



*Wimmera
Base Hospital
Annual Report
1994*

Philosophy

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

Patients. The Wimmera Base Hospital believes that at all times, every patient is entitled to receive high quality health care and to be accorded full recognition of his or her dignity, integrity and rights.

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

Government. The Wimmera Base Hospital is accountable to the government for the efficient use of the resources provided. The hospital has an obligation to work with and through the government to satisfy community needs.

Other Health Care Providers. The Wimmera Base Hospital will foster co-operation with other health care providers. When appropriate, the Hospital will rationalise its activities to complement rather than duplicate services.

Objectives.

Consistent with the Philosophy, the following objectives will be implemented to the extent of the Hospital resources

Patient Care. To provide the highest standard of individual health care in accordance with recognised health practices and ethical standards.

To maintain and maintain nursing home facilities so as to provide nursing home care accommodation for all persons falling within these categories defined under the Commonwealth Aged and Disabled Persons Act 1954 and who are assessed as being in need of such care and accommodation.

Community Health. To promote, provide and assist with health education for the community.

Staffing. To select staff so that the hospital can maintain the highest standard of health care. To work together in promoting an atmosphere of co-operation and support.

Education and Training. To promote educational and training opportunities for all staff to assist them in the future development of patient care.

To provide for the education and training of such persons as so ci al with hospitals as may be approved.

Facilities. To ensure that adequate and well maintained facilities, equipment and supplies are available. To maintain a safe and healthy environment.

Evaluation and Research. To engage in programs of evaluation and research for the improvement of health services.

Public Relations. To promote an awareness of the philosophy and objectives of the hospital within the community

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Architects

CMR / Hassell Consortium
 Balcombe Griffiths Pty. Ltd.

Auditors

Auditor-General Victoria

Bankers

National Australia Bank Limited

Solicitors

Power & Bennett

The 1994 Annual Report was released to the public on 21 October, 1994. The Wimmera Base Hospital was established in 1874 as the Horsham Hospital and was incorporated by authority of the Hospitals and Charities Act (No. 5300) on 27 August, 1877. The name of the Hospital was changed in 1950 to Wimmera Base Hospital with the approval of the Hospitals and Charities Commission of Victoria.



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.
Environmental Services Manager	Accommodation, Housekeeping, Wimmera Hospitals' Group Linen Service, Goroke Community Health Centre.
Finance Manager	Admissions & Reception, Budgets, Financial Planning, General Accounts, Patient Accounts, Supply.
Food Services Manager	Catering - Patients & Staff, Meals on Wheels.
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. Ed. B.H.A., M.H.P.,
A.F.C.H.S.E., C.H.E.



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.Sci(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.

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,
MBBS, F.R.A.C.G.P.,
Appointed 1985



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



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



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



Mr. Bruce Johansen,
Appointed 1991.



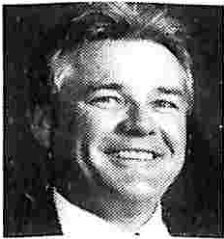
Dr. David Leembruggen,
MBBS, F.R.A.C.G.P.,
Appointed 1993



Rev. Bruce Grindlay,
BA, Lic. de Teol., Cert. de Min.,
CCPE, Cert. FFL (SP),
Lett. B., A. Dip. Theol.,
Appointed 1993.



Mr. Robert Mibus,
Appointed 1986.



Mr. Gary Radford,
Appointed 1993



Mr. Chris Stegmeyer,
Appointed 1991



Mr. Jeff Filip,
Appointed 1993

On behalf of the Board of Management it gives me great pleasure to present the 1993/94 Annual Report of Wimmera Base Hospital.

The year was significant in two important respects. Firstly, 1994 commemorates the Hospital's 120th year of service to our community. Secondly, it provided the Government commitment to redress the inadequate physical facilities with the Premier's announcement of approval to construct a new hospital and refurbish the existing nursing homes. The \$12.5 million new hospital development is expected to significantly improve patient amenities and provide a more cost efficient facility. Government financial support for construction of new Base Hospital facilities reaffirms the role of the Hospital as the major referral centre for the Wimmera region.

Patient Services

It is particularly pleasing to report that, despite drastic budget cuts, the Hospital treated a record 5,726 acute inpatients during the financial year. In addition, over 50,000 outpatients received treatment. The Hospital continues to strive to attain high quality patient care and has not compromised in this regard in an attempt to redress financial pressures.



Hundreds of community members help celebrate the launch of the Hospital's 120th birthday celebrations.

Each year the Hospital continues to introduce new services or expand existing ones. The introduction of laparoscopic surgery has improved patient care and reduced length of stay. Community based programs such as the expanded Wimmera Linkages Program and the new Domiciliary Midwifery Service have further extended the role of the Hospital out into people's homes.

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 just 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.

Finances

The Hospital commenced the financial year with its largest ever budget cut, \$2.7 million or 14%, as a result of the introduction of formula based funding; Casemix for the acute sector and CAM/SAM for nursing homes.

Despite such a large budget cut, the Hospital was able to achieve a healthy operating surplus of \$692,000, mainly as a result of a large number of staff accepting Government funded Voluntary Departure Packages. The financial performance of the Hospital was an outstanding achievement which has substantially reduced the accumulated deficit and placed the Hospital on a firm financial footing.

Nonetheless, the Government's massive budget cuts continue with a further \$2.3 million (13.5%) reduction expected in the 1994/95 financial year. Clearly, there is a limit to the amount of savings that a hospital of this size can generate and it is anticipated that the Hospital will report a major deficit until the new Hospital is completed.

Building and Development

This has been a year of unprecedented progress. The Premier of Victoria's announcement of \$12.5 million of government funding to build a new acute hospital is a watershed in the Hospital's 120 year history.

The project is being fast-tracked to ensure efficient use of the capital funds and to achieve an early completion date which will allow the



PHOTO: PETER ADAMS

Hospital to reap savings on its recurrent operating expenditure. Design development and preparation of tender documentation is nearing completion and we hope to see preliminary works underway in July. Construction of the first new building, a new kitchen, will commence in September and work on the main hospital buildings is expected to begin in December, 1994.

Staff have played a major role in the planning and design of the new facilities and I'd like to record the Board's sincere appreciation for their contributions. The expertise and tireless efforts of staff will help ensure that the building solutions will enhance the efficiency of the working environment and the quality of patient care.

The redevelopment project includes a new Emergency Department, Medical Imaging, Operating Suite (with a Day Procedures Unit) and three wards of 24 beds each.

The single storey building will have a full range of ward areas to accommodate medical, surgical, intensive care, paediatric and midwifery patients. New purpose-built facilities will allow us to improve treatment for patients with psychiatric illnesses and those requiring rehabilitation. All rooms will have ensuite bathrooms. Other features include patient lounge rooms, distressed relatives' rooms, a birthing suite, courtyards, a kiosk and a children's outdoor play area. A new kitchen will also enhance our service delivery.

Refurbishment of our two nursing homes is another important part of the project. The aim is to improve the living conditions for residents and provide a more homelike, and less institutional, environment which facilitates the maintenance of each resident's rights to privacy and dignity and encourages residents to be as self-reliant as possible. The \$0.75 million building refurbishment will also improve the operating efficiency of the nursing homes under the CAM/SAM funding system.

Progress was also made this year in other areas. Work on the new 36 bed hostel complex to replace Kurrajong Lodge advanced slowly as a result of problems with the Jardwa Park site. These difficulties were overcome and detailed design and documentation is now near completion. We look forward to starting

construction of the new hostel in the near future.

The Board was, however, disappointed that the Hospital's long running efforts to obtain government approval to build a ten bed special care hostel unit for people with psychiatric illnesses was unsuccessful. Changes in the policy directions and program strategies of the State Department of Health and Community Services in relation to psychiatric services make it highly unlikely that special hostel accommodation will be provided for psychogeriatric clients. In addition the Commonwealth Department of Human Services and Health is unwilling to support additional hostel beds in this area. Nevertheless, the Board will continue to make strong representations to highlight the needs of aged people with psychiatric illnesses and their carers.

Relocation of the District Nursing Service and Wimmera Hospice Care to a house at 11 Arnott Street provided greatly improved client facilities and working conditions for these important services. A major refurbishment of the Wimmera Centre Against Sexual Assault premises expanded the range of services provided for survivors of sexual assault.

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 saw the retirement of Mr. David McFarlane after 26 years of valued service as a Hospital Board member. It is rare in this day and age for people to maintain a strong involvement in voluntary work for one organisation for such a lengthy period.

Mr. McFarlane was appointed to the Hospital Board of Management in June, 1967. From 1970 to 1973 Mr. McFarlane was Junior Vice President and from 1973 to 1977 he was President of the Hospital. He has served on almost every Hospital committee at one time or another. In 1973 he played a key role in the Hospital's centenary celebrations and public appeal and in 1979 was appointed a Life Governor. Mr. McFarlane made an outstanding contribution as one of the Hospital's longest serving Board members.

President's Report

Further resignations were received from Dr. Eric Miller, Mrs. Margaret Martin, Mr. Robert Walter and Mr. Chris Stegmeyer and their contributions were greatly appreciated.

The Hospital has been fortunate in attracting high calibre replacements in Dr. David Leembruggen, Rev. Bruce Grindlay, Mr. Jeff Filip and Mr. Gary Radford who have already demonstrated considerable expertise and enthusiasm during these difficult times.

I would like to take this opportunity to record my sincere appreciation to all Board members who so generously give up their time to serve on the numerous subcommittees necessary for the effective functioning of the Hospital.

Community Support

Community support will be vital to the success of the Hospital redevelopment project. Supporters and friends of the Hospital from throughout the Wimmera will have an opportunity to contribute to this major project and help build a first class health care facility of which we can all be proud; a new hospital to care for members of our community for many years to come.

The Hospital and the Hospital Foundation are indeed indebted to the level of support throughout the community and received donations and in kind support of \$118,000 during the year.

The Hospital has used its 120th year of operation to reflect on its achievements and to positively market its services to the external community. This year saw the development of a television advertising campaign, the production of a prestige newspaper supplement, the production of a Keeping in Touch newsletter and the construction of a house and land package. These are just a few of the concepts that have been developed this year to increase the exposure of the Hospital in an attempt to increase community support.

Conclusion

The community can be reassured that the quest for excellence in patient care remains the number one priority for Wimmera Base Hospital. The announcement of the development of a new Hospital has renewed confidence in the long term future of the Hospital in its role in providing specialist medical services to the



The introduction of a breast screening program assists in the early detection of breast cancer.

wider region.

The Hospital is proud of its achievements in treating a record number of patients and recording a large financial surplus on the year's activities. Achievements such as these would not have been possible without the ongoing commitment and dedication of our loyal and hardworking staff.

I should also like to take this opportunity to thank the executive team for their energetic management and strong leadership during these difficult times.

In particular I would like to thank our Chief Executive, Mr Warwick Knight. There is no doubt that Warwick's tireless efforts, are far beyond that which the Hospital is entitled to expect.

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 large budget cuts and massive restructuring, the Hospital treated a record 5,726 patients during the financial year, an increase of 655 patients over last year. The introduction of casemix funding provided an incentive for hospitals to treat more patients as increases in throughput enable access to a bonus payments pool. We can now provide prompt attention to elective surgery cases previously subject to lengthy waiting periods.

This year has also seen an increase in day surgery activity, mainly as a result of improved technology. The introduction of laparoscopic surgery including cholecystectomies and endometrial ablations has improved patient care and reduced length of stay.

The Hospital recognises the importance of providing specialist medical services to the surrounding population and has recently completed a successful 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.

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 a regional audiology service, an orthotics laboratory, a domiciliary midwife service and a videofluoroscopy service.

Videofluoroscopy (modified barium swallow) is the latest method of accurately diagnosing swallowing disorders and is used routinely in major hospitals in Melbourne. It is a brief procedure conducted by the Speech Pathologists in conjunction with the Radiologist to obtain highly informative data about a person's swallow.

The introduction of videofluoroscopy has also led to the development of a new service provided by the Speech Pathology Department. A swallowing disorders clinic is being established to not only benefit inpatients at Wimmera Base Hospital, but also to service the wider community in the Wimmera. Previously, patients could only receive this service from the Queen Elizabeth Centre in Ballarat.

Koori Health Program

This year the Dietetic Department provided nutrition education to Kooris as a part of the Better Health and Fitness program. The aim of the program was to improve the nutrition and fitness of Kooris in the Wimmera.

Aboriginals have a much higher rate of mortality from circulatory system disease (stroke, ischaemic heart disease) than non-aboriginal Australians. The prevalence of abdominal obesity, non-insulin dependent diabetes mellitus and hypertension is higher than that of the general population. Poor dietary choices can contribute to these health problems.

