

WIMMERA
BASE
HOSPITAL
ANNUAL
REPORT



1995

*The contribution of Hospital staff and patients in
preparing this report is gratefully acknowledged.
Compiled and Edited by Wimmera Base Hospital Staff.*

*Design and Artwork by G. & W. Saunders,
Artisan Design, Horsham.*

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Philosophy.

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Organisation Chart	2
Board of Management	3
President's Report	4
Patient Care	7
Facilities Development	9
Education and Training	12
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Public Relations and Fundraising	17
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All correspondence to:

Chief Executive
Wimmera Base Hospital
Baillie Street, Horsham, Victoria, 3400
Telephone (053) 819111
Facsimile (053) 820829

Architects

CMR / Hassell Consortium
Balcombe Griffiths Pty Ltd
Clarke, Hopkins & Clarke

Auditors

Auditor-General Victoria

Bankers

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Solicitors

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Board of Management	
Sub-Committees	Finance & Corporate Planning, Physical Resources & Planning, Medical Consultative, Medical Advisory Board, Nursing Advisory, Quality Assurance
Visiting Medical Services	Accident & Emergency, Anaesthetics, Day Surgery, Endoscopy Unit, E.N.T., Family Planning, Gastroenterology, General Clinics, Geriatrics, Obstetrics, Oncology, Ophthalmology, Orthopaedics, Paediatrics, Psychiatry, Rehabilitation, Special Clinics, Urology.
Diagnostic Services	Pathology, Radiology.
Medical Ancillary Services	Audiology, Dental, Dietetics, Family Services, Library, Medical Records, 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.
Deputy Director of Nursing	Planning, Budgets, Clinical Co-ordination, Nursing Personnel, Supervisors, Wards 1, 2, 3, 4, 5, Day Surgery/Endoscopy Unit, Operating Suite & C.S.S.D., A & E., I.C.U., Infection Control.
Staff Development Co-ordinator	Inservice Education, Graduate Nurse Program, Quality Assurance.
Extended Care Co-ordinator	Day Hospital, Day Centre, District Nursing, Hostel, Nursing Homes, Linkages, Aged Care Assessment, Respite for Carers' Program.
Chief Engineer	Energy Control, Gardens & Grounds, Minor Building Projects, Motor Vehicles, Plant & Building Maintenance.
Community Liaison Officer	Fundraising, Public Relations.
Computer Systems Officer	Computer Systems Development.
Linen Services Manager	Wimmera Hospitals' Group Linen Service, Goroke Community Health Centre, Dumunkle Health Services (commenced 19.12.95).
Finance Manager	Admissions & Reception, Budgets, Financial Planning, General Accounts, Patient Accounts, Supply.
Hotel Services Manager	Catering - Patients & Staff, Meals on Wheels, Accommodation, Housekeeping.
Human Resources Manager	Industrial Relations, Occupational Health & Safety, Pay Administration, Personnel, Staff Training & Development, Security, WorkCover Administration, Rehabilitation.



Chief Executive

Mr. W.G. Knight,
B.Ec., B.H.A., M.H.P.,
A.F.C.H.S.E., C.H.E.
Resigned 26.5.95



Medical Administrator

Dr. A.M. Wolff,
M.B.B.S., Dip.R.A.C.O.G.,
F.R.A.C.G.P., A.C.H.S.E.,
M.B.A.



Director of Nursing

Miss W.A. Lewis,
R.N., R.M., M.H.A.,
B.App.Sc.(AdvNurs.),
I.C.C., Neon & Paed.I.C.C.,
F.R.C.N.A.



Director of Administrative Services

Mr. J.F. Krygger,
B.H.A., M.B.A.,
A.F.C.H.S.E., C.H.E.
Acting Chief Executive
29.5.95

This chart is designed to show the broad division of responsibility and lines of communication. The positions of appointments on the chart do not necessarily denote seniority.

Board of Management



President
Mr. Ted McCabe,
Appointed 1990.



Senior Vice-President
Dr. Peter Haslau,
MB.B.S., FR.A.C.G.P.,
Appointed 1985.



Junior Vice-President
Mrs. Thea McIlree,
R.N., R.M., Appointed 1988



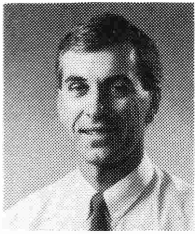
Treasurer
Mr. Peter Brown,
B.Ec. Grad. Dip. Bus. (Acc.),
A.S.A., A. IMM.,
Appointed 1993



Mr. Ron Shepherd, J.P.,
Appointed 1950.



Mr. Bruce Johansen,
Appointed 1991.



Dr. David Leembruggen,
MBBS, FR.A.C.G.P.,
Appointed 1993



Rev. Bruce Grindlay,
B.A., Lic. de Teol., Cert. de Min.,
CC.P.E., Cert. F.F.L. (SP),
Lett B., A. Dip. Theol.,
Appointed 1993.



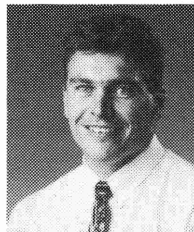
Mr. Robert Mibus,
Appointed, 1986.



Mr. Gary Radford,
Appointed 1993



Mr. Ian Campbell,
MB.B.S., FR.A.C.S.,
Appointed 1994.



Mr. Jeff Filip,
Appointed 1993

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On behalf of the Board of Management, it gives me great pleasure to present the 1994/95 Annual Report of Wimmera Base Hospital.

The year will go down as a watershed in the Hospital's history as the dream became a reality with the commencement of major capital development. The new acute Hospital due to be completed in December this year will significantly improve the amenities to patients and allow a level of efficiency that is unachievable in the present buildings. The \$12.5 million capital redevelopment program demonstrates the Government commitment to ensure that Wimmera Base Hospital remains the major specialist referral centre for the Wimmera region.

Patient Services

The provision of high quality patient services has always been paramount at the Hospital. Despite further massive budget cuts and the prolonged absence of key specialists, the Hospital treated a record 6,049 acute inpatients during the financial year. This figure represents the equivalent of 45% of the total population of Horsham and an increase of 4.8% on the previous year. In addition, over 50,000 outpatients received treatment at the Hospital. The record throughput figure reinforces the Board of Management commitment to extend the range of medical services available to Wimmera residents.

As a Base Hospital, it is important to recognise the role of providing specialist medical services to the entire region. To this end, the Hospital has successfully completed an international specialist recruitment program. With the recruitment of two new physicians and a second obstetrician and gynaecologist the Hospital is confident of providing an ever-increasing range of services to the Wimmera region. The Hospital now boasts 11 specialists, 14 general practitioners and seven hospital medical officers resident in Horsham. When coupled with the 11 sub-specialists who visit the Hospital on a regular basis, the Hospital provides 43 clinicians providing medical care for Wimmera residents.

Given the demands associated with the building activity, it was with some trepidation that the Hospital subjected its services to

extensive scrutiny from external surveyors of the Australian Council on Healthcare Standards in June this year. The Hospital has had an outstanding record in this regard, being continuously accredited since 1975. It was particularly pleasing to hear the surveyors highlight the fact that 'despite inadequate physical facilities and massive budget cuts, staff morale appeared remarkably high'. The accreditation process audits the quality of services provided in all departments throughout the Hospital. As the Hospital substantially complies with the majority of standards in the Accreditation Guide, it is expected that the Hospital will receive three year accreditation, the maximum now available. It would be remiss of me if I did not thank all staff for their outstanding contribution in this regard.

Finances

The Hospital commenced the financial year with a further \$2.3 million (13%) budget cut making a total funding reduction of \$6.2 million (35%) over the past five financial years.

I am pleased to report that the Hospital was able to implement budget initiatives that saved all but \$300,000 of the \$2.3 million cut. More importantly, the Hospital has developed a comprehensive Business Plan which identifies and provides timelines for further initiatives to ensure the success of this Hospital under a formula based funding system. The Board of Management is confident that the hard decisions that needed to be made have been made and that the Hospital can approach the ensuing years on a firm financial footing.

Building and Development

This year saw the commencement of an unprecedented level of capital development at the Hospital. The new Hospital, which is the largest building project ever undertaken in the Wimmera, will revolutionise health care in this part of the region.

The \$12.5 million capital development program is being delivered in a number of stages and in January this year the new Supply and Food Service Departments were completed. The new Hospital will significantly improve the accommodation available for our patients. Key design features of the new Hospital include ensuite bathrooms in every patient room,



The purchase of a hydraulic birthing bed helps expectant mothers remain at ease during delivery.

televisions above every bed and carpet throughout the entire facility. Further improvements will accrue from a dramatic increase in the number of single rooms, patient lounge rooms, distressed relatives' rooms, a kiosk and an extensive network of courtyards which will be used as functional space.

Work continues on the planning for the nursing home refurbishment and it is anticipated that the major renovations in this area will enable compliance with the Commonwealth Outcome Standards for residential care. It is anticipated that the refurbishment will improve the living conditions of residents and provide a more homelike and less institutional environment. The scope of work includes substantial improvement in heating and air-conditioning systems, improved lighting, discrete sitting spaces for residents and a link building to join the two nursing homes together. The residents will undoubtedly benefit from ensuite facilities in their bedrooms and it is expected that this refurbishment will also be completed in December this year.

Further work progressed this year with the completion of detailed design and documentation for the new Hostel complex to be situated on Jardwa Park. This project has encountered numerous difficulties but the

Board remains confident that construction will commence in the near future.

The planning for the commissioning of the new facilities and the plans to relocate all allied health and administration departments into the main block have all made substantial progress.

Board of Management

The Board of Management is the Hospital's major policy making body and assumes overall responsibility for the direction and operation of the Hospital.

This year has been a period of relative stability within the Board of Management with only one change. The Hospital was fortunate to replace a casual vacancy with General Surgeon, Mr. Ian Campbell, who has quickly responded to the challenges associated with the position and is relishing the opportunity to make a significant contribution.

We expect to see further changes to the Board of Management this financial year following the amalgamation with Dimboola District Hospital. The Base Hospital is pleased to be looked on so favourably by a regional hospital and we are confident that both hospitals can look forward to a mutually beneficial relationship.

Community Support

There has been no other year when the support of the local community has become so important. This year the Hospital launched a major capital appeal to raise \$1.0 million for the equipping of the new Hospital facilities. Supporters and friends of the Hospital from throughout the Wimmera will have an opportunity to contribute to this major project and equip the new Hospital to a level befitting a first class health care facility.

As part of the Capital Appeal process, several hundred individuals and community groups have been taken on a tour of the new Hospital complex. The response has been extremely encouraging and the Hospital is confident that the \$1.0 million target can be reached.

Conclusion

It is reassuring, for the community, to report that despite the challenges facing the Hospital, the future is extremely positive. If we reflect over the achievements of the past 12 months including the construction of a new Hospital, the treatment of a record number of patients, the recruitment of three new specialists, the outstanding accreditation survey and the extension of regional services, it is little wonder that Wimmera Base Hospital is held in such high regard.

I would like to point out that such achievements would not be possible without the ongoing commitment and dedication of our loyal and hardworking staff. In particular, I wish to publicly record a note of thanks to the previous Chief Executive, Mr. Warwick Knight, who resigned in May this year to take up a senior management position in Melbourne. Over the past 6 years Mr. Knight has provided strong leadership with an exceptionally high level of loyalty, integrity and commitment to the Hospital.

We welcome his replacement, Mr. John Krygger, who takes over during the most exciting period in the Hospital's 121 year history. I should also like to take this opportunity to thank the Executive team for their energetic management and strong leadership during these difficult times.

The importance of good health as well as a good health service is often taken for granted. I



The introduction of colour Doppler ultrasound assists the detection of artery disease.

am confident that Wimmera Base Hospital provides a high quality of care which will be further enhanced in a first class health facility.

I commend this Annual Report to you as a record of the challenges and significant achievements experienced during the past financial year.

E.J. McCabe

President

Record Number of Patients Treated

Despite massive budget cuts and the absence of key specialists, the Hospital continues to improve productivity by treating more patients. The Hospital treated a record 5,991 patients during the financial year, representing a 4.6% increase above the previous year.

This year has also seen an increase in day surgery activity with the Short Stay Unit having a 100% occupancy most months. The technology available has allowed this increase in day surgery and involves services such as gastroscopies, colonoscopies, bronchoscopies, liver and bone biopsies, cardiac stress testing and echocardiograms as well as laparoscopies for cholecystectomies and gynaecological investigations.

Service Development Continues

Wimmera Base Hospital prides itself on its ability to provide a comprehensive range of services and continues to introduce new services for the community. This year saw the introduction of the Hospital in the Home Program, antenatal classes for Kooris, and an expanded role of the Day Hospital to include the Adult Day Activity and Support Service.

Hospital in the Home Program

The Hospital has been involved in a pilot program in new approaches to the delivery of acute health services through the provision the 'Hospital in the Home Program'. Home based health services providing post acute, support and maintenance care have been a feature of health systems for some years. More recently it has been demonstrated that patients who traditionally would have received acute care in hospitals can be treated effectively at home.

The provision of comprehensive information to patients and their families prior to referral, the voluntary participation of patients and the actual support of referring general practitioners, treating specialists and other hospital staff have been identified as critical to the success of home based programs. Acute home based services can complement inpatient care and facilitate the effective and efficient delivery of acute health services.

The type of patients who would benefit from this type of program include people receiving long term intravenous parental nutrition, extensive wound care, children's

orthopaedic illness, diabetes for stabilisation and the administration of intravenous antibiotic therapy. This type of program involves a multidisciplinary team approach and although nurses primarily initiate care, other health professionals are involved such as the pharmacist.

