club for the use of a stall and our Secretaries Dawn and Joyce and our Treasurer Margaret.

Elo Ryan  
PRESIDENT

## BIKE RIDE:

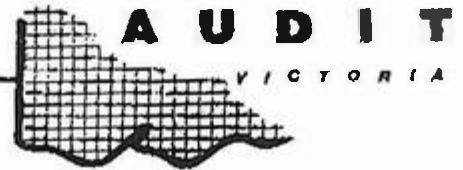
The Murray to Moyne Cycle Relay was a big fund raiser for the hospital with \$10108.00 being raised by sponsorship and the hospital staff running two functions to support us. Two teams of eight sides participated and four support crew looked after us.

I hope the challenge will be taken up again as this could be a yearly event. The money this year went towards the upgrading of the High Dependency Ward.

To the team members who were Phil Dover, Leslie Payne, Don Currie, Clare Thomas, Jenny Bleakley, Peter Murphy, Scot Newlands, Frank Filino, Jacquie Layley, Heather Tucker, Brian Burke, Shane Wilks, Neil Pahl, Shaun McCarthy, Fiona Warren and myself, and the support crew who were Tom Payne, Barbara Currie, Margaret Thurgood, Bernie Kelly and Dominique Kelly, thank you and see you next year.

Pauline Kelly

# AUDIT REPORT



## AUDITOR-GENERAL'S REPORT

### Audit Scope

The accompanying financial statements of the Edenhope and District Memorial Hospital for the year ended 30 June 1992, comprising revenue and expense statement, balance sheet, statement of changes in equity, statement of cash flows, and notes to the financial statements, have been audited. The members of the Hospital's Board of Management are responsible for the preparation and presentation of the financial statements and the information they contain. An independent audit of the financial statements has been carried out in order to express an opinion on them as required by the *Annual Reporting Act 1983*.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Statements of Accounting Concepts and Australian Accounting Standards and comply with the requirements of the *Annual Reporting Act 1983*, so as to present a view which is consistent with my understanding of the financial position of the Edenhope and District Memorial Hospital and the results of its operations.

The audit opinion expressed on the financial statements has been formed on the above basis.

### Qualifications

The Hospital has included in the balance sheet land and buildings at an aggregated cost of \$1.910 million. The individual costs of these assets were not available. Consequently, the Hospital has not provided for depreciation on buildings. This practice is a departure from Australian Accounting Standard AAS4 *Depreciation of Non-Current Assets*. In my opinion, depreciation, which allocates the cost of an asset over its useful life, should have been provided on buildings and included as an operating expense in the revenue and expense statement.

The Hospital did not maintain a record of the value of Crown land under its control and consequently this asset was not included in the balance sheet. As the Crown land represents a significant resource utilised by the Hospital in the carrying out of its activities, it is my opinion that the land should have been valued and recorded as an asset in the balance sheet.

The Hospital has included as contributed capital in the balance sheet non-specific donations totalling \$30 300. However, as these donations are of a non-specific nature, they represent revenue transactions which should have been recognised in the revenue and expense statement in accordance with Australian Accounting Standard AAS1 *Profit and Loss or other Operating Statements*. Accordingly, the surplus for the year has been understated by \$30 300 and contributed capital in the balance sheet has been overstated by the same amount.

### Qualified Audit Opinion

In my opinion, except for the effect on the financial statements of the matters referred to above, the financial statements present fairly the financial position of the Edenhope and District Memorial Hospital as at 30 June 1992 and the results of its operations for the year ended on that date in accordance with Statements of Accounting Concepts and Australian Accounting Standards and comply with the requirements of the *Annual Reporting Act 1983*.

MELBOURNE  
29/9/1992

  
C.A. BARAGWANATH  
Auditor-General

OFFICE OF THE AUDITOR-GENERAL OF VICTORIA

Level 14, 222 Exhibition St, Melbourne Vic. 3000 Telephone: 651 6012 Fax: 651 6050