Healthy eating was the central theme of the nutrition program. Other topics included diet in the prevention and treatment of obesity, diabetes and cardiovascular disease. The sessions were held at the Goolum Goolum Aboriginal Cooperative over eight weeks and involved both individual and group sessions.

Short Stay Unit Operational

The Short Stay Unit has been operational since September, 1993, and is the result of a new concept to economically utilise staff and beds. The Unit is open Monday to Friday with 24 hour nursing care and caters for both medical and surgical patients requiring short term hospitalisation. The Unit also provides care for patients who have day surgery and diagnostic procedures such as endoscopies, biopsies and cardiac stress testing.

Another area in which the Unit provides a service for the community is in the administration of chemotherapy. In specified circumstances patients who now have to travel to Ballarat will be able to have some of their chemotherapy in Horsham.

Expanding Role of Domiciliary Care

In May, 1994, the District Nursing Service moved into new premises at 11 Arnott Street to accommodate the expanding services available to the community. Services based at 11 Arnott Street include:

- District Nursing
- Continence Service
- Stomal Therapy
- Breast Cancer Support
- Aged Care Assessment Team
- Wimmera Hospice Care

The Aged Care Assessment Team continues to be part of the Regional Assessment Team based from the Queen Elizabeth Centre, Ballarat. The Team which consists of Regional and Local Geriatricians, General Practitioners, Psycho-Geriatrician, Extended Care Coordinator, District Nursing Staff, Family Services Department, Paramedical Departments, Day Hospital Staff, Nursing Home and Hostel Staff provide a specialised assessment service for the elderly.

The Aged Care Assessment Team enables and encourages clients and their families to be involved in decisions regarding their health care. Recommendations are made to other community services to enable clients to remain in their own homes longer. Residential care is also recommended during assessment when seen as appropriate to meet the client's needs.

Assessment for the Personal Alarm Call System (PACS) is also offered by the Aged Care Assessment Team to enable clients at risk and isolated to remain independent and improve safety at home. A written referral is required by the client's doctor for the assessment to be completed.

Patient Transport in Comfort and Style

This year saw the introduction of the Wimmera Base Hospital Patient Transport Service (Ambicare) which provides an efficient, timely and high quality service for the transfer of patients to and from other hospitals.

The Patient Transport Service complements the existing Ambulance Service and involves two Toyota Hiace Commuter vehicles which have been modified to provide total patient comfort. The Service provides continuity of care as hospital staff escorts, who are familiar with the patient's medical condition, can be taken to, and returned from, major referral hospitals.

Coordinated scheduling has enabled the Hospital to limit the delays in waiting while other patients attend appointments. The Service has also significantly reduced expenditure on patient transport.

Linkages Service Expands

Wimmera Linkages provides additional assistance to people living in their own homes, whose needs cannot be met by the usual service systems. Once assessed for eligibility, assistance is provided to frail older people, younger people

with disabilities and carers who are experiencing difficulty in coping with day to day living or whose quality of life is adversely affected by their disability. The philosophy of Linkages is that "people have the right to remain at home, where possible, supported by a range of integrated and flexible services that promote their independence and dignity". The client focus through case management, coordination of services and purchase of additional services is an essential element of the program.

This service, which began in April, 1991, as the Horsham and District Linkages Program, was available in the four municipalities of Arapiles, Dimboola, Wimmera and Horsham. Increasing concern about the unmet needs in the remaining Wimmera municipalities lead to an Evaluation Study being conducted. Major service providers throughout the unserved areas were informed of the Study and offered an opportunity to provide profiles of their particular local area's needs. Statistical analysis of demographics and population trends was also included. This report formed the basis of a successful submission to expand the Linkages program through the Home and Community Care (HACC) program. In January, 1994, the number of client places increased from 30 to 60. The name of the program was changed to "Wimmera Linkages".

Breast Screening Program Commences

Statistics indicate that one in fourteen Victorian women will develop breast cancer at some stage in their life. Breast cancer is more common in women over 50 and all women over this age are encouraged to have a mammogram (breast x-ray).

In conjunction with Ballarat Base and St. John of God hospitals, Wimmera Base Hospital commenced a breast screening and assessment centre for the Wimmera region.

The Breast Screen Program is a publicly funded program initiative of the State and Commonwealth Governments as part of the National Program for the Early Detection of Breast Cancer. The Program has been extremely successful at this Hospital with some 900 women being screened in the first three months.

Services Available at W.B.H.

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

Premier Announces Redevelopment

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.

The Hospital Board and staff were delighted by Premier Kennett's announcement in December, 1993, of a grant of more than \$10 million to construct a new hospital and refurbish the existing nursing homes. Following a review of the Hospital's facilities development master plan the Government allocated a total of \$12.5 million for the project.

It is particularly noteworthy that Wimmera Base Hospital has been successful in receiving State Government support during a period of drastic budget cuts, including cuts in capital expenditure. There are basically two reasons for this success:

Firstly, the Hospital's efforts over the past few years to secure funding for a major project were not in vain. Two Wimmera Base Hospital projects were high on the Department of Health and Community Services' statewide capital projects list. One project was the construction of a new Emergency Department, Operating Suite and Radiology Department valued at \$6.0 million. The other project concerned a proposal to build two new nursing homes and convert the existing nursing homes into acute wards of 30 beds each. This project was valued at nearly \$4.0 million. The Health Department recognised that a better building outcome might be achieved if the funds required for these two projects were pooled together and the masterplan was reviewed.

In short, the first reason why we received State Government support was recognition that the Hospital's facilities urgently need upgrading and that a piecemeal approach might not produce the best value for money or greatest improvements in patient care.

The second reason why the Hospital received support was the State Government's recognition that the Hospital faces major problems in achieving the performance levels demanded under the new casemix funding arrangements. The old and outmoded facilities



Smiles all round as Premier Mr. Jeff Kennett announces the \$12.5 million Hospital redevelopment accompanied by the Mayor of Horsham, Cr. Dennis Witmitz and Hospital President, Mr. Ted McCabe.

created significant inefficiencies and additional operating costs. Quite simply, the Hospital could not stay in business unless there were major improvements in patient care facilities.

The Government's willingness to invest large capital funds in Wimmera Base Hospital reflects its confidence in the Hospital's current and future role as the major regional provider of specialist medical and surgical services.

Planning with the Patient in Mind

Above all, the new Hospital development aims to improve the already high quality of care by providing clinical facilities and patient amenities which are either unsatisfactory or nonexistent at present.

In every area of the Hospital there are numerous major improvements. On entering the building there will be a feeling of much greater space, it will be easier for patients and visitors to find their way. The new Hospital will have separate waiting areas for the different groups of patients and interview rooms provide for added privacy.

In the wards there are many single bed rooms and all rooms will have ensuites. There are lounge rooms for patients, expectant mums and dads and distressed relatives. As the building is a single storey structure we have been able to create a number of courtyards and outdoor areas including a play area for children. Patients, relatives and friends will all enjoy the benefits of these amenities.

The new amenities will also enable the provision of services that are not currently available. In the Operating Suite larger operating rooms will allow extensive orthopaedic surgery (including joint replacement) and in the ward areas there will be purpose-built facilities for rehabilitation and treatment of patients with psychiatric illnesses.

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 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.
- Every effort has been made to provide facilities which can be shared between areas. This includes treatment and procedure rooms as well as patient lounges, beverage stations and other amenities.

- 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 months ahead the detailed designs and documentation for the new hospital buildings will be finalised and put out to tender. Work on clearing the site is expected to begin in July, 1994, and work on the main buildings contract is likely to commence in November, 1994. The project is planned to be completed, and the new buildings commissioned, in November, 1995.

Hostel Redevelopment A Step Closer

Our plans to build a new hostel of 36 beds to replace the dilapidated 21 bed Kurrajong Lodge building moved a step closer this year.

The Hostel redevelopment project has been a long running saga fraught with difficulties. In many ways it has tested the perseverance and determination of the Hospital Board and staff.

In June 1993, investigations of the Jardwa Park site revealed previously undetected geotechnical problems due to the unstable filling in some areas of the site which had once been excavated. These difficulties required further site surveys and replanning of the hostel facility to identify viable options for construction

Below:

The new Hospital - An artist's impression.

Major Equipment Purchases

Fluoroscopy Unit	241,300
Ultrasound Probe	6,000
Pathology Cabinets	7,997
Lithium Electrode	1,529
Image Intensifier	3,500
Operating Suite Equipment	12,531
Laparoscope	4,762
Humidifier	3,500
Infant Resuscitation Cot	3,000
Tympanic Thermometer	1,040
Dinamap Monitor	5,510
Wheelchairs	14,620
Endoscopy Unit	35,723
Patient Lifting Machine	8,480
Fume Cabinet	6,360
Syringe Driver	2,400
Biopsy Forceps	1,073
Pulse Oximeter	4,007
ECG Monitor	10,500
Physiotherapy Treadmill	9,930
Rotary Microfume	10,066
Hydrocline Chair	1,370
Hopkins Telescope	3,291
Electric Hoist	2,110
Easyflo Pump	1,050
Tympanic Monitor	4,713
Video Recorder	4,030
Duplex Floor Cleaner	3,451
Photocopiers	10,012
Computer Equipment (incl software)	143,589
Medical Records	10,118
Filing System	8,206
Ducted Heating	2,365
Stihl Pressure Cleaner	1,800
Two Door Freezer	1,600
Three Door Refrigerator	1,000
Semak Vitamiser	2,724
Compressor	1,561
Mail Franking Machine	6,760
Ride on Mower	1,294
Electronic White Board	2,300
Video Pointer	1,681
Camera Flashmeter	1,100
Washing Machine	1,100
Total	\$609,958



on the area of Jardwa Park which is clear of the deep excavation identified by the geotechnical investigations.

The planning changes required a minor alteration to the Town Planning Scheme Amendment. Following meetings with the City Council and local residents the changes were approved by Council and the Minister for Planning. As part of the revised agreement the Hospital agreed to contribute towards the cost of new car parking spaces in Arnott Street.

With the site problems resolved attention turned to the detailed development of the building designs. Work on the detailed design and documentation will soon be completed and the Board hopes that the project will go to tender around October, 1994.

The new hostel will offer a high standard of accommodation and amenities for frail aged members of our community who require assistance with daily living tasks and are no longer able to live at home. The hostel complex comprises three houses of twelve beds each and a central amenities building. Resident rooms each have an ensuite and direct access to the surrounding gardens and courtyards. A feature of the hostel complex will be the views across the neighbouring parkland. The park is to be developed and landscaped by the Hospital as part of an agreement with the City Council which made the site available for the hostel.

Special Care Unit Plans Blocked

Further strenuous efforts were made throughout the year to secure Commonwealth and State government support for the establishment of a ten bed special hostel unit for the care of elderly people with psychiatric illnesses.

At present there are no purpose-built facilities for this client group in the Wimmera and the funding system prevents general hostels from accepting such clients because of their higher staffing requirements.

In December, the Minister for Health announced that Wimmera Base Hospital would receive \$680,000 towards work on the hostel as part of grants for capital works projects for Victoria's psychiatric services. This was in response to concerns raised by the Human Rights Commissioner, Brian Burdekin, in a report into mental health care.

In the event our plans were blocked on two fronts. The Commonwealth refused to approve the ten hostel beds and associated recurrent funding. Then, in April, the State Government announced a new framework for psychiatric service delivery involving major changes in policy direction and strategy. Under these plans State Government support for the special care hostel beds was withdrawn.

The Hospital, with strong support from the clinical staff and psychiatric illness support group, will continue to highlight the need for special hostel accommodation for elderly people with psychiatric illnesses.

Wimmera Centre Against Sexual Assault

This year saw the improvement of facilities in the Centre Against Sexual Assault following the completion of large scale renovations to the premises located at 77 Baillie Street. The Hospital is grateful to the Department of Health and Community Services' Women's Health Unit for making funding available for the renovations. The Unit is now able to provide the full range of counselling, clinical examination, support and information services to survivors of sexual assault in purpose-built accommodation.

Wimmera CASA covers the entire Wimmera region with the majority of clients coming from Horsham City and Shire, Stawell, Ararat, Dimboola, Donald, Rupanyup and Murtoa. The main referral sources are Health and Community Services, Community Policing Squads, community agencies and general practitioners. A significant number of clients refer themselves to the Centre.

In the forthcoming year the Centre will continue community education activities as well as working with survivors and their families. A major focus will be on further developing the outreach service to provide information and support to people in the more isolated areas of the Wimmera.