Fibreglass Casting for Fractures

Due to advances in technology, fibreglass casting is an option for immobilising fractures of the long bones rather than using the traditional plaster of paris. This service is offered in the Accident and Emergency Department. Patients are given the option of which material they would prefer but fibreglass provides many functional advantages as it is stronger than plaster, waterproof and lightweight. This allows for younger people involved in sport to continue training, you can even swim with it. Likewise, for older, arthritic people it does not hinder their mobility.

Expanding Role of Day Hospital

The Wimmera Base Hospital was successful in obtaining approval for an extra recurrent grant and a one off grant for expanding the Commonwealth Respite for Carers Program.

Commonwealth Respite for Carers Program funding is targeted at increasing community respite services to address unmet needs and extend service provision so that it is available to more carers and at the times required. The program aims to support carers in their role by enabling them to take a break and providing appropriate care and activities for the person who requires care.

The funding provides 1,500 hours a year of in-home respite care for isolated younger people and older people with disabilities, such as dementia, allowing for a flexible response to service needs by using a brokerage model. The Program covers Western Grampians area and also provides 17,400 kilometres of transport a year for clients to access respite care on weekends and other off peak times.

The one off grant enabled the Day Hospital to plan and support two four day holidays to Swan Hill, one for the frail elderly and one for younger people with disabilities.

Last October, Day Hospital and Day Centre clients travelled to Adelaide for a three day visit.



The new "Hospital in the Home" program enables treatment in the comfort of the patient's home.

They visited the Zoological and Botanical Gardens, the historic township of Hahndorf and enjoyed the 'pokies'. Activities were planned so all clients could participate regardless of their age or disability.

Koori Health

Mrs. Kathleen Taylor, Unit Manager of the Midwifery Department, in conjunction with Mr. Peter Adams, Aboriginal Health Worker, Wimmera Region, are arranging different methods for antenatal classes which meet the needs of the Koori community. It is anticipated that videos will be produced to be used by patients who are not able to attend the Hospital and there will be antenatal classes offered from the Hospital specifically for Kooris.

Appreciation and Complaints

Over the year staff at the Hospital receive many expressions of appreciation. These come in the form of letters, cards, telephone calls and sometimes flowers and small gifts. The Hospital also received over 30 letters of appreciation with some enclosing cash donations. All complaints and commendations are presented to the Hospital's Quality Assurance Committee and are fully investigated so that the Hospital can resolve all problem in the pursuit of excellence in patient care.

BreastScreen Program Continues

The Hospital continues to provide an extensive breast screening and assessment centre for women of the Wimmera. Currently the Radiology Department has screened 86% of the targeted population. This year remote rural women were targeted and the Program attracted women from the outer reaches of the region who often arrived in groups.

Community Health

To increase community awareness of services provided at Wimmera Base Hospital, staff have performed promotions in a variety of ways. This involved displays at the Wimmera Machinery Field Days and career days at the local secondary school.

The Physiotherapy Department has been involved in providing education sessions at the Wimmera Games and taught Sports Training Courses to sporting and community clubs. The Podiatrist has spoken to groups in the Wimmera region for Foot Health Week and to the local diabetics group on the importance of foot care.

Services Available at W.B.H.

- Accident and Emergency Department
- Adult Day Activity and Support Service
- Aged Care Assessment
- Ambulance Officer Training
- Ante-Natal Classes
- Apprenticeship Training
- Audiology
- Blood Bank
- Breast Prosthetic
- Breast Screening
- Cardiac Rehabilitation
- Cancer Support Service
- Centre Against Sexual Assault
- Church Services
- Community Psychiatric Nursing
- Computed Tomography (CT)
- Continence
- Day Hospital
- Day Surgery
- Dental Clinic
- Diabetics Education
- Dietetics
- District Nursing
- Domiciliary Midwife
- Education Centre
- Endoscopy
- Extended Care Program
- Family Planning
- Graduate Nurse Program
- Hairdresser
- Handyman Service
- Health Promotion
- Home Help
- Hospice Care
- Hostel Accommodation
- Intensive Care Unit
- Library
- Linkages Program
- Mammography
- Medical Records
- Medical Ward
- Neonatal Nursing
- Nursing Home Accommodation
- Nursing Staff Education
- Nursing Staff Course
- Obstetrics and Gynaecology
- Occupational Therapy
- Occupational Health and Safety
- Orthotics Laboratory
- Pacemaker Clinic
- Pathology
- Paediatric Ward
- Pharmacy
- Physiotherapy
- Podiatry
- Psychiatry
- Radiology
- Renal Dialysis
- Respite for Carers Program
- Social Work
- Speech Pathology
- Specialist Medical and Surgical Services such as Urology, Ear, Nose and Throat, Ophthalmology and Orthopaedics
- Spinal Clinic
- Stomal Therapist
- Surgical Ward
- Tertiary Student Placement
- Ultrasound
- Undergraduate Medical Training
- Videofluoroscopy
- Volunteer Program
- Work Experience for School Students

Every annual report over the last decade or more has highlighted the fact that this Hospital has inadequate patient care facilities. Recent annual reports have also highlighted the numerous feasibility studies that have been completed and the various directions in which these studies were headed. This annual report is the first to state that the Hospital's dreams have become a reality with the commencement of the major capital works project.

The building program commenced in September, 1994, with the Early Works Package for the development of the new food services and supply departments by Kane Constructions at a cost of more than \$1.5 million. The disruption for staff whilst the building was undertaken and then the reorganisation of meal preparation to the cook-chill process has been recognised and their cooperation and understanding was most appreciated.

Whilst the food services department was being completed the site was being prepared for the new acute Hospital. Staff have been consulted extensively to ensure the best design for our patients. The Builder, Hooker Cockram Limited, in conjunction with the Architect, Hassell Health Systems, and the Hospital have developed a Partnering Charter that as a project team we will, "provide the people of the Wimmera with a high quality health care facility. We will work as one team with honesty and integrity and a willingness to communicate in an open and trusting way for the mutual benefit of the parties. We will endeavour to construct the Hospital so that it sets the standard for future hospital developments."

With this approach the Hospital construction is well underway. It has been our vision for some time that this new Hospital will offer superior clinical facilities and with the courtyards and outdoor areas there will be an ambience of welcoming and security. It is with expectant excitement that the Wimmera community, relatives and friends, will be able to enjoy these amenities.

Innovative and Efficient Design

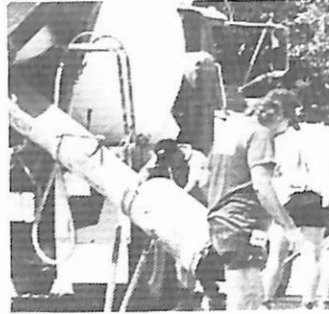
A major feature of the new Hospital design is the provision of a working environment in which resources can be used with optimum efficiency. The designs reflect a number of key



The existing Main Block Building will be refurbished to accommodate allied health and administration departments once the new acute facility is open.

policy decisions aimed at making sure the workflows and staffing arrangements are the most efficient possible. New operating policies demonstrating innovative and flexible approaches are reflected in design solutions which feature:

- Two or three specialist areas have been combined in each ward area so that, for example, one ward comprises midwifery, paediatric and surgical patients.
- Traditional barriers between some specialties have been removed including, for example, the integration of the Intensive / Coronary Care Unit into a medical and surgical ward.
- Maximum flexibility in the use of the beds has been achieved by creating what is known as swing beds, within and between ward areas. For example, if there is high demand for obstetric beds, and more accommodation is needed for mothers and their babies, the rooms down the corridor can be used one by one as required.
- The staffing is being restructured to work more efficiently in the new building. In the Operating Suite, for example, three groups of staff which currently operate somewhat separately will be combined under one structure including the Operating Suite, Central Sterile Supply Department and Day Procedure Unit. This will not only have advantages in terms of recurrent costs but it will also improve the communication and coordination of activities to the ultimate benefit of patient care.



A Busy Year Ahead

In the forthcoming months staff will be preparing to move into the new Hospital. The move is scheduled to occur in December, 1995, and extensive planning to commission the new acute facilities (and refurbish the old to accommodate allied health and administrative functions) is currently underway. For departments such as the Dental Clinic which currently operates in antiquated conditions it will come as a welcome relief to move into more spacious modern accommodation.

Hostel Redevelopment

Plans to build a new hostel of 36 beds to replace the outdated 21 bed Kurrajong Lodge building still remains a high priority. The Hostel Redevelopment Project moved a significant step further this year with the calling for tenders.

As many people are aware, there have been difficulties with selecting a suitable site, planning regulations and geotechnical issues that have continued to delay the project. Although the project has been submitted for tender, the result was disappointing due to the large volume of building work currently being undertaken in Horsham. A decision was therefore made to re-tender the project early in the new year following the completion of the main Hospital project.

The Board of Management is committed to completing this project in order to offer the community a high standard of accommodation and amenities for the frail aged to complement all other services that the Hospital provides.

Nursing Home Refurbishment

As part of the major capital grant for the new Hospital, an allowance of \$750,000 was made available to refurbish Sir Robert Menzies Nursing Home and Matron Arthur House to meet the Commonwealth Outcome Standards. In April, 1995, Architects, Clarke Hopkins & Clarke, were appointed and worked closely with nursing home staff to ensure that maximum benefit for residents could be achieved within the budgetary allocation.

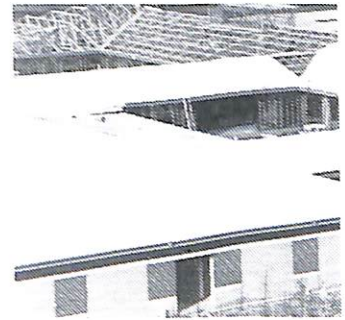
It was decided to prioritise the essential elements of the refurbishment work which included a link to join both nursing homes to create efficiencies by staff restructuring, upgrade mechanical building services, compliance with Australian Building Code in respect to fire safety, provision of single front street entrance to the nursing home, improved internal lighting and flooring, an activities room and ensembles for residents in Sir Robert Menzies Nursing Home. It is anticipated that the project will go to tender in late August and the project be completed by December, 1995.

Major Equipment Purchases

	\$
Carbon Dioxide Absorbers x2	5,000
Heat Sealer Rotary	7,985
Monitor Cardiocap Datex	11,500
Monitor Anaesthesia Gas Datex Ultima	16,000
Urology Scopes	5,775
Microscope Topcon	
Fibreoptic OMS 600	36,750
Urology Biopsy Forceps	2,997
Spirometer Cosmed Pony	2,500
Monitor HP Defibrillator	
Codemaster	8,450
Monitor HP Foetal	14,900
Humidifier Respiratory MR 730 & Respiration Monitor	3,942
Analgesia Pump Grasby x 2	7,400
Ultrasound Unit	184,440
Vapouriser Isotek TEC5	3,250
Beds Flexi HiLo x 3 & Lightweight	
Wheelchair	13,863
Gluteraldemeter	1,920
Pump Patient Contolled Analgesia	3,850
Hoist Electric Carequip Elf	3,840
Interferential sys stim 220	2,750
Menu Taking System OMR	12,900
Satellite System 1 8M	2,470
Photocopiers x2	18,005
Computer Equipment and Software	156,793
Kitchen Redevelopment Equipment	249,388
Total	776,668

*Below:
The new Hospital
- An artist's impression.*





Hotel Services

In May the Hospital introduced cook-chill technology as an initiative to reduce the cost of meals produced at the Hospital. The annual cost of meals has been as high as \$1.5 million per annum, but following restructuring of the Food Services Department and the introduction of the new technology, it is anticipated to reduce this to \$900,000 per annum.

The introduction of the cook-chill food service has been very innovative in that the technology allows the food to be cooked using conventional methods, then blast chilled and reheated using conductive heat pads. The savings accrue from the fact that the food can be prepared in advance which enables the Food Services Department to function on weekends and public holidays without skilled chefs being present.

Purchase of New Ultrasound Machine

This year saw the purchase of a new colour doppler ultrasound machine which significantly expands the range of modalities available and reduces the need for patients to travel to other hospitals for diagnostic procedures. This new machine has the ability to determine blood flow velocity and view internal structures such as foetal hearts. Ultrasound examination is a major growth area in the Medical Imaging Department and the purchase of the new machine is expected to increase activity by 24%.

Consultant Expertise Enlisted

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

Deloitte Touche Tohmatsu

Pathology Services Review

Sedgewick Noble Lowndes

Remuneration Practices Review

BDO Consulting

Medical Staffing Review

Michael Ryan & Associates

Pharmacy Services Review

Health Solutions Pty Ltd

Financial Review and Strategy Plan

Noel Arnold & Associates

Asbestos Audit

McCartney Taylor Dimitroff

Food Services Department Development

Clarke Hopkins & Clarke

Nursing Home Architects

Major Consultancies

Davis Langdon & Beattie

(Quantity Surveying Services
New Hospital)

CMR

(Architectural Services New Hospital
/ Refurbish Nursing Homes)

Balcombe Griffiths Pty Ltd, Architects

(Architectural Services New Hostel / Refurbish
Nursing Homes)

Michael G. Downes, Venn & Associates

(Capital Appeal New Hospital)

Staff Development

To provide an excellent standard of care for our patients is the goal of all who work at Wimmera Base Hospital. The Staff Development Unit strives to achieve this goal by providing education and training for staff to gain the necessary skills to perform their work.

Continuing Education Programs

Wimmera Base Hospital staff attended approximately 1,500 hours of in-service over the past financial year. These sessions were aimed at improving clinical knowledge and practice in order to provide excellent patient services.