# FINANCE REPORT

## EDENHOPE & DISTRICT MEMORIAL HOSPITAL

### REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30TH JUNE 1992

	Notes	Hospital \$	Nursing Home \$	Total 1991-92 \$	Total 1990-91 \$
<b>Operating Revenue Providing Fund Inflows</b>					
<b>Health Service Agreement/Budget Sector</b>					
Government Grants	[2]	1,382,469	350,000	1,732,469	1,590,870
Indirect Contributions by Health Department Vic	[3]	9,477	14,216	23,693	21,176
Patient Fees	[4]	190,701	504,310	695,011	689,628
Other Revenue	[5]	21,388	-	21,388	21,854
<b>Services Supported by Hospital and Community Initiatives</b>					
Interest		9,172	-	9,172	15,998
Other Revenue	[5]	35,387	-	35,387	16,659
<b>Total Operating Revenue Providing Fund Inflows</b>		<b>1,648,594</b>	<b>868,526</b>	<b>2,517,120</b>	<b>2,356,185</b>
<b>Operating Expenses Requiring Fund Outflows</b>					
<b>Health Service Agreement/Budget Sector</b>					
Direct Patient Care Services	[6]	778,656	442,640	1,221,296	1,201,364
Diagnostic and Medical Support Services	[6]	117,661	22,969	140,630	101,833
Administration and Quality Assurance	[6]	138,120	46,040	184,160	171,758
Engineering and Maintenance	[6]	122,224	40,741	162,965	159,296
Domestic and Catering Services	[6]	207,546	172,063	379,606	343,640
Corporate Costs Funded by Health Dept. Vic.	[6]	17,770	5,923	23,693	21,176
Workcare and Superannuation	[6]	59,250	41,975	101,225	85,876
Teaching and Research	[6]	11,429	8,096	19,525	3,383
Community Services	[6]	89,783	-	89,783	92,890
Other Expenses	[6]	53,090	-	53,090	80,681
<b>Services Supported by Hospital and Community Initiatives</b>					
Other	[6]	35,676	-	35,676	9,815
<b>Total Operating Expenses Requiring Fund Outflows</b>		<b>1,631,201</b>	<b>780,448</b>	<b>2,411,649</b>	<b>2,271,712</b>
<b>Operating Surplus Attributed to Fund Items</b>		<b>17,393</b>	<b>88,078</b>	<b>105,471</b>	<b>84,473</b>
<b>Operating Expenses not Requiring Fund Outflows</b>					
Depreciation	[10],[6]	33,514	19,683	53,197	43,393
Employee Entitlements	[6]	-	17,815	17,815	22,017
Abnormal Item	[6],[7]	3,200	-	3,200	-
<b>Operating Deficit Attributed to Non-Fund Items</b>		<b>(36,714)</b>	<b>(37,498)</b>	<b>(74,212)</b>	<b>(65,410)</b>
<b>Surplus/(Deficit) for the Year</b>		<b>(19,321)</b>	<b>50,580</b>	<b>31,259</b>	<b>19,063</b>
Accumulated Deficit at 1st July, 1991		<b>(434,418)</b>	<b>-</b>	<b>(434,418)</b>	<b>(346,995)</b>
<b>Available for Appropriation</b>		<b>(453,739)</b>	<b>50,580</b>	<b>(403,159)</b>	<b>(327,932)</b>
Transfers to Reserves	[8]	<b>(209,180)</b>	<b>-</b>	<b>(209,180)</b>	<b>(106,486)</b>
<b>Accumulated Deficit at 30th June 1992</b>		<b>(662,919)</b>	<b>50,580</b>	<b>(612,339)</b>	<b>(434,418)</b>

