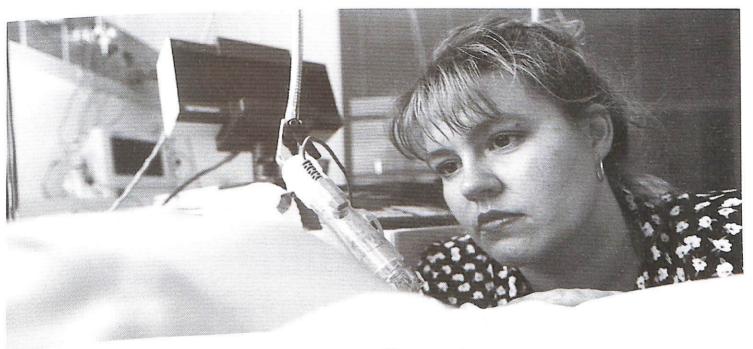
ANNUAL REPORT 1997-98





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Architects Balcombe Griffiths Pty. Ltd. Auditors Auditor-General Victoria Bankers National Australia Bank Limited Solicitors Power & Bennett

The 1998 Annual Report was released to the public on 15th October 1998 The Wimmera Base Hospital was established in 1874 as the Horsham Hospital and was incorporated by authority of the Hospitals and Charites Act (No 5300) on 27 August 1877. The name of the Hospital was changed in 1950 to Wimmera Base Hospital and following the formal imagamation with Dimboola District Hospital on 1st November 1995 became officially known as the Wimmera Health Lare Laroup.



# Five Year Strategic Plan

### OUR MISSION:

We are committed to achieving the best health for all in the Wimmera

### OUR VISION:

To be the best provider of rural health services in Australia

# OUR MAJOR GOALS:



### FINANCE

### Goal

To continue to be an organisation that has a sound financial base and a flexible, adaptable approach to the changing economic circumstances experienced in the public health sector.

### Strategies to Achieve

Wimmera Health Care Group will extend the business planning approach to include:

- · Departmental business plans
- Divisional business plans
- Organisation business plans to enable the organisation to perform within Departmental program funding levels and to maximise independent business unit profits.

### **Outcome Desired**

Continued financial stability and viability within resources provided by Government and generated by Wimmera Health Care Group business units.

- Achievement of WIFS and other performance targets as per the Health Service Agreement
- Achieving agreed budgetary targets.

### Time Frame

Armual



### MEDICAL SERVICES

### Goal

To provide stability to the Specialist Medical workforce by developing a structure that supports the following core specialties:

- Obstetrics
- · General Medicine
- Surgery
- Paediatrics
- Orthopaedics
- Anaesthetics

### Strategies to Achieve

Develop a detailed Medical staff recruitment plan to recruit the required number of Medical Practitioners through a national and international approach.

The plan to be supported by both Board and the Visiting Medical Staff Group and include appropriate cost benefit analysis.

### **Outcome Desired**

Provide patients with a wide range of medical services locally, and within the role and function of Wimmera Health Care Group.

### Time Frame

Plan one year Implementation two years



# PHYSICAL (CAPITAL) DEVELOPMENT

### Goa

Provide "state of the art" buildings for patients, staff and visitors across the Group.

### Strategies to Achieve

Complete the physical redevelopment of the Horsham and Dimboola campuses:

- (i) initially through the design development and tender stages
- (ii) then construction completion

### **Outcome Desired**

Improved patient care accommodation, increased efficiencies, integrated services according to the agreed role of Wimmera Health Care Group.

### Time Frame

- (i) One year
- (ii) Two years



### QUALITY

### Goal

Enhancement of quality culture that focuses on patient care services.

### Strategies to Achieve

- Adoption of EQuIP model of the ACHS
- Review of organisation-wide
   Ouality Plan
- Review of internal structure that supports quality improvement
- Review all aspects of patient care service delivery
- Development of customer philosophy
- Investigation of low cost accommodation for patients/relatives

### **Outcome Desired**

- Achievement of accreditation
- Development of measurable improvement in patient services
- Provide patients with a user friendly and efficient pathway through their local health services

### Time Frame

Ongoing for all five years

### **OUR VALUES:**

- · We are responsive to the health needs of the community
- · We believe that our customers are entitled to quality health care that respects their dignity, beliefs and rights regardless of their cultural. spiritual or socio-economic background
- · We recognise our customers total needs in order for them to achieve optimal health
- · We are committed to Continuous Quality Improvement
- · We deliver quality health services that are value for money
- · We care for the well-being and encourage the ongoing development of our staff whom we recognise as our most valuable resource.



### STAFF EDUCATION AND RECRUITMENT

### Goal

Wimmera Health Care Group will be recognised as a desirable organisation to work in, establish a career path, and maintain skill levels through appropriate ongoing education.

### Strategies to Achieve

- · (i) Development, funding and implementation of an organisation-wide staff development and training program
- (ii) Development of a detailed recruitment package that includes suitable accommodation, succession planning, orientation inservice education. reward systems and career planning

### **Outcome Desired**

· A well trained and motivated workforce in an organisation that attracts external interest to work in Improved staff recruitment and retention.

### Time Frame

(i) Annual

(II) One year



### MARKETING

### Goal

To increase the awareness of the Wimmera Health Care Group in the sub-region and locally with the referring General Practitioners, regional hospitals, broader community and staff generally. To foster community ownership of the Health Care Group's facilities and services.

### Strategies to Achieve

- · Development of an annual marketing plan as an adjunct to business and services plans with accent on the following:
- · Media plan (radio, press, TV)
- · Internal marketing
- · Staff Recruitment Package
- · Support for local and regional
- · Specialist medical staff and new
- · A customer focus Quality
- · New buildings Physical Development
- Metropolitan waiting lists

### **Outcome Desired**

Maintain and enhance the pivotal service position provided by the Wimmera Health Care Group

### Time Frame

Annual



### EQUIPMENT

### Goal

Provide "state of the art" patient care and other equipment within the organisation's role and function.

### Strategies to Achieve

Maintenance of the asset register and the development of a detailed equipment replacement and acquisition plan that signifies funding sources and highlights a cost-benefit approach.

### **Outcome Desired**

Facilitate patient care in the local environment within the context of a safe, modern and well maintained equipment inventory.

### Time Frame

Annual



### INFORMATION MANAGEMENT

Improve information management across the Group to enhance internal communication and decision-making.

### Strategies to Achieve

- · Development, implementation and annual review of an organisation-wide IT plan within the context of the Regional Information, Information Technology and Technology Plan (FT:).
- · Consolidation of all patient information into a single source.

### **Outcome Desired**

Timely, accurate and accessible information and communication flow, administratively and clinically.

· Year 2000 compliance

### Time Frame

Plan - one year Implementation - two years

# Organisational Structure



### DIRECTOR OF MEDICAL SERVICES

### Dr. Alan M. Wolff,

M.B.B.S., DIPRACIOG., FRACIGIP AFCHSE, M.B.A., M.R.A.C.M.A.

### Visiting Medical Services

ACCIDENT & EMERGENCY, ANAESTHETICS, DAY SURGERY, DERMATOLOGY, ENDOSCOPY UNIT, E.N.T., FAMILY DERMAIOLOGY, ENDOSCOPY UNII, E.N.I., FAMILY PLANNING, GASTROENTEROLOGY, GENERAL CLINICS. GERIATRICS, OBSTETRICS, ONCOLOGY, OPHTHALMOLOGY, ORTHOPAEDICS, PAEDIATRICS, PSYCHIATRY, REHABILITATION, SPECIAL CLINICS,

### **Diagnostic Services**

Medical Ancillary Services
AUDIOLOGY, CENTRE AGAINST SEXUAL ASSAULT,
DENTAL, DIETETICS, FAMILY SERVICES, HEALTH
INFORMATION SERVICE, LIBRARY, OCCUPATIONAL THERAPY, PHARMACY, PHYSIOTHERAPY, PODIATRY, SPEECH THERAPY.

### **Critical Care Services**

INTENSIVE/CORONARY CARE, OPERATING SUITE.

### **Accident & Emergency**

Resident Medical Officers WARD AND EMERGENCY DEPARTMENT SERVICES.

### **Extended Care Services**

GERIATRIC SERVICES. REHABILITATION.

Clinical Risk Management
CO-ORDINATES THE CLINICAL RISK MANAGEMENT

### **DIRECTOR OF NURSING SERVICES**

### Miss Wendy A. Lewis,

R.N., R.M., M.H.A., B.App.Sc.(Adv. Nurs.), I.C.C., Neon & Paed.I.C.C., FR.C.N.A.

### Clinical Nursing Areas

AFTER HOURS CO-ORDINATORS, OXLEY WYUNA (CLOSED JULY, 1997) AND YANDILLA WARDS, DAY PROCEDURE UNIT / OPERATING THEATRE AND CSSD. EMERGENCY, INFECTION CONTROL, DIMBOOLA HOSPITAL - ACUTE WARD

Residential Areas WIMMERA NURSING HOME, KURRAJONG LODGE. DIMBOOLA HOSPITAL - ALISTAIR HINCHLEY WING.

### Community Services

DISTRICT NURSING SERVICE, AGED CARE ASSESSMENT SERVICE, CONTINENCE, COMMUNITY REHABILITATION SERVICE, WIMMERA HOSPICE CARE, WIMMERA LINKAGES.

### Deputy Director of Nursing Services

PLANNING, CLINICAL CO-ORDINATION, NURSING RESOURCE MANAGEMENT, NURSING CONTINUOUS QUALITY IMPROVEMENT, COMPLAINTS LIAISON OFFICER.

### **Nurse Educator**

INSERVICE EDUCATION AND GRADUATE NURSE PROGRAM.

### **Hotel Services Manager**

CATERING - PATIENTS AND STAFF, MEALS ON WHEELS.

### **Environmental Services**

ACCOMMODATION AND HOUSEKEEPING.

### CHIEF EXECUTIVE

Mr. John F. Krygger,

### **Board of Management**

### Sub-Committees

FINANCE & CORPORATE PLANNING, MEDICAL CONSULTATIVE MEDICAL ADVISORY BOARD NURSING ADVISORY IMPROVING PERFORMANCE

### Community Liaison Officer

### Corporate Services Manager

BUDGETS FINANCIAL PLANNING, GENERAL ACCOUNTS, PATIENT ACCOUNTS, SUPPLY

### Engineering Services Manager

ENERGY CONTROL GARDENS & GROUNDS, MINOR BUILDING PROJECTS, MOTOR VEHICLES, PLANT & BUILDING MAINTENANCE

Human Resources Manager
INDUSTRIAL RELATIONS OCCUPATIONAL HEALTH &
SAFETY, PAY ADMINISTRATION, PERSONNEL, STAFF TRAINING & DEVELOPMENT, SECURITY, WORKCOVER ADMINISTRATION, REHABILITATION

### Information Technology Manager

Linen Service Manager WIMMERA GROUP LINEN SERVICE, GOROKE COMMUNITY HEALTH CENTRE (CONCLUDED APRIL, 1998). DUNMUNKLE HEALTH SERVICES.

### Quality Manager /

Commissioning Officer
CO-ORDINATE ACCREDITATION AND QUALITY IMPROVEMENT, INVOLVEMENT WITH BUILDING PROJECTS.

# Board of Management



From the left:

President

Mr. Bruce Johansen

Mrs. Jan Morris

Mr. Pawel Wajszel

Mr.Terry Harris

Diplinsurinst Aust APPOINTED 1997

Treasurer

Mr. Peter Brown

Senior Vice President Mr. Ian Campbell

MBBS FRACS APPOINTED 1994



From the left:

Dr. John Pickering

APPOINTED 199

Dr. Peter Haslau

Junior Vice President

Mrs. Leigh-Anne Sharrock

Mrs. Jo Saxton

Mr. John Peitsch

# The Year In Review

### **ACHIEVEMENTS**

- Treatment of a record 7,150 inpatients (4.8% increase).
- Successful introduction of EQuIP accreditation program.
- High level of patient satisfaction as evidenced by statewide survey.
- Significant progress on further capital development projects.
- Return to operating surplus for first time in a decade.
- Development of five year Strategic
   Plan for the organisation.

On behalf of the Board of Management it gives me great pleasure to present the 1998 annual report of the Wimmera Health Care Group

In many respects, the year has been one of consolidation, however, there are several achievements worth highlighting.

### PATIENT SERVICES

The provision of high quality patient care services will always be the primary objective of the Health Care Group. I am delighted to report that a record 7,150 inpatients received treatment during the year This is the first time that the Health Care Group has exceeded the 7,000 patients treated partier and represents a 4.8% increase on the record throughput of last year.

The Board of Management is acutely aware of its responsibilities to ensure the quality of all services delivered by the Health Care Group. In response to this, a significant commitment has been made to ensure compliance of all departments with the quality standards of the new FQuIP framework introduced by the Australian Council on Healthcare Standards.

The organisation has embraced the EQuIP framework and has undertaken 160 separate quality activities. The elegith Care Group also reviewed the structure and reporting celationship of departments, and, am pleased to report that every department in the organisation has to live quality plan and undertaken regular quality activities consistent with the organism all quality activities consistent with the organism all quality frameworks.

If the the least the legationalism of the West Council is need that a good approximation of the West Council is not the Council in the Counci

provided at the summation conference supported the receipt of an outstanding report. One surveyor indicated that the quality programs undertaken at the Wimmera mealth Care Group were amongst the best he had ever seen The Clinical Risk Management Unit continues to provide research and evaluation which places the organisation as a national leader in terms of adverse occurrence screening methodology and cinical incident benchmarking.

It is also particularly pleasing to highlight the high level of patient satisfaction of our patients which was identified by the statewide patient satisfaction survey. The organisation was rated second in the Base Hospital category with 93% of patients indicating that their level of care was very good or excellent. Of particular significance was the statistic that 98% of patients would recommend the Wimmerla Health Care Group to others.

### **FINANCES**

The attached finance reports indicate that the Health Care Group returned an operating surplus of \$118,000, which represents a million dollar turnaround from the previous financial year. This has been an outstanding achievement given the significant reduction in funding levels experienced over previous years. The achievement of this surplus has resulted from the implementation of some difficult budget strategies but I trust that we can now go through a period of financial consolidation.