Professional Assault Response Training

Courses on Professional Assault Response Training have been conducted and very well received by staff. These two day courses are aimed at providing all staff with communication and self-care skills which will assist them to defuse potentially violent situations.

Tertiary Liaison

The Staff Development Unit has developed strong professional and educational links with the University of Ballarat. Following a short course in Psychiatric Disorders and Nursing Management late in 1994 a Graduate Certificate of Nursing (Mental Health) was developed by the University and will be conducted at Wimmera Base Hospital.

The 'In-Former'

The 'In-Former' newsletter was introduced in November, 1994, as a way of disseminating topical health information to all staff. All departments were invited to contribute health care items of interest to the newsletter. This resulted in the contribution of articles ranging from schizophrenia to patient controlled analgesia.

'WINGS' Program (Wimmera Introduces New Graduates to Service)

The 'WINGS' Program continues with an intake of nine graduates from the universities in the region. The graduates have assimilated well to their work environment and are providing optimum patient care. This can be attributed to the commendable work of the Clinical Teacher and the Preceptors and staff in each nursing department.

Western Regional Research Enterprise in Nursing (WRREN)

The Hospital is a member of the management committee of the WRREN group which is a jointly resourced project of the University of Ballarat, Grampians Psychiatric Service, Queen Elizabeth Centre, Ballarat Base Hospital, Australian Catholic University, St John of God Hospital and Ballarat Nursing Society. WRREN aims to enhance nursing care through raising awareness of academics and clinicians of the importance of research into nursing practice.

Hospital Library

Over 1,300 inter-library loan requests were made by staff for study requirements and of the 5,000 titles in the Library over 2,000 loans were recorded during the year. In May of this year a computer link was installed linking the Wimmera Regional Library Service to the Hospital Library Service. This allows immediate access for staff undertaking tertiary studies instead of visiting metropolitan university libraries.

Increasingly, the Library is receiving and satisfying requests for assistance with research from other agencies such as Government departments, tertiary institutions, smaller regional hospitals and from individuals in the community.

The Pursuit of Knowledge

The Board of Management and staff were proud of Ms. Anne Hayes, Wimmera Hospice Care Coordinator, who was a speaker at the 3rd Australian National Palliative Care Conference in Perth. Her paper discussed 'Holiday Options for Palliative Care Patients'. Ms. Hayes also provides education sessions for community groups and professionals throughout the Wimmera region. Four nurses from the region also attended the national conference whilst eight district nurses attended workshops on palliative care in Victoria.

The majority of staff from Kurralong Lodge have completed the TARCAC (Training and Resource Centre for Residential Aged Care) Course. This course has provided staff with a better understanding of aged care. Outcome standards, dementia and associated problems.

One of the Hospital's primary objectives is to engage in programs of evaluation and research for the improvement of health services. It is in pursuit of this objective that the Hospital undertook an Accreditation Survey by the Australian Council on Healthcare Standards in June, 1995. All staff of the Hospital embraced this survey despite disruptions from the building project.

The Surveyors' report, received following completion of the Survey, commended all departments for their high standards and only a few minor recommendations were offered. It is expected that the Hospital will be awarded three year accreditation status, the highest status that can be awarded.

Evaluation

To maintain standards of care, staff are continually devising ways to evaluate the way they undertake any practice. This year several evaluations were undertaken. The Nursing staff have been reviewing the use of patient care plans and have now produced one that encapsulates the latest ideology of care, that being a managed care system. The value of this plan is the ability to allow greater input into planning a patient's care and acts as a tool for quality assurance.

The Emergency Department has devised a patient classification that weighs patients according to the workload using ten clinical indicators. The results of this are used for rostering staff by predicting fluctuations in workloads over a 24 hour period and equipment planning by providing a profile of the types of patients and expected numbers over any given time.

Kunajong Lodge was evaluated by the Commonwealth Government Standards Monitoring Team and were highly commended on the way they provide care against a universal criteria. Congratulatory and thanks must be extended to all staff involved in these activities.

Clinical Research

The Intensive Care Unit has been involved in international trials over the past 12 months. These trials include the International Lipid Trial (Long Term Intervention with Pravastatin in Ischaemic Heart Disease) coordinated by Janette McCabe. It is anticipated that the trial

will be completed in 1996 after five years of data collection.

Inter-Hospital Peer Review Project

An initiative from the Centre of Rural Health and Monash University Centre invited the Hospital to accept a challenge to participate in an Inter-Hospital Peer Review Project involving general practitioners. All the hospitals in this region are participating. It is also pleasing to report papers published in national journals by staff including:

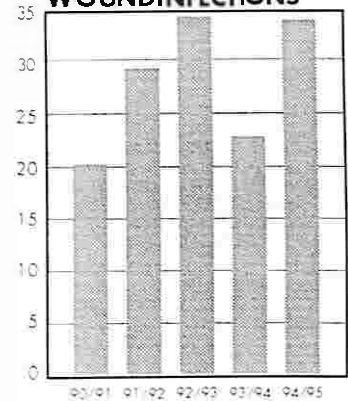
- Phelps, G., O'Sullivan, M. (1995). 'Myocardial infarction in a rural hospital', *Journal of Quality in Clinical Practice*, Vol. 15. This article highlighted exceptionally low mortality rates for this clinical condition.
- Wills, J. et al (1994). 'Getting the Message Across', *Communication Quarterly*, Spring, 1994.

Achievement Award

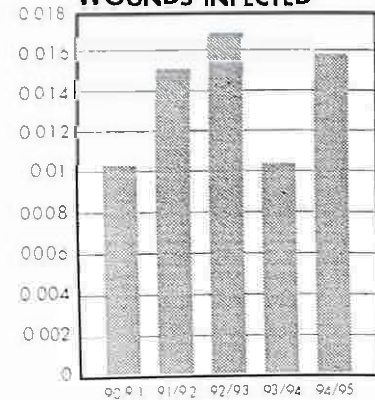
The Hospital was recognised by another achievement award, the Wimmera Development Association Business Achievement Award, 1994 - Government Service Award. The judges considered that Wimmera Base Hospital was the most outstanding organisation in this section because of the 'building program, despite difficult financial and staff decisions, changes in medical and health delivery programs and rapid advances in new technology and medical practice'.

This award signified for Wimmera Base Hospital the positive contribution it gives towards the growth and development of the Wimmera community. The other finalists in the category were, Horsham Tourist Information Centre, VCAI Longerenong and Wimmera Community College of TAFE.

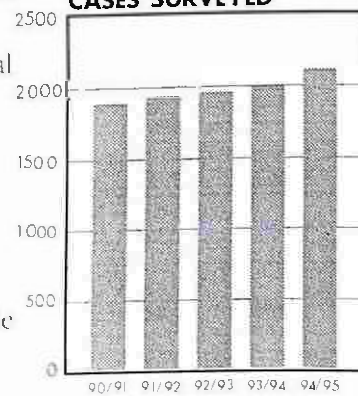
ANNUAL NUMBER OF WOUND INFECTIONS



PERCENTAGE OF WOUNDS INFECTED



NUMBER OF CASES SURVEYED



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 service awards. The Board congratulates all awardees and sincerely thanks staff for their contributions to the Hospital's quality service.

Ten Years

- Jan Aisbett, Nursing
- Angela Amor, Nursing
- Patricia Baker, Environmental Services
- Valerie Bethke, Food Services
- Betty Bushby, Environmental Services
- Peter Corp, Engineering
- Simone Duncan, Nursing
- Nanette Freckleton, Nursing
- Owen Glenister, Nursing
- Colleen Grant, Environmental Services
- Karl Kaugner, Environmental Services
- Oleg Lewinski, Nursing
- Margaret McDonald, Nursing
- Catherine Newell, Nursing
- Kathryn Newton, Medical Imaging
- Deryl Poulton, Nursing
- Bruce Rentsch, Nursing
- Debra Schulz, Physiotherapy
- Joyce Sluggert, Nursing
- Roma Street, Nursing
- Sharon Swah, Nursing
- Peter Taylor, Environmental Services
- David Tomissen, Supply
- Beverly Toone, Ward Clerk
- Terry Turve, Environmental Services

Twenty Years

- Yvonne Binns, Nursing
- Athol Coombes, Environmental Services
- Wendy Donald, Nursing
- Valerie Hanna, Patient Reception
- Janet Stearnson, Patient Reception
- Kathleen Taylor, Nursing

Twenty-Five Years

- Maria Lucia, linen Services

Thirty Years

- Julian Scott, linen Services

Insurance Against Injury

The Work Cover Management System is a



The introduction of cook-chill food technology has led to substantial savings in the Food Services Department.

compulsory insurance premium that all hospitals must pay (2.46% of total annual payroll) to insure against the risk of injury in the workplace. The system provides for a bonus and penalty levy which acts as an incentive for hospitals to implement health and safety programs to ensure safe systems of work which minimise the risk of injury.

The Hospital treats the occupational health and safety of its workers very seriously. As the following tables demonstrate, the implementation of preventative measures have reduced the number of claims received and the early return to work programs have reduced the total hours lost due to injury or illness.

Equal Employment Opportunity (EEO) Policy

In Victoria the Public Authorities (Equal Employment Opportunity) Act was proclaimed in July, 1992. Wimmera Base Hospital supports and actively endorses this Act by:

- implementing equal employment opportunity programs designed to eliminate discrimination against and promote equal opportunity for women; and
- observing sound Human Resources practices.

The EEO Committee is an integral component of the Occupational Health & Safety Committee which meets bi-monthly. The Human Resources Manager is the EEO Coordinator responsible for the enforcement of EEO.

WorkCover Claims Received

	1993	1994	1995
Administrative & Clerical	1	-	-
Engineering Services	2	1	-
Environmental Services	5	1	-
Hotel Services	5	1	-
Linen Services	2	-	1
Medical & Paramedical	1	1	-
Nursing	28	6	5
Total Number of Claims	44	10	6

WorkCover Performance - Hours Lost Due to Injury or Illness

	1993	1994	1995
Administrative & Clerical	-	-	-
Engineering Services	281	-	16
Environmental Services	67	72	-
Hotel Services	961	-	-
Linen Services	-	-	120
Medical & Paramedical	-	16	-
Nursing	13,473	11,138	9,048
Total Hours Lost	14,782	11,226	9,184

Budgeted Staff by EFT

	1993	1994	1995
Administration	105.55	85.16	80.28
Medical	66.16	64.06	58.19
Nursing	197.68	190.71	184.69
Total	369.39	339.93	323.16

Staff Turnover and Recruitment 1995

Division	Full-Time Equivalent	Number of Employees	Terminated Employees	Turnover / Service Area	Recruited Employees
Administrative	80.28	105	29	27.61	18
Medical	58.19	50	39	78.00	11
Nursing	184.69	281	71	25.26	67
Total	323.16	436	139	318.8	96

The high turnover in the Medical Division is a result of Pathology Department being privatised.

Linen Service Performance Measures

	1992	1993	1994	1995
Staff (Equivalent Full Time)	23.9	23.7	18.3	17.2
Gross Output per FTE (kg/hour)	19.7	191	191	19.7
Linen Issued (tonnes/week)	17.9	17.2	13.3	12.9



The Hospital's Linen Service produces high quality linen to all health agencies in the Wimmera region.

This year has proven to be successful for the Linen Service. Production has stabilised during the year and any fluctuations in tonnage have been due to seasonal factors. Further refinements to production have resulted in a reduction of another 10 EFT. The result of this reduction in operator hours is an increase in throughput for every EFT. These efficiencies, combined with cost savings in other areas, have ensured that the Linen Service will remain a self-funding operation of the Hospital while continuing to provide an essential service to the health centres of the region.

Freedom of Information

During the year the Hospital received six requests for documentation under the Freedom of Information Act (1982). In all instances, access to the documents sought was granted in full. The Hospital continues to promote a policy of giving staff, patients and the general public access to information. Minutes and agendas of Board of Management and staff committee meetings are published throughout the Hospital to keep staff abreast of all matters which might concern or affect them.

Legislative changes

A number of Acts have been enacted during the 1994/95 financial year, many of which relate to industrial relations issues. The most significant are:

- Drug Poisons and Controlled Substances (Amendment) Act 1994
- Employee Relations (Amendment) Act 1994
- Equal Opportunity Act 1995
- Financial Management (Amendment) Act 1994
- Financial Management and Audit Acts (Amendment) Act 1995
- Health Acts (Amendment) Act 1995
- Health Services (Amendment) Act 1994
- Health Services (Metropolitan Hospitals) Act 1995
- Infertility Treatment Act 1995
- Medical Practice and Nurses Acts (Amendment) Act 1995
- Superannuation Acts (Further Amendment) Act 1994
- Superannuation Acts (General Amendment) Act 1995
- Therapeutic Goods (Victoria) Act 1994

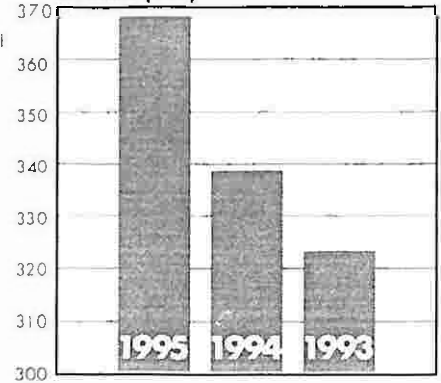
Pecuniary Interests

Members of the Board of Management and Senior Management are not required to lodge declarations of pecuniary interest.