The accompanying notes form part of the Financial Statements



# FINANCE REPORT

## EDENHOPE & DISTRICT MEMORIAL HOSPITAL

### BALANCE SHEET AS AT 30TH JUNE 1992

	Notes	TOTAL 1992 \$	TOTAL 1991 \$
<b>Equity</b>			
Capital			
Contributed Capital		2,406,581	2,111,785
Funds Held for Restricted Purposes	[14]	154,165	135,040
<b>Sub-Total</b>		<b>2,560,746</b>	<b>2,246,825</b>
<b>Retained Surplus/(Accumulated Deficit)</b>		<b>(612,339)</b>	<b>(434,418)</b>
<b>Total Equity</b>		<b>1,948,407</b>	<b>1,812,407</b>
<b>Current Liabilities</b>			
Creditors	[12]	62,249	37,452
Accrued Expenses	[9]	245,903	195,304
Provision for Long Service Leave		14,152	29,470
Patient Trust Accounts	[15]	5,065	1,708
<b>Total Current Liabilities</b>		<b>327,369</b>	<b>263,934</b>
<b>Non-Current Liabilities</b>			
Provision for Long Service Leave		173,698	154,718
<b>Total Non-Current Liabilities</b>		<b>173,698</b>	<b>154,718</b>
<b>Total Liabilities</b>		<b>501,067</b>	<b>418,652</b>
<b>Total Equity and Liabilities</b>		<b>2,449,474</b>	<b>2,231,059</b>
<b>Current Assets</b>			
Cash at Bank and On Hand		21,515	26,481
Patient Fees Receivable	[4]	82,801	75,123
Patient Assets Held in Trust Accounts	[15]	5,065	1,708
Stores on Hand	[11]	20,464	21,337
Debtors and Accrued Revenue	[13]	58,907	2,250
<b>Total Current Assets</b>		<b>188,752</b>	<b>126,899</b>
<b>Non-Current Assets</b>			
Land & Buildings	[10]	1,909,857	1,822,471
Plant and Equipment	[10]	214,808	181,695
Office Furniture and Equipment	[10]	39,998	43,544
Motor Vehicles	[10]	96,059	56,450
<b>Total Non-Current Assets</b>		<b>2,260,722</b>	<b>2,104,160</b>
<b>Total Assets</b>		<b>2,449,474</b>	<b>2,231,059</b>

The accompanying notes form part of the Financial Statements

# FINANCE REPORT

## EDENHOPE & DISTRICT MEMORIAL HOSPITAL

### STATEMENT OF CHANGES IN EQUITY AS AT JUNE 30TH 1992

	Notes	Contributed Capital \$	Funds Held for Restricted Purposes \$	Accumulated Deficit \$	Total 1992 \$	Total 1991 \$
Balance at Beginning of Year		2,111,785	135,040	(434,418)	1,812,407	1,731,800
Surplus/(Deficit) for the Year				31,259	31,259	19,063
<b>Capital Receipts</b>						
Government Grants	[2]	55,337			55,337	13,100
Donations		30,279	19,125		49,404	48,444
<b>Transfers to Reserves</b>	[8]					
Equipment Funded from Operations		200,297		(200,297)		
Surplus on Capital Funds		8,883		(8,883)		
Balance at End of Year		2,406,581	154,165	(612,339)	1,948,407	1,812,407

The accompanying notes form part of these Financial Statements

# FINANCE REPORT

## EDENHOPE & DISTRICT MEMORIAL HOSPITAL

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 1992

	Notes	TOTAL 1991-92 \$ Inflows (Outflows)	TOTAL 1990-91 \$ Inflows (Outflows)
<b>Cash Flows from Operating Activities</b>			
<b>Health Service Agreement/Budget Sector</b>			
<b>Receipts</b>			
Government Grants	[21]	1,662,769	1,662,970
Patient Fees		687,333	685,970
Other		51,300	33,701
<b>Payments</b>			
Salaries & Wages		(1,676,815)	(1,666,625)
Other Payments		(633,561)	(628,206)
<b>Sub-Total</b>		<b>91,026</b>	<b>87,810</b>
<b>Services Supported by Hospital &amp; Community Initiatives</b>			
<b>Receipts</b>			
Donations		49,404	48,444
Interest		9,315	18,415
Rent		2,387	2,406
<b>Sub-Total</b>		<b>61,106</b>	<b>69,265</b>
<b>Net Cash Result from Operating Activities</b>	[20]	<b>152,132</b>	<b>157,075</b>
<b>Cash Flows from Investing Activities</b>			
Purchase of Property, Plant & Equipment		(245,435)	(262,560)
Proceeds from Sale of Fixed Assets		33,000	14,253
Decrease in Investments		-	21,889
<b>Sub-Total</b>		<b>(212,435)</b>	<b>(226,418)</b>
<b>Net Cash Result from Investing Activities</b>		<b>(212,435)</b>	<b>(226,418)</b>
<b>Cash Flows from Government</b>			
H.A.C.C. Capital Grants		35,337	-
Minor Works		20,000	13,100
<b>Sub-Total</b>		<b>55,337</b>	<b>13,100</b>
<b>Net Cash Result from Government</b>		<b>55,337</b>	<b>13,100</b>
<b>Net Increase/(Decrease) in Cash Held</b>		<b>(4,966)</b>	<b>(56,243)</b>
<b>Cash at Commencement of Reporting Period</b>	[19]	<b>26,481</b>	<b>82,724</b>
<b>Cash at End of Reporting Period</b>	[19]	<b>21,515</b>	<b>26,481</b>

The accompanying notes form part of the Financial Statements

# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30TH JUNE 1992

#### Note 1: Statement of Accounting Policies

The financial statements of the Hospital have been prepared in accordance with the provisions of the Annual Reporting Act 1983 and the Annual Reporting (Contributed Income Sector) Regulations 1988 as amended. The Accounting Standards issued jointly by the Institute of Chartered Accountants in Australia and the Australian Society of Certified Practising Accountants have been complied with where applicable.

