



*Your care is our concern.*

# **WIMMERA BASE HOSPITAL**

**Annual Report 1992**

## 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's resources

### Patient Care

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

To manage 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 associated 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 programmes 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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# WIMMERA BASE HOSPITAL

## ANNUAL REPORT 1992

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### ARCHITECTS

BALCOMBE GRIFFITHS PTY. LTD. ARCHITECTS

### AUDITORS

AUDITOR-GENERAL VICTORIA

### BANKERS

NATIONAL AUSTRALIA BANK LIMITED

### SOLICITORS

POWER AND BENNETT

The 1992 Annual Report was released to the public on Monday 19th October, 1992. 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



**President**  
Mr. Robert Mibus,  
Appointed 1986.



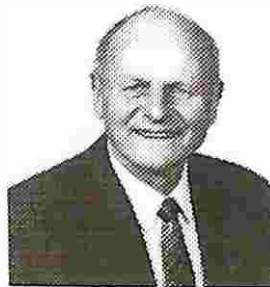
**Senior Vice-President**  
Dr. Peter Haslau, M.B.B.S.,  
F.R.A.C.G.P., Appointed 1985.



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



**Treasurer**  
Mr. Ted McCabe,  
Appointed 1990.



Mr. Bruce Johanson,  
Appointed 1991.



Mrs. Maureen Ladlow,  
B.A., Dip.Ed., Appointed 1989.



Mr. David McFarlane,  
Appointed 1967.



Mrs. Margaret Martin,  
Grad. Dip.Ed. Admin.,  
Appointed 1988.



Dr. Eric Miller, M.B.B.S.,  
F.R.C.O.G., F.R.A.C.O.G.,  
Appointed 1986.



Mr. Ron Shepherd, JP  
Appointed 1950



Mr. Chris Stegmeyer,  
Appointed 1991.



Mr. Rob Walter,  
Appointed 1991.



# ORGANISATION CHART

## Board of Management

### Sub-Committees:

Finance, Building & Engineering Services, Medical Consultative, Medical Advisory Board, Nursing Advisory, Quality Assurance & Accreditation Program, Hospital Services Review, Admission & Discharge Policy.



**Chief Executive**  
Mr. W.G. Knight,  
B.E., 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.,  
FR.A.C.G.R., A.C.H.S.E.



**Director of Nursing**  
Mr. P.F. Lavelle,  
R.N., R.M., Cert. Oncol. Nurs.,  
Grad. Dip. H.S.M., A.F.C.H.S.E.



**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 does not necessarily denote seniority.

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## PRESIDENT'S REPORT

On behalf of the Board of Management, it gives me great pleasure to present the 1991/92 Annual Report of Wimmera Base Hospital.

Each year we outline the difficulties of maintaining services with a further reduction in financial resources and mention the challenges that lie ahead. The next financial year will, however, provide the most significant of all challenges as the financial position has reached the point where substantial action is required. The Hospital must reassess the level of service provision and reduce its activities in line with the available funds. This is our major challenge in the year ahead.

### Finances

The extent of the financial crisis facing this Hospital requires further explanation. The Hospital has received budget cuts of over \$650,000 in the past two years and yet the demands on the Hospital continue to grow.

It is with considerable regret that I have to report that the Hospital finished the year \$550,000 over budget and with an accumulated debt of approximately \$1.3 million. A great deal of hard work has been done by staff at all levels to change work practices, improve productivity and reduce expenditure but it is obvious that more radical reforms are necessary. The expectation that the Hospital will experience a further considerable budget reduction of \$400,000 next financial year adds more urgency to the reform process.

The Hospital was unable to attract sufficient interest from staff to avail themselves of the State Government funded Enhanced Resignation Packages. This fact may reflect the difficult times facing all Wimmera communities, however, staffing levels will need to be continually pruned as staffing cost represent 80% of our total expenditure. The financial situation will also force a reduction in activity levels and the winding back of non-core services. The Board is particularly sensitive to the many difficult issues facing the Hospital and will proceed with the changes in a spirit of consultation and co-operation.

### Patient Services

A new service was established for incontinent patients and further expansion took place to the range of services available to patients with psychiatric disorders. The demand for Hospital services within the community continues to escalate and this year a record 5,175 inpatients were treated. In addition, 800 patients underwent endoscopy procedures and nearly 53,000 outpatients received attention at the Hospital.

This year saw further developments in Radiology Department with the commissioning of the C.T. Scanner at a cost of \$750,000. This life saving item of equipment has added a new dimension to diagnostic services and eliminated the need for many patients to travel to Ballarat.

### Building and Development

The Hospital is in the throes of an unprecedented level of planning for the development of new facilities. This year saw the completion of the external fire escape stairs, the construction of the \$2.2 million boiler house and substantial renovations to Ward Two.

It is also pleasing to note that the new Accident and Emergency Department, Operating Suite and Radiology Department development progressed with completion of the Feasibility Study. It is hoped that some preliminary building work for this \$6.5 million project will commence next financial year and that the entire project will move into the design stage.

The inefficiencies associated with our current acute inpatient accommodation are well recognised. With the support of Health Department Victoria the Hospital has appointed an architect to examine the feasibility of converting existing Nursing Homes into acute ward accommodation. This project will provide more modern and cost efficient acute inpatient accommodation using the shell of existing nursing home buildings. As a consequence of this feasibility study, the architect will be designing two new 30 bed residential style nursing homes. These facilities will not only satisfy the CAM/SAM funding requirements and Commonwealth Outcome Standards but provide a more homely environment for the aged care residents of the Wimmera.