Staff Development

The Education Centre has undergone a change of direction and staffing over the past 12 months. The Centre has a new name, the Staff Development Unit, and is responsible for Staff Development and Training on a Hospital wide basis.

To provide an excellent standard of care for our patients is the goal of all who work at Wimmera Base Hospital. This goal can be achieved in many ways. 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 and by setting and testing standards which apply to the work performed.

Staff Development Unit educators coordinate and present educational programs for all staff. Some of the programs offered over the past 12 months have been cardiopulmonary resuscitation, electrocardiography, High Dependency Nursing and seminars on work related topics. In service programs are conducted on a regular basis and are also provided for night staff.

The Wimmera Introduces New Graduates to Services (WINGS) graduate nurse program is a major focus of education within the Hospital. This program is of 12 months' duration and in 1993/94 16 graduate nurses completed the program. Three graduate nurses from other hospitals in the region will complete the theoretical component of their Graduate Nurse year at Wimmera Base Hospital.

The Staff Development Unit has been intensively involved with the development and testing of standards for nursing practice and patient outcomes through the divisional and hospital Quality Assurance committees. Graduate nurses and many other nurses have been auditing these standards to ascertain whether our nursing practice is producing optimum outcomes for our patients. If the practice is not reaching the set standard then steps are quickly taken to correct the problem or improve the practice. A Clinical Skillscheck program, whereby the nurse is assessed for competency in a range of clinical skills is another way in which our professional nurses assure the quality of our service.



Graduate nurses proudly display their certificates after successfully completing the Hospital's Graduate Nurse Program.

To ensure the effective and efficient utilisation of resources, the following steps are taken:

- all new equipment is trialled and evaluated using guidelines developed by the nursing division quality assurance committee. Clinical procedures are reviewed annually and revised as necessary in accordance with current advances in technology and nursing practice.
- all new staff attend an orientation program and are surveyed regarding their needs for specific knowledge or skills to allow them to perform their duties to the best of their ability. Specific educational and training programs are then devised to meet their needs.

Past Nursing Trainees

The 44th annual reunion of the Wimmera Base Hospital Past Trainees' Association was very successful with nearly 70 members attending the meeting.

Past Trainee, Ms. Meg Ryan, who is currently Director of Nursing at Warrnambool Base Hospital was guest speaker and gave a very interesting talk on her various nursing experiences, having nursed in many different institutions both large and small, metropolitan and country.

The elected office bearers for 1993/94 were:

- President:
Jan Aisbett
- Vice President:
Joy Plozza
- Secretary / Treasurer:
Marg McDonald
- Assistant Secretary / Treasurer:
Merril Shearwood

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 was awarded Five Year Accreditation status by the Australian Council on Healthcare Standards in 1990.

The Hospital has a number of innovative quality assurance programs and an active multi-disciplinary committee that makes sure that high standards are achieved and maintained.

An extension of this objective involves the quantification of the results and the Hospital reports that the Medical Administrator, Dr. Alan Wolff, has written extensively on the subject of medical quality assurance including publication of his most recent work:

Wolff A.M., (1994). 'A Review of Methods Used for Medical Quality Assurance in Hospitals: Advantages and Disadvantages', *Journal of Quality Clinical Practice*, 14, 85-97.

Consultant Expertise Enlisted

The running of a 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:

Financial Management Review and Strategy Plan, Health Solutions	\$35,000
Pathology Business Plan Quality Health and Efficiency	\$7,000
Nursing Homes Feasibility Study, Balcombe Griffiths Architects	\$49,679
Hostel Schematic Design Study, Balcombe Griffiths Architects	\$47,810
Hospital Redevelopment Study, Balcombe Griffiths Architects	\$5,621
Hospital Redevelopment, CMR / Hassell Consortium	\$366,000
Hospital Redevelopment, Davis Langdon and Beattie	\$22,521
Food Services Design Report, McCartney Taylor Dimitroff	\$3,500
Cook Chill Evaluation, Health Planners of Australia	\$3,000

Clinical Research

The Intensive Care Unit has been involved in international trials over the last 12 months.

- The ISIS 4 Trial (International Study of Infarct Survival) was ongoing from 1991 through to August, 1993, when it was completed after randomising 60,000 patients internationally.

- The GUSTO Trial (Global Utilisation of Streptokinase and t-pa) involved randomising 40,000 patients internationally.
- The LIPID Trial (Long Term Intervention with Pravastatin in Ischaemic Heart Disease) is continuing.
- The ASK Trial (Australian Streptokinase Trial) was commenced this year.

Paediatrician Awarded 1994 Kate Campbell Scholarship

The Hospital was pleased to hear that Paediatrician, Dr. Mary Brown, was awarded the Kate Campbell Scholarship by the Royal Children's Hospital Research Foundation. The award involves working in the Royal Children's Hospital Department of Child and Family Psychiatry for a six month period and is a tribute to Dr. Brown's long term commitment to the treatment of paediatric patients.

In addition, Dr. Brown had two self-assessment program booklets published by the Royal Australian College of General Practitioners during the year. The booklets were derived using actual case studies of paediatric patients presenting to Wimmera Base Hospital.

Post Operative Wound Survey

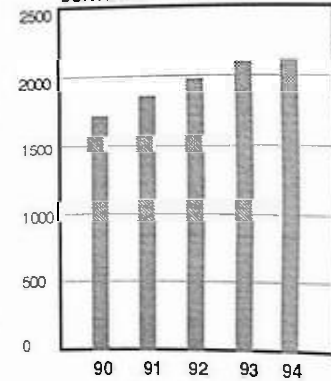
Throughout the year surveys were conducted of operations performed to identify the number of post operative wound infections, type of organisms involved, and the likely cause of the infections. This information is a vital part of our ongoing quality assurance program.

The Infection Control Nurse coordinates an investigation into each case of infection. Microbiological tests are conducted and discussions are held with the treating medical practitioners, nurses and other staff involved in the patient's care. Results of the investigations are conveyed to the staff involved, then recorded on a large database and reported quarterly to the Infection Control Committee for further review.

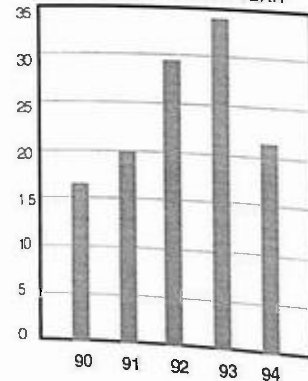
For many years the Hospital has recorded very low rates of post operative infection. The Hospital is proud of this, particularly in view of the major increases in the number of patients treated and inadequate physical facilities.

A total of 22 post operative infections were detected from a total of 2,049 surveyed operations, an overall infection rate of 107%. The graphs below show the data for the last 5 years.

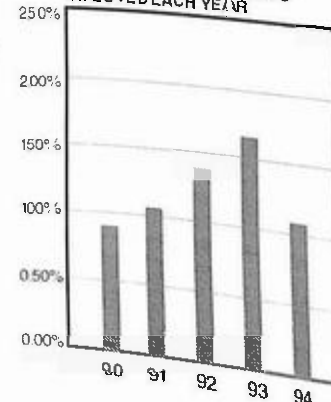
POST OPERATIVE WOUND SURVEY
NUMBER OF CASES SURVEYED EACH YEAR



POST OPERATIVE WOUND SURVEY
TOTAL NUMBER OF INFECTIONS FOR EACH YEAR



POST OPERATIVE WOUND SURVEY
PERCENTAGE OF WOUNDS INFECTED EACH YEAR



The Board of Management believes staff are the Hospital's most important resource and the primary strength in the achievement of Hospital goals. It therefore needs to attract and retain staff of the highest quality. The Board acknowledges the need for teamwork and the development of a working environment which enables each individual to reach full potential. To this end there is an ongoing commitment to maintain high morale and develop skills for the advancement of the Hospital and each individual staff member.

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

- Beverly Ackland, Nursing
- Patricia Beasley, Administration
- Birgit Brown, Nursing
- Michael Christian, Environmental Services
- Dawn Dingwall, Nursing
- Kell Duncan, Environmental Services
- Nola Elson, Nursing
- Judith Garwood, Administration
- Andrea Greenaway, Linen Services
- Robyn Levitzke, Nursing
- Barbara Macfie, Administration
- Janette McCabe, Nursing
- Evelyn Radford, Environmental Services
- Kaylene Schultz, Nursing
- Lynette Sudholz, Pathology
- Barbara Taylor, Nursing
- Gale Whelan, Nursing
- Chris Wilde, Food Services
- Kerri Winsall, Nursing

Twenty Years

- Marie Gregor, Pathology
- Lois Hutchins, Pharmacy
- Janette Lawson, Nursing
- Peter Plush, Engineering
- Pamela Muszkietta, Nursing
- Ross Starr, Pathology

Twenty-Five Years

- Margaret Atkins, Nursing

Insurance Against Injury

The WorkCover Management System is a 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.

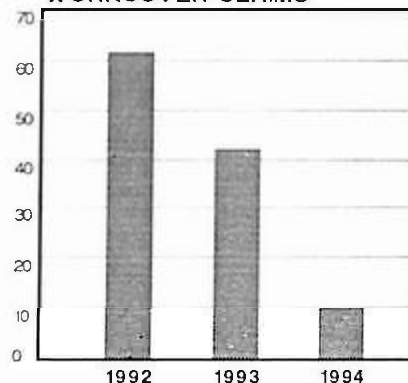
Equal Employment Opportunity (EEO) Policy

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

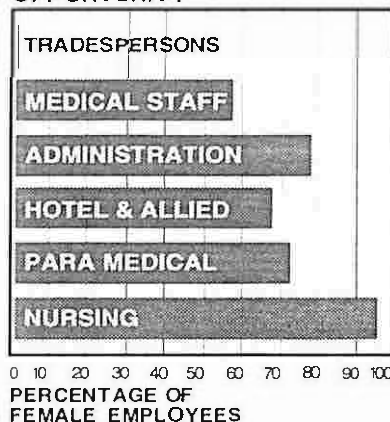
- implementing equal employment opportunity programs designed to eliminate discrimination against and promote equal opportunity for women;
- observing sound Human Resources practices; and
- having established reporting requirements for the Department of Business and Employment.

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

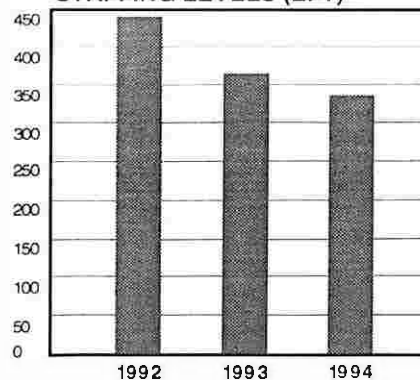
COMPARATIVE WORKCOVER CLAIMS



EQUAL EMPLOYMENT OPPORTUNITY



COMPARATIVE STAFFING LEVELS (EFT)



WorkCover Claims Received

	1994	1993	1992
Administrative & Clerical	-	1	1
Engineering Services	1	2	3
Environmental Services	1	5	4
Food Services	1	5	9
Linen Services	-	2	5
Medical & Paramedical	1	1	4
Nursing	6	28	40
Total Number of Claims	10	44	66

WorkCover Performance - Hours Lost Due to Injury or Illness

	1994	1993	1992
Administrative & Clerical	-	-	-
Engineering Services	-	281	40
Environmental Services	72	67	156
Food Services	-	961	58
linen Services	-	-	152
Medical & Paramedical	16	-	-
Nursing	11,138	13,473	5,864
Total Hours Lost	11,226	14,782	6,270

Comparison of Budgeted Staff by EFT

	1994	1993	1992
Administrative & Clerical	44.70	45.43	48.18
Hotel & Allied	84.80	89.72	129.64
Medical Officers	9.70	9.70	10.70
Paramedical	37.19	37.34	40.04
Nursing	16,354	18,720	21,650
Total	339.93	369.39	445.06

Staff Turnover and Recruitment 1994

	Full-Time Equivalent	Number of Employees	Terminated Employees	Turnover/Service Area	Recruited Employees
Administrative & Clerical	44.70	60	6	10.00%	3
Hotel & Allied	84.80	110	17	15.45%	4
Medical Officers	9.70	11	-	-	-
Paramedical	37.19	43	9	20.93%	8
Nursing	16,354	272	96	35.29%	56
Total	339.93	496	128	25.80%	71

PERUSE Payroll System and PC Budget

The Hospital has embarked on a significant improvement in its decision support systems with the recent purchase of two new computer applications. The Pay Office now has the PERUSE Payroll System which integrates and improves upon the numerous applications that related to the provision of an effective human resource function.