##### **a) Accrual Basis**

The accrual basis of accounting has been used with revenues and expenses being recognised as they are earned or incurred, and brought to account in the period to which they relate.

##### **b) Historical Cost**

The financial statements have been prepared on a historical cost basis whereby assets are recorded at cost and do not take into account changing money values nor the current cost of non-current assets (unless specifically stated).

##### **c) Rounding Off**

All amounts shown in the financial statements are expressed to the nearest dollar.

##### **d) Investments**

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

##### **e) Depreciation**

All depreciable assets with a cost in excess of \$500 are brought to account and depreciation has been provided over their estimated useful lives using the straight line method.

The Annual Reporting (Contributed Income Sector) Regulations require buildings to be depreciated in accordance with Australian Accounting Standard AAS4 "Depreciation of Non-Current Assets". The hospital is currently awaiting details of arrangements for a valuation of land and buildings by the Valuer General prior to the valuation and depreciation of land and buildings. As at balance date, no valuation has been effected and as a consequence buildings have not been depreciated in the 1991/92 financial statements. The effect of this departure from the accounting standards on accounts has not been quantified.

##### **f) Employee Entitlements**

###### **Annual Leave**

A provision for annual leave is made for all employees based on the hospitals' accrued liability for annual leave as at 30th June 1992. This provision is included as a current liability.

###### **Accrued Days Off**

A provision is made for liability in respect of days off accrued but not yet taken for eligible employees as at 30th June 1992. The whole amount is included as a current liability.

###### **Long Service Leave**

Provision for long service leave in the financial statements is made on a pro-rata basis for all employees who have completed five or more years service. Generally, the entitlement under various awards becomes payable upon completion of 15 years service. The proportion of long service leave estimated to be payable in the next financial year is included in the Balance Sheet as a current liability. The balance of the provision is included as a non-current liability.

###### **Superannuation**

All eligible employees contribute to the Hospitals' Superannuation Fund established under section 10 of the Hospital Superannuation Act 1965. This scheme is operated by the Hospital Superannuation Board, a public body to which the Annual Reporting Act 1983 applies.

# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 1992

### g) Nursing Home

Eighteen Nursing Home beds are included and operated within the Hospital. These beds are substantially funded from Commonwealth bed day subsidies. As the Nursing Home operations are an integral part of the hospital, with shared resources, its operations have been included with those of the hospital for accountability purposes.

### h) Donations

Donations for capital purposes are included as Contributed Capital in the Balance Sheet and Consolidated Statement of Changes in Equity.

### j) Incorporation

The Hospital is a body incorporated in accordance with the provisions of the Health Services Act 1988.

### j) Classification of Accumulated Deficits

Pursuant to the Hospitals' Health Service Agreement, the Hospital is not required to differentiate between the Hospital and Nursing Home activities for financial purposes. Accordingly, whilst revenue and expenses have been classified into these two activities, there is no requirement, nor is it possible to identify accumulated deficits and retained earnings relating separately to these activities. For financial reporting purposes all accumulated deficits and retained surpluses have been allocated to hospital activities.

### k) Health Service Agreement/Budget Sector and Services supported by Hospital and Community Initiatives.

The activities classified under the Health Services Agreement/Budget Sector are affected by Health Department Victoria funding while the Hospital and Community Initiatives are funded by the Hospital's own activities or local initiatives.

### l) Non-Current Assets

The gross proceeds on sale of non-current assets have been included as operating revenue providing fund inflows while the written down value of the asset sold has been shown as an operating expense requiring fund outflows.