### **BUILDING AND DEVELOPMENT**

There has been significant progress on capital development projects during the year including the completion of the Schematic Design for the Stage 2 Redevelopment at Horsham. This \$5 million project involves providing purpose built accommodation for all allied health services, administration and community services, and the future co-location of the Horsham Ambulance Service. It was disappointing that the project did not proceed to construction funding this year although we remain confident that the project will be place to on next year's capital works list.

Further work has been undertaken with the various planning phases to address the tradequate accommodative at the Demburga ampas This year has been the importunit of their nutrional Book Mayberplay and Fearthints for idea for mericing rectional in a red we are repelled that the present will property and provides and the property of the property.

### BOARD OF MANAGEMENT

The estimate of the property of the consider to pro-

Group's major policy making body and assumes overall responsibility for the direction and operation of all healthcare services. During the year we're eved resignations from three Board members including Mr. Irevor Macleod, Mr. Jeff Eilip and Rev. Bruce Grindlay, and we thank them for their contribution. Their positions have been capably filled by Mrs. Jan Morris, Mrs. Jo Saxton and Mr. Terry Harris and we thank them for their dedication.

Tiller

This year the Board of Management employed a management consultant to assist in the development of a Strategic Plan to guide the organisation into and beyond the new century. The development of the Plan involved input from all key stakeholders, including medical and executive staff, department heads and members of the Board of Management. The Planning process also provided an opportunity to re-cast the Mission, Vision and Values of the organisation.

### COMMUNITY SUPPORT

Fach year we extend our gratitude for the commitment of the many volunteers and auxiliar, members in both Horsham and Dimboola who donate their time and contribute to our aim of providing the best healthcare possible, and this year is no exception.

Lam pleased to report that a total of \$220,000 was donated to the Health Care Group during the year. These funds have been made possible through the generous support of our local community, the hard work of the numerous auxiliaries and support groups and the generosity of numerous philanthropic trusts.

### CONCLUSION

It is pleasing to report that this complex and diverse organisation continues to achieve major milestones each year.

The record number of patients treated and the real commitment to ensure the provision of a quality service has been exemplified through the level of satisfaction of our patients. The consolidation of the financial position and the development of a five year Strategic Plan for the organisation augers well for the future provision of health services to our community.

I would like to thank each and every individual who has contributed to a most are estal year for the Wimmera Health Care for each

Bruce J. Johansen, President John F. Krygger, Chief Executive



# CERTIFICATE OF ACCREDITATION

This is to certify that

The Australian Council on Healthcare Standards
has accredited

Wimmera Health Care Group

This certificate is granted by the authority of the Council in recognition of the quality of health care delivered by this service and the commitment to counties improvement

This was demonstrated by achievement of standards and continuous improvement in quality care, service and safety when surveyed in

June 1998

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

8 October 2001

Eva Raik

Deni, A. Sont

President

Chief Executive

# The Progress We Have Made

### **ACHIEVEMENTS**

- Completion of Stage 2 redevelopment schematic design.
- Development of five year Strategic Plan.
- Development of Snozelen room for the Nursing Home.
- Receipt of \$50,000 grant to upgrade palliative care services.

### STAGE 2 REDEVELOPMENT

The Stage 2 Redevelopment project seeks to provide grouped accommodation for all allied health and administration departments at Wimmera Base Hospital, the co-location of the Horsham Ambulance Service and selected community services, including psychiatric services.

The principle objective of the project is to bring together all the allied health services, community based services and administration into a co-ordinated facility located in appropriate relationship to the existing acute care facility. The project has been costed at \$5 million and once completed will provide a modern, purpose built facility which will enhance the scope of health services provided. The new facility will overcome the present operational deficiencies that result from geographically dispersed departments.

It has been disappointing to report that the project has not proceeded to the design development / tender documentation phase, but confidence exists that the project will be successful in next year's capital works program. The project is currently at schematic design stage and has considered the needs of each department to ensure the delivery of quality health services.

# REDEVELOPMENT PROJECT FOR DIMBOOLA CAMPUS

The redevelopment of the Dimboola campus has received significant attention over the past year with the intention of submitting an Investment Evaluation Report to the Department of Treasury and Finance in September, 1998. It is also anticipated that this project will be allocated funding under next year's capital works program. A needs analysis, service plan and functional brief have been completed, with the recommendation of a 30

bed model to meet the future health needs of the Dimboola community. This model would comprise 26 aged care beds for nursing home and hostel patients; and 4 acute beds. The need for this development has become more critical following the nursing home failing certification. This was due to significant problems associated with fire, evacuation, safety and climate control systems of the existing building.

### STRATEGIC PLAN DEVELOPMENT

A Strategic Plan to guide the organisation into the 21st century has been developed in consultation with all key stakeholders including medical and executive staff, department heads and members of the Board of Management. This has been a very positive experience for those involved. An analysis of the organisation's strengths and weaknesses has created opportunities to develop strategic goals. The development of the Strategic Plan has also provided the opportunity to re-cast the Mission, Vision and Values of the organisation. It is hoped that the whole organisation can embrace the Strategic Plan and therefore ensure its successful implementation.

### MOCK DISASTER TRAINING

The Wimmera Base Hospital has been practicing mock emergencies on a regular basis for twelve years. In February a mock disaster was held which for the first time involved all emergency services at the one time. The theme for the mock disaster was the flooding of the Wimmera River, combined with a bus and car accident. The emergency services involved were - Ambulance Service Victoria, Country Fire Authority, State Emergency Service, St. John Ambulance, Horsham Rural City Council, Horsham Police, Medical Officers with the support of Lions, Apex and Rotary Clubs. A debriefing session held after the mock exercise highlighted the need for a stand alone telephone line for the Disaster Control Centre and a computer interface to the Emergency Department. Both these recommendations have been implemented.

Each mock disaster maintains staff awareness of their role in an emergency and increases confidence to handle any future disaster:

# SNOZELEN ROOM FOR WIMMERA NURSING HOME

The capacity to offer a meaningful lifestyle and quality of life for people with advanced dementia remains a challenge, particularly for the staff in the nursing home. The staff caring for residents recognised the frustrations and limitations involved with trying to provide these

residents with appropriate and stimulating activities. Simple tasks and instructions associated with 'normal' activities, eg. Bingo, crafts etc. are extremely difficult to convey to dementia residents. A recognised therapy for dementia residents is Snozelen therapy developed in Holland, meaning dozing and smelling. Snozelen therapy consists of pleasurable sensory experiences generated in an atmosphere of trust and relaxation. The essence of the Snozelen approach is to allow the individual the time, space and opportunity to enjoy the environment at their own pace, free from the expectations of others.

The Wimmera Health Care Group was fortunate enough to receive a grant of \$7,000 to provide a Snozelen room in the nursing home. This room is equipped to provide a range of sensory stimuli by using music, aromatherapy, massage and lighting.

### EMERGENCY DEPARTMENT ADVERSE OCCURRENCE SCREENING

Wimmera Base Hospital has developed a limited adverse occurrence screening program to assess the quality of the clinical care delivered at the hospital. All patients medical records are screened following discharge to determine whether or not one or more of the following criteria are met: transfer to another acute care facility; return to Operating Suite within seven days; transfer from the general wards to ICU; cardiac arrest; patient length of stay greater than 21 days; booked theatre cases cancelled; unplanned readmission within 28 days; and death of patient.

Building on the success of the existing inpatient screening and medical review program, a pilot project commenced in the Emergency Department in September 1997. The twelve month project is aimed at determining if it is possible to adapt the hospital's inpatient Adverse Patient Occurrence program to patients treated in the Emergency Department. Preliminary evaluation undertaken in July has identified a reduction in adverse event rates from 3.6% to 1.6%. A review of the detection process has found the project to be both efficient and accurate.

### ONCOLOGY SERVICES

During the year the Board of Management and executive have been working with a community committee to provide chemotherapy services at Wimmera Base Hospital. Currently people with cancer are having to travel to Ballarat, Geelong or Melbourne to receive treatment At the moment there is a monthly visiting service by a

Ballarat Oncologist, Dr. Rodney Bond, Two community members, Mrs. Ruth Ballinger and Mrs. Linea Barber have been ardent in their cause to investigate all options for this service to be provided locally. A deputation to the Hon, Rob Knowles, Minister for Health, by the committee presented him with a petition of over 18,000 signatures in support of the services. Dr. Bond has given his support for the establishment of an on-site service if he can recruit another Oncologist. The committee are devoted to ensure oncology services will be provided at Wimmera Base Hospital.

### PALLIATIVE CARE SERVICES

Wimmera Base Hospital was fortunate to receive a grant for \$50,000 to upgrade palliative care services to provide a designated hospice room. The room chosen to incorporate services has been a single room in Oxley. This refurbished room adjoins a sitting room which overlooks one of the courtyards. The particular siting of this room incorporates the use of a lounge and activity room that can be used by family and friends with access to a courtyard. To further enhance this room, it is adjacent to a room furnished by the Hospice Auxiliary primarily for families to relax privately or stay overnight.

# The Quality We Provide

### **ACHIEVEMENTS**

- Over 160 quality activities undertaken by staff.
- Introduced the concept of EQuIP (Evaluation Quality Improvement Program) to the organisation.
- Introduced the newsletter EQuIPPER throughout the organisation.
- Introduced a Falls Prevention Program.
- Extension of Adverse Occurrence Program to Emergency Department.
- Involvement with Statewide public hospital patient survey September, 1997

Wimmera Health Care Group has developed an Improving Performance culture with the introduction of various strategies and initiatives to ensure that an effective quality control system is in place. The Group plans and undertakes many quality activities to continually assess how best to meet our customers needs

### **ENSURING QUALITY**

The Wimmera Health Care Group has been continuously accredited by the Australian Council on Healthcare Standards (ACHS) since 1975 and as a result, our commitment to quality outcomes can clearly be demonstrated. This year the Group participated in an external survey by ACHS using the new accreditation system - EQuIP. The survey compared the standard of patient care and support activities at Wimmera Health Care Group against the criteria of EQuIP. This has been an enormous undertaking, involving education for all Board of Management members and staff to understand this new concept. The staff showed great commitment and teamwork to participate in the survey, demonstrating the desire to continually improve performance. The outstanding results of the survey were conveyed at the summation conference and a full copy of the report will be available in September, 1998.

### CLINICAL RISK MANAGEMENT

The Wimmera Health Care Group is one of a small number of health agencies in Australia that have appointed a Clinical Risk Management Project Officer.

Clinical Risk Management is concerned with the detection, monitoring, prevention and early management of clinical incidents. The program is a system based approach to the intensive management of clinical risk in a health care environment. It aims to improve patient care through the active minimisation of risk which threatens the provision of quality patient care and efficient use of clinical resources.

Associated with the appointment has been the development of a new incident monitoring program utilising the expertise of the Australian Patient Safety Foundation. The successful implementation of this program has resulted in:

- a 38% reduction in the number of incidents reported
- an 86% reduction in severe injury resulting from incidents
- a 94% reduction in associated additional length of stay

### PATIENT SATISFACTION

The conduct of patient surveys is a useful mechanism to monitor the views of patients to identify problems and assess trends. In September 1997, the Department of Human Services commissioned an independent survey of patient satisfaction. The survey of all public hospitals in Victoria was conducted by Marketing Social Research Consultants "TQA Research" and has shown:

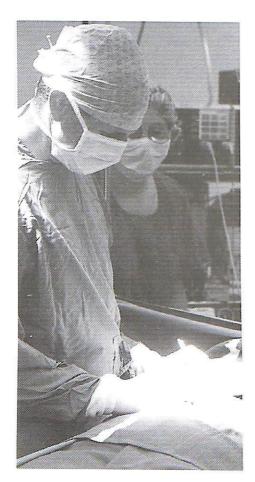
- · 99% of Wimmera Health Care Group patients are satisfied with the standard of care, including 86% who were very satisfied
- · 93% of same day patients rate the care they receive as excellent or very good
- 98% of same day patients indicated they would recommend Wimmera Health Care Group to others

The organisation was assessed against 22 criteria which covered areas such as availability and attitudes of medical and nursing staff, levels of communication, cleanliness of rooms, quality of food and length of stay. The Wimmera Health Care Group was rated second in the list of all Base Hospitals in terms of patient satisfaction. The outstanding results from this survey highlights the commitment towards a strong customer focus.

### **PUBLISHED ARTICLES**

The Health Care Group is pleased that staff have contributed to the academic literature by having the following articles published in national journals:

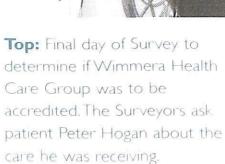
- Debra Schulz Factors Which Influence Attendance at Cardiac Rehabilitation, 1997. LaTrobe University
- Peter Subramaniam, Rex Bennett and Ian Campbell - Infrarenal Aortic Aneurysm Surgery in a Rural Surgical Service: Risk Factors for Mortality - Australian & New Zealand Journal of Surgery (1998), 68, 25-
- Alan Wolff Recruitment of Medical Practitioners to Rural Areas: A Practical Approach from the Coalface, Australian Health Review 1997 2, 4-12



**Above:** The Wimmera Health Care Group prides itself on the services available to its community. For 1997/98 a record 7,150 patients were treated.