In addition, the old bureau based budget system has been replaced by an inhouse PC budget system which will enable salaries and wages budgets to be set and maintained throughout the year at position level within cost centres. The key benefits of PC Budget include:

- easy documentation of staff establishment and monitoring of performance within cost centre budgets;
- modelling the effects of staff and rate changes;
- the immediate calculation of budgets; and
- variance analysis and trend analysis.

Freedom of Information

During the year the Hospital received ten requests for documentation under the Freedom of Information Act (1982). In all circumstances, 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 sub-committee meetings are circulated 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 1993/94 financial year, many of which relate to industrial relations issues. The most significant are:

- Accident Compensation (Amendment) Act 1994
- Annual Leave Payments (Amendment) Act 1993
- Employee Relations (Amendment) Act 1993
- Equal Opportunity (Amendment) Bill No. 2 Act 1993
- Financial Management (Consequential Amendments) Act 1994
- Financial Management Act 1994

- Health & Community Services (Further Amendment) Act 1993
- Health (Amendment) Act 1993
- Health Services (Amendment) Act 1993
- Medical Practices Act 1994
- Nurses Act 1993
- Public Sector Management (Amendment) Act 1993
- Public Sector Superannuation (Administration) Act 1993
- Superannuation Acts (Amendment) 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.

Linen Service Restructured

This year has been one of consolidation for the Linen Service. Production dropped this year by 200 tonnes despite an increase in private sector tonnage. As a result of the corresponding drop in income it was necessary to reduce staffing and look at other cost saving measures to ensure the service maintained profitability.

Staffing levels dropped by 5.4 EFT this year as a direct result of a number of Voluntary Departure Packages and operating costs have been reviewed. With the current staff structures the Linen Service should remain a sound self funding operation.

Linen Service Performance Measures

	1994	1993	1992
Staff (Equivalent Full Time)	18.3	23.7	23.9
Gross Output per EFT Staff (kg /hour)	20.1	19.5	20.1
Linen Issued (tonnes/week)	13.3	17.2	17.9
Linen Issued (tonnes/year)	692	896	931



The introduction of a Patient Transport Service has improved patient comfort during transfer to other hospitals or to home.

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 freely of their time and expertise to assist us in providing the many services which enhance the lives of our patients.

We are also grateful for the financial support which enables us to upgrade vital life saving equipment. It is particularly pleasing in the Hospital's 120th year of service to witness the planning and development of a new hospital. These new developments will enable us to maintain high standards of health care that Wimmera Base has always been known to provide in the 120 years since the Hospital opened its doors to the community.

This year the Hospital and the Hospital Foundation received donations and in kind support totalling \$118,000. A further amount of \$77,000 remains pledged towards the hostel redevelopment project. We will, with your generous help and encouragement, strive to not only maintain but improve upon the services and facilities at Wimmera Base Hospital. On behalf of those who receive our care our thanks go to everyone who has thought of the Hospital during the year.

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 Hospital involving 470 adults and children.
- Produced a six monthly newsletter which was sent to staff and supporters of the Hospital.
- Released 110 media stories.
- Provided a weekly "stock report" for radio station 3WM.
- Administered the weekly "new arrivals" feature for the Wimmera Mail-Times.
- Coordinated a health care program for radio station 3WM which went to air over 12 weeks.



Local primary and kindergarten children colour in Hospital Christmas cards.

- The Hospital was represented at the Wimmera Machinery Field Days, Horsham College Careers Expo and participated in Health Promotion Week held at the Horsham Plaza.

120th Birthday Celebrations

The special events surrounding the Hospital's 120th birthday saw over 300 adults and children participate in the making of a television commercial to promote the Hospital's 120th birthday. The television commercial which will run until December was made with the generous support from Television Victoria. 400 "Born at the Base" t-shirts were produced and are given out to all babies born at the Hospital during 1994. A special newspaper supplement was also produced at Wimmera Mail-Times acknowledging the Hospital's achievements over the past 120 years.

Life Governor - Dr. Eric Miller

At the last Annual General Meeting, the Hospital appointed Dr. Eric Miller as a Life Governor for the contribution he has made in 33 years as the Hospital's Obstetrician and Gynaecologist and seven years as a member of the Board of Management. Dr. Miller has a reputation as a first class obstetrician amongst the doctors in the region, with a caring attitude towards his patients and a willingness to make himself available for consultation at all hours.

Wimmera Base Hospital Ladies' Auxiliary

It gives me pleasure to present the Wimmera Base Hospital Ladies' Auxiliary Annual Report for 1993/94. Over the last 12 months the Auxiliary has again achieved its goal of raising money to provide much needed lifesaving equipment for our hospital.

A total of \$15,252 was given to the hospital for the purchase of an Oximeter for the Intensive Care Unit and a Portable Dinamap for the Accident and Emergency Department.

Centenary Governors

Bethell, Mr. R.
Brownstein, Mr. E.G.
Chisholm, Mr. G.
Coutts, Mr. P.A.
Crellin, Mrs. E.
Cuddihy, Mr. M.W.
Edwards, Mr. R.G.
Eldridge, Mr. E.
Finch, Mr. A.
Francis, Mr. S.
Grant, Mr. R.G.
Heard, Mr. G.B.
Hill, Mrs. D.
John, Mr. M.D.
Lind, Mr. G.B.
Maruschka, Mr. E.
Moore, Mr. L.G.
Muhnickel, Mr. V.F.
O'Brien, Dr. M.M.
Patterson, Mr. R.
Rodda, Mrs. H.
Rogers, Mr. B.
Smith, Miss M.A.R.
Taylor, Mr. M.H.
Vandyk, Mr. J.A.

Again the members have worked with dedication to achieve this amount.

Our first fundraising function for the year was a luncheon and parade of fashions from yesteryear held in the Wimmera Regional Art Gallery. All fashions had a story which created much interest. \$779 was raised at the luncheon. In April this year a coffee morning was held in Colleen Cameron's spacious garden. Members paraded fashions from our Opportunity Shop. Although windy conditions created havoc for our guests we all agreed it was a delightful spot and a very successful morning with \$476 raised. A lace tablecloth and bedjacket were donated to the Auxiliary for a raffle. Ladies Auxiliary Member, Joyce Stevens, coordinated the raffle which raised \$675. A well earned thank you Joyce.

Once again the Opportunity Shop has had a very rewarding year. The shop committee and all those dedicated workers can be congratulated on their efforts. With the support of 18 other organisations \$11,331 has been raised.

Financially and socially the Auxiliary has had another successful year. I would like to thank the social committee for their hard work in organising the functions we have had and the office bearers for their support over the last 12 months. We are all aware that plans for building a new hospital are in progress, so over the next 12 months we could see a lot of changes. Hopefully this will bring even better health care to our community.

Barbara Coad
President

Red Cross Library

Red Cross Library services are provided free to residents at Kurrajong Lodge, Sir Robert Menzies Nursing Home, Matron Arthur House and patients in most wards in the Hospital as well as those attending the Day Hospital. As well as personal contact, the Red Cross Library provides magazines or books forwarded from Red Cross Library in Melbourne. Exchanges of a wide variety of books from headquarters are made every few months. We thank members of the public for donating magazines for us to distribute.

Every three months we exchange art prints

hung in the Day Hospital, Hostel and Nursing Homes. Many topics are covered in the selection of prints forwarded by the Art Librarian at the Picture Library at Red Cross Headquarters in Melbourne.

Our local Red Cross Branch members enjoy providing morning tea and entertainment from time to time. My thanks to Lois Reid and other members for their continued support.

Glemys Wood

Red Cross Librarian

Building on Foundations

William Shakespeare declared that the way to achieve immortality was through either writing poetry or having children. But there is a third option, and that is to contribute to a perpetual charitable trust which will live on through countless generations. While there are many causes worthy of support, the Wimmera Base Hospital Foundation has been established to meet the future health care needs of Wimmera people and their families. The Wimmera Base Hospital Foundation is a public charitable trust fund to which any individual or group may donate or bequest funds.

While we see the immediate day to day needs around us it is important that we also plan to meet the health care needs of future generations. Greater financial independence will be vital for the future. Our children and their children will thank us for the gift and planning we put in place today. It is pleasing to note the steady growth of the Foundation. You are invited to participate in your hospital's future and encourage others to do the same. Donations of \$2.00 or more are tax deductible and help build a permanent fund which will be a part of the Foundation's future development.

The 'Foundationer' House and Land Project

Our sincere gratitude is extended to local business houses, City Council, media, tradesmen, architect, suppliers and community groups who combined to give their expertise, labour and materials either free or below market rates to build the 'Foundationer' house as a money raising effort to help the Hospital Foundation. Our sincere thanks is also extended to St. George Bank who provided us with very favourable loan conditions to enable the project to proceed

Life Governors

Abud, Dr R E
Aumann, Mr R E
Baker, Mrs M J
Beynon, Mr J H
Boehm, Mrs G E
Boyd, Miss B
Brownbill, Mrs K
Brownstein, Mr E G
Burgess, Mr R
Butler, Mr L H
Cain, Mrs T
Carne, Mrs F
Carter, Mrs J K
Carter, Mrs V A
Castelluccio, Mr M
Cathcart, Miss D
Corner, Mrs P
Courtney, Miss A R
Crafter, Miss M
Craig, Miss M E
Cuddihy, Mr M W
Draffin, Mr I
Garth, Mr D J
Gill, Mr W
Hanna, Mr W T
Harfield, Mrs D
Healey, Miss N
Hill, Miss B
Hofman, Miss L
Hopkins, Miss E V
Johns, Rev A A
Kroger, Mrs C O
Leith, Mr C
Leivesley, Mr A G
Leyton, Dr G B
Lind, Mr G B
Lovett, Mr K H
McFarlane, Mr D J
McIntyre, Miss V C
Miller, Dr E T
Mitchell, Mrs G E
Montgomery, Mrs L
Moore, Mr L G
O'Brien, Dr M M
O'Connor, Mr K J
Pascall, Mrs L G
Phillips, Mr A W
Pietsch, Mr E B
Powell, Mrs J
Preuss, Miss E
Robertson, Mr P
Russell, Mrs E W
Russell, Mr M S
Schultz, Mr F P
Schurmann, Miss N J
Scott, Mrs H A
Shepherd, Mr R W
Smith, Miss M A R
Stanway, Mrs V
Stenhouse, Mrs V
Stenhouse, Miss L
Tippett, Mrs A M
Troeth, Mr P
Walpole, Dr T V
Webster, Prof R W
Wong Shee, Dr L
Wik, Mrs W M

Staff

Chief Executive

W.G. Knight, B.Ec., B.H.A., MIP, AFCHSE, C.H.E.

Visiting Medical Staff

Anaesthetics

R.C. Bennett, MB, BS, DA., MRCA

I. Rechtman, MB, BS, F.F.A.R.A.C.S.

Obstetrician and Gynaecologist

E.T. Miller, MB, BS, F.R.A.C.O.G., F.R.C.O.G.

Ophthalmologists

D. McKnight, MB, BS, F.R.A.C.S., F.R.A.C.O.
(resigned 10.12.1993)

M. Toohey, MB, BS, F.R.A.C.O., F.R.A.C.S.

Oral Surgeons

P. Bowker, MD, Sc., F.D.S.R.C.S., F.R.A.C.D.S., Ph.D.

N. Steidler, LDS, BDS, MD, Sc., F.R.A.C.D.S., Ph.D.

Orthopaedic Surgeons

J. Bourke, B.Med.Sc., MB, BS, F.R.A.C.S.

W. Carter, MB, BS, F.R.A.C.S.

Paediatricians

M. Brown, MB, BS, D.Ch., F.R.A.C.P.

(On leave 1.3.1994-5.9.1994)

T. Stubberfield, MB, BS, D.R.A.C.O.G., D.Ch., F.R.A.C.P.
(Locum 1.3.1994-4.9.1994)

Physicians

G.J. Phelps, MB, BS, F.R.A.C.P.

M.A.M. Soden, MB, B.Ch., B.A.O., LRCP & SL, MRCP(L),
F.R.A.C.P. (Resigned 24.6.1994)

Psychiatrist

A. Ayonrinde, MB, BS, D.P.M., F.R.A.N.Z.C.P.

Otolaryngologists

A.A. Wallis, MB, BS, F.R.A.C.S.

R.L. Thomas, MB, BS, F.R.A.C.S., F.R.C.S.

H.M.P. Rundle, MB, BS, F.R.C.S.E., F.R.C.S., F.R.A.C.S.

Radiologist

D.K. Leung, MB, BS, F.R.A.C.R.

Surgeons

G.S.R. Kitchen, MB, BS, F.R.A.C.S.

I.A. Campbell, MB, BS, F.R.A.C.S.