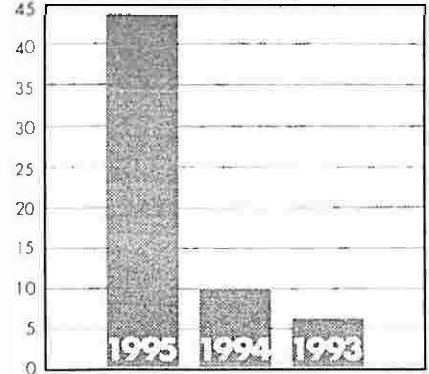
Hospital Fees

The Hospital charges fees in accordance with directives issued by the Department of Health and Community Services under Regulation 8 of the Hospitals and Charities (Fees) Regulations 1986 as amended.

COMPARATIVE STAFFING LEVELS (EFT)



COMPARATIVE WORKCOVER CLAIMS



Reaching Out to the Community

As in previous years we reach out for the support of our local community. The past year has been another wonderful illustration of people caring for people. Our thanks go to local community groups, clergy, service groups, schools, media, auxiliaries, support groups, individuals and volunteers who have given so readily of their time and expertise to assist us in providing the many services which enhance the lives of our patients.

Healthy Horizons

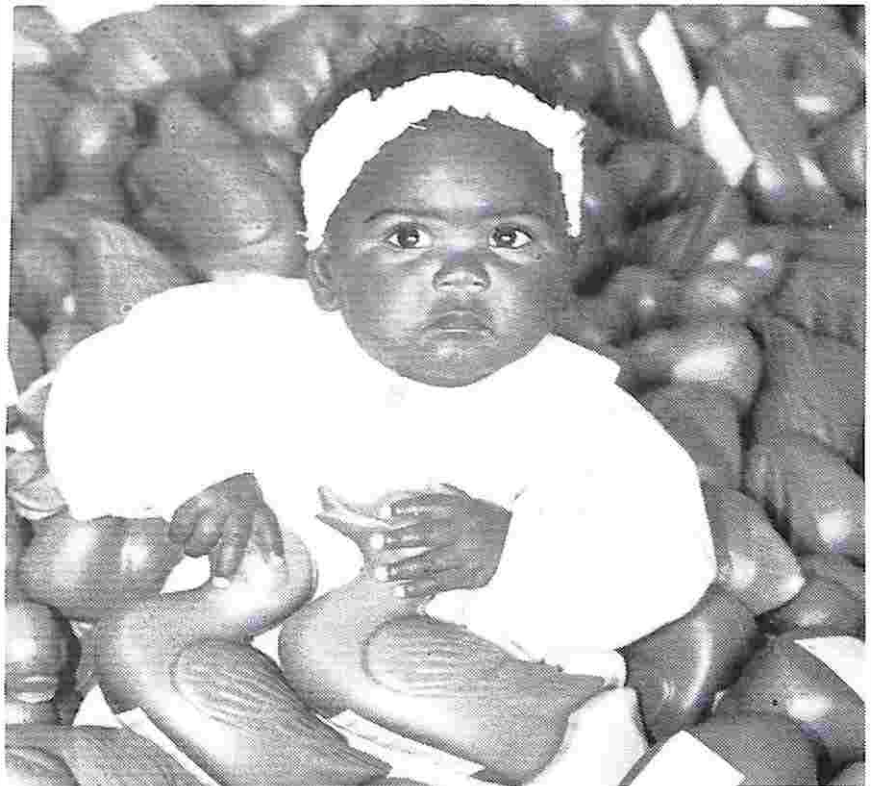
This year an Appeal Committee was established to embrace the challenge of raising \$1.0 million over five years to assist with a major shortfall for the furnishing of the new Hospital. There is also a need for a number of items of specialised equipment which will be expected within the new Hospital. Consequently the Hospital's Board of Management has initiated a fundraising campaign to raise the target of \$1.0 million from the local community. Our thanks are extended to Mr. Peter Fisher for launching the campaign as Chairperson of the Steering Committee and to Mr. Dick Wilson, Chairperson and Mrs. Judy Keast Deputy Chairperson who are continuing with the Campaign.

At the time of writing this report it is our pleasure to report that approximately \$400,000 had been obtained. Donations had been provided by Board of Management members, staff members, medical staff members, campaign committee members and the local community. The Capital Appeal has been titled "Healthy Horizons", and we encourage everyone to participate in the program as it will have far reaching benefits for the entire Wimmera community.

Active Participation

It has been an active year promoting good health and inviting community participation towards our fundraising efforts. "Healthy People Have a Sporting Chance" was the theme of the Wimmera Games held last November. The Games attracted over 11,000 competitors. Hospital staff distributed health information kits sponsored by Vic Health.

The year saw the first "Great Duck Race" take place during the city's Kinnarook Festival. Eight hundred plastic ducks took to the water in a bid to win the lucky owner



The winning duck in the Great Duck Race earned it's owner \$1000 as part of the Hospital's fundraising efforts.

\$1,000 prize money. The Duck Race was a huge success generating \$2,000 for the Wimmera Base Hospital Foundation. Another successful fundraiser for the Foundation was the Christies Antique Appraisals held in conjunction with the Horsham Antique Fair.

Other activities that were well supported during the year included the Horsham Traveland Expo and Charity Dinner, Murray to Moyne Cycle Relay and the Big Al Cabaret.

Community Liaison

At Wimmera Base Hospital, we believe it is important that the community be kept informed of the activities taking place at the Hospital. In this regard the following initiatives were undertaken during the year:

- Conducted tours of the new Hospital.
- Educational/vocational tours for students.
- "Teddy Tours" for kindergarten children.
- Production of a six monthly newsletter which was circulated to staff and supporters of the Hospital.
- Provision of 152 local media stories.
- Release of two "special" newspaper features.
- Provision of a weekly "Stork Report" for W.M.
- Participation in the "New Arrivals" feature published in the Wimmera Mail Times.

Red Cross Library Report

Many volunteers at Red Cross Headquarters in Melbourne are busy book binding, cleaning, repairing, covering, processing, selecting and despatching books and magazines to branch libraries all the time. A wide variety of topics is included in the material to satisfy most interests of the readers.

Wednesday is our day to distribute and change magazines and large print books to residents at the Day Centre, Kurralong Lodge, Sir Robert Menzies Nursing Home, Maaron Arthur House and most wards in the Hospital. Art prints from the Red Cross Picture Library in Melbourne create interest and discussion and add a touch of beauty to passageways and community rooms in these residential areas also.

Our local members provide morning tea and entertainment for folk in the residential places during the year. My grateful thanks to Judith Martin, Win Edmonds, Ella Lister and all who help so generously:

Glennys Wood

Red Cross Librarian

Wimmera Base Hospital Ladies' Auxiliary

It gives me great pleasure to present the Wimmera Base Hospital Ladies' Auxiliary Report for 1994/95.

Another year has passed and the Auxiliary Ladies have raised \$16,284 towards the purchase of vital life saving equipment for the Hospital. A total of 51 members have worked with dedication to achieve this amount. At Christmas we gave \$7,500 for two Patient Controlled Analgesia Machines for the Midwifery Ward. Demonstrations of equipment were provided by the Nursing staff which gave members a greater understanding of the functions in helping to provide better care for patients.

A most enjoyable luncheon and hat parade was held in October. This was our first fundraising function for the year and was a great success raising \$1,422. Each hat that was worn had a story behind it and created a lot of interest. An Autumn Moods luncheon and rumpus parade was held in April. This was another very successful function raising \$1,842.

Financially and socially the Ladies' Auxiliary has had a wonderful year of success and I would



The Hospital appreciates of the loyal support from volunteers and auxiliary members.

like to thank the Social Committee, office workers and members for their work and support throughout the year.

Many of our members supported invitations to the following:

- Quota Club Cup Day, Horsham.
- Rural Red Cross Luncheon, Loharam.
- Catholic Ladies Garden Party, Ivy McGrath's home.
- Combined Guild Luncheon, Loharam.
- Monthly meetings of the National Council of Women.

It has been a very rewarding year for the Opportunity Shop raising \$11,374. Congratulations must go to the Shop Secretary and Committee and their dedicated workers for their fine efforts and the support of 18 other organisations.

With only months away to the opening of our new Hospital we're all working hard to raise further monies for much needed equipment. Thank you very much for your cooperation and kindness during my 12 months in office.

Beverley J Newell
President

The Board of Management is proud of the staff at the Hospital, they offer a diverse range of skills and attributes that enable Wimmera Base Hospital to offer the best mix of health care services to the Wimmera community.

Appreciation

Over the past year many staff have been farewelled from the Hospital and the Board of Management thank those people for their contributions in achieving our goals and objectives. To those staff who have joined us, welcome. To those who stay, we look forward to your continued dedication and support.

Appointment of Specialist Medical Staff

One of the highlights in the Hospital's year has been the appointment of specialist medical staff following 12 months of recruitment. We recognise the efforts of the Hospital's Medical Administrator, Dr. Alan Wolff, who secured these appointments. The Board of Management welcome the following doctors and their families and hope their tenure in Horsham is a memorable one:

- Dr. Terry Howison, MB., B.S., F.R.A.C.P. - Dr. Howison, Physician, moved from Queensland and has a particular interest in echocardiography and plans to develop this service at the Hospital.
- Dr. James Hurley, M.B., B.S., B.Med.Sci., Ph.D., F.R.A.C.P. - Dr. Hurley, Physician, transferred from Melbourne where he was working at the Alfred Hospital. Dr. Hurley has a special interest in infectious diseases.
- Dr. Serag Youssif - Dr. Youssif, Obstetrician and Gynaecologist, will commence practice at the end of 1995 when he arrives from England. He will work with Dr. Miller. Dr. Youssif plans to expand services for patients with infertility and urological problems.

Chief Executive

WG. Knight, BSc, MBA, MEd, MChSE, CHD
(Resigned 26/5/1995)

J.F. Krygger, MBA, MEd, MChSE, CHD
(Acting from 29/5/1995)

Visiting Medical Staff

Anesthetists

R.C. HITCHCOCK, MB, BS, D.A., Lond., FRACAS

I. Reuchim, MB, BS, FRACAS

Echocardiologist

T.H. Goby, MB, BS, MRCP

Obstetrician and Gynaecologist

E.T. Miller, MB, BS, MRCOG, FRCOG, FRACOG

Oncologist

R.H. Bond, MB, BS, FRACP

Ophthalmologist

M. Toohey, MB, BS, FRACO, FRACS

Oral Surgeons

P. Bowker, MDSc, FDSRCS, FRACDS, PhD

G.G. Fowler, BDS, LDS, MDSc, FDSRCS

N. Steidler, LDS, BDS, MDSc, FRACDS, PhD
(Resigned 26/10/1994)

Orthopaedic Surgeons

J. Bourke, BMedSci, MB, BS, ChB, FRACS, FAOA

W. Carter, MB, BS, FRACS

Otolaryngologists

H.M.P. Rundle, MB, BS, FRCSEd, FRCSEng, FRACS

R.L. Thomas, MB, BS, FRACS, FRCSEng

A.A. Wallis, MB, BS, FRACS

Paediatricians

M. Brown, MB, BS, DCh, FRACP

T. Stubberfield, MBBS, DRACOG, DCh, FRACP

Physicians

T.W. Howison, MB, BS, FRACP

J.C. Hurley, MBS, LWCCS, PhD, FRACP

G.J. Phelps, MB, BS, FRACP

Plastic Surgeon

R. Sheen, MB, BS, FRACS

Psychiatrist

A. Avonmde, MB, BS, DPM, FRANZCP,
FMCRCh, FWACP

Radiologist

D.K. Leung, MB, BS, FRACR

Surgeons

G.S.R. Kitchen, MB, BS, FRACS

I.A. Campbell, MB, BS, FRACS

Urologist

R.I. McMullin, MB, BS, FRACS

Geriatrician (Sessional)

A.C. McBain, MB, BS, DGM

Regional Geriatricians

M.W. Giles, MB, BS, MRCP, KDipRACOG

C. Gaurain, MB, MRCP, KAER, PhD

J. Hurley, MB, BS, DObstRCOG, MRCP, KE, FACRM

D.P. Ollerenshaw, MB, BS, DPM, MRCPsych, FRCPsych

A.M. Van der Knijff, MB, BS, DGM

Regional Supervisor for Graduate

Medical Education

D.W. Leemburggen, MB, BS, FRACGP

Area Medical Co-ordinator - Regional Displan

A.M. Wolff, MB, BS, DipRACOG, FRACGP, MBA,
MRACMA, MChSE

Deputy Area Medical Co-ordinators

- Regional Displan

D.W. Icembruggen, MB BS FRACGP

P.P. Haslau, MB BS FRACGP

Medical Officer - Family Planning Clinic

Y.P. Cymbalist, MB BS Dip RACOG

Medical Officers

Y.P. Cymbalist, MB BS Dip RACOG

C.H. Ford, MB BS

P.P. Haslau, MB BS FRACGP

A.K. Horwood, MB BS FRACGP FAMES

G.M. Jenkinson, MB BS

J.J. Jenkinson, MB BS

D.A. McG. Jinks, MB BS Dip RACOG

D.W. Icembruggen, MB BS FRACGP

R.M. Lloyd, MB BS

A.C. McBan, MB BS DGM

G.A. O'Brien, MB BS Dip O&S RCOG

G.E. Wajszel, MD AMO

J.R. Williams, MB BS DCH DA DRCOG FRACGP

D.L. Wilson, MBChB MRCPsych
DRCOG (K), Family Planning (UK)