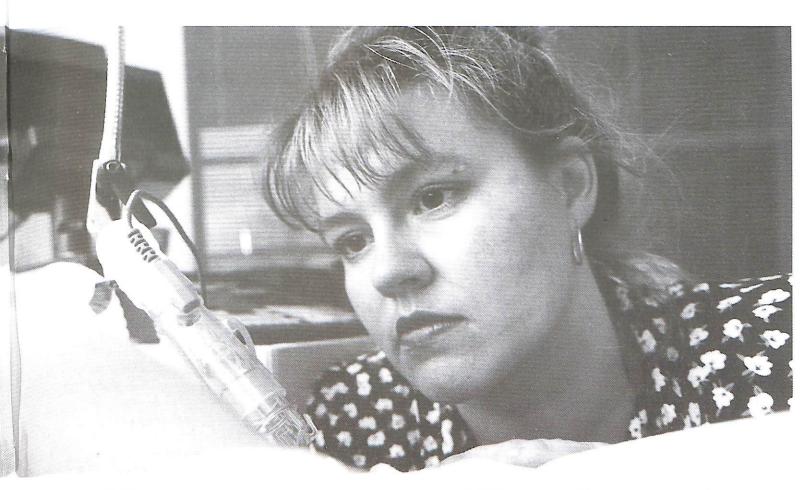




Above: Horsham Rotary Past President Gary Heinrich presents an oxygen concentrator to Wimmera Hospice Care Co ordinator Anne Hayes, and Palliative Care Durse Liz Goode The unit will assist hospice patients in their



# Our patients are the centre of everything we do...





Above: Registered Nurse Cass Mitchell keeps a watchful eye over a patient in Intensive Care. Left: Registered Nurse Karen Hinch demonstrating to patient Stanley Roberts the new lifting machine purchased for Oxley. Stanley's 'friend' was given to him by a dedicated volunteer. Dorothy Armstrong.

# The Staff We Employ

### ACHIEVEMENTS

- Introduction of Employee of the Month and Employee of the Year Awards.
- Education Business Plan attracts \$90,000 grant for nurse education programs.
- 9.5% of Division 1 registered nurses have achieved competency of Advanced Life Support Skillcheck.
- 21% of Division I registered nurses are competent in the Basic Life Support Skillcheck.
- · Orientation Program revamped.
- Commenced participation in Graduate Diploma of Nursing (Critical Care) for 2 students.
- Reintroduction of Nurse Educator position.

# EMPLOYEE OF THE MONTH PROGRAM

A new initiative has been the introduction of the Employee of the Month / Year. This concept offers staff at the Wimmera Health Care Group the opportunity to recognise the outstanding achievement and incentive of colleagues to meet the organisation's goals and objectives. Eleven awards will be made each year, with the Employee of the Year being announced in December. Recognition is given to outstanding performance in their role. attitude and demonstrated service towards customers. The monthly winner receives a dinner for two at a local restaurant, a framed certificate, a corporate badge and a photograph displayed in the main foyer, followed by an article in the Wimmera Mail-Times

# OCCUPATIONAL HEALTH AND SAFETY

Management has a statutory responsibility for preventing and minimising risks to all those within the organisation, whether they are patients, clients, staff or visitors. There is a continued focus on prevention, early intervention and rehabilitation.

During the year there were a number of initiatives implemented in response to Occupational Health and Safety responsibilities, including an annual influenza immunisation program offered to all staff, the purchase of four lifting machines funded from Specific Grants and recommendation of using unpowdered non-sterile gloves.

# EDUCATION AND STAFF DEVELOPMENT

A major impetus to nursing education has been the success of receiving a \$90,000 education grant from the State Government and the reintroduction of the nurse educator position. Both these additions have allowed a wider range of activities to take place. An Education Business Plan was developed that responded to staffs educational needs. Closer links between education and staff development will further emerge as educational activities are offered for both clinical and non clinical areas. The types of programs offered recently include:

- Management of stroke
- · Wound management
- · Management of medical gases
- · Diabetes short course
- Blood transfusion
- P.A.R.T. course
- Customer relations inservice
- · Resuscitation of a newborn
- Advanced / basic life support skillcheck
   We continue to have strong links with tertiary institutions in that we provide clinical placements and education sessions for nursing students from Ballarat and Aquinas Universities.
   This year we undertook training for two
   Division I registered nurses for the Graduate
   Diploma (Critical Care). Medical education programs involve medical students from the
   Royal Melbourne Hospital, and continued
   Intern Accreditation.

Dr. A. Wolff this year has been awarded Honorary Senior Lecturer in the Centre for Rural Health at Monash University. This position allows Dr. Wolff to complete a Doctorate.

Continuing education programs for General Practitioners are held weekly. The wide variety of sessions include Advances in Interventional Radiology, Parkinson's Disease, Palliative Care, Common Orthopaedic Foot Problems and Facial Fractures. These sessions are attended by General Practitioners in the region. They provide educational opportunities and also encourage inter-collegial support throughout the Wimmera Region.

A comprehensive review of the orientation process for new staff was completed during the year and identified a number of opportunities for improvement. From feedback

received by new staff attending, the new format appears to be enthusiastically received.

A major program commenced for staff was the introduction of Customer Satisfaction Inservice Training. This course introduces staff to the concept of who our customers are, the needs of customers and dealing with their problems. Thirty staff attended the inservice training facilitated by an external consultant. It is intended that all staff employed at Wimmera Health Care Group will attend a similar training session.

### STAFF RECOGNITION

Dr. Mary Brown, Paediatrician, resigned after 17 years of service. Dr. Brown contributed towards many improvements in the paediatric service, including developing protocols for the care of infants in the nursery and lectures for staff.

Another long term staff member, Chief Engineer Mr. Tom Martin retired after 19 years of service. Mr. Martin was involved with many building programs, providing a critical link with builders, architects and the hospital.

Yandilla farewelled two stalwarts in Mrs. Jan Lawson and Mrs. Lee Owens who have aided the advancement of Wimmera Base Hospital's midwifery section over 24 and 25 years respectively.

Maria Cericola retired after 35 years in the linen service.

### MERIT AND EQUITY/EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

In Victoria the Public Authorities (Equal Employment Opportunity) Act was proclaimed in July 1992. Wimmera Health Care Group supports and activity endorses this Act by:

- Implementing equal employment opportunity programs designed to eliminate discrimination against and promote equal opportunity for women;
- Observing sound Human Resources practices. The EEO Committee is an integral component of the Occupational Health and Safety Committee which meets bimonthly. The Human Resources Manager is the EEO Co-ordinator responsible for the overseeing of EEO.

### **HUMAN RESOURCES**

Human Resources is concerned with all aspects of staff management. The concept involves a concern for occupational health and safety, recruitment and selection, staff development, manpower planning, budget productivity, industrial relations and payroll.

### LONG SERVICE AWARDS

During the year the following staff became eligible for long serve awards. The Board of Management congratulates all awardees and sincerely thanks staff for their contributions to the Health Care Group's quality services.

### Ten Years

Margaret Baldock	Peter Burns
Colleen Clough	Helen Crome
Wendy Cutchie	Tracey Daffy
Dianne Farnsworth	Shirley Glover
Mary Kirby	Leonie Lawson
David Leach	Margaret McClure
Margaret McDonald Jan Meldrum	
Shirley Mewett Cathryn Minte	
Gwenda Nikkelson Anne Richards	
Maureen O'Brien	Kathleen Smith

### **Twenty Years**

Helen Batty
Linda Plunkett
Wendy Sleen

Gillian Jarred David Rissman

Vendy Sleep

### **Twenty-Five Years**

Judy E	Bothe
Mary	McDonald

Claire Chequer Yvonne Mibus

Sue Unger

**Thirty Years** Biddy Atkins

### FREEDOM OF INFORMATION

During the year the Health Care Group received 27 requests for documentation under the Freedom of Information Act (1982). In all circumstances access to the documents sought was granted in full. Using discretion, the Health Care Group continues to promote a policy of giving staff, patients and the general public access to information

### CONSULTANT EXPERTISE ENLISTED

The running of health care services often requires quite detailed and specific knowledge concerning the complexities associated with diverse activities and development plans. This year the Health Care Group enlisted the expertise of consultants to assist in the following areas:

Peter McGregor Consultants

- · Developing Strategic Plan Balcombe Griffiths Architects
- Stage 2 Redevelopment
- Dimboola Redevelopment

### LEGISLATIVE CHANGES

A number of Acts and regulations have been enacted during the 1996/97 financial year. The most significant are:

### Acts:

- Accident Compensation (Miscellaneous Amendment) Act
- Ambulance Services (Amendment) Act 1998
- Drugs Poisons and Controlled Substances (Amendment)
- Drugs: Poisons and Controlled Substances (Amendment) Art 1998
- Health Acts (Statute Law Revision) Act 1998
- Health Services (Amendment) Act 1997
- Health Services (Amendment) Act 1998
- Mental Health (Victorian Institute of Forensic Mental
- Public Sector Reform (Miscellaneous Amendments) Act
- Inbunals and Licensing Authorities (Miscellaneous Amendments) Act 1998

### Regulations:

- Adoption Regulations 1998
- Cancer (Reporting) (Amendment) Regulations 1997
- Dangerous Goods (General Amendment) Regulations
- Drugs, Poisons and Controlled Substances (Amendment) Regulations 1997
- Freedom of Information (Exempt Offices) (Intenm) Regulations 1997
- Freedom of Information Regulations 1998
- Health (Infectious Diseases) (Children's Services Centres) Regulations 1998
- Health Services (Private Hospitals and Day Centres) (Amendment) Regulations 1998
- Human Tissue (Prescribed Institutions) Regulations 1997
- Infertility Treatment Regulations 1997
- Occupational Health & Safety (General Amendment) Regulations 1998
- Physiotherapists (Qualifications) Regulations 1998
- Physiotherapists (Qualifications) (Amendment)
- Psychologists Registration (Amendment) Regulations 1997

# **Improvements** in Technology

### ACHIEVEMENTS

- · Introduction of the electronic mail in 25% of departments.
- Development of a planning strategy for Stage 2 redevelopment.
- Involvement in a Regional Information Management Strategy.
- Establishment of 'Year 2000 Project Team'.
- Installation of Pharmacy computer
- Data link with Dimboola allowing the issuing of a cross campus unit record number.

Information technology plays an integral part in providing an efficient, patient focussed work environment.

### INFORMATION SYSTEMS

Traditional information technology relies on a continuous planning and review process. This has been illustrated in the recent upgrade of the Pharmacy Department computer system. Pharmacy has utilised computers for patient dispensing and inventory control for over ten years. The previous computer system was seen as slow and unreliable and there was a high level of staff frustration. Finally, the age of the computer and a shortage of skilled support put the pharmacy at risk of having an unworkable system. As a result, the Pharmacy Department was identified as an area of urgent need. The Wimmera Health Care Group was successful in receiving \$104.600 to upgrade the system. The system has only been in place since March. 1998 but there are positive outcomes. Electronic links with major suppliers have streamlined the purchasing process by direct entry with the supplier and an automatic system update. These links and the ability of the new computer system to allow generic ordering and stocking of pharmaceuticals has a projected annual cost saving of 4% of the Pharmacy budget. Printed medication instructions are automatically given on discharge to patients who are taking three or more medications, in order to assist with their understanding and to supply an up to date list for their health care providers.

# When the Smallest things are the most important...



Above: Emma Bennett had an extra special mother's day with the birth of her first child Amy. Right: Registered Nurses Wendy James and Gaye Livingston explain to students at Horsham 298 primary school about asthma and coming to hospital.

Far Right: Children can play safely in the secured playground adjacent to the paediatric area in Yandilla.









Far left: Midwife Jan Lawson retired this year after 23 years of dedicated service. Jan is pictured with mum Jacqueline Bone and baby Bradley.

Left: Registered Nurse Jenny Geue conducting a 'Teddy Tour' for the Felstead Avenue Kindergarten.



**Above:** Delivering quality. Yandilla ward midwives celebrate International Midwives Day with baby Jay Hogan.

# The Community That Supports Our Activities

### **ACHIEVEMENTS**

- \$220,000 has been generated by the Community Liaison department.
- \$9,172 donated by Wimmera Base Hospital Ladies' Auxiliary to purchase patient monitors.
- \$3,000 raised from the Murray to Moyne Cycle Marathon. Monies were used to purchase the 'collapsable bed' for Hospice patients.
- \$12,000 raised from the German Fest fundraising activity.

# STRENGTHENING COMMUNITY PARTNERSHIP

The Community Liaison office has experienced an eventful year striving to meet the challenge of raising funds to ensure when people call on the services of the Wimmera Health Care Group they can do so with the knowledge the Health Care Group provides modern and up to date facilities.

A climate of high community expectation coupled with ongoing budgetary constraints confirms the importance of communities developing stronger partnerships with vital local resources such as their health care services and aged care facilities.

During the financial year a total of \$220,000 has been generated by the Community Liaison department. In addition to this, we are grateful for the tremendous efforts of the auxiliaries and support groups who work tirelessly to assist with the purchase of additional equipment and furnishings.

To foster this community partnership a number of hospital tours were organised throughout the year. A total of 1,020 visitors took the opportunity to inspect our facilities first hand.

Both the print and electronic media have been most helpful in assisting us to keep the public informed. Our regular features such as the "Stork Report". "New Arrivals" and "Know Your Health Care Group" column have played a vital role to this end.

This strategy of public interaction will remain a cornerstone in strengthening the partnership between the community and the Health Care Group.

### WIMMERA NURSING HOME SUPPORT GROUP

It is with great pleasure and pride that I present my annual report to you. The pride comes from experiencing the way our small group has banded together to support our Nursing Home functions and fundraising activities.

During the year we have had entertainment from various schools, the staff concert and our always reliable Music Men, Andy Wood and his team, Rose Smith and Wendy Netherway. Thanks to all these people. There are also the "special" days plus the ever popular breakfasts at McDonalds.

The mobile markets and raffles were very successful and this year we were fortunate to be selected to receive proceeds from the Travel Expo and half the proceeds from the Horsham Plaza Charity Fashion Parade. We are grateful to these firms as well as the Rural City of Horsham, Magistrates Court Fund, Cooks of Horsham, BP Wimmera Bridge Service Station, RSL, Geoff and Lyn Winfield and the individual donors. As a result of receiving these monies, we have purchased more tri pillows and slips, an air foot pump, name frames, one shower chair, two blanket wraps, cosmetics, two CD cassette units plus the weekly soft drinks.

A donation was made to the Royal Victorian Institute for the Blind in appreciation of the use of their talking book tapes.

Plans are on the drawing board for the erection of a pergola and BBQ area situated behind the Nursing Home linkway. A Snozelen (therapy) room is in the process of being fitted out.

Residents in our Nursing Home are benefiting from the hi-low beds and another lifting machine which are recent additions. These are making life much easier for both residents and staff. A simple thing like a netting canopy was purchased. For a small cost it allows a resident to remain in bed and be placed outside in the sunshine fully protected from flies and insects.