Oncologists

R. Bell, MB, BS, MRAC.P., F.R.A.C.P., F.R.C.P.A.
(Resigned 1.7.1993)

R.H. Bond, MB, BS, F.R.A.C.P.

Urologists

D.A. Stephens, MB, BS, F.R.A.C.S. (Resigned 1.3.1994)

R.I. McMullin, MB, BS, F.R.A.C.S.

Geriatrician (Sessional)

A.C. McBain, MB, BS, D.G.M.

Regional Geriatricians

M.W. Giles, MB, BS, MRCP(U.K.), Dip.R.A.C.O.G.

C. Gunzaratnam, MB, MRCP(U.K.), F.R.C.P.(Edin)

J. Hurley, MB, BS, D.Obst.R.C.O.G., MRCP(U.K.),
F.A.C.R.M.

D.P. Ollerenshaw, MB, BS, D.P.M., MRCPsych, F.R.C.P.

Regional Supervisor for Graduate Medical Education

D.W. Leembruggen, MB, BS, F.R.A.C.G.P.

Area Medical Co-ordinator - Regional Displan

A.M. Wolff, MB, BS, Dip. R.A.C.O.G., F.R.A.C.G.P., MBA,
MRAC(MA), ACHSSE

Deputy Area Medical Co-ordinators - Regional Displan

D.W. Leembruggen, MB, BS, F.R.A.C.G.P.

P.P. Haslau, MB., BS, F.R.A.C.G.P.

Medical Officer - Family Planning Clinic

Y.P. Cymbalist, MB, BS, Dip. R.A.C.O.G.

Medical Officers

Y.P. Cymbalist, MB, BS, Dip.R.A.C.O.G.

C.H. Foord, MB, BS, Dip. Obst., R.C.O.G.

P.P. Haslau, MB, BS, F.R.A.C.G.P.

A.K. Horwood, MB, BS, Dip.Obst., R.A.C.O.G.,
F.R.A.C.G.P., F.A.M.A.S.

G.M. Jenkinson, MB, BS.

J.J. Jenkinson, MB, BS.

D.A.McG. Jinks, MB, BS, Dip.R.A.C.O.G.

D.W. Leembruggen, MB, BS, F.R.A.C.G.P.

R.M. Lloyd, MB, BS, Dip. R.A.C.O.G.

A.C. McBain, MB., BS, D.G.M.

G.A. O'Brien, MB, BS, Dip.Obst., R.C.O.G.

J.A. Thomson, MB, C.L.B., D.R.C.O.G., M.R.C.G.P.,
D.C.C.H. (Comm. Child Hlth). (Resigned 22.10.1993)

G.E. Wajszel, M.D.

J.R. Williams, MB, BS, D.Ch., DA, D.R.C.O.G.,
F.R.A.C.G.P.

D.L. Wilson, MB, Ch.B., M.B.C.G.P., D.R.C.O.G.,
Family Planning Cert.

Dental Surgeons

B. Bourke, B.D.Sc., LDS.

D. Lye, B.D., Sc., LDS.

E. Paraskevopoulos, B.D.Sc.

B. Sonnberger, B.D.Sc.

G. Pakthagurunathan, BDS., A.D.E.C.Cert.
(Commenced 23.8.1993)

Medical Division

Medical Administrator/Director of Accident and
Emergency Department

A.M. Wolff, MB, B.S. Dip. R.ACOG, F.R.A.C., G.P.M.B.A.,
M.R.A.C.M.A., A.C.H.I.S.E.

Director of Pathology

G. Humphries, M.B.A., B.M., Ch.B., D.T.M. and H.L., D.R.C.
Path., F.R.C. Path., F.R.C.P.A.

Director of Radiology

D.K. Leung, M.B., B.S., F.R.A.C.R.

Director of Anaesthesia

R.C. Bennett, M.B., B.S., D.A. (Lond.), M.R.C.A.

Director of Intensive Care

G.J. Phelps, M.B., B.S., F.R.A.C.P.

Chief Pharmacist

Mr. I. Gerlach, Ph.C., M.P.S., F.SHP

Chief Radiographer

Mr. H. Kortman, M.I.R., A.R.N.I.T.

Chief Physiotherapist

Mrs R. Williams, B.App.Sc. (Phys.) (Maternity leave from
20.5.1994)

Mrs. D. Schulz, B.App.Sc. (Phys.) (Commenced
23.5.1994)

Senior Dental Officer

R. Barnes, B.D.Sc.

Chief Speech Pathologist

Mr. S. Hill, B.App.Sc., MB.A., M.A.A.S.H. (Resigned 23.1998)

Miss J. Wills, B.App.Sc. (Sp. Path.) (Commenced
30.8.1993)

Chief Medical Record Administrator

Mrs C. Dooling, Assoc. Dip. (M.R.A.)

Medical Librarian

Mrs S. Mewett, A.L.A.A.

Chief Occupational Therapist

Mrs. K. Griemink, B.App.Sc. (OT)

Dietitian

Mrs P. Marshman, B.Sc., Grad. Dip. Diet.
(Maternity leave)

Mrs. H. Crome, B.App.Sc. (Nut), Grad. Dip. (Diety.)

Audiologist

Miss M. Prout, B.Sc. Dip. Aud. (Resigned 11.2.1994)

Mr. G. Edwards, Dip. Aud. (Commenced 15.3.1994)

Podiatrist

Miss W. Stols, Dip. Apl. Sc. (Podiatry), MA Pod. A
(Resigned 30.7.1993)

Miss E. Perry, B.App.Sc. (Pod.), MA Pod. A.
(Commenced 23.8.1993)

Laboratory Manager

Mr. R. Starr, B.Sc., M.A.A.C.I.L.

Chief Social Welfare Worker

Mrs S. Glover, B.Soc.Wk.

Resident Medical Staff

Interns

M. Ward - 12 793 101093

R. Shea - 12 793 101093

J. Stoney - 12 793 101093

K. Hoyle - 12 793 101093

B. Webster - 1110939194

L. Murdoch - 1110939194

G. Harvey - 1110939194

L. Cheshire - 1110939194

K. Tan - 101940494

P. Plank - 101940494

M. Tagkalidis - 101940494

P. Chu - 101490494

C. Duong - 114940794

D. Liew - 114940794

N. Goh - 114940794

J. Stone - 114940794

Surgical Registrars

A. Mitchell - 289420294

E. McLeod - 2129431794

Victorian Academy of General Practice Fellows

M. O'Sullivan - 3119429195

G. Harrison - 3119431794

Nursing Division

Director of Nursing

W.A. Lewis, RN, RM, M.H.A., B.App.Sc. (Adv. Nurs.), I.C.C.,
Neon & Paed. I.C.C., F.R.C.N.A.

Deputy Director of Nursing

C.A. Meade, RN, RM, B.App.Sc. (N.A. & M.), F.R.C.N.A.

Extended Care Co-ordinator

A. Richards, RN, R.M., M.H.Sc. (Mgt.), A.F.C.H.S.E.

Co-ordinator Staff Development

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

Night Nurses in Charge

F.L. Lewis, RN, RM, I.C.S. Nrs. & Wd. Man. Dip.,
Grad. Dip. Admin. (Health), Grad. Dip. Health Sc. (Ext. Care),
Tech. Cert. Emerg. & Disaster Nsg., F.R.C.N.A.

J.W. Richards, RN, B.Nurs.

Nursing Supervisors

L.A. Walsh, RN (Resigned 13.9.1993)

J.P. Yarwood, RN

N.J. Kroschel, RN, B.App.Sc. (Nursing)

J. Bourke, RN, I.C.C. (Commenced 2.9.1993)



Correct lifting techniques for farmers is the message of a brochure designed by Hospital physiotherapists.

Charge Nurses

Accident and Emergency Department

D.N. McRae, RN, RM, CntCare Cert.
Grad Dip. Cri Care.

Intensive Care Unit

M. Kuhne, RN, RM, I.C.C. CntCare Cert.

Operating Suite

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

Day Surgery/Endoscopy Unit

J.A. Thomson, RN.

**Central Sterilising and Supply Department
(C.S.S.D./Infection Control)**

MA. Smith, RN, Cert Steril & Infect Control, VICNA.
(Resigned 14.5.1993)

Infection Control

K.L. Abramowski, RN, Op. Rm. Nsg Mngt. (Acting to
14.11.1993)

P. Muszkieta, RN, B.Nursing, Cert. Steril & Infect Control,
HDNC. (Recommended 15.11.1993)

District Nursing Service

P.M. James, RN. (Resigned 28.1.1994)

G. Baker, RN, Cert. Stomal Therapy, Continence Cert.
(Acting 2.9.1994 to 1.5.1994)

H. Torey, RN, Assoc. Dip. Health Sci. (Rehab. Counselling),
Grad. Dip. Health Sci. (Comm. Health) (Commenced 25.10.94)

Ward 1 - Midwifery

C.M. Giles, RN, R.M. (Resigned 13.8.1993)

K. Taylor, RN, RM, Dip. Nurs. Stud. (Admin), FRNCA.
(Commenced 23.8.1993)

Ward 2 / 3 - Medical / Surgical

D.G. Leach, RN, RP.N., I.C.N. (Dip. App. Sc. (Nurs. Std.)
(Commenced 6.9.1993)

Ward 4 - Paediatric

D.J. McDonald, RN, R.M. (Resigned 30.1.1993)

G. Livingston, RN, Cert. Paed. Nurs.
(Commenced 6.9.1993)

Short Stay Unit - Opened 6.9.1993

P.M. Dodson, RN, B.Nurs, HDNC
(Commenced 6.9.1993)

Day Hospital

C.C. Newell, RN. (Acting to 2.11.1993)

R.M. Levitzke, RN, B.App. Sc. (Nurs.), Cert. Geriatric Nurs.
(Recommended 22.11.1993)

Sir Robert Menzies Nursing Home

R.J. Frampton, RN, Dip. Geriatric Nurs.

Matron Arthur House Nursing Home

E.M. Flack, RN. (Resigned 29.11.1993)

N. Elsom, RN. (Commenced 27.12.1993)

Kurrajong Lodge

D.D. Johnson, SE N. Hostel Supervisor Cert.



Hospital Physician, Dr. Muriel Soden, demonstrates the new oximeter purchased through Wimmera Base Hospital Ladies' Auxiliary funding.

Administrative Services Division

Director of Administrative Services

J.F. Krygger, B.H.A., M.B.A., AFCHSE, CIE

Administrative Officer - Associated Institutions

S.G. Surridge, BBus, ASA.
(Maternity leave from 3.11.1994)

Chief Engineer

T.R. Martin, M.I.E.E., M.A.I.R.A.H.

Community Liaison Officer

M.A. Taberner, M.F.I.A., A.P.R.I.A.

Computer Systems Officer

K.M. Loughran, BS c. Dip. Comp.Sc.

Environmental Services Manager

K. Duncan, B.Bus, ASA.

Finance Manager

S.L. Bell, CPA.

Food Services Manager

B.J. O'Hara, M.I.H.C.

Human Resources Manager

D.H. Pinyon, IP, M.A.I., A.I.T.D.