Dental Surgeons

D.B. Bourke, BDS

D.L. Ly, BDS

G. Pakthagurunathan, BDS, ADECCG

E. Paraskevopoulos, BDS

B.G. Sonnenberger, BDS

A.H. Wiggell, BSc BDS

Medical Division

Medical Administrator/Director of Accident and Emergency Department

A.M. Wolff, MB BS Dip RACOG FRACGP MBA
MRAAMA ACISE

Director of Pathology

G. Humphries, MA BM ChB DTM and H DRCPath
FRCP Path FRCPA

Director of Radiology

D.K. Leung, MB BS FRACR

Director of Anaesthesia

R.C. Bennell, MB BS DA (London) MFRCS

Chief Pharmacist

Mr. I. Gedach, PhD MPharm FSHPh

Medical Imaging Technologist

Mr. H. Kortman, MR ARMED

Chief Physiotherapist

Mrs. D. Schulz, BAppSc Phys

Senior Dental Officer

R. Birtles, BDS

Chief Speech Pathologist

Miss J. Wills, BAppSc SpLang

Chief Medical Record Administrator

Mrs. C. Dooling, Assoc Dip (MRA)

Medical Librarian

Mrs. S. Mewell, ALAA

Chief Occupational Therapist

Mrs. K. Griemink, BCh App Sci (OT)

Dietitian

Mrs. P. Marshman, BSc Grad Dip Diet

Audiologist

Mr. G. Edwards, Dip Aud

Podiatrist

Miss E. Perry, BApp Sci Podiat, MA PodA

Laboratory Manager

Mr. R. Steer, BMSMAA CB

Chief Social Welfare Worker

Mrs. S. Glover, BSc SW

Resident Medical Staff

Interns

L. Wong - 11.7.94-9.10.94.

D. Torres - 11.7.94-9.10.94.

P. Wong - 11.7.94-9.10.94.

E. Karpathakis - 11.7.94-9.10.94.

S. Horne - 10.10.94-8.1.95.

A. Wilkin - 10.10.94-8.1.95.

S. Van Doornum - 10.10.94-8.1.95.

A. Smith - 10.10.94-8.1.95.

T. Zafropoulos - 9.1.95-9.4.95.

W. L. Choi - 9.1.95-9.4.95.

R. Lourie - 9.1.95-9.4.95.

L. Roberts - 9.1.95-9.4.95.

M. Cullinan - 9.4.95-9.7.95.

J. King - 9.4.95-9.7.95.

S. Ho - 9.4.95-9.7.95.

W. Wu - 9.4.95-9.7.95.

Surgical Registrars

K. Read - 18.9.4.95-1.95.

P. Antippa - 30.1.95-30.7.95.

Hospital Medical Officer

T. Nathan - 30.1.95-30.7.95.

Nursing Division

Director of Nursing

W.A. LEWIS MRN MHA BAppSc Adv Nurs (CC) Neon
& Paediatric (RCSA)

Deputy Director of Nursing

C.A. Meade, RN RM BAppSc Adv Nurs (RCSA)

Extended Care Co-ordinator

A. Richards, RN RM BSc (Mgt) ACCESE (C)
9.10.94.



The Hospital's reputation was highlighted following success at the Wimmera Development Association Business Achievement Awards.

Co-ordinator Staff Development

C.A. Witney, RN, Dip Teach Nurs, Grad Dip Admin Health, Cert School Nurs

Night Nurses in Charge

E.I. Lewis, RN, RM, LC Nrs & Wd Man Dip., Grad Dip Adm Health, Grad Dip Health Sc Cert Care Tech, Cert Emerg & Disaster Mgt, F.R.N.S.

J.W. Richards, RN, BN Nrs

Nursing Supervisors

J.P. Yarwood, RN (Resigned 13/1/95)

N.J. Kroschel, RN, B App Sc Nursing, Grad Cert Diabetes Ed

J. Bourke, RN, HDNC

W. James, RN, RM (Commenced 13/3/95)

Charge Nurses

Accident and Emergency Department

D.N. McRae, RN, RM, Cert Care Tech, Grad Dip Int Care

Intensive Care Unit

M. Kuhne, RN, RM, Cert Care Tech

Operating Suite & C.S.S.D

J.P. Strachan, RN, Cert Steril & Infect Control

Infection Control

P. Muszkietka, RN, B Nursing, Cert Steril & Infect Control, HDNC

District Nursing Service

H. Torrey, RN, Assoc Dip Health Sci (Rehab counselling), Grad Dip Health Sci (Comm Health)

Ward 1 - Midwifery

K. Taylor, RN, RM, Dip Nurs Stud (Adm), FRNCA

Ward 2 / 3 - Medical / Surgical

D.G. Lee, RN, RPN, LC N C, Dip App Sc (Nurs Std)

Ward 4 - Paediatric

G. Livingston, RN, Cert Paed Nurs

Short Stay Unit

P.M. Dodson, RN, B Nrs, HDNC

Day Hospital

R.M. Levitt, RN, Dip Sc Nurs, Cert Gerontic Nurs (Resigned 8/9/94)

A. Richards, RN, RM, BSc Mgt, C.A.F.C.H.S.E. (Commenced 10/10/94)

Sir Robert Menzies Nursing Home

R.J. Frampton, RN, Dip Gerontic Nurs (Resigned 9/2/95)

C.C. Newell, RN (Aging from 20/2/95)

Manton Arthur House Nursing Home

N. Elson, RN

Kurrajong Lodge

D.D. Johns, ONSN, Hostel Supervisor, Cert



Staff bid a final farewell to the old Physiotherapy building before it's demolition.

Administrative Services Division

Director of Administrative Services

J.F. Krygert, BBA, MBA, AFCSI, CEF, CIE

Administrative Officer - Associated Institutions

S.G. Surridge, BBus, ASA (Resigned 30/11/94)

K. Duncan, BBus, ASA (Commenced 17/12/94)

Chief Engineer

T.R. Martin, MEng, MAIRAH

Community Liaison Officer

M.A. Taberner, MEd, APRLA

Computer Systems Officer

K.M. Loughran, BSc, Dip Comp Sc

Environmental Services Manager

K. Duncan, BBus, ASA

Finance Manager

S.L. Bell, ASA

Food Services Manager

B.J. O'Hara, MTRC

Human Resources Manager

D.H. Pinyon, CMHRMA

Commissioning Officer

R.J. Lardner, RN, RM, NCC, FRC, BNS (Mgt), AFCHSE

Acute Inpatients	1995	1994	1993
Number of Beds	71	71	80
Admissions	6,007	5,718	5,057
Bed Days	18,335	17,872	20,659
Occupancy (%)	68.3	67.4	70.8
Separations	5,991	5,725	5,071
Average Length of Stay (Days)	3.1	3.1	4.41
Deaths	62	73	97
Births	379	408	395
Operations	2,859	2,708	2,632

Sir Robert Menzies Nursing Home and Matron Arthur House

Number of Beds	70	80	80
Admissions	43	68	65
Bed Days	25,630	29,006	28,943
Occupancy (%)	99.5	98.9	99.1
Deaths	25	45	29

Kurrajong Lodge (Hostel)

Number of Beds	21	21	21
Admissions	51	53	59
Bed Days	7,331	7,336	7,389
Occupancy (%)	95.6	95.7	96.3
Deaths	-	-	1

Note 1. Definition of Terms:

Attendances - An attendance is when a patient presents for treatment on any given day regardless of the number and categories of services the patient receives during the day

Occasions of Service - Refers to the number and categories of services received by a patient in a day for treatment at the Hospital. For example when a patient attends Emergency and then Radiology during the same attendance, two occasions of service are counted

Tests - A test is the actual number of either pathology tests or radiological examinations performed on or for a patient. For example, if a patient has her back and arms x-rayed two tests are counted

Note 2:

Attendances at Group & Educational activities are included in the respective department's attendance numbers

Note 3:

Regional attendances refer to treatments provided by Hospital staff at various hospitals and nursing homes throughout the region

Regional attendances are not included in the respective department's attendance numbers

Note 4:

Comparative figures between years has been made difficult due to changes in DHCS counting and reporting requirements

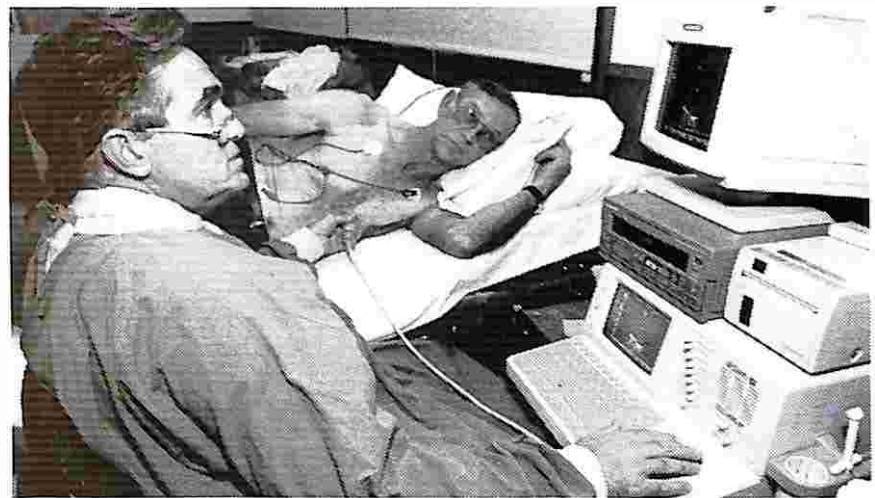


**Where Our Patients Came From
Place of Residence**

Arapiles Shire	173
Ararat City	8
Ballarat City	13
Ballarat Shire	8
Birchip Shire	49
Dimboola Shire	435
Donald Shire	178
Dunmunkle Shire	526
Horsham City	3,298
Kaniva Shire	101
Karkaroc Shire	84
Kowree Shire	144
Lowan Shire	127
Ripon Shire	8
Stawell Shire	66
Stawell Town	154
Warracknabeal Shire	460
Wimmera Shire	105
Other Vic. Country	102
Interstate - SA	33
Interstate - QLD	1
Interstate - NSW	1
Interstate - WA	1
TOTAL	5,991

Emergency, Paramedical and Support Services

	1995	1994	1993
Accident and Emergency			
Attendances	10,084	8,810	9,846
Aged Care Assessment			
Attendances	330	367	379
Allied Health			
Occasions of Service	-	-	1,748
Audiology			
Occasions of Service	1,049	936	966
Blood Bank			
Attendances	1,564	1,565	1,713
Cardiac Stress Testing			
Occasions of Service	117	88	-
Day Centre			
Occasions of Service	1,593	2,317	1,534
Day Hospital			
Occasions of Service	20,363	16,597	19,997
Dental Clinic			
Attendances	5,912	5,458	5,614
Dietetics			
Occasions of Service	1,484	1,079	1,210
District Nursing			
Attendances (Visits)	14,607	14,373	14,895
Domiciliary Midwifery			
Occasions of Service	291	329	197
Family Planning			
Attendances	1,056	1,400	1,525
Occupational Therapy			
Occasions of Service	2,188	903	1,244
Pathology			
Occasions of Service	N/A	26,587	25,203
Pharmacy			
Items Dispensed	N/A	101,484	101,899
Physiotherapy			
Occasions of Service	9,164	7,587	6,664
Podiatry			
Occasions of Service	2,138	2,022	1,869
Radiology			
Tests	12,354	10,158	11,001
Social Work			
Attendances	1,884	1,842	2,225
Speech Pathology			
Occasions of Service	5,215	4,458	2,011
Weekend Respite			
Occasions of Service	2,233	1,401	324
Group & Educational Activities (see Note 2)			
No of Activities	-	2,431	3,424
Attendances	-	21,616	32,922



Echo cardiography provides a new dimension in cardiac investigation.

Regional Services (see Note 3)

Attendances	-	6,287	8,262
-------------	---	-------	-------

Visiting Specialist Outpatient Clinics

	1995	1994	1993
Ear, Nose and Throat			
Attendances	567	672	601
Echocardiogram			
Attendances	90	-	-
Geriatrician			
Attendances	15	-	-
Oncology			
Attendances	448	335	290
Ophthalmology			
Attendances	846	1,060	1,230
Orthopaedic			
Attendances	934	1,066	1,057
Pacemaker			
Attendances	-	-	120
Physician			
Attendances	270	-	-
Plastic Surgery			
Attendances	202	175	-
Professorial Visits			
Attendances	39	36	41
Psychiatry			
Attendances	N/A	413	396
Psychogeriatrician			
Attendances	20	-	-
Urology			
Attendances	731	739	638

Service Activity and Efficiency Measures

Efficiency Indicators	1994/95	1993/94	1992/93
Trimmed AN-DRG Weight	0.8176	0.8357	0.8972
Inpatient Costs - Acute	\$11,982,000	\$11,530,000	\$14,494,000
- Nursing Homes	\$2,895,000	\$3,190,000	\$3,450,000
Outpatient Costs	\$1,800,900	\$1,959,000	\$3,313,000
Cost per Separation	\$1,997	\$2,013	\$2,860
Cost per Inpatient Day	\$666	\$643	\$702
Cost per Separation DRG Adjusted	\$2,442	\$2,409	\$3,188
Cost per Outpatient Occasion	\$31.25	\$33.85	\$55.30
Business Units		\$1,534,000	

Wimmera Linkages Program: Client referrals

Local Government Area	1995	1994	1993
Arapiles		2	3
Dimboola	11	19 ₂₄	8 ₂₇
Horshan	52		
Wimmera	4	4	4
Birchip	2	4	
Donald	5	4	
Duhmunkle	12	6	
Kaniva	11	10	
Karkarood	10	3	
Kowree	3	2	
Lowan	9	2	
Warracknabeal	11	2	
Total	140	82	42

Wimmera Linkages Program: Admissions and Discharges

	1995	1994	1993
Number of people accepted	61	55	29
Number of people leaving	44	27	28

Note 1993 figures are for Horshan and District Linkages Program

Wimmera Centre Against Sexual Assault

Service Type	1994/95	1994	1993
Registrations	88	112	102
Crisis Care to Recent Assault Victims	20	30	18
Individual Counselling Contacts ¹⁰	630	505	349
Information and Referral Sessions	101	110	146
Community Education Sessions	57	30	15
Education Consultancy Contacts	92	21	20

Wimmera Hospice Care

Activity	1995	1994	1993	1992
Admissions	61	65	55	44
Discharges	61	62	50	50
Contributions	1,160	766	597	597

As the financial year progressed the Hospital was in the pleasing position of steadily decreasing its projected operating deficit. Initial business plan projections were for an operating deficit of \$800,000, but with cost saving strategies biting hard and maximisation of revenues, a result of \$300,000 deficit was achieved. This result has been recorded despite further budget cuts of \$2.3 million. Cost inefficiency and penalties resulting from working in outdated facilities have long been touted as a major contributor to operating deficits, so it is extremely pleasing that the new facility should return the Hospital to operating surplus. This will not happen automatically, however, and strategies detailed in the business and strategic plans will have to be followed through with the utmost vigilance.