During the year some of our long term friends passed on and are sadly missed. With our loyal band of helpers and supporters we hope to continue another year as we have done in the past.

### Una Faux President

# WIMMERA BASE HOSPITAL LADIES' AUXILIARY

It is with pleasure I present to you a report on behalf of the Wimmera Base Hospital Ladies' Auxiliary for the 1997/98 period - how quickly the year has gone!

During the last twelve months the Auxiliary has donated the sum of \$9,172 to the hospital. With this money a cardio-cap monitor and accessories was purchased for recovery after surgery.

Our fundraising during the past year commenced with the Auxiliary catering for the Horsham East Rotary Art Show in August - \$294 was raised. Our very successful Christmas Party was held in the Rehabilitation Centre - to this party we invite the different organisations that help stock our Opportunity Shop in Firebrace Street. A raffle on this day netted us a profit of \$116.

On 25 March, 1998 a very enjoyable Morning Coffee Party at the home of Mrs. Nita Varley was held - Katies gave us an Autumn fashion parade with our members as models. The sum of \$858 was raised.

Our Opportunity Shop, under the leadership of manager Mrs. June Rodda, is a wonderful money raiser. The shop, staffed by voluntary auxiliary members, is open four days a week. The sum of \$12,679.85 was taken at the shop in the last twelve months - please remember our shop with any of your unwanted goods. These ladies can sell anything!

The Auxiliary Ladies are grateful for the support given to them by the Management and staff of the Hospital and the community of Horsham and surrounding areas.

My year in office has been most interesting, but this would not have been so without the help of our capable Secretary, Mrs. Dawn Brooke, and our Treasurer, Mrs. Beverley Newall who looks after our finances so well, and to you, the Committee and members of the Auxiliary, I say a very big thank you.

### Beverley Hammond President

### DIMBOOLA EAST LADIES' HOSPITAL AUXILIARY

It is with pleasure that I present this report on behalf of the Dimboola East Ladies' Hospital Auxiliary. We have 20 members with an average attendance of 12 at our monthly meetings. We were sad to lose three of our older members - Rita Lindner, Francie Collard and May Fechner and extend our sympathy to their families.

Activities during the year included raffles, a fashion parade and little tatts donations as well as participating with other organisations in the Christmas tree display and the successful German Fest. Some of our members were able to attend several Wimmera Health Care Group functions. We were pleased to be able to purchase three TV sets and a pump syringe for use of the patients in our hospital.

We were sorry to say farewell to a former President, Carmel Pietsch, who has moved to Horsham and thank her for her assistance over the years.

I would like to thank all members of the Auxiliary who helped and gave so willingly, and also to the community who have always supported our efforts. Thank you, too, to the Manager Mrs. Nievaart for her regular attendance at our meetings.

### Joy Wundersitz President

## KURRAJONG LODGE FAMILY AND FRIENDS SUPPORT GROUP

In response to a need from residents, family and friends of Kurrajong Lodge, a Support Group was formed in March, 1998. This is the first support group for Kurrajong Lodge.

Since commencement, monthly afternoon teas have been provided to the residents supplied by the Support Group. These have been well attended and greatly appreciated by the residents. To help raise funds a display cabinet has been situated in the foyer for selling items including flowers, jams and sauces - all made or donated by Group members. To date. with the assistance of raffles, the staff have been able to purchase hot packs, sandwich makers, dustbusters and vases. It is anticipated in the future to purchase outdoor furniture for the residents to enjoy the outdoor living areas of Kurrajong Lodge. The Support Group have identified other areas of need for Kurrajong Lodge and have commenced discussions with the executive to consider possibilities.

Members of the Support Group know our small contribution thus far to the welfare of residents, staff and visitors has been appreciated. With this in mind, we intend to keep working towards the aim of providing extra resident comforts.

# Robert Thistlethwaite President

### DIMBOOLA HOSPITAL APPEALS AUXILIARY

Once again the Auxiliary has been very busy. Fundraising has been varied in many ways, the main fundraiser being the Wimmera German Fest. Little did we realise that it would become such a success. Things just don't happen, there is a lot of unseen work put into the organising and my thanks go to a very loyal and supportive committee.

Donations to the hospital so far this year have been fluffy chairs, an oxygen concentrator and seven new hendicare beds.

Plans are being made for our Fifth Annual Wimmera German Fest to be held on 17 and 18 April, 1999.

Well done to each and every one on the auxiliary.

### Pamella Bothe President



**Above:** A farewell to Paediatrician Dr. Mary Brown following 17 years of devoted service.

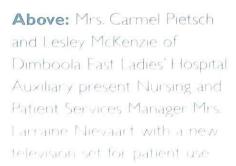
# Dimboola Campus









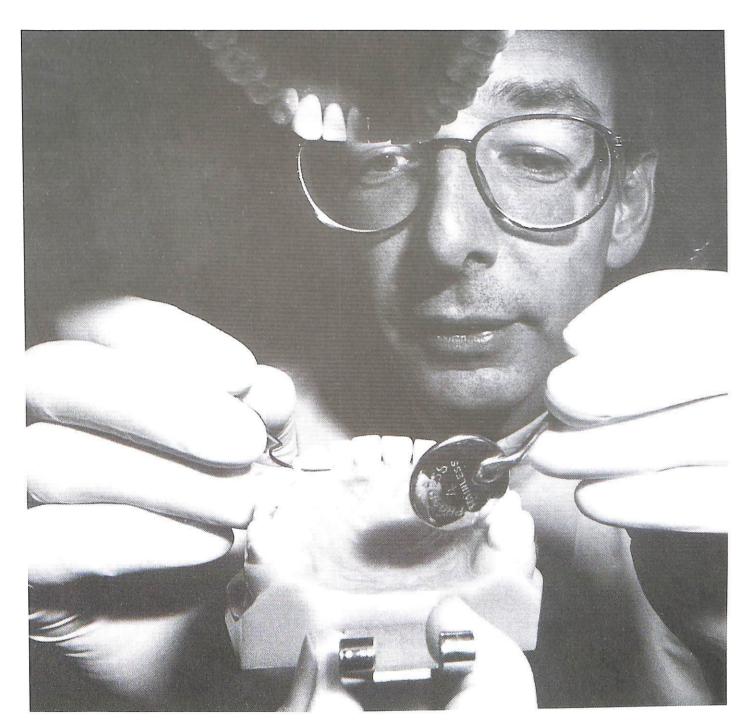


**Top right:** A monthly podiatry clinic is provided in the Alister Hinchley Wing. Pictured, Mrs. Bianca Jones treating a young patient.



**Middle:** Jo Zippel, Day Centre Activities Co-ordinator assisting Mrs. Ivy Margetts into the Day Centre bus on the hydraulic ramp.

**Above:** Fin and Ena Rudolphi enjoy the festivities of the atinual German Lest



**Above:** Dentist Dr. Andrew Bills provides a bi-weekly dental service to Dimboola.

# Staffing Profile

### CHIEF EXECUTIVE

J.F. Krygger BHA. MB.A. AFCHSE AFAIM.

### VISITING MEDICAL STAFF

### Anaesthetist

G.E. Wajszel, M.D. A.M.C.

### Dermatologists

P.A. Foley, M.B. B.S.

S. Gilmore, M.B. B.S., F.A.C.D.

C.J. Meehan, M.B. B.S. FRACE FACE

R.D. Sinclair, M.B. B.S. FACD.

B.J. Tate, M.B. B.S., Ph.D. F.A.C.D.

### Gastroenterologist

G.J. Phelps, M.B., B.S., FRA.C.P.

J.P. Watson, B.A., B.M. BCH, M.A., M.R.C.P. PHD.

### Obstetricians and Gynaecologists

E.T. Miller, M.B. B.S., M.R.C.O.G., FR.C.O.G., FRA.C.O.G.,

R. Ferguson, M.B. B.S., F.R.A.C.O.G., F.R.C.O.G. (RESIGNED 1998).

### Oncologists

R.H. Bond, M.B., B.S., FRA.C.P.

### Ophthalmologists

D. McKnight, M.B. B.S. F.R.A.C.O. FRA.C.S.

M. Toohey, M.B., B.S., FRA.C.O., FRA.C.S.

### Oral Surgeon

G.G. Fowler, B.D.SC., L.D.S., M.D.SC., F.D.S.R.C.P.S.

### Orthopaedic Surgeon

J.D. Bourke, B.MED.SCI., M.B.CH.B., FRA.C.S., FA.O.A.

### Otolaryngologists

H.M.P. Rundle, M.B., B.S., FR.C.S.(ED), FR.C.S.(ENG). FR.A.C.S.

R.L. Thomas, M.B., B.S., FRA.C.S., FR.C.S.(ENG.).

A.A. Wallis, M.B., B.S., F.R.A.C.S.

### Paediatrician

M.F. Brown, M.B. B.S. D.C.H., FR.A.C.P (RESIGNED 31-12-1997).

### **Pathologist**

G. Humphries, M.A. B.M. B.CH. D.TM,&H., D.R.C. PATH, ERC. PATH, ERC. PA

### **Physicians**

T.W. Howison, MB. BS. FRACP

J.C. Hurley, M.B. B.S. B.MEDSCI. PH.D. FRA.C.P. (RESIGNED 18.498)

### Plastic Surgeon

R. Sheen, MB BS FRACS (RESIGNED 171297)

### Psychiatrist

A. Ayonrinde, MB BS DPM FRANZCP FMC PSYCH FWAC P(RESIGNED 1998)

D.P. Green, MB BS FRANZP (PART I)
DIPPSYCHOTHERAPY

### Radiologists

M.F. Bennett, MB BS FRACE

A. Morlang, BS MD ABR

A.M. McLaughlan, MR BS BAGSC FRACE

| Robin, MB BS THEATIAN MY DIERA/ R

A Slaven, MB BOH DRACE

PWalker, MR OFR FRODIES PORTED IN 1917

RC. White, MB BS. FRACR

L. Wong Shee, MB. CHB. DCRA. FRACR

### Surgeons

G.S.R. Kitchen, MB BS FRACS

I.A. Campbell, MB. BS. FRACS

### Urologist

R.I. McMullin, M.B. B.S. FRA.C.S.

### Geriatrician (Sessional)

A.C. McBain, M.B. B.S. D.G.M.

### Regional Geriatricians

M.W. Giles, M.B. B.S. MRCP(UK.) DIPRACOG.

J. Hurley, M.B. B.S. DOBST RCOG MRCP(UK)

D.P. Ollerenshaw, M.B. B.S. D.P.M. M.R.C.PSY.

A.M. Van der Knijff, M.B. B.S., D.G.M.

M.W. Yates, M.B. B.S., FRA.C.P.

Regional Supervisor for Graduate Medical Education

D.W. Leembruggen, M.B., B.S., FRA, C.G.P.

### Supervisor of Intern Training

D.L. Wilson, M.B.CH.B., M.R.C.G.P(UK). D.R.C.O.G.(UK). FAMILY PLANNING CERT.(UK)

### Area Medical Co-ordinator - Regional Displan

A.M. Wolff, M.B. B.S. DIPRACOG, FRACGP. M.B.A. MRACMA, AFCHSE.

# Deputy Area Medical Co-ordinators - Regional Displan

P.P. Haslau, M.B., B.S., FR.A.C.G.P

D.W. Leembruggen, M.B. B.S. FRA.C.G.P.

### Medical Officer - Family Planning Clinic

Y.P. Cymbalist, M.B. B.S. DIPRACOG

### Medical Officers - Wimmera Base Hospital

K.L. Archer, M.B.CHB., M.R.C.O.G.(PART 1), A.M.C., D.R.A.C.O.G.

Y.P. Cymbalist, M.B., B.S., DIPRA.C.O.G.

C.H. Foord, M.B., B.S., DIR R.A.C.O.G.

R. Grenfell, M.B., B.S., DIP RACOG, MPH.

P.P. Haslau, M.B. B.S., FRA.C.G.P.

A.K. Horwood, M.B. B.S. FRACGP, FAMAS.

G.M. Jenkinson, M.B. B.S.

J.J. Jenkinson, M.B. B.S.

D.A.McG. Jinks, M.B. B.S. DIPRACOG

D.W. Leembruggen, M.B. B.S. FRAC,G.P.

A.C. McBain, M.B. B.S. D.G.M

G.A. O'Brien, M.B. B.S. DIPOBS, R.C.O.G.

M. O'Sullivan, M.B., B.S., DIP RA, C.O.G., D.A. ERA, C.G.P.

J.R. Williams, MB BS DCH DA DRCOG

D.L. Wilson, MBCHB, MRCGP(UK), DRCOG(UK) FAMILY PLANNING (FRT.(UK)

### Medical Officers - Dimboola District Hospital

C. Bottcher, M.B. B.S.

K. Bourke, MB BCH BAO DROOK DCH

Y. Cymbalist, MB BS DIPRACED,

D. Harris, MB BS

J. Pickering, MR THR FRATTIP

### Dental Officers

R. Barnes, Rose

A. Bills, REISE FRACTIS

DB Bourke, RIA

D.L. Lye, BDSC

E. Paraskevopoulos, BDSC

B.G. Sonnberger, B.D.SC

A.H. Wiggell, BSC\_BDSC

### MEDICAL DIVISION

Director of Medical Services/Director of

Accident and Emergency Department

A.M. Wolff, MB. B.S. DIPRACOG FRACGE.
MBA. MRACMA AFCHSE

### Audiologist

G. Edwards, DIPAUD(MANCHESTER).

Centre Against Sexual Assault Co-ordinator

I. Bates, DIPSOC SC (WELFARE)

Clinical Risk Management Project Officer

J. Bourke, R.N., H.D.N.C., CERT. H.E.C., CERT. CLINICAL TEACHING AND UNIT MANAGEMENT

### Senior Dental Officer

A. Bills, B.D.SC. FRAC.DS.

### Dietitian

P. Marshman, B.SC., GRAD, DIPDIET

Medical Librarian

S. Mewett, ALAA

Chief Medical Record Administrator

C. Dooling, ASSOC DIP(M.R.A.)

### Chief Occupational Therapist

K. Griemink, BCH.APPSCL(O/T) (MATERNITY

G. Jarred, B. APPSC. (O/T). (13.3.97-10.3.98)

### Chief Pharmacist

I. Gerlach, PHIC MPS ESHP

### Chief Physiotherapist

D. Schulz, B.APPSC (PHYT)... GRAD DIPGERON. (RESIGNED 17997)

C. Moretti, B. APPSC.(PHYT). (COMMENCED

### Chief Speech Pathologist

J. Shurdington, B.APRSC.(SPPATH) (MATERNITY LEAVE FROM 18.5.98)

M. Elsey, B.APPSC (SPPATH) (COMMENCED

### 19.5.98

Podiatrist

B. Jones, DASC (POD), MAPODA (MATERNITY LEAVE 20.1.97)

Sandra Midgley, B APPSC (POD) (COMMENCED 15.197)

### Chief Social Worker

S Glover BSOC WK

### RESIDENT MEDICAL STAFF

### Interns

E. Gawler - 11.8.97-19.10.97.

Y-C. Pai - 11.8.97-19.10.97.