### Note 2: Government Grants

	Total 1991-92 \$	Total 1990-91 \$
<b>Operating Grants</b>		
H.D.V. Ordinary Grants	1,629,700	1,492,900
H.D.V. Other Grants - Visiting Nursing Service	19,386	20,773
Grants Paid by Other Departments - H.A.C.C. Day Care Centre	59,518	59,007
- H.A.C.C. District Nurse	23,865	18,190
<b>Total Operating Grants</b>	<b>1,732,469</b>	<b>1,590,870</b>
<b>Capital Grants</b>		
H.A.C.C. Grant Bus Purchase	35,337	-
Minor Works	20,000	13,100
<b>Total Capital Grants</b>	<b>55,337</b>	<b>13,100</b>
<b>Total</b>	<b>1,787,806</b>	<b>1,603,970</b>

Grants for capital Purposes are included in the Statement of Changes in Equity and are included in the Balance Sheet as Contributed Capital. Commonwealth Nursing Home inpatient benefits are included in Patient Fees (see Note 4).

# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 1992

### Note 3: Indirect Contribution by Health Department Victoria

The Health Department Victoria makes certain payments on behalf of the Hospital which, in accordance with their requirements, have been brought to account in determining the operating result for the year. They are brought to account as non-cash income and offset by expenditure.

	1991-92	1990-91
	\$	\$
Audit Fees	4,820	4,430
Insurances	15,193	13,615
Industrial Relations Service	646,646	
Health Computing Services - Vic Charges	3,034	2,485
<b>Total</b>	<b>23,693</b>	<b>21,176</b>

### Note 4: Patient Fees

	Patient Fees Raised		Patient Fees Receivable	
	1991-92	1990-91	30/6/92	30/6/91
	\$	\$	\$	\$
Inpatient	190,701	210,467	33,628	32,981
Nursing Home	504,310	479,161	49,492	42,461
<b>Total</b>	<b>695,011</b>	<b>689,628</b>	<b>83,120</b>	<b>75,442</b>
Less Provision for Doubtful Debts			(319)	(319)
<b>Net Patient Fees Receivable</b>			<b>82,801</b>	<b>75,123</b>

### Note 5: Other Revenue

	1991-92	1990-91
	\$	\$
Health Service Agreement/Budget Sector		
District Nursing Service	1,300	1,535
Meals on Wheels	11,181	11,931
Staff Meals and Accommodation	8,571	8,243
Commissions	336	145
<b>Total</b>	<b>21,388</b>	<b>21,854</b>
<b>Services Supported by Hospital and Community Initiatives</b>		
Rent	2,387	2,406
Proceeds on Sale of Fixed Assets	33,000	14,253
<b>Total</b>	<b>35,387</b>	<b>16,659</b>

### Note 7: Abnormal Item- Expenditure

At the end of the 1990-91 financial year, Health Department Victoria advised the hospital that its grant adjustment would be a recall of \$9,700. This recall was subsequently adjusted to \$12,900. The difference has been shown as an abnormal item in the Revenue and Expenses Statement.

### Note 8: Transfers to Reserves

	1991-92	1990-91
	\$	\$
Nursing Home Project Surplus Transferred to Specific Purposes	-	10,283
Capital Surplus Transferred to Contributed Capital	8,883	10,309
Assets Funded from Operations	200,297	85,894
<b>Total</b>	<b>209,180</b>	<b>106,486</b>



# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 1992

### Note 6: Operating Expenses

	Hospital	Nursing Home	Total 1991/92	Total 1990/91
Health Service Agreement/Budget Sector				
Direct Patient Care Services	\$	\$	\$	\$
Wards - Acute	679,399	-	679,399	784,221
Nursing Home	-	442,640	442,640	374,207
Visiting Medical Officer	99,257	-	99,257	42,936
Sub-Total	778,656	442,640	1,221,296	1,201,364
Diagnostic and Medical Support Services				
Pharmacy	34,978	-	34,978	35,682
Allied Health	45,937	22,969	68,906	37,194
Ambulance	36,746	-	36,746	28,957
Sub-Total	117,661	22,969	140,630	101,833
Administration and Quality Assurance				
General Administration	138,120	46,040	184,160	171,758
Sub-Total	138,120	46,040	184,160	171,758
Engineering and Maintenance				
Engineering and Maintenance	90,341	30,114	120,455	115,521
Power, Light and Heat	31,883	10,628	42,510	43,775
Sub-Total	122,224	40,741	162,965	159,296
Domestic and Catering Services				
Staff Cafeteria	8,461	5,642	14,102	12,450
Other Food and Dietary	63,196	89,175	152,371	124,290
Domestic Services	116,504	49,930	166,434	161,588
Linen, Laundry and Sewing	19,382	27,317	46,699	45,312
Sub-Total	207,543	172,063	379,606	343,640
Corporate Costs Funded by H.D.V.				
Total Costs Funded by Health Dept. Victoria	17,770	5,923	23,693	21,176
Sub-Total	17,770	5,923	23,693	21,176
Workcare and Superannuation				
Workcare	18,843	13,350	32,193	48,019
Superannuation	40,406	28,626	69,032	37,857
Sub-Total	59,250	41,975	101,225	85,876
Teaching and Research				
Education and Training	11,429	8,096	19,525	3,383
Sub-Total	11,429	8,096	19,525	3,383
Community Services				
District Nursing Service	46,076	-	46,076	53,702
Meals on Wheels	18,233	-	18,233	18,896
Community Health	25,474	-	25,474	20,292
Sub-Total	89,783	-	89,783	92,890
Other - Day Care Centre	53,090	-	53,090	80,681
Sub-Total	53,090	-	53,090	80,681
Services Supported by hospital and Community Initiatives				
W.D.V. on Disposal of Assets	35,676	-	35,676	9,815
Sub-Total	35,676	-	35,676	9,815
Total Operating Expenses Requiring Funds	1,631,201	780,448	2,411,649	2,271,712
Operating Expenses not Requiring Funds				
Depreciation	33,514	19,683	53,197	43,393
Long Service Leave	-	17,815	17,815	22,017
Abnormal Item - Grant Adjustment	3,200	-	3,200	-
Sub-Total	36,714	37,498	74,212	65,410
Total Operating Expenses	1,667,915	817,946	2,485,861	2,337,122

The only benefits received by the governing body were payments made to Dr. Bade and Dr. Dover in their capacity as Visiting Medical Officers.

# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 1992

### Note 9: Accrued Expenses

	1991-92	1990-91
	\$	\$
Accrued Days Off	6,497	4,312
Annual Leave	201,589	167,649
Long Service Leave	37,817	23,343
<b>Total</b>	<b>245,903</b>	<b>195,304</b>

### Employee Entitlements paid by the Hospital were as follows;

	1991-92	1990-91
	\$	\$
Accrued Days Off	31,572	33,292
Annual Leave	95,590	98,515
Long Service Leave	14,152	21,009
<b>Total</b>	<b>141,314</b>	<b>152,816</b>

### Note 10: Non-Current Assets

	Historical Cost 30/6/92 \$	Depreciation 1991-92 \$	Accumulated Depreciation 30/6/92 \$	Net Assets as at 30/6/92 \$	Net Assets as at 30/6/91 \$
Land and Buildings	1,909,857	-	-	1,909,857	1,822,471
Plant and Equipment	373,200	32,919	158,392	214,808	181,695
Office Furniture and Equipment	70,110	5,890	30,112	39,998	43,544
Motor Vehicles	107,588	14,388	11,529	96,059	56,450
<b>Total</b>	<b>2,460,755</b>	<b>53,197</b>	<b>200,033</b>	<b>2,260,722</b>	<b>2,104,160</b>

### Note 11: Stores

	1991-92	1990-91
	\$	\$
Pharmaceuticals	8,905	7,701
Catering Supplies	2,739	2,771
Domestic Supplies	1,644	2,578
Medical and Surgical Supplies	7,176	8,287
<b>Total</b>	<b>20,464</b>	<b>21,337</b>

### Note 12: Creditors

	30/6/92	30/6/91
<b>Trade Creditors</b>	<b>\$</b>	<b>\$</b>
Current	62,249	27,752
Health Department Victoria - Grant Recall	-	9,700
<b>Total</b>	<b>62,249</b>	<b>37,452</b>

These balances are outstanding for less than twelve months and do not include any amounts in respect to public borrowing or financial accommodation.

### Note 13: Debtors and Accrued Income

	30/6/92	30/6/91
	\$	\$
Interest Accrued	2,107	2,250
Health Department Victoria - Grant Accrual	56,800	-
<b>Total</b>	<b>58,907</b>	<b>2,250</b>

# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 30TH JUNE 1992

<b>Note 14: Funds Held for Restricted Purposes</b>	<b>30/6/92</b>	<b>30/6/91</b>
	\$	\$
Nursing Home Building Project	154,164	135,040
<b>Total</b>	<b>154,164</b>	<b>135,040</b>
Represented by:		
Cash at Bank	(17,252)	(28,851)
Buildings	171,417	163,891
<b>Total</b>	<b>154,165</b>	<b>135,040</b>

#### **Note 15: Patient Trust**

The balance of this account represents deposits held in trust on behalf of Hospital patients. As the Hospital has no claim on these funds, they are shown in the Balance Sheet as an asset and a liability. All funds are retained in a separate bank account operated by the Hospital.