Asset infrastructure was substantially improved during the year with major building redevelopment and equipment purchases. This has also been a successful outcome because cash reserves have increased by \$426,000 from the previous financial year. Some caution has to be exercised with the apparent increase in cash reserves as \$1.5 million has been received as a cash advance to meet building and equipment needs.

During 1994/95 key liability indicators such as employee entitlements for long service leave, annual leave and accrued days off all decreased significantly. The Hospital is now subject to the Financial Management Act, 1994, replacing the Annual Reporting Act, 1983. The main effect is a new accounting standard, AAS30, relating to employee entitlements. Changes include the identification of sick leave, inclusion of oncosts in employee entitlements, and long service leave measured at present value.

Moving into 1995/96 will see a full complement of specialist medical staff, thereby fully utilising available casemix funds. Successful amalgamation with Dimboola District Hospital should eventuate in substantial economies of scale, cost reductions and efficiencies in patient throughput.



The future development of the 37 bed hostel complex on the adjacent Jardwa Park remains a high priority.

Where the Money Came From...	1994/95	1993/94
	\$	\$
Government	(6) 21,423,000	16,161,000
Government Redundancy	3 817,000	1,133,000
Patients	13 3,979,000	3,978,000
Private Practice	7 2,154,000	1,967,000
Borrowings	- 176,000	1,000,000
Disposal of Investments	- -	17,000
Other	8 2,627,000	1,534,000
Total	100 31,176,000	25,790,000

How the Money was Spent	1994/95	1993/94
	\$	\$
Salaries and Wages	53 16,391,000	14,327,000
Suppliers	24 7,227,000	8,513,000
Interest	- 4,000	14,000
Private Practice	1 301,000	297,000
Building and Equipment	21 6,513,000	943,000
Other	1 328,000	31,000
Total	100 30,764,000	24,125,000



The Wimmera Door-knock Appeal enabled the purchase of a new walking machine for the treatment of rehabilitation patients.

Foundation Donations

The growth and success of the Wimmera Base Hospital Foundation relies on the generosity of people to give. 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, J.
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, J.A.C. & H.W.F.

People Sharing the Caring

Future generations will thank us for planning ahead...

The Wimmera Base Hospital Foundation was established as a public charitable fund to which any individual or group may donate or bequest funds.

Contact the Hospitals Community Liaison Officer, Maree Taberner, in confidence, on (053) 819309 to find out how your gift can help.

Wimmera Base Hospital

Foundation Donors 1994/95

Al Anon
 E Altmann
 Anonymous
 Antique Appraisals
 L Ashton
 G A Alwell
 Dr A Ayonrinde
 R Barlie
 A Bernard
 Bingo
 J Blake
 E J Brown
 H Brown
 M Budde
 T Buwalda
 P Cass
 Christmas Card Sales
 D Clark
 R Clayton
 J Clifford
 D Comer
 Commercial Hotel Money Box
 Court Fines
 E Cramer
 B Creasey
 E Cronin
 Dadsells (Bridge Hill Ladies Auxiliary)
 D Donoherty
 Mr & Mrs DeGang
 Duck Race Proceeds
 I Edwards
 R Ellis
 R & J Evans
 Exchange Hotel Money Box
 J & L Fatone
 Fashion Parade
 S Featherstone
 E Flux
 J Frejahn
 Mr & Mrs M Gallagher
 F Gath
 J Gillespie
 C Gleeson
 Goroke Community Health Centre
 J Hardman
 G Hawkins
 J Hawkins
 D Hill
 M Hiscock
 Mr & Mrs G Hope
 Horsham Tourist Information Centre
 Dr J & Mrs L Horwood
 F E Hul
 G & P Huff
 C Hupfield
 N Ingleton
 Mr & Mrs G James
 C Johnson
 P Johnson
 R Joyce
 S Keim
 V J King
 Mr & Mrs Kirchner
 A R Kosch
 R Lampard
 D Blight
 J E Long
 S Lyon
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 G Miller
 W Mibus
 F Malloy
 W Marston
 J Miller
 C Muller
 A Murphy

A Murray
 M Muszkiet
 K Muszkiet
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 G & B Nitschke
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 J Panozzo
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 L Parker
 J Parkinson
 H Patterson
 B Plumber
 Mr & Mrs K Poon
 Mr & Mrs A Pui
 Mr & Mrs N Radcliffe
 O Reid
 P Reihus
 J Reynolds
 V Richardson
 G Roberts
 G & C Romano
 J & M Rowland
 Royal Hotel Money Box
 R J Sanders
 S L Sedgmen
 Seventh Day Adventist Church
 E Schubert
 Mr & Mrs W Sicane
 T Smith
 Staff Payroll Deduction Scheme
 Mr & Mrs T Stewart
 M Strauss
 M Taberner
 R & V Terner
 M Taylor
 Mr & Mrs G Tippet
 D Tonissen
 D Tramor
 U3A Group
 M Walsh
 Warracknabeal Neighbourhood House
 Mr C & Miss E Warrick
 Weights Mire 10
 White Hat Hotel Barrel
 H M White
 N J Whiteside
 W B Wilson
 Wishing Well
 A E Wood

Wimmera Base Hospital

Donors 1994/95

AMP Foundation
 Apex Club, Horsham
 Associated Communication Enterprises P/L
 Mr & Mrs Laune & Jean Barber
 Mr & Mrs Neville & Bev Bell
 Mr & Mrs Tom & Heather Blair
 Brian & Ken Breuer
 Guy & Locksley Brook & Family
 Mr & Mrs Peter & Wendy Brown
 Dr Ross & Mrs Noela Brown
 Mr & Mrs Ned & Nancy Carter
 Miss Dr Clark
 Mr & Mrs Tom & Shirley Davey
 Collier Charitable Fund
 Mrs Catherine Dooling
 R V & A M Cramer
 Department of Veterans Affairs
 Mr & Mrs Ken & Mary Dowsley
 Mr & Mrs Jack & Beryl Eagle
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 Mr & Mrs Jeff & Mandy Filip
 Mr Peter Fisher
 Mr Peter Fitzgerald
 Mr Don Freckleton
 Freemasons Public Charitable Foundation
 Mr & Mrs W Gossenbacher
 K J Hatby
 Mr & Mrs Geoff & Helen Haidbury
 Mr & Mrs John & Doreen Harrington

Dr Peter & Mrs Ros Haslau
 Mr & Mrs Cory & Jenne Heard
 Horsham East Rotary Club
 Hospice Care Auxiliary
 Hospice Care Donations
 Hospital Ladies Auxiliary
 Ms Sue Huebner
 Mr & Mrs Hugh & Lorna Jenkin
 Mr & Mrs Bruce & Joan Johansen
 Mr & Mrs Mike & Jan John
 S & S Johns
 Mr & Mrs Steve & Judy Keast
 S H Keim
 Mr Graham Kitchen
 Mr & Mrs Daryl & Lyn Kitchin
 W J Kosch - Estate
 Mr John Krygger
 Mr & Mrs Robert & Cheryl Kuhne
 Mrs Robyn Lardner
 Mr & Mrs John & Pat Latus
 Dr David & Mrs Denise Leembruggen
 Lions Club of City of Horsham
 Lions Club of Horsham
 Lions Club Minyip
 Mr & Mrs Laurie & Mary Llewelyn
 Mr & Mrs Alan & Win Lockwood
 Mr & Mrs Frank & Leila Lockwood
 Mr & Mrs Ted & Janette McCabe
 Mr & Mrs Les & Claire McCombe
 Mr & Mrs Jack & Thea McIlree
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 Mr & Mrs Kelvin & Dianne Mills
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 E C Muller - Estate
 Murray to Moyné Cycle Relay Team Sponsorship
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 Mr & Mrs Stuart & Beverley Newall
 Mr & Mrs Nick & Helen Newton
 Mr John Nunn
 O'Brien & Lucas Solicitors
 Pethard Tarax Charitable Trust
 Messrs Ian & Ivan Puls
 Mr & Mrs Gary & Jo Radford
 Gary Radford Real Estate
 R K & S J Rae
 Mr & Mrs David & Kate Rathgeber
 Mr & Mrs Wallace & Beverley Reynolds
 Mr & Mrs Howard & June Rodda
 Royal Hotel Sports & Social Club
 Rotary Club Horsham East Traveland Expo_ proceeds
 Mr & Mrs O E Rudolph
 Rupanyup Lions Club
 Mr & Mrs Elmore & Lois Rowlett
 Mr & Mrs Jack & Ethel Schier
 E P & L P Schulz
 J Sherry
 Mr & Mrs Clive & Gwenida Smith
 Southcorp Metals Manufacturing (Vulcan)
 L W Tennant - Estate
 Mr & Mrs John & Anne Waddell
 Weights Mire 10
 Westpac Banking Corporation
 William Angliss Charitable fund
 Ms J Wills
 Wilson Bolton & Co
 Mr & Mrs Dick & Margie Wilson
 Wimmera Mail Times
 Woorndah North Ladies Social Club
 D Woolman
 Mr & Mrs Andy & Glenn Wood
 Mr & Mrs Geoff & Cathy Wayne

A Loving Tribute...



A bequest of \$80,000 from the estate of Edward Charles Muller will help purchase equipment for the new Hospital.

Edward Charles Muller enriched lives with his music. A man who has spent his whole life giving to the community will continue to do so after his death through a generous bequest.

Horsham born Edward Charles Muller left \$79,134 to the Hospital in his Will.

By including Wimmera Base Hospital in your Will, you join other dedicated and loyal supporters in ensuring the future growth and development of your Hospital as a centre of excellence. To answer questions and provide additional information for those of you who may consider including the Wimmera Base Hospital in their Will, please contact the Hospital's Community Liaison Officer, Mrs. Maree Taberner, in confidence, on (053) 819309.

Bequests are not the only way to provide long term support for your Hospital. Life Assurance policies and bonds provide several opportunities for you and the future of Wimmera Base Hospital. You can assign paid up policies to the Foundation. You can also take out policies naming the Wimmera Base Hospital as beneficiary. Some of these policies could provide you with healthy tax returns in the short term.

FINANCIAL
STATEMENTS

WIMMERA BASE HOSPITAL
REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30 JUNE, 1995

	NOTES	HOSPITAL \$,000	NURSING HOMES \$,000	LINEN SERVICE \$,000	ELIMIN ATIONS 1994/95 \$,000	TOTAL 1994/95 \$,000	TOTAL 1993/94 \$,000
Operating Revenue Providing							
Fund Inflows							
Health Service Agreement							
Budget Sector							
Government Grants	2	14,191	479			14,670	15,579
Indirect Contribution by Dept. of Health and Community Services	3	212	38			250	253
Patient Fees	4	1,343	2,482			3,825	4,016
Fee Sharing Arrangements	1.15	1,370				1,370	1,147
Linen Service	5			818	(466)	352	479
Interest		75		22		97	28
Other Revenue	6	1,335		11		1,346	825
Abnormal Items	24	817				817	1,124
Services Supported by Hospital and Community Initiatives							
Fee Sharing Arrangements	1.15	770				770	846
Rental property income		25				25	36
Interest							31
Other Revenue	7	506				506	247
Specialist Recoveries		53				53	
Total Operating Revenue Providing Fund Inflows		20,697	2,999	851	(466)	24,081	24,611
Operating Revenue Not Generating Fund Inflows							
Abnormal Revaluation Adjustment	24						148
Total Operating Revenue		20,697	2,999	851	(466)	24,081	24,759
Operating Expenses Requiring Fund Outflows							
Health Service Agreement/ Budget Sector							
Direct Patient Care Services	8B	7,153	1,521			8,674	8,362
Diagnostic and Medical Support Services	8B	3,631	55			3,686	3,502
Administration and Quality Assurance	8B	2,238	84			2,322	2,240
Engineering and Maintenance	8B	964	51			1,015	1,011
Pharmacy and Laboratory Services	8B	1,261	865	667	(466)	2,327	2,565
Corporate Costs Funded by Dept. of Health and Community Services	3	212	38			250	253
Bank Interest		274	47	10		331	379
Capital Cost		988	140	41		1,169	1,172
Depreciation	8B	78				78	80
Finance Charges	8B	1,459				1,459	996
Insurance		4				4	14
Interest		23				23	19
Other	8B	1,311				1,311	721
Total Operating Expenses	24	647				647	1,126