N. Tanthuwanit - 11.8.97-19.10.97.

M. Piercey - 11.8,97-19.10.97.

C. Chew - 11.8.97-19.10.97.

P Neil - 20.10.97 11.1.98

F. Par - 20 10 97 11.1 98.

S. Karunajeewa - 20.10.97 | 1 | 1.98. P.Wicks - 20.10.97 | 1 | 1.98.

S. Ferris 20.10.97 + 1.198 D. Charlesworth 12.198.22.398

C Tan 12198 22398

A. Babovic - 12.1.98-22.3.98.

G. Wright - 12.1.98-22.3.98.

S. Karalapillai - 12.1.98-22.3.98.

L-P. Chow - 23.3.98-30.5.98.

P. Fu - 23.3.98-30.5.98.

S. Adams - 23.3.98-30.5.98.

J. Gome - 23.3.98-30.5.98.

L-M. Lim - 23.3.98-30.5.98.

L-Y. Xu - 1.6.98-9.8.98.

W. Renwick - 1.6.98-9.8.98.

J. Gilbert - 1.6.98-9.8.98.

D. Lau - 1.6.98-9.8.98.

L-C. Lam - 1.6,98-9.8.98.

Surgical Registrars

R. Grills - 4.8.97-4.1.98.

J. Morgan - 5.1.98-1.2.98.

C. Dowling - 2.2.98-2.8.98.

Medical Registrars

D. Pirani - 4.8.97-1.2.98.

J. Castro - 2.2.98-1.5.98.

Hospital Medical Officer

K. Archer - 3.2.97-1.2,98.

T. Le - 3.2.98-2.8.98.

### **NURSING DIVISION**

Director of Nursing Services

W.A. Lewis, RN, RM, MH.A., BAPPSC (ADVNURS). LCC., NEON & PAEDICC., FRCN.A., FA.C.N.M.

Deputy Director of Nursing Services

C.A. Meade, RN. RM. M.H.A. B.APPSC. (ADVINURS.). FR.C. N.A. (RESIGNED 12.10.97)

A. Wilson, R.N., R.M., DTN, B.APPSC.(N.AD). DIRAPPSC.(N.AD) (COMMENCED 1711.97)

After Hours Co-ordinators

M. Heubner, R.N., R.M., C.C., B.NURS.

 $N.J.\ Kroschel,\ R.N.,\ B.APPSC.\ (NURSING).\ GRAD.CERT.DIABETES\ ED.$ 

D.G. Leach, R.N., R.P.N., I.C.N.C., DIPAPPSC.

J. McCabe, RN. H.D.N.C.

J.W. Richards, R.N., B.NURS., CERT. IN MICROCOMPUTER IN BUSINESS SOFTWARE

B. Taylor, R.N., R.M.

Nurse Educator

P. Keyte, R.N., R.M., D.T.(N), F.R.C.N.A.

Admission and Discharge Co-ordinator

P. Dodson, R.N., B.NURS., H.D.N.C., CERT, H. MGT.

**Executive Chef** 

S. Merrylees, QUALIFIED CHEF, AMIHC (COMMENCED 5.9.97)

**Environmental Services Supervisor** 

D. Queale

Wimmera Hospice Care Co-ordinator

A. Hayes, RN. FRC.N.A

Wimmera Linkages Manager

R. McIvor, TP1C CERTA

Nurse Unit Managers

Community Rehabilitation Centre

A Richards, RN RM BHSCUMGELARCHSE FRI INT MICROCOMPLETER INT BUSINESS WARE

District Nursing Service

H lorey, RNI ASSA DIPHATIKA GRIHAB COMMINITADA RADDIPHATIKA GRIHAB

HEALTHY

**Emergency Department** 

D.N. McRae, R.N. R.M., CRITCARE CERT GRADDIPCRITCARE

Infection Control

J. Spencer, RN, RM, CERTSTERIL, & INFECT.CONTROL

Kurrajong Lodge

D.D. Johnson, E.N. HOSTEL SUPERVISOR CERT

Operating Suite/Day Procedure Unit/CSSD

P. Muszkieta, R.N. BINURSING CERTISTERIL & INFECTIONTROLIHONIC

Oxley (Surgery/Medical/ICU)

S. Hill, RN RM. BNURS. HDNC ACTING TILL 9 1 1 971

K. Neff, RN (COMMENCED 10 11 97)

Wimmera Nursing Home

C.C. Newell, RN

Yandilla (Midwifery, Paediatrics)

W. James, RN. RM. BNURS

### **DIMBOOLA CAMPUS**

Manager, Nursing & Patient Services

L. Nievaart, RN. RM. DIPAPPSCIN. B NURS GRAD.DIPHEALTH ADMIN. GRAD.DIPFAM.&CHILD HEALTH ERC.N.A. A.C.N.M. AFD.C.H.SE.

Nurse Unit Manager - Alistair Hinchley Wing

R. Huff, RN. RM

### **ADMINISTRATIVE SERVICES** DIVISION

Administrative Officer - Associated Institutions

and Linen Service Manager

K. Duncan, B.BUS., A.S.A

Community Liaison Officer

M.A. Taberner, M.F.I.A., A.PR.I.A

Corporate Services Manager

S.L. Bell, A.S.A

Engineering Services Manager

T.R. Martin, M.H.E., M.A.I.R.A.H. (RETIRED 12.12.97)

P. Crammond, DIPMECHENG. (COMMENCED

Human Resources Manager

D.H. Pinyon, AFAHRI

Information Technology Manager

K.M. Loughran, B.SC. DIPCOMPSC

Quality Manager / Commissioning Officer

R.J. Lardner, R.N., R.M., N.I.C.C., I.W., M.H.A., B.H.SC.(MGT.). A.F.C.H.S.E

Supply Manager

D. Tonnisen, CERT A.H.S.P.O. CERT HOSPITAL

### SERVICES AVAILABLE AT WIMMERA **HEALTH CARE GROUP**

- Adult Day Activity and Support Service
- Aged Care Assessment
- Ante-Natal Classes
- Audiology
- Blood Bank
- Breast Prosthetic
- BreastScreening
- Cancer Support Service
- Cardiac Rehabilitation
- Centre Against Sexual Assault
- Church Services
- Colposcopy Clinic
- Community Psychiatric Nursing
- Community Rehabilitation Service Computed Tomography (CT)
- Continence Service
- Day Surgery
- Dental and Prosthetic Clinic
- Diabetics Education
- Dietetics
- District Nursing
- Domiciliary Midwife
- Education Centre
- **Emergency Department**
- Endoscopy
  Extended Care Services
- Family Planning
- Gastroenterology
- Graduate Nurse Program
- Health Information Service
- Health Promotion
- Hospice Care Hospital In The Home
- Hostel Accommodation
- Inpatient Medical Care
- Intensive Care Unit Library
- Linkages Program
- Low Vision Clinic
- Mammography
- Medical Imaging Neonatal Nursing
- Nursing Home Accommodation Nursing Staff Education

- Obstetrics and Gynaecology Occupational Health and Safety
- Occupational Therapy
- Oral Surgery
- Orthotics Laboratory
- Pacemaker Clinic
- Paediatric Care
- Pathology
- Pharmacy
- Physiotherapy Plastic Surgery
- **Podiatry**
- Rehabilitation Assessment
- Renal Dialysis
- Respite for Carers Program
- Social Work Specialist Medical and Surgical Services such as Urology, Ear, Nose and Throat, Ophthalmology,
- Orthopaedics and Dermatology Speech Pathology
- Spinal Clinic Stomal Therapist
- Surgical Ward
- Tertiary Student Placement
- Ultrasound Undergraduate Medical Training Urodynamics Clinic
- Videofluoroscopy Volunteer Program Work Experience for School Students

# Keeping up with the latest technology...

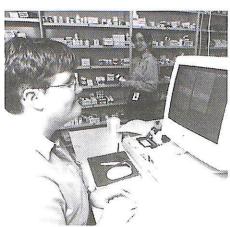




Far Left: Shirley Mewett, the Hospital Librarian for 10 years. The library loans over 1,200 resources per year.

**Left:** June Rodda with helpers Maisie Baker and Norma Garth assisting in the Opportunity Shop. Over \$12,000 was raised from sales which purchased life saving equipment for the hospital.







Above: Ladies' Auxiliary
members Dawn Brooke and
Bev Hammond with Associate
Charge Nurse David Fogarty
and a new cardio monitor:
Left: Medical Imaging
Technologist Fiona Jeffs
conducting a mammogram.
Far Left: Pharmacist Belinda
Locke and trainee kim Ma
working in the Pharmacy
department Both have been
impressed with the new
computer system

# Patient Statistics

ACUTE INPATIENTS 1997	/98				ADMISSION BY POSTCOD	E
		Wimmer	a Health	Care Group	Apsley	13
Number of beds				76	Ararat	10
Patients treated				7.150	Ballarat	24
Bed Days				21.946	Balmoral	15
% Occupancy				79	Beulah	63
Separations				7.096	Birchip	57
Average Length of Stay (days)				3.1	Brim	20
Deaths				110	Casterton	3
Births				359	Cavendish	7
Day Procedure Unit				2.552	Dimboola	800
Operations				3.832	Donald	90
and a second sec					Edenhope	119
			N	ursing Home	Geelong	6
Number of beds				86	Glenorchy	13
Admissions				46	Goroke	43
Bed Days				31,267	Halls Gap	19
Deaths .				23	Hamilton	3
% Occupancy				99.6	Harrow	3
% Occupancy				77.0	Hopetoun	37
		٧	rraiona l	_odge Hostel	Horsham	3,906
Number of beds		Ku	rrajong i	36		98
Admissions				75	Jepanit	2
Bed Days				12.613	Jung Kaniva	111
				12.613	Marnoo	7
Deaths				96		2
% Occupancy				76	Maryborough Melbourne	49
					Mildura	9
VISITING SPECIALIST OU	TPATIENT CI	LINICS			Minyip	130
Dermatology	381	Orthopaedics		1.241	Moree	3
ENT	558	Physician		315	Murtoa	181
Plastic Surgery	106	Low Vision		45	Natimuk	165
Professorial	38	Oncology		246	New South Wales	11
Urology	790	Ophthalmology		1.220	Nhill	[4]
					Northern Territory	2
SERVICE ACTIVITY AND E					Ouyen Portland	1.0
Efficiency Indicators	Wimmera Health Care	Wimmera Health Care		Wimmera Base	Queensland	5
	Group	Group		Hospital	Rainbow	167
	1997/98	1996/97		1995/96	Rupanyup	128
Untrimmed AN-DRG Weight	0.7992	0.8267		0.7676	South Australia	35
Inpatient Costs Acute	\$16,538,000	\$14,978,000		\$15,006,000	St. Arnaud	81
- Nursing Homes	\$3,840,000	\$3.946,000		\$4,170,000	Stawell	
Outpatient Costs	\$1.780,000	\$1.750.000		\$1.717.000	Terang	108
Cost per Separation	\$2,330	\$2.217		\$2,179	Unknown	
Cost per Inpatient Day	\$753	\$645		\$583	Vic. Other	4
Cost per Separation DRG Adjus		\$2,692		\$2,839	Watchem	22 17
Cost per Outpatient Occasion	\$28.00	\$26.96		\$29.50		
					Western Australia Wilkur	247
WIMMERA HOSPICE CAR	2F				A A HK (1)	347
Activity	T Base	1998	1997	1996		
Admissions		85	75	94		
Discharges		89	7.1	104		
Contacts.		1.855	1.815	1.660		
- KUNDANA A				000.		

### EMERGENCY, PARAMEDICAL AND SUPPORT SERVICES

1997/98		Regional	Group Activities	Group Attendances	Domiciliary Visits	Inpatient	Emergency
Aged Care Assessment Service	178					186	
Audiology	1.205						
Community Liaison			34	1.020			
Community Rehabilitation Centr	e 6.138		1,521	10,453		649	
Day Centre	2,413		908	4,464			
Dental - Horsham	1.822		4	120	6	126	
Dental - Dimboola	1.022						
Dietetics	754	66	84	1,149	2	1.677	
District Nursing					14,804		
Domiciliary Nursing			99	1,445	1,470		
Emergency							9,990
Occupational Therapy	1.251	614	13	130	428	1,155	
Pharmacy	1.998	16,223	18	160		110.847	
Physiotherapy	6,052	2.016	85	1.155	63	4,407	
Podiatry	2,423	477	5	125		284	
Social Work	2.398	36	20	220	1.1	3.812	
Speech Pathology	2,469	949	48	792	27	777	
Respite for Carers	556		143				

### WIMMERA LINKAGES PROGRAM: CLIENT REFERRALS

Local Government Area	1998	1997	1996
Hindmarsh	15	14	10
Horsham Rural City	61	50	61
West Wimmera	5	5	T.
Yarriambiack	16	21	17
Total	97	90	89

### WIMMERA LINKAGES PROGRAM: ADMISSIONS AND DISCHARGES

	1998	1997	1996
Number of people accepted	56	39	37
Number of people leaving	47	37	48

### CARER'S CHOICE PROGRAM: CLIENT REFERRALS

Program commenced December, 1997

Local Government Area	1998
Hindmarsh	61
Horsham Rural City	206
West Wimmera	32
Yarriambiack	54
Other	35
<b>Total</b> includes Disabilities 240 and Aged 148	388

### WIMMERA CENTRE AGAINST SEXUAL ASSAULT

Service Type	1997/98	1996/97	1995/96
Registrations	107	96	96
Crisis Care to Recent Assault Victims	72	34	21
Individual Counselling Contacts	580	455	687
Information and Referral Sessions	451	283	159
Community Education Sessions	64	49	63
Education Consultancy Contacts	259	196	149

# The Finance That Enables It To Happen

### **ACHIEVEMENTS**

- · Financial stability.
- Audit certificate received on time and without qualification.
- Active involvement of Deputy
   Corporate Services Manager in
   Hostel resident and relative contact.