Patient Statistics

Acute Inpatients	1994	1993	1992
Number of Beds	71	80	100
Admissions	5,718	5,057	5,126
Bed Days	17,872	20,659	22,622
Occupancy (%)	67.4	70.8	62.0
Separations	5,725	5,071	5,175
Average Length of Stay (Days)	3.1	4.1	4.4
Deaths	73	97	83
Births	408	395	390
Operations	2,708	2,632	2,745

Sir Robert Menzies Nursing Home and Matron Arthur House

Number of Beds	80	80	80
Admissions	68	65	73
Bed Days	29,006	28,943	29,045
Occupancy (%)	98.9	99.1	99.5
Deaths	45	29	23

Kurrajong Lodge (Hostel)

Number of Beds	21	21	21
Admissions	53	59	104
Bed Days	7,336	7,389	7,126
Occupancy (%)	95.7	96.3	93.0
Deaths	-	1	2

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	Number
Arapiles Shire	135
Ararat City	18
Ballarat City	3
Ballarat Shire	2
Birchip Shire	31
Dimboola Shire	458
Donald Shire	191
Dunmunkle Shire	432
Horsham City	3,176
Kaniva Shire	89
Karkaroc Shire	78
Kowree Shire	132
Lowan Shire	137
Ripon Shire	5
Stawell Shire	46
Stawell Town	124
Warracknabeal Shire	384
Wimmera Shire	75
Other Vic. Country	94
Melbourne Suburbs	56
Interstate - SA	44
Interstate - QLD	8
Interstate - NSW	7
TOTAL	5,725

Patient Statistics

Emergency, Paramedical and Support Services

	1994	1993	1992
Accident and Emergency			
Attendances	8,810	9,846	9,948
Aged Care Assessment			
Attendances	367	379	348
Allied Health			
Occasions of Service	-	1,748	3,687
Audiology			
Occasions of Service	936	966	1,340
Blood Bank			
Attendances	1,565	1,713	1,639
Cardiac Stress Testing			
Occasions of Service	88	-	-
Day Centre			
Occasions of Service	2,317	1,534	-
Day Hospital			
Occasions of Service	16,597	19,997	41,672
Dental Clinic			
Attendances	5,458	5,614	8,325
Dietetics			
Occasions of Service	1,079	1,210	2,362
District Nursing			
Attendances (Visits)	14,373	14,895	14,573
Domiciliary Midwifery			
Occasions of Service	329	197	-
Family Planning			
Attendances	1,400	1,525	1,686
Occupational Therapy			
Occasions of Service	903	1,244	14,385
Pathology			
Occasions of Service	26,587	25,203	44,696
Pharmacy			
Items Dispensed	101,484	101,899	113,231
Physiotherapy			
Occasions of Service	7,587	6,664	16,383
Podiatry			
Occasions of Service	2,022	1,869	1,869
Radiology			
Tests	10,158	11,001	13,570
Social Work			
Attendances	1,842	2,225	8,927
Speech Pathology			
Occasions of Service	4,458	2,011	5,030
Weekend Respite			
Occasions of Service	1,401	324	-
Group & Educational Activities (see Note 2)			
No of Activities	2,431	3,424	3,256
Attendances	21,616	32,922	24,416

Regional Services (see Note 3)

Attendances	6,287	8,262	82,647
Visiting Special Outpatient Clinics			
Ear, Nose and Throat			
Attendances	672	601	589
Oncology			
Attendances	335	290	246
Ophthalmology			
Attendances	1,060	1,230	1,305
Orthopaedic			
Attendances	1,066	1,057	880
Pacemaker			
Attendances	-	120	140
Professorial Visits			
Attendances	36	41	39
Psychiatry			
Attendances	413	396	452
Urology			
Attendances	739	638	506
Plastic Surgery			
Attendances	175	-	-

Wimmera Linkages Program :

Client Referrals Local Government Area	1994	1993
Arapiles	2	3
Dimboola	19	8
Horsham	24	27
Wimmera	4	4
Birchip	4	-
Donald	4	-
Dunmunkle	6	-
Kaniva	10	-
Karkaroc	3	-
Kowree	2	-
Lowan	2	-
Warracknabeal	2	-
Total	82	42

Note: 1993 figures are for 'Horsham and District Linkages Program'.

Wimmera Linkages Program : Admissions and Discharges

	1994	1993
Number of people accepted onto the Program	55	29
Number of people leaving the Program	27	28
Number of current clients at 30 June, 1994	60	32

Note: 1993 figures are for 'Horsham and District Linkages Program'.

Service Activity and Efficiency Measures

Other Indicators	1994	1993
Meals on Wheels	13,803	15,616
District Nursing Visits	14,373	14,895
Day Hospital / Centre	6,177	6,594
Efficiency Indicators		
Untrimmed AN-DRG Weight	08357	08972
Inpatient Costs- Acute	\$11,530,000	\$14,494,000
- Nursing Homes	\$3,190,000	\$3,450,000
Outpatient Costs	\$1,959,000	\$3,313,000
Cost per Separation	\$2,013	\$2,860
Cost per Inpatient Day	\$643	\$702
Cost per Separation DRG Adjusted	\$2,409	\$3,188
Cost per Outpatient Occasion	\$3,385	\$55.30
Business Units	\$1,534,000	-

Wimmera Centre Against Sexual Assault

Service Type	1994	1993
Crisis Care to Recent Assault Victims	30	18
Individual Counselling Contacts	505	349
Information and Referral Sessions	110	146
Community Education Sessions	30	15
Education Consultancy Contacts	21	20

Wimmera Hospice Care

Activity	1994	1993	1992	1991
Admissions	65	55	44	66
Discharges	62	50	50	55
Contacts	766	597	597	380
Consultations	101	99	37	14
Teaching Sessions	26	40	33	6
Liaison Contacts	131	128	37	-



The purchase of a new bus greatly improved the transport of Day Hospital and Day Centre clients.

The culmination of the financial year sees the Hospital in a paradoxical position having achieved its greatest operating surplus ever (\$692,000) and yet facing its largest financial challenge in 1994/95 with a further budget cut of \$2.3 million.

The implementation of formula based funding (casemix and CAM/SAM) has reduced the Hospital's budget by \$4.6 million or 23% over the two year period since its introduction on 1 July, 1993. Early advice of the savage cuts has given the Hospital some time to plan and implement major organisational change and again take advantage of the Government's Voluntary Departure Package process. As a hospital is a labour intensive industry, a significant proportion of the budget strategy has been to reduce staffing levels (from 445 EFT in 1992 to 339 EFT in 1994) whilst increasing productivity. All staff are to be congratulated for the willingness to embrace the change process and constantly do more with less. In addition, other expenditure has been maintained at constant levels over the same period.

Whilst the \$692,000 operating fund surplus has a carry over effect into the following year, the Hospital is still considerably short of its \$2.3 million savings target for 1994/95. As mentioned elsewhere in this Report, a significant financial penalty is experienced by this Hospital as a result of its inefficient physical facilities which will only be resolved following completion of the capital redevelopment. As a consequence, a five year business plan, with a comprehensive set of financial strategies, is being developed which will encompass projected savings and revenues in the new Hospital facilities.



The Hospital is indeed grateful for the enormous financial support of numerous community groups and service clubs.

Where the Money Came From...		1994	1993
	%	\$	\$
Government	63	16,161,000	18,833,000
Government Redundancy	4	1,133,000	1,599,000
Patients	15	3,978,000	4,116,000
Private Practice	8	1,967,000	1,880,000
Borrowings	4	1,000,000	-
Disposal of Investments	*	17,000	843,000
Other	6	1,534,000	2,151,000
Total	100	25,790,000	29,422,000

How the Money was Spent...		1994	1993
	%	\$	\$
Salaries and Wages	60	14,327,000	17,410,000
Suppliers	35	8,513,000	9,587,000
Interest	*	14,000	39,000
Private Practice	1	297,000	269,000
Building and Equipment	4	943,000	694,000
Other	*	31,000	43,000
Total	100	24,125,000	28,042,000

Contributors	\$
Murray to Moyne Cycle Relay Sponsorship	1,536
120th Birthday Party Campaign	436
Horsham Traveland Charity Auction	9,446

General Donations	\$
Alcoholics Anonymous	50
Apex Club of Horsham	4,000
Baker, B.	300
Block, M.	50
Boyd, B.	100
Chequer, L.	10
Dickens, J.M.	500
Filip, V.	110
Gillard, A.	10
Horwood, J. & L.	500
KAB Seating Pty Ltd	2,000
Kemp, T.	50
Knight, M.	100
Lewis, W.	10
Mathews, I.	50
Matron Arthur House Support Group	1,300
Matuschka, J.	100
O'Brien, G.	60
O'Connor, M.	250
Peucker, A.	300
Pimpinio Sporting Club	165
Proceeds from Cocktail Evening	295
Saunders, G. & W.	10
St. George Bank (S.R.M.N.H.)	266
Symes, J.	100
Thomas, E.	20
Ward 1 Fund	130
Wimmera Mail-Times	2,000
Wimmera Machinery Field Days Inc.	9,000
Wimmera Base Hospital Ladies' Auxiliary	15,252
Woodward, R.H. & Co Pty Ltd	700

Bequests

A memorial gift to the Wimmera Base Hospital provides a positive way of paying tribute to the memory of a loved one.

	\$
Estate of Miss O.E. Nagorka	100
Estate of Mrs. G.D. Webber	2,420

Charitable Trusts

	\$
Equity Trustees	5,000
Pethard Tarax Charitable Trust	500
Sydney Myer Fund	2,000

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 Hospital's Community Liaison Officer, Maree Taberner, in confidence, on (053) 819309 to find out how your gift can help.

People Sharing The Caring

Foundationer (donations up to \$5,000)				
	\$	Green, R	10	Power & Bennett,
		Hall, U J	50	Barristers & Solicitors
		Hawkins, G	20	Prowse, U
Aerotek Spraying Services	50	Heintze, M E	40	Puls, A B
Ag Seed Research Pty Ltd	20	Hill, D	100	Pummeroy, R
Allan, H G	100	Hiscock, M	20	Pywell, J
Allen, D	10	Hoffmann, A S	50	Reid, O
Almond, H	10	Hoffmann, P	10	Rethus, P
Allmann, L	25	Holdsworth, J	20	Reynolds, B
Anson, M	32	Holmes, L A B	20	Richardson, V
Anti-Cancer Council	5	Hooper, A	100	Riley, R M
Ashton, L	10	Hope, G	50	Roberts, G
Ashton, L I	10	Horsham Plaza		Robins, L
Atwell, G	5	Fashion Parade	1,198	Robinson, B
Baker, L G	100	Huff, C	10	Rodda, D A
Baker, L H	10	Hunt, S	10	Romano, J
Baker, A M	50	Hupfield, C	350	Rotary Club of Horsham
Bartlett, W K	200	Hutchinson, G	2	Rowland, Mr
Bates, P	200	Hutchinson, I	20	Sale of Merchandise
Batty, C	10	Hynes, J	10	Sanders, R
Bernard, A E	50	Ingleton, N J	10	Saunders, G & W
Bernard, A	100	Jacimovic, M Z & J	50	Schache Family
Bingo	1,226	Jacimovic, Z & I	50	Schier, J
Binns, J L	25	Jacobs, M	10	Schubert, E
Blair, H J	10	James, G	20	Schultz, T
Blake, J	50	Johnson, L	10	Sedgman, S L & W A
Block, M	25	Jolley, A	10	Sharrock, N R
Blofelds, J	10	Kaucner, K	2	Sloane, W
Brown, E J	200	Kirchner Family	108	Smith, N & D
Brown, H	20	Kosch, A R	30	Spehr, M
Budde Family	20	Lampard, R	50	Spiral Wishing Well
Budde, C	10	Lane, K	40	Staff Payroll Deductions
Budde, M	20	Lavithis, L	50	Strauss, M
Bullock, R	200	Lawless, K	100	Strohfeldt, J
Burge, V	30	Leembruggen, D & D	200	Stuart, R
Burley, L	50	Long, J E	100	Taberner, R
Cain, E	25	Longmore, M L	40	Thomas, E A
Carter, B	20	Lovell, G & W	20	Tippett, G T
City of Horsham	468	Luker, B	15	Trainor, D A
Clarke, D	25	Mackley, A	20	Tregenza, D
Clayton, R	30	Mackley, D & L	20	Tucker, G
Clyne, D	5	Mackley, E	50	Uebergang, E F
Coles, T	10	Mann, W J	50	Van Stekelenburg, J.
Cook, A E	5	Martin, J	100	Walker, W.
Cooper, A C	50	Mayberry, A K	5	Walter, G
Corner, D A	100	McGennisker, P	10	Ward, A
Court Fund	500	McIntosh, L	10	Ward, I
Cross, A	71	McKinnan, D	20	Warrick, C & E
Cutter, S & H	5	McMillan, J	5	Watson, N
Daggett, L	25	McNeil, L	20	Weights Mitre 10
Darrington, Mrs	5	McRae, T A	20	White, H
Delahunty, D	10	McTavish, G M	100	Wickes, G & K
DePoala, E M	20	Meadows, J & J	40	Williams, S
Devlin, A R	20	Meyer, J A	20	Wills, A.
DeYoung, Mr & Mrs	10	Mibus, W	100	Wilson, W.B.
Donald, E	100	Mid West Merchandise	10	Wood, J
Dougherty, L	50	Miller, G F	200	Wood, L.
Dougherty, C	250	Miller, H E	20	Wright, I D.
Edmonds, A G	15	Miller, G S	20	Young, C
Edwards, T	5	Molloy, E	45	
Eldridge, N	10	Morhun, W	20	
Ellis, R	20	Muhnickel, M E L	530	
Ellis, R W & M I	20	Murphy, P	5	
English, E	20	Murray, A	20	
Evans, R K	50	Muszkiet, M	5	
Facchin, A	20	Muszkiet, K	20	
Filip, V A	10	Nasebandt, P	25	
Flux, E	50	Niewand, J F	10	
Foflington, P L L	5	Norton, D	25	
Francis, M	10	Nunn, J	10	
Freijah, J	100	Nuske, Mrs	10	
Gallagher, M	100	O'Loughlin, H	20	
Gasparini, Mrs	5	Painter, F J & V M	100	
Gasparini, C & R	10	Panozzo, J	10	
Gath, F	20	Parish, E & B	20	
Gibbons, E H	10	Parkinson, E J	5	
Gill, L & I	900	Pickert, J	20	
Gillard, A	10	Pickert, I	30	
Gleeson Mr & Mrs	50	Plummer, B C	15	
Grass Flat Uniting		Plush, J L & T R	25	
Ladies' Guild	50	Poon, Mr	25	
Gray, A	30	Poon, K	30	



Write your own Lifesaving Prescription

Just as a doctor can prescribe medication to ensure our future health, so you, as a friend and supporter of the Wimmera Base Hospital, can help ensure the future wellbeing of our fine Hospital. You, too, can write a life saving prescription for the future.....