#### **Note 16: Contingent Liabilities**

As at Balance Date, the Hospital was unaware of any Contingent Liabilities.

<b>Note 17: Profit/(Loss) on Disposal of Fixed Assets</b>	<b>1991-92</b>	<b>1990-91</b>
	\$	\$
Gross Proceeds on Disposal	33,000	14,253
less Written Down Value of Disposed Assets	(35,676)	(9,815)
<b>Profit/(Loss) on Disposal of Fixed Assets</b>	<b>(2,676)</b>	<b>4,438</b>

#### **Note 18: Unfunded Superannuation Liability**

The Annual Reporting (Revised Superannuation Disclosure Requirements) Regulations 1991 came into operation on 25th June 1991. These Regulations amended the superannuation disclosure requirements applicable to contributed income sector bodies for the 1990-91 financial year. Accordingly, the following are disclosed;

- (i) The hospital contributes to the Hospitals' Superannuation Board;
- (ii) As at balance date the notional share of unfunded superannuation liability attributable to the hospital is \$176,000 as at 30/6/92.
- (iii) Contributions made by the hospital to the scheme during 1991/92 was \$69,032 (\$37,857 in 1990/91);
- (iv) As at balance date there were no outstanding contributions in respect of the 1991/92 financial year;
- (v) Contributions are paid in accordance with the Hospital Superannuation Act 1988.

#### **Note 19: Reconciliation of Cash**

For the purposes of the statement of cash flows, the hospital considers cash to include cash on hand and in banks, and investments in money market instruments. Cash at the end of the reporting period as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

	<b>30/6/92</b>	<b>30/6/91</b>
	\$	\$
Cash on Hand	250	250
Bank Overdraft	(87,687)	(33,753)
<b>Capital Fund</b>		
Cash at Bank and on Hand	108,952	59,984
<b>Total</b>	<b>21,515</b>	<b>26,481</b>

# FINANCE REPORT

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 1992

### Note 20: Reconciliation of Net Cash Used on Operating Activities to Operating Result

	1991-92 \$	1990-91 \$
Operating Result	31,259	19,063
Depreciation	53,197	43,393
Decrease/(Increase) in Patient Fees Receivable	(7,678)	(3,658)
Increase/(Decrease) in Long Service Leave Provision	3,662	1,009
Loss/(Gain) on Sale of Assets	2,676	(4,438)
Decrease/(Increase) in Accrued Revenue - Grants	(56,800)	62,400
Decrease/(Increase) in Accrued Revenue - Interest	143	2,417
Decrease/(Increase) in Prepayments	-	5,700
Decrease/(Increase) in Stores	873	754
Capital Donations	49,404	48,444
Increase/(Decrease) in Creditors - Grant	(9,700)	9,700
Increase/(Decrease) in Creditors - Other	34,497	(38,399)
Increase/(Decrease) in Accrued Salaries & Leave	50,599	10,690
Net Cash Result from Operating Activities	152,132	157,075

### Note 21: Government Grants Relating to Prior Year

Government Grants in the Statement of Cash Flows includes - \$12,900 (\$62,400 in 1991) which relates to prior year operations.

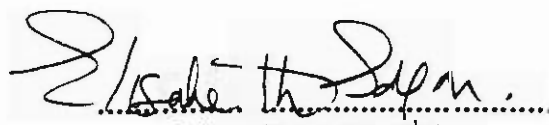
# FINANCE REPORT

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In our opinion the financial statements of the Edenhope and District Memorial Hospital, comprising statement of cash flows, balance sheet, statement of changes in equity, revenue and expense statement and notes to the financial statements have been prepared in accordance with the provisions of the Annual Reporting Act 1983 and the Annual Reporting(Contributing Income Sector) Regulations 1988 as amended.

In our opinion the financial statements present fairly the financial transactions for the year ended 30 June 1992 and the financial position as at that date of the Edenhope and District Memorial Hospital.

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

  
.....  
Mrs. E.M.M. Edgar  
President

  
.....  
Mr. R. McDonald  
Treasurer

  
.....  
Mr. T.J. Free  
Chief Executive Officer

Dated Twenty fourth Day of August 1992