In times of extreme financial pressure and Government stringency, it is pleasing to report a positive operating result. The Group's Balance Sheet remains healthy with a net increase of cash held and an operating surplus of \$182,000. It is also worth highlighting that the Health Care Group is only one of two Base Hospitals in Victoria to record an operating surplus.

Bed rationalisation in the new acute hospital (Horsham Campus) was in many respects unpalatable, but contributed significantly to the operating surplus. This strategy, along with dramatic improvement in key performance indicators such as Average Length of Stay and WIES generated per bed day, placed the Group at the forefront of best practice.

It is expected that capital development of the Dimboola campus will create further efficiencies and add to the continued financial viability of the organisation.

Residential Aged Care programs have been handicapped by continuing uncertainty created by changing Government policy. It is pleasing, however, to note that Commonwealth "coalescent" movements are now subject to major review. It is hoped that an outcome of the review will be financial sustainability of rural, public sector nursing homes and hostels.

The Year 2000 millenium problem presents major challenges for the health industry and system review is of paramount importance in protecting future financial results. The Auditor General is charged with assessing our compliance strategy and progress as we move towards the beginning of the new century.

Assessment of 1998/99 program funding levels is ongoing and early indication is that the Group may balance its budget, depending on patient throughput levels. A positive outcome is very much reliant on possible extra funding resulting from the re-signing of the Australian Health Care (formerly Medicare) Agreement.

Program changes within Primary and Community Care include moves toward Output Based Funding. Revenue streams will remain constant until changes and implications are resolved and agreed upon.

As we close 1997/98, some renewed financial optimism is apparent, with Governments clearly reviewing economic policy as it relates to rural areas.

### MAJOR EQUIPMENT

DUDCHASES

PURCHASES	4
Beds - Hi/Lo	56,920
Computerisation	59,392
Franking machine	3.100
Gastrovideoscope	34,000
Hoist Alpha	12,981
Lifting Machines	7,305
Microscope	23,500
Oxygen Concentrators	5,680
Patient Monitors	8.752
Photocopier	6,800
Rideon Mower	7.426
Software "Stocca"	24.000
Syringe Drivers	4.050
Trolleys Recovery	16.410
Wheelchairs	8.752

### NEUTRAL PRICING PRINCIPLES

The Health Care Group exercises competitive neutral pricing principles to significant business units within its operations.

Model two is used to apply the pricing principles to the relevant business units.

### WHERE THE MONEY CAME FROM

	1997/98 \$'000	1996/97
Government	18,863	18,982
Government Redundancy	=	522
Patients	4,779	4,725
Private practice	76	279
Borrowings		800
Disposal of Investments	*	
Other	2,584	3,290
Total	26,302	28,598

### HOW THE MONEY WAS SPENT

	1997/98 \$'000	1996/97 \$'000
Salaries, and Wages	16,344	15.230
Suppliers	8,443	10,403
interest	86	.24
Building and Equipment	706	3,413
Repayment of Borrowings	21	143
Total	25,600	29,213
Net increase (decrease) in cash held	706	(615)

# Foundation Donations

All donations to the Foundation help to build a permanent fund that will be part of the basis for future development. The interest from this fund will provide for the inevitable demand for equipment, buildings and ongoing maintenance.

The ultimate success, however, depends on people recognising the need to plan ahead and financially supporting the trust.

The Wimmera Base Hospital Foundation Trustees appreciate and acknowledge all donations to the Foundation by awarding the following membership titles:

### Patron

### (donations of \$250,000 and above)

None to date.

### Benefactor

### (donations of \$50,000 to \$250,000)

Clifford, J.

Hardman, I.

Horsham United Friendly Society

Taberner, M.

Mrs. Clifford, Mrs. Hardman and Mrs. Taberner have been awarded Benefactor status having all donated Charitable Life Insurance Policies assigned to the Foundation. The exact amount of their ultimate contribution is dependent upon life expectancy and performance of the fund.

### Member

### (donations of \$5,000 to \$50,000)

Van Dyk, H.W.F. & Estate J.A.C.

### Foundationer (donations up to \$5,000)

Corner, Mrs. D.

Court Fines

Drum, V.J. & H.P.

Duck Race

Flkes, Mr. F.

Flux, Mr. E.

Lampard, J.C.
Nat. Heart Foundation

Miller, Mr. G. Nuske, Mrs. E.

rvat. Heart Found

TNUSKE, I II SI EI

Rotary Barrel

Sale of Merchandise

Taberner, R. & V.

Wishing Well

# WIMMERA HEALTH CARE GROUP

Ackland Mrs Bey Ampt. Mrs Elsie Anderson, Mrs. Fave Anderson Mr P & Mrs L Anderson Mr Ron Annonymous. Annonymous Ashton, Mrs Lillian Baker Mr Lawrence & Mrs Bartie Mr Robert Bell Mr Neville & Mrs Bev Bolton Mr Stuart & Mrs Nancs Bourke Mrs. lo Bothe Mr Maurice Bothe Mr Maunce Brauer Mr OH & Mrs L M Brooksty Mr Barns & Mrs Pat Brown Mr Earnest & Mrs Jean Buffham, Mr & Mrs A Burge Mr Vernon & Mrs Faxe Butter Mrs Strufey Carey Mrs Patricia Carri Ms Noelene Carter Mr Ned & Mrs Nancs Catholic Womens League Comer Mrs Dons Cramer Mr Ronald & Mrs Alice Crouch Mr Roy & Mrs Kath Cume Estate Foundation, lan De Gruchy Mr Ron & Mrs Hilda Dimboola East Ladies Hospital Auxiliary Dimboola Hospital Appeals Auxiliary Delahunts Mr. Hugh & Mrs. Judi Dixon, Mrs Dulcie Donald Mrs Wends
Dougherts Miss Connie
Dowsles Mr Ken & Mrs Mary Downess, Mr. Ken & Mrs. Harry Dumessy, Ms. Jennifer Dunn, Mr. Kevin & Mrs. Margaret Eagle, Mr. Jack & Mrs. Bervi Edmonds, Mrs. W.M. Elders Limited Evans, Mrs. Judy Evans Mrs Judy
Feilman Ms Patnisia
Ferguson Mir Noel & Mrs Jan
Ferguson Mir RJ
Filip Mr Jeff & Mrs Mandy
Freemasons Masonic Lodge Horsham
Galagner, Mir Max & Mrs Kit
Callegner Mir Max & Mrs Kit
Callegner Mir Max & Mrs Kit Gallagher, Mr Max & Mirs Nd Gillespie, Mr Jack & Mrs Barbara Glover Mr Peter & Mrs Mas Greville Mr Lome Guest, Mrs Rebecca Guest, Mr & Mrs D Guest, Mir & Mirs Lib Gulline Mr Graeme & Mrs Lib Hall Miss Ula Handbury Mr Geoff & Mrs Helen Harrington, Mr John & Mrs Doreen Hart, Mss Patrica. Haslau Dr Peter & Mrs Ros Haves Ms Anne Heard Mr Cors & Mrs Jennie Heard Mr Jim & Mrs Margaret Horsham Auction Rooms Hounsell Mrs Lorna Irwin Mi Peter Jackson, Mr. E.W.N. Jenkin Mr. Hugh & Mrs. Lorna Johansen Mr. Bruce & Mrs. Joan John Mr. Mike & Mrs. Jan John Mr. Mike & Mrs. Jan Johns Mr. Don & Mrs. Jo King Mr. Jan & Mrs. Coral Kitchen Mr. Ciraham & Mrs. Manon Krygger Mr John Krugger Mrs Susanne Kuhine Mr Ben & Mrs Ho Kurrajong Lodge Support Circup Latimer Mr John & Mrs Bos Latus Mr John & Mrs Pat Leembruggen Dr.& Mrs David & Denise Lons Club of Horsham Hewelyn Michaurence & Mrs Mar-Lonsdale Michim & Mic Roseman consider the proxy state Reserral Lupus Support a coup Mackey Mr. Lan. & Mrs. Barton's Marks, Mr. stepnes States has New anothe Markey, New Acades, Mr. ages No. Jan. 2005, goother Stage of the stage

Morris Mr Richard & Mrs Ian Murray To Moyne Cycle Relay Newton, Mrs. Kathryn Nitschke, Mr Ron Nixon, Mr Allan & Mrs Sandra Ower Mr Bill & Mrs Janet Paech Rev John & Mrs Edna Pelchen, Mr Frank & Mrs Cora Quota international of the Wimmera Inc Richards. Mr John Rissman Mr A.L. & Mrs Robertson, Mr Robert & Mrs Elizabeth Rohde, Mr. Ivan & Mrs Vera Rotary Club of Horsham East Rowlings Mr Allan Saunders: Mr Geoff & Mrs Wendy Schudmak, Mr Philip Seventh Day Adventist Church Shade Mr Kerryn Shade Mirikernyn Shamock, Mir Noel & Mirs Leigh-Anne Shearwood, Mir Jack & Mirs Mervi Shemy, Mir David & Mirs Jenny Simmons, Mir Wayne Sloane Mir William Smith, Mir Clive Smith, Mr Les Smith, Mir Les Smith Mrs Gwennda, Smith Mrs Jovce Southcorp Metals Manufacturing Stevens Mrs Jovce Sudholz Mrs lennette Sumps Mrs Toy, Mr Leon & Mrs Mayhar Llebergang Mr Adolph Wachowski Mir Jan Walter Mr Robert & Mrs Elizabeth Weight, Mr John & Mrs Wends Williams, Mr Oliver & Mrs Doroths Wilmmera Base Hospital Ladies Auxillians Wimmera Nursing Home Support Group Winfield Mr Geoff & Mrs Lyn Winter Mr Jock & Mrs Marg Wood Mr Andy & Mrs Glen Wooster Mrs Kim Worths Mr Leon & Mrs Angela Wvatt. Mr Andrew Wyeth Mr Malcolm Wynne Mr Geoff Yeates, Mr Laune & Mrs. Ann



### WIMMERA HEALTH CARE GROUP REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30TH JUNE 1998

		TOTAL	TOTAL
		1997/98	1996/9
	NOTES	\$,000	\$,000
Operating Revenue			
Services Supported by Health			
Service Agreement			
Government Grants		18,506	17,700
Indirect contributions by Human Services		430	311
Patient Fees		4,675	4,511
Other Revenue		391	537
Sub-Total	2	24,002	23,059
Services Supported by Hospital			
and Community Initiatives			
Private Practice Fees		76	279
Interest		115	126
Property Income		102	66
Other Revenue		1,209	1,089
Sub-Total	3	1,502	1,560
Total Revenue		25,504	24,619
Less Operating Expenses			
Services Supported by Health			
Service Agreement			
Employee Entitlements		15,396	15,483
Fee for Service Medical Officers		1,881	1,897
Supplies and Consumables		2,189	
Other Expenses			2,053
Sub-Total		4,237	4,124
Services Supported by Hospital		23,703	23,557
and Community Initiatives			
Employee Entitlements		1047	205
Supplies and Consumables		1,047	885
Other Expenses		36	202
Sub-Total		600	856
Total Operating Expenses	3	1,683	1,943
Operating Surplus(Deficit) for the Year	4 ==	25,386	25,500
Before Capital Purpose Income, Depreciation,		118	(881)
Amortisation and Abnormal Items			
Capital Purpose Income	6	572	2,070
Depreciation and Amortisation	7	(1,418)	(1,243)
Abnormal Items	8	(636)	(647)
Operating Surplus(Deficit) for the Year		(1,364)	(701)
Retained Earnings at July 1		2,455	2,754
Aggregate of Amounts Transferred			
from/(to) Reserves	9	156	402
Retained Surplus(Accumulated Deficit)			
at End of Year		1,247	2,455

# WIMMERA HEALTH CARE GROUP BALANCE SHEET AS AT 30TH JUNE 1998

		TOTAL	TOTAL
		1997/98	1996/97
	NOTES	\$'000	\$'000
EQUITY			
Funds Held for Restricted Purposes		1,162	1,318
Retained Surplus/(Accumulated Deficit)		1,247	2,455
Contributed Capital		18,356	18,356
Total Equity	27	20,765	22,129
LIABILITIES			
Current Liabilities			
Bank Overdraft		951	1,041
Payables	10	1,122	987
Provision for Employee Entitlements	11	2,272	2,470
Accrued Expenses		46	128
Government Loan	13	250	
Business Loan	13	11	10
Monies Held in Trust	12	68	60
Lease Liabilities		-	3
Total Current Liabilities		4,720	4,699
Non-Current Liabilities			
Provision for Employee Entitlements	Н	2,167	1,791
Payables	10	49	90
Government Loan	13	750	1,000
Business Loan	13	778	789
Monies Held in Trust	12	830,1	480
Total Non-Current Liabilities	12_	4,812	4,150
Total Liabilities		9,532	8,849
TOTAL EQUITY AND LIABILITIES		30,297	30,978
ASSETS		30,277	30,770
Current Assets			
Cash at Bank and On Hand		2,874	2,262
Receivables	15	629	804
Inventory	14	779	712
Prepayments		46	5
Investments	16	109	105
Monies Held in Trust	12	68	60
Total Current Assets		4,505	3,948
Non-Current Assets			
Assets Under Construction		1	•
Land	1.5&17	1,532	1,649
Buildings	1.5&17	19,935	21,411
Plant and Equipment	1.5&17	2,701	2,884
Furniture and Fittings	1.5&17	555	603
Leased Assets			3
Monies Held in Trust	12_	1,068	480
Total Non-Current Assets		25,792	27,030
TOTAL ASSETS		30,297	30,978
T1	. tel ale es Our estal aparagement	And the second second second second	

The accompanying notes form part of and should be read in conjunction with these financial statements.