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, 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 Foundation as beneficiary. Some of these policies could provide you with healthy tax benefits in the short term.

Thank you

The contribution of Hospital staff and patients in preparing this report is gratefully acknowledged.
Compiled and Edited by Staff of Wimmera Base Hospital.
Designed by Geoff Saunders, Artisan Design, Horsham.
Printed by Shelton & Lane Printers, Horsham.



*Financial
Statements*

WIMMERA BASE HOSPITAL
REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30 JUNE, 1994

	NOTES	HOSPITAL \$,000	NURSING HOMES \$,000	LINEN SERVICE \$,000	ELIMIN- ATIONS 1993/94 \$,000	TOTAL 1993/94 \$,000	TOTAL 1992/93 \$,000
Operating Revenue Providing Fund Inflows							
Health Service Agreement Budget Sector							
Government Grants	11	15,472	107	-	-	15,579	18,504
Indirect Contribution by Dept. of Health and Community Services	12	228	25	-	-	253	231
Patient Fees	5	1,345	2,671	-	-	4,016	3,976
Fee Sharing Arrangements	1.16	1,147	-	-	-	1,147	1,000
Linen Service	15	-	-	840	(361)	479	642
Interest		18	-	10	-	28	17
Other Revenue	13	822	-	3	-	825	969
Abnormal	26	972	-	152	-	1,124	1,860
Services Supported by Hospital and Community Initiatives							
Fee Sharing Arrangements	1.16	846	-	-	-	846	895
Rental property income		36	-	-	-	36	39
Interest		31	-	-	-	31	31
Other Revenue	14	247	-	-	-	247	186
Total Operating Revenue Providing Funds		21,164	2,803	1,005	(361)	24,611	28,350
Operating Revenue Not Generating Fund Inflows							
Abnormal Revaluation Adjustment	26	-	-	148	-	148	-
Total Operating Revenue		21,164	2,803	1,153	(361)	24,759	28,350
Operating Expenses Requiring Fund Outflows							
Health Service Agreement/ Budget Sector							
Direct Patient Care Services	16B	6,747	1,615	-	-	8,362	10,046
Diagnostic and Medical Support Services	16B	3,451	51	-	-	3,502	3,879
Administration and Quality Assurance	16B	2,180	93	-	-	2,273	2,495
Engineering and Maintenance	16B	952	59	-	-	1,011	1,166
Domestic and Catering Services	16B	1,328	862	736	(361)	2,565	3,284
Corporate Costs Funded by Dept. of Health and Community Services	12	228	25	-	-	253	231
Workcare and Superannuation	16B	1,267	232	52	-	1,551	1,587
Teaching and Research	16B	80	-	-	-	80	212
Community Services	16B	996	-	-	-	996	910
Other	16B	709	-	12	-	721	1,002
Abnormal	26	1,009	-	117	-	1,126	1,324

		HOSPITAL	NURSING HOMES	SERVICE	ELIMIN- ATIONS	TOTAL	TOTAL
	NOTES	\$,000	\$,000	\$,000	\$,000	1993/94 \$,000	1992/93 \$,000
Services Supported by Hospital and Community Initiatives							
Fee Sharing Arrangements	1.16	297	-	-	-	297	269
Rental Property Expenses		6	-	-	-	6	10
Hire Purchase Costs		25	-	-	-	25	33
Total Operating Expenses Requiring Funds		19,275	2,937	917	(361)	22,768	26,448
Operating Surplus(Deficit) Attributable To Fund Items-		1,889	(134)	236	-	1,991	1,902
Operating Expenses Not Requiring Fund Outflows							
Abnormal Revaluation Adjustment	26	5,458	1,324	-	-	6,782	-
Abnormal Depreciation	26	315	-	-	-	315	-
Depreciation	9	778	17	64	-	859	661
Long Service Leave - Current		238	54	26	-	318	272
Operating Surplus(Deficit) Attributable To Non Fund Items		(6,789)	(1,395)	(90)	-	(8,274)	(933)
Operating Surplus(Deficit) for the Year		(4,900)	(1,529)	146	-	(6,283)	969
Retained Deficit at Beginning of Year		(7,974)	2,080	559	-	(5,335)	(6,344)
Available for Appropriation Aggregate of Amounts		(12,874)	551	705	-	(11,618)	(5,375)
Transferred (to) from Reserves	10	48	-	-	-	48	(57)
Retained Surplus(Accumulated Deficit) at End of Year		(12,826)	551	705	-	(11,570)	(5,432)

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

WIMMERA BASE HOSPITAL
BALANCE SHEET AS AT 30 JUNE, 1994

	NOTES	HOSPITAL \$'000	LINEN SERVICE \$'000	TOTAL 1993/94 \$'000	TOTAL 1992/93 \$'000
EQUITY					
Capital					
Contributed Capital		19,428	817	20,245	20,511
Funds Held for Restricted Purposes	3	1,158	-	1,158	1,154
Retained Surplus/(Accumulated Deficit)		(12,275)	705	(11,570)	(5,432)
Total Equity		8,311	1,522	9,833	16,233
Current Liabilities					
Bank Overdraft	19	15	-	15	1,035
Creditors	2&20	1,183	26	1,209	931
Accrued Expenses	4	1,728	61	1,789	1,683
Provision for Long Service Leave		399	46	445	398
Total Current Liabilities		3,325	133	3,458	4,047
Non Current Liabilities					
Provision for Long Service Leave		1,761	51	1,812	2,067
Creditors	2&20	113	-	113	212
Government Loan		1,000	-	1,000	-
Total Non-Current Liabilities		2,874	51	2,925	2,279
Total Liabilities		6,199	184	6,383	6,326
Total Equity and Liabilities		14,510	1,706	16,216	22,559
Current Assets					
Cash at Bank and On Hand		1,814	71	1,885	1,292
Patient Fees Receivable	5	533	-	533	503
Stores	6	217	512	729	735
Prepayments		44	-	44	8
Debtors and Accrued Revenue	7	662	92	754	277
Short Term Investments	8	-	304	304	450
Total Current Assets		3,270	979	4,249	3,265
Non Current Assets					
Assets Under Construction	1.5&9	534	-	534	-
Land	1.5&9	1,399	-	1,399	200
Land and Buildings	1.5&9	5,979	468	6,447	14,966
Plant, Equipment and Fittings	1.5&9	2,815	224	3,039	3,518
Motor Vehicles	1.5&9	467	35	502	438
Investments	8	-	-	-	101
Unexpired Terms Charges	20	46	-	46	71
Total Non-Current Assets		11,240	727	11,967	19,294
Total Assets		14,510	1,706	16,216	22,559

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, 1994

	CONT'D CAPITAL	REST'D PURP'S	RETAINED SURPLUS/ ACCUM- ULATED DEFICIT	TOTAL 1993/94	TOTAL 1992/93
NOTES	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at Beginning of Year	20,511	1,154	(5,432)	16,233	14,954
Surplus/Deficit for the Year	-	-	(6,283)	(6,283)	969
Capital Grants	11 737	-	-	737	259
Capital Donations	14 & 1.11 1	52	-	53	51
Transfers to Reserves	10 -	(48)	48	-	-
Transfer of Equity	27 (1,004)	-	97	(907)	-
Balance at End of Year	20,245	1,158	(11,570)	9,833	16,233

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, 1994

		TOTAL 1993/94 Inflows (outflows) NOTES	TOTAL 1992/93 Inflows (outflows) \$,\$,000
Cash Flows from Operating Activities			
<u>Health Service Agreement Budget Sector</u>			
RECEIPTS			
Government Grants	25	15,830	18,574
Patient Fees		3,978	4,116
Private Practice		1,147	1,200
Linen Service		479	678
Interest		28	17
Donations		3	20
Other Receipts		660	888
Abnormal		1,124	1,860
PAYMENTS			
Salaries & Wages		(13,192)	(16,099)
Suppliers		(8,513)	(9,587)
Interest		(14)	(39)
<u>Services Supported by Hospital & Community Initiatives</u>			
RECEIPTS			
Private Practice		820	680
Rental Property Income		36	27
Interest		31	31
Donations		53	51
Other Receipts		244	178
PAYMENTS			
Private Practice		(297)	(269)
Rental Property Expenditure		(6)	(10)
Other		(25)	(33)
Abnormal		(1,126)	(1,311)
Net Cash Generated From Operating Activities	24	1,260	972
Cash Flows From Investing Activities			
Payments for Purchase of Plant & Equipment		(1,233)	(1,053)
Proceeds from Disposal of Plant & Equipment		290	359
Proceeds from Disposal of Investments		17	843
Proceeds from Borrowings		1,000	-
Net Cash Flows From Investing Activities		74	149
Cash Flows From Government			
Capital		326	259
Net Cash Flows From Government		326	259
Net Increase (Decrease) in Cash Held		1,660	1,380
Cash at Beginning of Year		210	(1,123)
Cash at End of Year	23	1,870	257

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

The financial statements of the Hospital have been prepared in accordance with the provisions of the Annual Reporting Act 1983 and the Annual Reporting (Contributed Income Sector) Regulations 1988 as amended. These Regulations incorporate by reference 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 earned.

1.5 Depreciation

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

Long Service Leave

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

Annual Leave

The Hospital's accrued liability for annual leave at 30 June, 1994 is classified as a current liability.

Accrued Days Off

The Hospital's obligation in respect of accrued days off not yet taken at 30 June, 1994 is classified as a current liability.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

1.9 Nursing home

Matron Arthur House is controlled by a separate Committee of Management and is substantially funded from Commonwealth bed day subsidies. However, as the Nursing Home operations are an integral part of the Hospital, with shared resources, their operations have been included with those of the Hospital for accountability purposes.

1.10 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.

1.11 Donations

Donations for capital purposes are recognised as contributed capital in the balance sheet and consolidated statement of changes in equity.

1.12 Fund accounting

The Hospital operates on a fund accounting basis and maintains three funds operating, specific purpose and capital funds. The Hospital's Capital and Specific Purpose Funds comprise unspent capital donations and receipts from fundraising activities conducted solely in respect of these funds. Separation of these funds from the Operating Fund is required under the Health Services Act 1988.

1.13 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.

1.14 Revenue recognition

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

1.15 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.

1.16 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.