	NOTES	ELIMINATIONS				TOTAL	TOTAL
		HOSPITAL \$,000	NURSING HOMES \$,000	LINEN SERVICE \$,000	1994 95 \$,000	1994 95 \$,000	1993/94 \$,000
Services Supported by Hospital and Community Initiatives							
Fee Sharing Arrangements	1.15	301	-	-	-	301	297
Rental Property Expenses		12	-	-	-	12	6
Hire Purchase Costs		15	-	-	-	15	25
Specialist Expenses		143	-	-	-	143	-
Other		16	-	-	-	16	-
Total Operating Expenses Requiring Fund Outflows		20,730	2,801	718	(466)	23,783	22,768
Operating Surplus(Deficit) Attributable To Fund Items		(33)	198	133	-	298	1,991
Operating Expenses Not Requiring Fund Outflows							
Abnormal Revaluation Adjustment	24	-	-	-	-	-	6,782
Abnormal Depreciation	24	-	-	-	-	-	315
Depreciation	9	941	73	69	-	1,083	859
Long Service Leave		301	(7)	(9)	-	285	318
Operating Surplus(Deficit) Attributable To Non Fund Items		(1,242)	(66)	(60)	-	(1,368)	(8,274)
Operating Surplus(Deficit) Prior to Capital Items		(1,275)	132	73	-	(1,070)	(6,283)
Income designated for Capital purposes							
Government Grants	2	6,959	-	-	-	6,959	737
Donations		98	-	-	-	98	52
Other		-	-	-	-	-	1
Total income designated for Capital purposes		7,057				7,057	790
Operating Surplus(Deficit) for the year		5,782	132	73	-	5,987	(5,493)
Retained Surplus (Accumulated Deficit) at Beginning of year		(12,826)	551	705		(11,570)	(5,335)
Trfs to Accumulated Deficit 1 July 1994	1.16	19,428		817		20,245	
Prior Year Adjustments	12	470				470	
Restated Retained Earnings (Accumulated Deficit) at July 1		7,072	551	1,522		9,145	(5,335)
Aggregate of Amounts Transferred from Reserves	11	120				120	48
Reclassification of comparative figures due to change in disclosure policy regarding income designated for capital purposes Available for Appropriation		12,974	683	1,595		15,252	(11,518)
Aggregate of Amounts Transferred to Reserves	11	(98)				(98)	(52)
Retained Surplus(Accumulated Deficit) at End of Year		12,876	683	1,595		15,154	(11,570)

For a complete copy of notes form part of and should be read in conjunction with these financial statements

WIMMERA BASE HOSPITAL
BALANCE SHEET AS AT 30 JUNE, 1995

	NOTES	HOSPITAL \$'000	LINEN SERVICE \$'000	TOTAL 1994/95 \$'000	TOTAL 1993/94 \$'000
EQUITY					
Capital					
Funds Held for Restricted Purposes	10	1,136	-	1,136	1,158
Retained Surplus/(Accumulated Deficit)		13,559	1,595	15,154	(11,570)
Contributed Capital		-	-	-	20,245
Total Equity		14,695	1,595	16,290	9,833
Current Liabilities					
Bank Overdraft	27	-	-	-	15
Creditors	13&14	1,855	26	1,881	1,209
Accrued Expenses	15	-	-	-	293
Provision for Employee Entitlements	16	1,638	76	1,714	1,941
Business Loan		34	-	34	-
Total Current Liabilities		3,527	102	3,629	3,458
Non-Current Liabilities					
Provision for Employee Entitlements	16	1,106	53	1,159	1,812
Creditors	13&14	15	-	15	113
Government Loan	17	1,000	-	1,000	1,000
Business Loan	17	142	-	142	-
Total Non-Current Liabilities		2,263	53	2,316	2,925
Total Liabilities		5,790	155	5,945	6,383
Total Equity and Liabilities		20,485	1,750	22,235	16,216
Current Assets					
Cash at Bank and On Hand		2,251	31	2,282	1,885
Patient Fees Receivable	4	369	-	369	533
Stores	18	209	496	705	729
Prepayments		83	-	83	44
Debtors and Accrued Revenue	19	548	114	662	754
Short Term Investments	20	-	446	446	304
Total Current Assets		3,460	1,087	4,547	4,249
Non-Current Assets					
Assets Under Construction	1.5&21	6,787	-	6,787	534
Land	1.5&21	1,369	-	1,369	1,399
Buildings	1.5&21	5,779	461	6,240	6,447
Plant, Equipment and Fittings	1.5&21	2,645	182	2,827	3,039
Motor Vehicles	1.5&21	414	20	434	502
Unexpired Terms Charges	14	31	-	31	46
Total Non Current Assets		17,025	663	17,688	11,967
Total Assets		20,485	1,750	22,235	16,216

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

WIMMERA BASE HOSPITAL
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE, 1995

		CONT'D CAPITAL	REST'D PURP'S	RETAINED SURPLUS/ ACCUM- ULATED DEFICIT	TOTAL 1994/95	TOTAL 1993/94
	NOTES	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at Beginning of Year		20,245	1,158	(11,570)	9,833	16,233
Less Trfs to Retained Earnings		(20,245)	-	20,245	-	-
Surplus/Deficit for the Year		-	-	5,987	5,987	(5,493)
Transfers to Reserves	11	-	98	(98)	-	-
Transfers from Reserves	11	-	(120)	120	-	-
Prior Year Adjustments	12	-	-	470	470	-
Transfer of Equity		-	-	-	-	(907)
Balance at End of Year		-	1,136	15,154	16,290	9,833

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

WIMMERA BASE HOSPITAL
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE, 1995

	TOTAL 1994/95	TOTAL 1993/94
	Inflows (outflows)	Inflows (outflows)
	NOTES	NOTES
	\$,000	\$,000
Cash Flows from Operating Activities		
<u>Health Service Agreement Budget Sector</u>		
RECEIPTS		
Government Grants	14,346	15,830
Patient Fees	3,979	3,978
Private Practice	1,384	1,147
Linen Service	352	479
Interest	97	28
Donations		3
Other Receipts	612	660
Abnormal	817	1,124
PAYMENTS		
Salaries & Wages	(15,744)	(13,192)
Suppliers	(7,184)	(8,513)
Interest	(4)	(14)
Abnormal	(647)	
<u>Services Supported by Hospital & Community Initiatives</u>		
RECEIPTS		
Private Practice	770	820
Rental Property Income	25	36
Interest	-	31
Donations	98	53
Other Receipts	506	244
Specialist Recoveries	53	
PAYMENTS		
Private Practice	(301)	(297)
Rental Property Expenditure	(12)	(6)
Other	(31)	(25)
Specialist Expenses	(143)	
Abnormal		(1,126)
Net Cash Generated From Operating Activities	23 (1,027)	1,260
Cash Flows From Investing Activities		
Payments for Purchase of Plant & Equipment	(6,513)	(1,233)
Proceeds from Disposal of Plant & Equipment	884	290
Proceeds from Disposal of Investments		17
Proceeds from Borrowings	176	1,000
Payments for Purchase of Investments	(142)	
Net Cash Flows From Investing Activities	(5,595)	74
Cash Flows From Government		
Capital	7,034	326
Net Cash Flows From Government	7,034	326
Net Increase (Decrease) in Cash Held	412	1,660
Cash at Beginning of Year	1,870	210
Cash at End of Year	22 2,282	1,870

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

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

The financial statements of the Hospital 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.

1.1 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 Hospital 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 received.

1.5 Depreciation

Assets with a cost in excess of \$10,000 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 Health and Community Services Victoria.

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 Stores

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 Hospital have been eliminated from the figures to reflect the extent of the Hospital's operations as a group.

1.10 Donations

Donations for medical purposes are included in the Revenue and Expense Statement as income from other sources. Donations are brought to account when received.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

1.11 Fund accounting

The Hospital operates on a fund accounting basis and maintains three funds operating, specific purpose and capital funds. The Hospital's Capital and Specific Purpose Fund comprise unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds. For disclosure refer to Note 1.16.

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

The activities classified under the Health Services Agreement/Budget Sector are affected by Department of Health and Community Services funding while the Hospital and Community initiatives are funded by the Hospital'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 Non-current assets

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

1.15 Private practice fees

The apportionment of private practice fees between the Hospital and medical practitioners is based on the average of arrangements between the above parties.

1.16 Change in Accounting Policies

The accumulated balances of Contributed Capital have been transferred to retained earnings in accordance with the new Directions of the Minister for Finance. Income designated for capital purposes has been reported in the Revenue and Expense Statement. Comparative figures have been adjusted accordingly (refer 1.10). All future capital receipts will initially be reported through the Revenue and Expense Statement.

NOTE 2: GOVERNMENT GRANTS

	1994/95	1993/94
	\$,000	\$,000
DHCS Operating Grants	13,514	14,577
DHCS Other Grants - Visiting Nursing Service	235	245
DHCS Other Grants - Program for Disabled	72	127
DHCS Other Grants - Specific Grants	849	630
	<u>14,670</u>	<u>15,579</u>
Capital Grants	6,959	737
Total Grants Earned	<u>21,629</u>	<u>16,316</u>

Includes \$42,500 which relates to provisional year end adjustment, that is, the amount owed to finalise hospital funding based on performance during the year under the Health Service Agreement. Commonwealth Nursing Home and Hostel inpatient benefits are included in Patient Fees (see Note 4)

NOTE 3: INDIRECT CONTRIBUTION BY DEPT. OF HEALTH AND AND COMMUNITY SERVICES

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

	1994/95	1993/94
	\$'000	\$'000
Insurances	250	246
Industrial Relations Service		7
	<u>250</u>	<u>253</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1995

NOTE 4: PATIENT FEES

	PATIENT FEES RAISED		PATIENT FEES RECEIVABLE	
	1994/95	1993/94	as at 30/06/95	as at 30/06/94
	\$,000	\$,000	\$,000	\$,000
Inpatients	1,132	1,215	135	154
Outpatients	211	130	322	393
Nursing Home	2,482	2,671	40	37
	<u>3,825</u>	<u>4,016</u>	<u>497</u>	<u>584</u>
Fee Sharing Arrangements			20	34
			<u>517</u>	<u>618</u>
Less: Provision for Doubtful Debts			148	85
Net Patient Fees Receivable			<u>369</u>	<u>533</u>
Bad and Doubtful Debts			<u>148</u>	<u>85</u>

NOTE 5: LINEN SERVICE

	1994/95	1993/94
	\$'000	\$'000
Operating Revenue Providing Fund Inflows		
Service Charges	818	840
Interest	22	10
Sundry	11	3
Redundancy Grant	-	152
Operating Revenue Not Providing Fund Inflows		
Abnormal Revaluation Adjustment	-	148
Total Operating Income	<u>851</u>	<u>1,153</u>
Operating Expenses Requiring Fund Outflows		
Laundry and Linen	560	566
Manufacture and Mending	19	19
Transport	60	76
Administration	28	75
WorkCover and Superannuation	51	52
Redundancy Payment	-	117
Other	-	12
	<u>718</u>	<u>917</u>
Operating Expenses Not Requiring Fund Outflows		
Long Service Leave	(9)	26
Depreciation	69	64
	<u>60</u>	<u>90</u>
Operating Surplus (Deficit) for the Year	<u>73</u>	<u>146</u>

NOTE 6: OTHER REVENUE

	1994/95	1993/94
	\$'000	\$'000
Meals and Accommodation	26	70
Meals on Wheels	66	83
Proceeds of Sale - Fixed Assets	884	290
Sale of Goods and Services	339	335
Sundry	31	47
	<u>1,346</u>	<u>825</u>

**NOTE 7: OTHER REVENUE SERVICES SUPPORTED BY HOSPITAL
AND COMMUNITY INITIATIVES**

	1994/95	1993/94
	\$'000	\$'000
Donations	84	3
Sundry	422	244
	<u>506</u>	<u>247</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

NOTE 8A: OPERATING EXPENSES

	Acute Care \$'000	Aged Care \$'000	Other \$'000	Total 1994/95 \$'000	Total 1993/94 \$'000
Services Supported by Health Service Agreement					
Salaries	5,824	2,435	5,291	13,550	12,922
Salary Oncosts	602	186	711	1,499	1,552
Other	5,238	459	3,037	8,734	8,337
Total Expenses Requiring Fund Outflows	<u>11,664</u>	<u>3,080</u>	<u>9,039</u>	<u>23,783</u>	<u>22,811</u>
Add Operating Expenses Not Requiring Fund Outflows					
Depreciation & Revaluation Adjustment	753	73	257	1,083	7,957
Long Service Leave	202	(7)	90	285	317
Total Operating Expenses Not Requiring Fund Outflows	<u>955</u>	<u>66</u>	<u>347</u>	<u>1,368</u>	<u>8,274</u>
Total Expenses	<u>12,619</u>	<u>3,146</u>	<u>9,386</u>	<u>25,151</u>	<u>31,085</u>