# WIMMERA HEALTH CARE GROUP STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 1998

		TOTAL	TOTAL
		1997/98	1996/97
		Inflows	Inflows
			(outflows)
	NOTES	(outflows)	\$,000
Cash Flows from Operating Activities	NOTES	\$,000	\$,000
Health Service Agreement Budget Sector			
RECEIPTS			
Government Grant		10 5 42	17,887
Patient Fees		18,543	
		4,779	4,725
Rental Property Income			109
Other Receipts		413	609
PAYMENTS			
Employee Entitlements		(15,297)	(15,035)
Other Payments		(7,893)	(8,678)
Services Supported by Hospital & Community Initiatives			
RECEIPTS			
Private Practice Fees		76	279
Donations		213	223
Other Receipts		1,426	1,329
PAYMENTS.			
Employee Entitlements		(1,047)	(885)
Other Payments		(636)	(1,059)
Net Cash Flows From /(Used In) Operating Activities	18	577	(496)
Cash Flows From Investing Activities	10		(170)
Payments for Purchase of Plant & Equipment		(709)	(3,413)
Capital Grants		320	1,617
Proceeds from Disposal of Plant & Equipment		528	1,020
Net Cash Flows From/(Used In) Investing Activities	-	139	(776)
			(770)
Cash Flows From Financing			
Repayment of Borrowings		(10)	(143)
Proceeds from Borrowings			800
Net Cash Flows From/(Used in) Financing Activities		(10)	657
Net Increase (Decrease) in Cash Held		706	(615)
Cash at Beginning of Year		1,326	1,941
Cash at End of Year	19	2,032	1,326
			1,520

The accompanying notes form part of and should be read in conjunction with these financial statements.

### NOTE I: STATEMENT OF ACCOUNTING POLICIES

The general purpose financial statements of the Group have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued jointly by The Institute of Chartered Accountants in Australia and the Australian Society of Certified Practising Accountants and other mandatory professional reporting requirements. (Urgent Issues Group Consensus Views)

### I.I Accrual basis

Except where otherwise stated, these financial statements have been prepared on the accrual basis whereby revenues and expenses are recognised when they are earned or incurred, and are brought to account in the period to which they relate.

### 1.2 Historical cost basis

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

### 1.3 Rounding off

As total assets are greater than \$10 million amounts are rounded off to the nearest \$1,000.

### 1.4 Investments

Investments are valued at cost and are classified between current and non-current assets based on the Group's Board of Management's intentions at balance date with respect to timing of disposal of each investment. Interest revenue from investments is brought to account when it is earned.

### 1.5 Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost or valuation over their estimated useful lives using the straight-line method. This depreciation charge is not funded by the Department of Human Services Victoria.

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

Plant and Equipment

Up to 47 years Up to 20 years Up to 20 years

Furniture and Fittings

1.6 Revaluation

Land and Building revaluations are based on the market value of the land and " in use " value of improvements.

The accounting treatment for the revaluation is in accordance with AAS 10 "Accounting for the revaluation of non-current assets". Revaluations do not result in the carrying value of land and buildings exceeding their recoverable amount.

### 1.7 Inventory

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

### 1.8 Employee Entitlements

Are based on pay rates current at balance date. On costs such as Workcover and superannuation are included in the calculation of leave provisions.

### **Long Service Leave**

The provision for long service leave is determined in accordance with Accounting Standard AAS30. Generally, the entitlement under various awards becomes payable upon completion of ten years service. The proportion of long service leave estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's service to date.

### Wages and Salaries, Annual Leave and Accrued Days Off.

Liabilities for wages and salaries, annual leave and accrued days off are recognised, and are measured as the amount unpaid at the reporting date in respect of employee's service up to that date.



### 1.9 Intersegment and inter-entity transactions

Transactions between departments within the Group have been eliminated from the figures to reflect the extent of the Group's operations as a group.

### 1.10 Donations

Donations for capital purposes are included in the Revenue and Expense Statement as income designated for capital purposes. Donations are brought to account when receipted.

### 1.11 Fund accounting

The Group operates on a fund accounting basis and maintains three funds operating, specific purpose and capital funds. The Group's Capital and Specific Purpose Fund comprise unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds.

### 1.12 Health Services Agreement/Budget Sector and Services supported by Hospitals and Community initiatives

The activities classified as Services Supported by Health Services Agreement are substantially funded by the Department of Human Services while Services Supported by Hospital and Community Initiatives are funded by the Group's own activities or local initiatives.

### 1.13 Revenue recognition

Revenue is recognised at the time when goods are sold or services rendered.

### 1.14 Comparative Information

Where necessary the figures for the previous financial year have been classified to facilitate comparisons

### NOTE 2: REVENUE FROM SERVICES SUPPORTED BY HEALTH SERVICE AGREEMENT

	Acute Care \$.000	Aged Care \$,000	Co-Ord Care \$,000	Public Health \$,000	Other \$,000	Total 1997/98 \$,000	Total 1996/97 \$,000
Government grants	Ψ,000	φ,000	\$,000	\$,000	φ,000	4,000	4,000
- Dept Human Services	15,216	2,295	702	60	233	18,506	17700
- Other State Govt							
- Commonwealth Govt							
Indirect contributions							
by Dept of Human							
Services - Insurance	344	86				430	311
Patient fees (note 2a)	1,043	3,547	85			4,675	4511
Other Revenue	391					391	537
	16,994	5,928	787	60	233	24,002	23059

Indirect contributions by the Dept. of Human Services:-

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

### **NOTE 2a: PATIENT FEES**

DATIES IT PEEC DAIG			
PATIENT FEES KAISI	ED	PATIENT FEES RECI	EIVABLE
		as at	as at
1997/98	1996/97	30/06/98	30/06/97
\$,000	\$,000	\$,000	\$,000
1,001	1,008	222	223
71	140	19	34
3,445	3,237	45	64
73	66	15	24
85	60		
4,675	4,511	301	345
		301	345
		70	99
		231	246
	1997/98 \$,000 1,001 71 3,445 73 85	\$,000 \$,000 1,001 1,008 71 140 3,445 3,237 73 66 85 60	1997/98   1996/97   30/06/98   \$,000   \$,000   \$,000

**Bad and Doubtful Debts** 

**Bad & Doubtful Debts** 

**Total Expenses Requiring** 

Diagnostic Services

**Fund Outflows** 

159

493

16,810

5,795

801

61

-Acute	142	29
-Aged	6	14
Bad and Doubtful Debts	148	43
Commonwealth Nursing Home and Hostel inpatient benefits are inclu The Hospital charges fees in accordance with the Dept. of Human Se		
NOTE 3: SERVICES SUPPORTED BY HOSPITAL AND CO	MMUNITY INITIATIVES	
	1997/98	1996/97
	\$,000	\$,000
Revenue		
Business Units		
Laundry	434	362
Hostel	576	441
Other	181	471
Other Specific Purpose Services		
Capital Replacement and Special Programs	311	286
	1,502	1,560
Expenses		
Business Units		
Laundry	930	911
Hostel	693	524
Other		223
Other Specific Purpose Services		
Capital Replacement and Special Programs	60	285
	1,683	1,943

### **NOTE 4: OPERATING EXPENSES** Acute Aged Co-ord **Public** Other Total Total 1997/98 Care Care Care Health 1996/97 \$'000 \$'000 \$'000 \$'000 \$'000 \$'000 \$'000 **Services Supported by Health Service Agreement Employee Entitlements:-**Salaries and Wages 8,958 4,093 675 113 13,895 13,427 56 Workcover 74 38 113 124 Superannuation 687 1,020 242 5 934 Departure Packages 522 Long Service Leave 345 109 454 915 Fee for Service Medical 1,881 1,897 1,881 Supplies & Consumables:-**Drug Supplies** 597 86 7 690 629 Med & Surg Supplies 845 96 57 86 1,084 1,107 **Food Supplies** 306 107 2 415 317 Other Expenses:-**Domestic Services** 98 175 279 282 6 Repairs & Maintenance 346 1 380 345 27 6 **Energy Charges** 349 465 504 114 2 Patient Transport 273 211 272 1 Administrative Expenses 1,361 708 39 2,149 1,559 5 36 **Audit Fees** 30 30 29 Interest 9 24

177

468

23,557

159

493

23,703

236

	Services Supported by Hos and Community Initiatives							
	mployee Entitlements:-							
	And the second s	451	404				027	014
	Salaries and Wages Workcover	7	486				937	816
			4				11	8
	Superannuation	40	25				65	61
	Long Service Leave upplies & Consumables:-	34					34	-
	Orug Supplies							33
	Med & Surg Supplies	2						25
	ood Supplies	2	33				3	144
	ther Expenses:-		33				33	144
	Oomestic Services	241	14				257	220
	epairs & Maintenance	241	16				257 16	228
	nergy Charges							168
		108	40				148	138
	dministrative Expenses	94	8				102	178
	ther	77					77	24
								120
	otal Expenses Requiring and Outflows	1040	415		-		1.400	1042
Fu	Ind Outriows	1,068	615		-	-	1,683	1,943
То	otal Expenses	17,878	6,410	801	61	236	25,386	25,500
	erest on Short Term Borrowing erest on Long Term Borrowing					_	9 77 86	11 13 24
NO	TE 6: CAPITAL PURPOS	E INCOME						
C							1997/98	1996/97
	e Government Grants						1997/98 \$,000	1996/97 \$,000
	nmonwealth Government Gra							
	ations and Bequest	ints					\$,000	\$,000
Otne		ints					\$,000	\$,000 2
NO	er (refer note 6a)	ints					\$,000 320 - 213 39	\$,000 2 1,615 223 230
	er (refer note 6a)		NCOME			_	\$,000 320 - 213	\$,000 2 1,615 223
	er (refer note 6a) TE 6a OTHER CAPITAL I	PURPOSE II	NCOME			<u>-</u>	\$,000 320 - 213 39	\$,000 2 1,615 223 230
Dulla	er (refer note 6a)  TE 6a OTHER CAPITAL In the reporting period the H	PURPOSE II lospital sold				<u>-</u>	\$,000 320 - 213 39	\$,000 2 1,615 223 230
	er (refer note 6a) TE 6a OTHER CAPITAL I	PURPOSE II lospital sold				=	\$,000 320 - 213 39 572	\$,000 2 1,615 223 230 2,070
	er (refer note 6a)  TE 6a OTHER CAPITAL In the reporting period the H	PURPOSE II lospital sold				<u>-</u>	\$,000 320 - 213 39 572	\$,000 2 1,615 223 230 2,070
Build	er (refer note 6a)  TE 6a OTHER CAPITAL I  ng the reporting period the H  ings ,motor vehicles and plant	PURPOSE II lospital sold					\$,000 320 - 213 39 572	\$,000 2 1,615 223 230 2,070
	er (refer note 6a)  TE 6a OTHER CAPITAL I  ng the reporting period the H  ings ,motor vehicles and plant  dings	PURPOSE II lospital sold				_	\$,000 320 - 213 39 572 1997/98 \$,000	\$,000 2 1,615 223 230 2,070
Proce	er (refer note 6a)  TE 6a OTHER CAPITAL Ing the reporting period the Hings ,motor vehicles and plant dings  dings	PURPOSE II lospital sold and equipme				_	\$,000 320 - 213 39 572 1997/98 \$,000	\$,000 2 1,615 223 230 2,070 1996/97 \$,000
Proce Less:	er (refer note 6a)  TE 6a OTHER CAPITAL I ng the reporting period the H ings ,motor vehicles and plant  dings eeds from Disposals  Written Down Value of Asse	PURPOSE II lospital sold and equipme				=	\$,000 320 - 213 39 572 1997/98 \$,000	\$,000 2 1,615 223 230 2,070
Proce Less: '	er (refer note 6a)  TE 6a OTHER CAPITAL Ing the reporting period the Hings ,motor vehicles and plant dings eeds from Disposals  Written Down Value of Assert	PURPOSE II lospital sold and equipme				_	\$,000 320 - 213 39 572 1997/98 \$,000	\$,000 2 1,615 223 230 2,070 1996/97 \$,000
Less: Moto	er (refer note 6a)  TE 6a OTHER CAPITAL Ing the reporting period the Hings ,motor vehicles and plant dings eeds from Disposals Written Down Value of Asserter Vehicles eeds from Disposals	PURPOSE II lospital sold and equipme ts Sold					\$,000 320 - 213 39 572 1997/98 \$,000 165 248	\$,000 2 1,615 223 230 2,070 1996/97 \$,000
Proce Less: \ Moto Proce Less: \	er (refer note 6a)  TE 6a OTHER CAPITAL Ing the reporting period the Hings ,motor vehicles and plant dings eeds from Disposals Written Down Value of Asserted from Disposals Written Down Value of Asserted from Disposals Written Down Value of Asserted from Disposals	PURPOSE II lospital sold and equipme ts Sold					\$,000 320 - 213 39 572 1997/98 \$,000	\$,000 2 1,615 223 230 2,070 1996/97 \$,000
Proce Less: \ Moto Proce Less: \ Plant	er (refer note 6a)  TE 6a OTHER CAPITAL Ing the reporting period the Hings ,motor vehicles and plant dings eeds from Disposals Written Down Value of Asserted from Disposals	PURPOSE II lospital sold and equipme ts Sold					\$,000 320 - 213 39 572 1997/98 \$,000 165 248 336 221	\$,000 2 1,615 223 230 2,070 1996/97 \$,000 10 117 346 207
Proce Less: \ Moto Proce Less: \ Plant Proce	er (refer note 6a)  TE 6a OTHER CAPITAL Ing the reporting period the Hings ,motor vehicles and plant dings eeds from Disposals Written Down Value of Asserted from Disposals Written Down Value of Asserted from Disposals Written Down Value of Asserted from Disposals	PURPOSE II lospital sold and equipme ts Sold					\$,000 320 - 213 39 572 1997/98 \$,000 165 248	\$,000 2 1,615 223 230 2,070 1996/97 \$,000