NOTE 2: CREDITORS

	Less Than 1 Year \$'000	1 to 2 Years \$'000	2 to 5 Years \$'000	Greater Than 5 Years \$'000	Total 1993/94 \$'000	Total 1992/93 \$'000
Trade Creditors	1,111	-	-	-	1,111	833
Hire Purchase Liability	98	98	15	-	211	310
Total	1,209	98	15	-	1,322	1,143

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

NOTE 3: FUNDS HELD FOR RESTRICTED PURPOSES

	1993/94 \$'000	1992/93 \$'000
Capital Replacement and Special Programs	661	524
Education, Research and Special Programs	497	630
Total	1,158	1,154

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

NOTE 4: ACCRUED EXPENSES

	1993/94	1992/93
	\$'000	\$'000
Annual Leave	1,314	1,461
Accrued Days Off	34	64
Salaries and Wages	148	128
Dept of Health and Community Services Ordinary Grant	281	28
Other	12	2
Total	<u>1,789</u>	<u>1,683</u>

NOTE 5: PATIENT FEES

	PATIENT FEES RAISED		PATIENT FEES RECEIVABLE	
	1993/94	1992/93	as at 30-6-94	as at 30-6-93
	\$,000	\$,000	\$,000	\$,000
Inpatients	1,215	1,074	154	159
Outpatients	130	135	393	260
Nursing Home	2,671	2,767	37	90
	<u>4,016</u>	<u>3,976</u>	<u>584</u>	<u>509</u>
Fee Sharing Arrangements			34	60
			<u>618</u>	<u>569</u>
Less: Provision for Doubtful Debts			85	66
Net Patient Fees Receivable			<u>533</u>	<u>503</u>

NOTE 6: STORES

	1993/94	1992/93
	\$'000	\$'000
Pharmaceuticals	115	104
Catering Supplies	10	12
Housekeeping Supplies	9	8
Medical and Surgical Lines	81	90
Linen	501	499
Miscellaneous	13	22
	<u>729</u>	<u>735</u>

NOTE 7: DEBTORS AND ACCRUED REVENUE

	Less Than 1 Year	Total 1993/94	Total 1992/93
	\$'000	\$'000	\$'000
Sundry Debtors	163	163	155
Other Debtors	563	563	82
Accrued DHCS Ordinary Grants	-	-	9
Other Accrued Revenue	28	28	31
	<u>754</u>	<u>754</u>	<u>277</u>

NOTE 8: INVESTMENTS

	Capital Fund	Specific Purposes	Linen Service	Total 1993/94	Total 1992/93
	\$'000	\$'000	\$'000	\$'000	\$'000
Current:					
Term Deposit	-	-	304	304	423
Building Society Deposits	-	-	-	-	27
	<u>-</u>	<u>-</u>	<u>304</u>	<u>304</u>	<u>450</u>
Non-Current:					
Building Society Deposits	-	-	-	-	101
	<u>-</u>	<u>-</u>	<u>304</u>	<u>304</u>	<u>551</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE , 1994

NOTE 9: NON CURRENT ASSETS

	Gross Valuation 30-6-94 \$'000	Dep'n for 1993/94 \$'000	Accum'd Dep'n \$'000	Net Assets 30-6-94 \$'000	Net Assets 30-6-93 \$'000
At Cost:					
Land	-	-	-	-	200
Land and Buildings	-	-	-	-	14,966
Plant, Equipment and Fittings	6,810	1,004	3,771	3,039	3,518
Motor Vehicles	643	119	141	502	438
Assets Under Construction	534	-	-	534	-
At Valuation :					
Land	1,399	-	-	1,399	-
Buildings	6,498	51	51	6,447	-
	<u>15,884</u>	<u>1,174</u>	<u>3,963</u>	<u>11,921</u>	<u>19,122</u>

Land and buildings owned or controlled by the Hospital were revalued on March 29, 1994, based on valuations by the Valuer General of Victoria. Land was valued at market value and buildings at replacement cost based on existing use. As a result of the revaluation an amount of \$ 6,634,000 was debited to the revenue and expense statement. The abnormal effect of the revaluation on the accounts is disclosed in Note 26.

NOTE 10: TRANSFERS TO RESERVES

	Contributed capital \$'000	Funds for Rest'd Purps's \$'000	Retained Surplus/ Accum'd Deficit \$'000
Transfer of Deficit on Specific Purpose Accounts	-	(48)	(48)

NOTE 11: GOVERNMENT GRANTS

	1993/94 \$'000	1992/93 \$'000
DHCS Ordinary Grants	14,577	17,562
DHCS Other Grants - Visiting Nursing Service	245	290
DHCS Other Grants - Pharmaceutical Benefits	-	56
Other Grants - Program for Disabled	127	156
Other Grants - Specific Grants	630	440
	<u>15,579</u>	<u>18,504</u>
Capital Grants	<u>737</u>	<u>259</u>

Grants for capital purposes are included in the Statement of Changes in Equity and are included in the Balance Sheet as contributed capital. Commonwealth Nursing Home and Hostel inpatient benefits are included in Patient Fees (see Note 6).

NOTE 12: 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 which, in accordance with their requirements, have been brought to account in determining the operating result for the year. They are brought to account as non-cash income and offset by expenditure. These were:-

	1993/94 \$'000	1992/93 \$'000
Insurances	246	166
Industrial Relations Service	7	9
Hospital Computing Service Charges	-	33
Audit Fees	-	23
	<u>253</u>	<u>231</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

**NOTE 13: OTHER REVENUE
HEALTH SERVICE AGREEMENT/BUDGET SECTOR**

	1993/94 \$'000	1992/93 \$'000
Meals and Accommodation	70	126
Meals on Wheels	83	95
Proceeds of Sale - Fixed Assets	290	359
Sale of Goods and Services	335	332
Sundry	47	57
	<u>825</u>	<u>969</u>
Profit on Sale of Assets	<u>73</u>	<u>46</u>

**NOTE 14: OTHER REVENUE SERVICES SUPPORTED BY HOSPITAL
AND COMMUNITY INITIATIVES**

	1993/94 \$'000	1992/93 \$'000
Donations	3	20
Sundry	244	166
	<u>247</u>	<u>186</u>

In addition to the donations noted above capital donations of \$53,000 (1993 \$51,000) were received by the Hospital and have been recognised in the Statement of Changes in Equity.

NOTE 15: LINEN SERVICE

	1993/94 \$'000	1992/93 \$'000
Operating Revenue Providing Fund Inflows		
Service Charges	840	1,071
Interest	10	7
Sundry	3	-
Write Back Annual Leave Loading	-	7
Redundancy Grant	152	-
Operating Revenue Not Providing Fund Inflows		
Abnormal Revaluation Adjustment	148	-
Total Operating Income	<u>1,153</u>	<u>1,085</u>
Operating Expenses Requiring Fund Outflows		
Laundry and Linen	566	724
Manufacture and Mending	19	21
Transport	76	87
Administration	75	66
Workcare and Superannuation	52	80
Redundancy Payment	117	-
Other	12	-
	<u>917</u>	<u>978</u>
Operating Expenses Not Requiring Fund Outflows		
Long Service Leave	26	16
Depreciation	64	57
	<u>90</u>	<u>73</u>
Operating Surplus (Deficit) for the Year	<u>146</u>	<u>34</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

NOTE 16 A: OPERATING EXPENSES

	Acute Care \$'000	Aged Care \$'000	Other \$'000	Total 1993/94 \$'000	Total 1992/93 \$'000
Services Supported by Health Service Agreement					
Salaries	5,585	3,011	4,326	12,922	16,058
Salary Oncosts	584	260	708	1,552	1,586
Other	5,871	610	1,856	8,337	8,921
Total Expenses Requiring Fund Outflows	<u>12,040</u>	<u>3,881</u>	<u>6,890</u>	<u>22,811</u>	<u>26,565</u>
Add Operating Expenses Not Requiring Fund Outflows					
Depreciation & Revaluation Adjustment	5,653	1,720	584	7,957	661
Long Service Leave	159	54	104	317	272
Total Operating Expenses Not Requiring Fund Outflows	<u>5,812</u>	<u>1,774</u>	<u>688</u>	<u>8,274</u>	<u>933</u>
Total Expenses	<u>17,852</u>	<u>5,655</u>	<u>7,578</u>	<u>31,085</u>	<u>27,498</u>

NOTE 16B: OPERATING EXPENSES

	1993/94 \$'000	1992/93 \$'000
Direct Patient Care Services		
Wards:-		
Special	524	575
Midwifery	635	600
Medical/Surgical	1,814	3,443
Nursing Homes	1,615	1,921
Theatre	721	800
Outpatient Services	504	502
Clinical Units	1,998	1,872
Day Hospital	140	129
Hostel	411	204
	<u>8,362</u>	<u>10,046</u>
Diagnostic and Medical Support Services		
Pharmacy	737	777
Pharmacy Supplies	48	53
C.S.S.D.	117	191
Diagnostic Laboratory	902	950
Organ Imaging	407	415
Technical Support	34	36
Allied Health	1,010	1,199
Medical Records	247	258
	<u>3,502</u>	<u>3,879</u>
Administration		
General Administration	1,199	1,252
Accounting/Finance	105	232
Personnel/Payroll	140	175
Supply	108	117
Nursing Administration	508	547
Medical Administration	213	172
	<u>2,273</u>	<u>2,495</u>
Engineering and Maintenance		
Engineering	571	602
Fuel, Light and Power	356	449
Maintenance	84	115
	<u>1,011</u>	<u>1,166</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

Domestic and Catering Services

Staff Cafeteria	35	55
Food and Dietary	1,091	1,666
Domestic Services	759	936
Laundry	1,041	1,056
Inter-segment Eliminations	(361)	(429)
	<u>2,565</u>	<u>3,284</u>

Workcare and Superannuation

Workcare	379	548
Superannuation	1,172	1,039
	<u>1,551</u>	<u>1,587</u>

Teaching Services

Nursing Education	80	212
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Community Services

District Nursing	267	234
Meals on Wheels	74	144
Other-Outreach Programs	655	532
	<u>996</u>	<u>910</u>

Other

Regional Services	496	551
Written down value of asset disposals	217	451
Loss on Investments	8	-
	<u>721</u>	<u>1,002</u>

NOTE 17: INTERNAL TRANSACTIONS

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

	Hospital	Nursing Homes	Linen Service	Total
	\$'000	\$'000	\$'000	\$'000
Linen Purchase /Sales	222	139	(361)	-

NOTE 18: REMUNERATION OF BOARD MEMBERS

Other than amounts paid to Board members in respect to goods and services supplied to the Hospital under normal commercial conditions, the Hospital has not paid any remuneration to its Board members.

NOTE 19: BANK OVERDRAFT

The bank overdraft is secured by the National Australia Bank holding the following titles:
Hospital grounds, 32 Arnott Street, 90 Bailie Street, 3 Arnott Street.

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 above bank.

NOTE 20: HIRE PURCHASE ARRANGEMENTS

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

	Current	Non- Current	1993/94	1992/93
	\$,000	\$,000	\$'000	\$'000
Hire Purchase Creditor	98	113	211	310

Included in the above is \$46,000 in unexpired terms charges.

NOTE 21: UNFUNDED SUPERANNUATION LIABILITY

The Wimmera Base Hospital contributes to the Hospitals Superannuation Board and the total contributions made for the year amounted to \$1,172,000.

The notional share of unfunded superannuation liability attributable to the Wimmera Base Hospital at June 30, 1994 is \$2,948,000 (1993 \$3,108,000). The amount of unfunded liability is based on calculations done by the Board's 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE, 1994

NOTE 22: 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 23: 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:

	1993/94 \$,000	1992/93 \$,000
Operating Fund		
-Cash at bank and on hand	656	73
-Bank Overdraft	-	(1,035)
Capital Fund		
-Bank Overdraft	(15)	42
Specific Purposes Fund		
-Cash at bank	1,158	1,154
Line ⁿ Service		
-Bank Overdraft	71	23
Cash at end of reporting period	<u>1,870</u>	<u>257</u>

NOTE 24:

RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES TO OPERATING RESULT

	1993/94 \$,000	1992/93 \$,000
Operating Result	(6,283)	969
Depreciation	1,174	661
Revaluation Adjustment	6,634	-
(Increase)/Decrease in Patient Fees Receivable	(64)	159
(Increase)/Decrease in Sundry Debtors	(8)	30
(Increase)/Decrease in Other Debtors & Accrued Revenue	(67)	40
Decrease/(Increase) in Stores	6	(32)
(Increase)/Decrease in Prepaid Expenditure	(36)	16
Loss on Investments	8	-
Decrease in Trade Creditors	(119)	(227)
(Increase)/Decrease in Accrued Expenses	178	(386)
Decrease in Provision for LSL	(143)	(401)
Profit on Sale of Motor Vehicles	(73)	(46)
Scrapping of Fixed Assets	-	138
Capital Donations	53	51
Net Cash used in Operating Activities	<u>1,260</u>	<u>972</u>

NOTE 25: GOVERNMENT GRANTS RELATING TO PRIOR YEAR

Government Grants include \$30,600 which relates to prior years operations.

NOTE 26: ABNORMAL ITEMS

	1993/94 \$'000	1992/93 \$'000
Revenue:		
Redundancy Recoveries	1,124	1,599
Annual Leave Loading Adjustment	-	261
Revaluation Adjustment to Linen Service Buildings	148	-
	<u>1,272</u>	<u>1,860</u>
Expenditure:		
Revaluation Adjustment to Buildings	6,782	-
Depreciation Rate Change to Equipment	315	-
Redundancy Payments	935	1,324
Annual Leave Loading Adjustment	191	-
	<u>8,223</u>	<u>1,324</u>

The balance of redundancy payments is in long service leave.

NOTE 27: TRANSFER OF JEPARIT ANNEXE HOSPITAL

On of the 1st of July, 1993 the control of Jeparit Annexe Hospital was transferred to Dimboola Hospital.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE , 1994

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 Annual Reporting Act 1983 and the Annual Reporting (Contributed Income Sector) Regulations 1988 as amended.

In our opinion the financial statements present fairly the financial transactions for the year ended 30 June, 1994 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. W.G. Knight, Chief Executive.

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

Dated the seventh day of September 1994.