NOTE 8B: OPERATING EXPENSES

	1994/95 \$000	1993/94 \$000		1994/95 \$000	1993/94 \$000
Direct Patient Care Services			Domestic and Catering Services		
Wards:-			Staff Cafeteria	13	35
Special	544	524	Food and Dietary	939	1,091
Midwifery	680	635	Domestic Services	800	759
Medical/Surgical	1,933	1,814	Laundry	1,041	1,041
Nursing Homes	1,521	1,615	Inter-segment Eliminations	(466)	(361)
Theatre	783	721		<u>2,327</u>	<u>2,565</u>
Outpatient Services	493	504			
Clinical Units	2,120	1,998	Teaching Services		
Day Hospital	184	140	Nursing Education	78	80
Hostel	416	411			
	<u>8,674</u>	<u>8,362</u>	Community Services		
Diagnostic and Medical Support Services			District Nursing	398	267
Pharmacy	706	737	Meals on Wheels	92	74
Pharmacy Supplies	58	48	Other Outreach Programs	969	655
C.S.S.D.	129	117		<u>1,459</u>	<u>996</u>
Diagnostic Laboratory	952	902	Other		
Organ Imaging	444	407	Regional Services	466	496
Technical Support	37	34	Written down value of asset disposals	845	217
Allied Health	1,125	1,010	Loss on Investments		8
Medical Records	235	247		<u>1,311</u>	<u>721</u>
	<u>3,686</u>	<u>3,502</u>			
Administration					
General Administration	1,194	1,199			
Accounting/Finance	135	105			
Personnel/Payroll	130	140			
Supply	107	108			
Nursing Administration	495	508			
Medical Administration	261	213			
	<u>2,322</u>	<u>2,273</u>			
Engineering and Maintenance					
Engineering	579	571			
Fuel, Light and Power	395	356			
Maintenance	41	84			
	<u>1,015</u>	<u>1,011</u>			

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

NOTE 9: DEPRECIATION AND AMORTISATION

	Dep'n for 1994/95 \$'000	Dep'n for 1993/94 \$'000
Plant, Equipment and Fittings	762	1,004
Motor Vehicles	156	119
Land	-	-
Buildings	165	51
	<u>1,083</u>	<u>1,174</u>

NOTE 10: FUNDS HELD FOR RESTRICTED PURPOSES

	1994/95 \$'000	1993/94 \$'000
Capital Replacement and Special Programs	427	661
Education, Research and Special Programs	709	497
	<u>1,136</u>	<u>1,158</u>

NOTE 11: TRANSFERS FROM RESERVES

	Funds for Rest'd Purps's \$'000	Retained Surplus/ Accum'd Deficit \$'000
Transfer of Deficit on Specific Purpose Accounts	(120)	120
Transfer of Capital Donations to Specific Purpose Accounts	98	(98)

NOTE 12: PRIOR YEARS ADJUSTMENTS

	Retained Surplus/ Accum'd Deficit \$'000
Long Service Leave	612
Annual Leave	(120)
Accrued Days Off	(2)
Salaries And Wages	(20)
	<u>470</u>

Due to the adoption of AAS30 Accounting for Employee Entitlements adjustments amounting to \$470,000 were made to the accumulated deficit at the beginning of the year.

NOTE 13: CREDITORS

	Less Than 1 Year \$'000	1 to 2 Years \$'000	Total 1994/95 \$'000	Total 1993/94 \$'000
Trade Creditors	1,783	-	1,783	1,111
Hire Purchase Liability	98	15	113	211
Total	<u>1,881</u>	<u>15</u>	<u>1,896</u>	<u>1,322</u>

Other than shown above there were no amounts that were the result of public borrowing or financial accommodation.

NOTE 14: HIRE PURCHASE ARRANGEMENTS

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

	Current \$'000	Non Current \$'000	1994/95 \$'000	1993/94 \$'000
Hire Purchase Creditor	98	15	113	211

Included in the above is \$31,000 in unexpired terms charges.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

NOTE 15: ACCRUED EXPENSES

	1994/95 \$'000	1993/94 \$'000
Dept of Health and Community Services Ordinary Grant		
Other		281
Total		<u>12</u>
		<u>293</u>

NOTE 16: PROVISION FOR EMPLOYEE ENTITLEMENTS

	1994/95 \$'000	1993/94 \$'000
Current:		
Annual Leave	1,155	1,314
Accrued Days Off	25	34
Long Service Leave*	334	445
Salaries and Wages	200	148
	<u>1,714</u>	<u>1,941</u>
Non-Current:		
Long Service Leave*	1,159	1,812
	<u>2,873</u>	<u>3,753</u>

The 1993/94 comparative figures for annual leave, accrued days off and salaries and wages have been reclassified from accrued expenses to provision for employee entitlements.

* The following assumptions were adopted in measuring present value:

- (a) An inflation factor of 3.6%
- (b) A discount rate of 7.68% was used to determine present value
- (c) WorkCover and Superannuation On-costs of 12%.

NOTE 17: LOANS

	Less than 1 Year \$'000	1 to 2 Years \$'000	2 to 5 Years \$'000	Greater than 5 Yrs \$'000	Total 1994/95 \$'000	Total 1993/94 \$'000
Unsecured Business Loan	34	34	102	6	176	
Unsecured Loan from DH&CS			1,000		1,000	1,000
	<u>34</u>	<u>34</u>	<u>1,102</u>	<u>6</u>	<u>1,176</u>	<u>1,000</u>

NOTE 18: STORES

	1994/95 \$'000	1993/94 \$'000
Pharmaceuticals	101	115
Catering Supplies	12	10
Housekeeping Supplies	7	9
Medical and Surgical Lines	82	81
Linen	484	501
Miscellaneous	19	13
	<u>705</u>	<u>729</u>

NOTE 19: DEBTORS AND ACCRUED REVENUE

	Less Than 1 Year \$'000	Total 1994/95 \$'000	Total 1993/94 \$'000
Sundry Debtors	150	150	163
Other Debtors	435	435	563
Accrued DHCS Ordinary Grants	43	43	
Other Accrued Revenue	38	38	28
	<u>666</u>	<u>666</u>	<u>754</u>
Provision for Doubtful Debts	4	4	
Net Debtors and Accrued Revenue	<u>662</u>	<u>662</u>	<u>754</u>
Bad and Doubtful Debts	4	4	

NOTE 20: INVESTMENTS

	Term Service \$'000	Total 1994/95 \$'000	Total 1993/94 \$'000
Current			
Term Deposit	446	446	304
	<u>446</u>	<u>446</u>	<u>304</u>
Investment Income			
Interest	22	22	10

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

NOTE 21: NON-CURRENT ASSETS

	Gross Valuation 1994/95	Dep'n for 1994/95	Accum'd Dep'n 1994/95	Written Down Value 1994/95	Written Down Value 1993/94
At Cost :	\$'000	\$'000	\$'000	\$'000	\$'000
Plant, Equipment and Fittings	6,725	762	3,898	2,827	3,039
Motor Vehicles	606	156	172	434	502
Assets Under Construction	6,787	-	-	6,787	534
At Valuation :					
Land	1,369	-	-	1,369	1,399
Buildings	6,452	165	212	6,240	6,447
	<u>21,939</u>	<u>1,083</u>	<u>4,282</u>	<u>17,657</u>	<u>11,921</u>

Land and buildings owned and controlled by the Hospital 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 22: RECONCILIATION OF CASH

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

	1994/95 \$'000	1993/94 \$'000
Operating Fund		
Cash at bank and on hand	-	656
Bank Overdraft	(791)	-
Capital Fund		
Cash at Bank and on hand	1,906	-
Bank Overdraft	-	(15)
Specific Purposes Fund		
Cash at bank	1,136	1,158
Linen Service		
Cash at Bank and on hand	31	71
Cash at end of reporting period	<u>2,282</u>	<u>1,870</u>

NOTE 23:

RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES TO OPERATING RESULT

	1994/95 \$'000	1993/94 \$'000
Operating surplus (deficit) for the year	5,987	(5,493)
Less income designated for capital purposes	7,057	790
Operating Result Prior to Capital Items	<u>(1,070)</u>	<u>(6,283)</u>
Depreciation	1,083	1,174
Revaluation Adjustment	-	6,634
(Increase)/Decrease in Patient Fees Receivable	164	(64)
(Increase)/Decrease in Sundry Debtors	17	(8)
(Increase)/Decrease in Other Debtors & Accrued Revenue	-	(67)
Decrease/(Increase) in Stores	24	6
(Increase)/Decrease in Prepaid Expenditure	(39)	(36)
Loss on Investments	-	8
Increase/(Decrease) in Trade Creditors	(562)	(119)
Increase/(Decrease) in Accrued Expenses	(293)	178
Decrease in Provision for Employee Entitlements	(410)	(143)
Capital Donations	98	53
Profit on Sale of Assets	(39)	(73)
Net Cash used in Operating Activities	<u>(1,027)</u>	<u>1,260</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

NOTE 24: ABNORMAL ITEMS

	1994/95 \$'000	1993/94 \$'000
Revenue:		
Redundancy Recoveries	817	1,124
Revaluation Adjustment to Linen Service Buildings		148
	<u>817</u>	<u>1,272</u>
Expenditure:		
Revaluation Adjustment to Buildings		6,782
Depreciation Rate Change to Equipment		315
Redundancy Payments	647	935
Annual Leave Loading Adjustment		191
	<u>647</u>	<u>8,223</u>

The balance of redundancy payments is in long service leave.

NOTE 25: CAPITAL COMMITMENTS

At the balance date the Wimmera Base Hospital had signed a contract that gives a commitment to future expenditure:-

	1994/95 \$'000	1993/94 \$'000
New Hospital:- Total Project Cost	12,250	
Invested at June 30, 1995	6,490	
Total Committed Expenditure	<u>5,760</u>	

NOTE 26: CONTINGENT LIABILITIES

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

NOTE 27: OVERDRAFT FACILITIES

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

NOTE 28: SEGMENT REPORTING

The Hospital is unable to provide segment reporting beyond what is already reported in the accounts, this is due to the retained surplus (accumulated deficit) for the Nursing Home segment being indeterminate.

NOTE 29: SUPERANNUATION

- (i) The Hospital contributes to the Hospitals Superannuation Fund.
- (ii) Contributions made by the Hospital during 1994/95 were \$1,169,000 (1993/94 \$1,172,000).
- (iii) As at the balance date there were no outstanding contributions in respect of the 1994/95 year.
- (iv) In accordance with Section 29(2)(a) of the Hospitals Superannuation Act 1988, participating employer contributions are calculated as a percentage of the employee's salary. Separate contributions are determined for Basic Benefits/HOSfund on the one hand and optional Contributory Benefits on the other, in accordance with sect 29(3). The rates for 1994/95 for all Class A participating employers were:

Basic Benefit Schemes	Payrolls greater than \$1m - 6%	
	Employ	Employer
Contributory Scheme		
Contributory Rate	3.0%	4.0%
	4.0%	5.0%
	6.0%	10.0%

- (v) As at the balance date there were no loans to the Hospital from employee Superannuation Funds
- (vi) The notional share of unfunded superannuation liability attributable to the Wimmera Base Hospital at June 30, 1995 is \$1,982,000 (1994 \$2,948,000). The amount of unfunded liability is based on calculations done by the boards actuary in accordance with the "pooled" approach for liabilities and contribution rates for Class A participating institutions, as required under the Hospitals Superannuation Act 1988.

NOTE 30: PROFIT OR LOSS ON SALE OF NON CURRENT ASSETS

	1994/95 \$'000	1993/94 \$'000
Buildings	(15)	
Motor Vehicles	13	70
Fleet and Equipment	41	3
	<u>39</u>	<u>73</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1995

NOTE 31: INTERNAL TRANSACTIONS

The following internal transactions were made during the year and are reflected in the statement of revenue and expense and balance sheet.

	Hospital \$'000	Nursing Homes \$'000	Linen Service \$'000	Total \$'000
Linen Purchase	327	139	(466)	-
Wage Recoveries				

NOTE 32: DIRECTOR RELATED DISCLOSURES

(a) Directors

The names of persons who were Directors at any time during the financial year were:-

Mr E J McCabe	Rev B W Grindlay	Mrs D L McIlree
Mr P F Brown	Dr P Haslau	Mr R M Mibus
Mr I A Campbell	Mr B J Johansen	Mr G A Radford
Mr J B Filip	Dr D W Leembruggen	Mr R W Shepherd

(b) Remuneration of Directors

	1994/95 \$'000	1993/94 \$'000
Remuneration received or due and receivable by directors from the Hospital in connection with its management	NIL	NIL

(c) Retirement Benefits of Directors

	1994/95 \$'000	1993/94 \$'000
Retirement benefits paid by the Hospital in connection with the retirement of Directors were:	1	1

(d) Executive Remuneration

The number of executives whose remuneration falls into the bands below is as follows:

	1994/95 Number	1993/94 Number
\$130,000 - \$140,000	-	1
\$140,000 - \$150,000	2	-
Total	2	1

(e) Other Transactions of Director Related Entities

Mr Campbell, Dr Haslau and Dr Leembruggen have provided medical services to the Hospital on normal commercial terms and conditions. The aggregate amounts in respect of these transactions with Directors were \$269,497 for the financial year.

(f) Other Receivables from and Payables to Directors and Director Related Parties

At the end of the financial year \$29,945 was payable to Directors for medical services supplied to the Hospital during the year under normal commercial conditions.

CERTIFICATION

In our opinion the financial statements of the Wimmera Base Hospital comprising statement of cash flows, balance sheet, statement of changes in equity, revenue and expense statement and notes to the financial statements have been prepared in accordance with the provisions of the Financial Management Act 1994 and the Directions of the Minister for Finance - Part 9 Reporting Provisions.

In our opinion the financial statements present fairly the financial transactions for the year ended 30 June, 1995 and the financial position as at that date of the Wimmera Base Hospital.

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

(Signed) Mr. E. J. McCabe, President.

(Signed) Mr. P. F. Brown, Honorary Treasurer.

(Signed) Mr. J. F. Krygger, Chief Executive.

(Signed) Mr. S. L. Bell, Principal Accounting Officer.

Dated the fourth day of September 1995