NOTE 7: DEPRECIATION EXPENSE					
				1997/98	1996/97
				\$,000	\$,000
Buildings				710	475
Plant and Equipment				660	722
Furniture and Fittings				48	46
Total				1,418	1,243
Allocation of Depreciation/Amortisation:					
Services Supported by Health Services Agreement				1,364	1,195
Services supported by Hospital and Community Initia	atives			54	48
				1,418	1,243
NOTE 8: ABNORMAL ITEMS					
				1997/98	1996/97
Expenditure:				\$,000	\$,000
Building Depreciation				636	-
Adjustment to Grant					647
Total				636	647
During the year the Group reviewed the useful life o building depreciation.	of its buildings resulting	in an abnorma	increase in		
building depreciation.					
NOTE 9: TRANSFERS (TO)/ FROM RESERVI					
TO TE 7. TIGHTSI ENS (TO)/ PROPIRESERVI	-				
				Funds	
				for	
				Rest'd	
				Purps's	1004/07
				1997/98	1996/97
Transfer of Surplus/(Deficit) from/(to) Specific Purpo	ase Accounts			\$'000	\$'000
Transfer of Capital Donations from/(to) Specific Pur	Dose Accounts			361	598
, and the manage of the parties of t	pose Accounts			(205)	(196) 402
				136	402
NOTE 10: PAYABLES					
	Less Than	I to 2	2 to 5	Total	Total
	l Year	Years	Years	1997/98	1996/97
	\$'000	\$'000	\$'000	- \$'000	\$'000
Trade Creditors	858			858	772
Hire Purchase Liability (Note 22)	40	40	9	89	118
Accrued Expenses-DHS Grant	224		-	224	187
Total	1,122	40	9	1,171	1,077
NOTE II. PROVIDION					
NOTE II: PROVISION FOR EMPLOYEE EN	TITLEMENTS			1007/05	1004/07
Current:				1997/98	1996/97
Annual Leave				\$'000	\$'000
Accrued Days Off				1,338	1283
				22	25
Long Service Leave* Salaries and Wages				411	711
Salaries and Trages			-	2 2 7 2	2470
Non-Current:				2,272	24/0
Long Service Leave*				2,167	1791
				4,439	4261
Movement in Long Service Leave:					
Balance July 1, 1997				2,502	2,001
Provision made during the year				487	915
Settlement made during the year				(411)	(414)
Balance June 30, 1998				2,578	2,502
			Alexander of	With the Control of t	



- \* The following assumptions were adopted in measuring present value;
- (a) An inflation factor of 4.9%
- (b) Discount rates between 5.00% and 5.58% were used to determine present value
- (c) WorkCover and Superannuation On-costs of 10%.

NOTE 12: PATIENT MONIES HELD IN TRUST	1997/98	1996/97
Current	\$'000	\$'000
Deferred Revenue - Non - Refundable Entrance Fees	68	60
Non Current		
Deferred Revenue - Non - Refundable Entrance Fees	162	113
Refundable Entrance Fees	906	367
Total	1,136	540
Represented by:		
Cash at Bank	336	540
Term Deposit	800	
	1,136	540

Non - refundable entrance fees are patient monies held in trust for residents of Kurrajong Lodge and the Wimmera Nursing Home who pay an ingoing fee which is apportioned at a rate prescribed at the time of entry, each six months over 5 years. The current charge for new residents is \$1300 every six months or part thereof. The balance which is referred to as refundable entrance fees is repayable without interest within two months from when the resident is discharged from the aged care facility.

### **NOTE 13: BORROWINGS**

			2	C	T	Tand
	Less than	I to 2	2 to 5	Greater	Total	Total
	I Year	Years	Years	than 5 Yrs	1997/98	1996/97
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Australian Dollar Borrowings:						
Secured Business Loan	11	12	42	724	789	799
Unsecured Loan from DHS	250	250	500		1,000	1,000
The husiness loan is a second	261	262	542	724	1,789	1,799

usiness loan is secured by a charge over land and buildings held by the National Australia Bank.

### NOTE 14: INVENTORY

	1997/98	1996/97
	\$'000	\$'000
Pharmaceuticals	96	91
Catering Supplies	11	Ш
Housekeeping Supplies	5	7
Medical and Surgical Lines	80	82
Linen	564	499
Miscellaneous	23	22
	779	712

NOTE 15: RECEIVABLES			
	Less Than	Total	Total
	l Year	1997/98	1996/97
	\$'000	\$'000	\$'000
Patient Fees	333	333	373
Trade Debtors	343	343	499
Other Accrued Revenue	32	32	49
	708	708	921
Provision for Doubtful Debts			
-Patient Fees	70	70	99
-Trade Debtors	9	9	18
Net Debtors and Accrued Revenue	629	629	804

Bad and Doubtful Debts						
-Patient Fees				148	148	43
-Trade Debtors				- 11	- 11	18
				159	159	61
NOTE 16: INVESTMENTS						
				Operating	Total	Total
				Fund	1997/98	1996/97
				\$'000	\$'000	\$'000
Australian Dollar Term Deposits:						
Current:						
Term Deposit				109	109	105
				109	109	105
Investment Income						
Interest				9	9	25
					MATERIAL STATES	
NOTE 17: FIXED ASSETS						
			Written	Written		Written
	Gross	Accum'd	Written Down	Written Down		Written Down Value
	Gross Valuation	Accum'd Dep'n			Addn's	
			Down	Down	Addn's 1997/98	Down Value
At Cost :	Valuation	Dep'n	Down Value	Down Value		Down Value Disposals
	Valuation 1997/98	Dep'n 1997/98	Down Value 1997/98	Down Value 1996/97	1997/98	Down Value Disposals 1997/98
At Cost :	Valuation 1997/98 \$'000	Dep'n 1997/98 \$'000	Down Value 1997/98 \$'000	Down Value 1996/97 \$'000	1997/98 \$'000	Down Value Disposals 1997/98 \$'000
At Cost : Plant and Equipment	Valuation 1997/98 \$'000 7,680	Dep'n 1997/98 \$'000 4,979	Down Value 1997/98 \$'000 2,701	Down Value 1996/97 \$'000 2,884	1997/98 \$'000 648	Down Value Disposals 1997/98 \$'000
At Cost : Plant and Equipment Furniture and Fittings	Valuation 1997/98 \$'000 7,680	Dep'n 1997/98 \$'000 4,979	Down Value 1997/98 \$'000 2,701	Down Value 1996/97 \$'000 2,884	1997/98 \$'000 648	Down Value Disposals 1997/98 \$'000
At Cost : Plant and Equipment Furniture and Fittings Assets Under Construction	Valuation 1997/98 \$'000 7,680	Dep'n 1997/98 \$'000 4,979	Down Value 1997/98 \$'000 2,701	Down Value 1996/97 \$'000 2,884	1997/98 \$'000 648	Down Value Disposals 1997/98 \$'000
At Cost: Plant and Equipment Furniture and Fittings Assets Under Construction At Valuation:	Valuation 1997/98 \$'000 7,680 765	Dep'n 1997/98 \$'000 4,979	Down Value 1997/98 \$'000 2,701 555	Down Value 1996/97 \$'000 2,884 603	1997/98 \$'000 648	Down Value Disposals 1997/98 \$'000 241
At Cost:  Plant and Equipment  Furniture and Fittings  Assets Under Construction  At Valuation:  Land - Freehold	Valuation 1997/98 \$'000 7,680 765 I	Dep'n 1997/98 \$'000 4,979 210	Down Value 1997/98 \$'000 2,701 555 I	Down Value 1996/97 \$'000 2,884 603	1997/98 \$'000 648	Down Value Disposals 1997/98 \$'000 241

Land and buildings owned and controlled by the Group were revalued on March 29, 1994, based on valuations by P.N.Porter AVLE(Val) Registered Valuer. Land was valued at market value and buildings at replacement cost based on existing use.

### **NOTE 18:**

RECONCILIATION OF NET CASH FROM OPERATING ACTIVITIES TO OPERATING RESULT

	1997/98	1996/97
	\$,000	\$,000
Entity surplus (deficit) for the year	(1,364)	(701)
Less income designated for capital purposes	320	1,617
Entity Surplus/(Deficit) prior to capital items	(1,684)	(2,318)
NON-CASH MOVEMENTS		
Depreciation	1,418	1,243
(Increase)/Decrease in Receivables	176	123
(Increase)/Decrease in Inventory	(67)	14
(Increase)/Decrease in Prepaid Expenditure	(41)	24
Increase/(Decrease) in Payables	45	(115)
Increase/(Decrease) in Accrued Expenses	(45)	315
Increase/(Decrease) in Provision for Employee Entitlements	178	448
Abnormal Items	636	
Profit on Sale of Assets	(39)	(230)
Net Cash from/(used in) Operating Activities	577	(496)
		THE RESIDENCE OF THE PARTY OF T



### NOTE 19: RECONCILIATION OF CASH

For the purposes of the statement of cash flows, the Group considers cash to include cash on hand and in banks and investments in money market instruments excluding monies held in trust. 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 positions as follows:

	1997/98	1996/97
	\$,000	\$,000
Operating Fund		
-Cash at bank and on hand	26	26
-Bank Overdraft	(951)	(1,041)
Capital Fund		
-Cash at Bank and on hand	1,902	1,345
-Bank Overdraft		-
Specific Purposes Fund		
-Cash at bank	826	778
Linen Service		
-Cash at Bank and on hand	120	113
-Short Term Investments	109	105
Cash at end of reporting period	2,032	1,326

### NOTE 20: FINANCIAL INSTRUMENTS

### (a) Interest Rate Exposure

The Group's exposure to interest rate risk which is the risk that a financial instruments value will fluctuate as a result of changes in market interest rates and the effective average interest rates on classes of financial assets and financial liabilities, is as follows:-

				Fixed Intere	st Rate		
	Floating	I Year	I to 2	2 to 5	Over	Non	Total
	Interest	or Less	Years	Years	5 Years	Interest	
	Rate					Bearing	
	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000	\$,000
Financial Assets							
Cash	2,874			-			2,874
Trade Debtors	7.3.					334	334
Other Receivables						295	295
Investments	109			-	-		109
Total Financial Assets	2,983	- 10 mg		•	-	629	3,612
Financial Liabilities							
Trade Creditors and							
Accruals		40	40	9		1,082	1,171
Borrowings	951	11	12	42	724	1,000	2,740
Total Financial							
Liabilities	951	51	52	51	724	2,082	3,911
Net Financial Assets	2,032	(51)	(52)	(51)	(724)	(1,453)	(299)
Weighted Average						enality w	A THE STATE OF THE
Interest Rate = fin'l							
assets	5.20%						
Weighted Average							
Interest Rate = fin'l							
Liabilities	8.42%	8.31%	8.25%	8.25%	8.25%		

### (b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes. The Group does not have any material credit risk exposure.

### Market Value

	Total	Total Net
	Book	Market
	Value	Value
	\$,000	\$,000
Financial Assets		
Cash	2,874	2,874
Trade Debtors	334	334
Other Receivables	295	295
Investments	109	109
Total Financial Assets	3,612	3,612
Financial Liabilities		
Trade Creditors and Accrual	1,171	1,171
Borrowings	2,740	2,740
Total Financial Liabilities	3,911	3,911
Nies wordt in de de		

Net market values of financial instruments are determined on the following bases:

### NOTE 21: OVERDRAFT FACILITIES

The bank overdraft is secured by the National Australia Bank holding the following titles: Hospital grounds and 3 Arnott St.

An unused credit facility of \$15,000 in the form of an overdraft exists for the Linen Service and a \$1,600,000 overdraft facility exists for the Wimmera Health Care Group with the National Australia Bank.

### NOTE 22: HIRE PURCHASE LIABILITIES

The Group has committed itself to certain hire purchase arrangements, the liability at balance date is as follows:-

Not Later than I Year	\$,000	\$,000
Later than I Year but not later than 2 Years	40	39
Later than 2 Years but not later than 5 Years	40	40
Later than 5 Years	22	62
Sub Total		<u> </u>
Less Hire Purchase Charges	102	141
Total	13	23
	89	118

### NOTE 23: COMMITMENTS AND CONTINGENT LIABILITIES

At balance date the Group is unaware of any financial obligations that may have a material effect on the balance sheet other than those disclosed in the balance sheet.

At balance date there are no capital commitments.



1997/98

1996/97

I Cash, deposit investments, cash equivalents and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors and advances) are valued at cost which approximates net market value.

ii Borrowings amounts are based on the present value of expected future cash flows discounted at current market interest rates quoted for trade Treasury Corporation of Victoria.



The accompanying financial statements of the Wimmera Health Care Group for the year ended 30 June 1998, comprising a revenue and expense statement, balance sheet, statement of cash flows and notes to the financial statements have been audited. The members of the Health Care Group'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 *Audit Act* 1994.

Auditor-General's Report

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 Australian Accounting Standards and other mandatory professional reporting requirements and comply with the requirements of the *Financial Management Act* 1994, so as to present a view which is consistent with my understanding of the financial position of the Wimmera Health Care Group and the results of its operations and its cash flows.

The audit does not provide any assurances that the Health Care Group's systems, or any other systems that the Health Care Group relies on in the conduct of its activities such as those of suppliers and service providers are year 2000 compliant, or whether plans and associated actions are adequate to address the year 2000 issue. The year 2000 issue has been addressed only in the context of existing audit responsibilities under Australian Auditing Standards to express an opinion on the financial statements.

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

### **Audit opinion**

Audit scope

In my opinion, the financial statements present fairly the financial position of the Wimmera Health Care Group as at 30 June 1998 and the results of its operations and its cash flows for the year ended on that date in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and comply with the requirements of the Financial Management Act 1994.

MELBOURNE 1/9/1998 C.A. BARAGWANATH

Auditor-General

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