Plans for of a new 47 bed hostel to replace the existing 21 beds in Kurrajong Lodge are well underway. This new facility will include a ten bed special care unit for the confused and disturbed elderly and provide a more therapeutic setting for residents afflicted with dementia. The Hospital has secured Commonwealth funding and a number of pledged donations. As part of the Feasibility Study the Hospital is investigating the possibility of building the new hostel on land which is currently part of Jardwa Park in Arnott Street as the Hospital does not have a vacant block of land large enough to accommodate the new buildings.

Another feasibility study began this year to identify options for the provision of four low intensity acute psychiatric beds. This proposal, which is being funded by the Office of Psychiatric Services, involves the conversion of some existing ward accommodation into more appropriate facilities to meet the specific needs of people with psychiatric illness.

### **Staff**

The Board is confident that the high calibre and dedication of staff will enable the Hospital to overcome the challenges which lie ahead. Wimmera Base Hospital is one of only a few hospitals in Victoria to have received the prestigious Five Year Award of Excellence accreditation status and is highly regarded throughout Australia.

Staff are to be congratulated for continuing their strong interest in further professional and personal education. The Hospital also prides itself on its open channels of communication and the involvement of staff in decision making processes.

### **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.

The Board of Management has undergone numerous changes including the decision of Dr. Peter Haslau to relinquish the position of President. I am indeed grateful to Dr. Haslau for his enormous contribution to the Hospital as President for the past three years and I receive some comfort in the fact that he has continued to assist me in his new role of Senior Vice-President.

This year also saw the resignation of Mr. Dennis Witmitz, Ms. Rosemary Seidler and Treasurer, Mr. Graeme Monk. The Board welcomes the enthusiasm and expertise of Mr. Bruce Johanson, Mr. Robert Walter and Mr. Chris Stegmeyer who filled the vacant positions. The Board also acknowledges the contribution of Mr. Ted McCabe who has assumed the difficult post of Treasurer.

I should like to take this opportunity to record my sincere appreciation to all Board members for their valuable contributions in what is a demanding and increasingly time consuming task.

### **Community Support**

The Hospital and the Hospital Foundation is always grateful for the tremendous support of the community and this year \$248,698 was raised through a variety of projects.

The Board wishes to thank the many volunteers, Ladies' Auxiliary members, nursing home support groups, charitable trusts, service clubs and the many individuals who have made a contribution towards our Hospital. This level of support needs to be continually encouraged and further developed.

### **Conclusion**

Despite the difficult financial problems facing the Hospital, the Board is proud of the achievements of the past twelve months. We are reassured by the many letters of thanks from patients that this Hospital has a quality of care from which we can derive great comfort.

The Board is indebted to the tireless efforts of our Chief Executive, Mr. Warwick Knight and the rest of the Executive team. We are hopeful that the successful implementation of the debt management strategy and the commencement of significant building developments will herald a new chapter in the history of this Hospital.

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

Robert M. Mibus,  
President



## PATIENT CARE

### A Program to Promote Continence



Professional advice from a caring nurse assists in the treatment of incontinence.

Incontinence is a very common problem. It is estimated that over 800,000 Australians have a bladder and/or bowel control problem and many are too embarrassed to talk about it. The Hospital was fortunate this year in receiving additional funding to establish a Continence Service to enable people with an incontinence problem to receive advice, support and treatment from qualified professionals.

The additional funds were made available through the Home and Community Care (H.A.C.C.) program as part of an expansion to the Home Nursing and Allied Health Service.

The Continence Service is supported by the visiting Urologist and Geriatricians. The service provides advice to all stoma patients including those patients with fistula and other drainage sites that require special treatment. The assistance provided involves ongoing individual assessment which may include selection of suitable incontinence aids, pelvic floor exercises, physiotherapy, bladder retraining programs and surgical intervention where applicable.

### Support for Palliative Care Patients and Families

Quality of life and dignity are important concerns for people who are dying and their families. In response to these concerns, Wimmera Hospice Care was established as a resource, not only for specific information and equipment but more importantly as a place for support and encouragement.

Wimmera Hospice Care has continued to develop an understanding of its role within the community by identifying the numerous support services available. These services include Meals on Wheels, Home Help, Cancer Support Volunteers, community education facilities, pastoral care services, community welfare agencies, paramedical and District Nursing services.

The Hospice Care Co-ordinator plays a vital role in ensuring that a balance of personal, technological, therapeutic and spiritual care is provided to palliative care patients. Close effective communication with the treating medical officer is always maintained ensuring maximum symptom control.

In addition to the array of multi-disciplinary professional staff involved in the care of palliative care patients, volunteers play an important role as well. Volunteer support people are used in many ways including transport for outings, emotional support, companionship and friendship.

The philosophy of Wimmera Hospice Care is encapsulated in the words of Dame Cecily Saunders who wrote:

'You matter because you are you  
You matter until the last moment of your life  
We will do all we can to help you die peacefully,  
But also to live until you die.'

## Home Services for the Aged and Disabled

The Hospital has enhanced the provision of home services for the aged and disabled through the Linkages program. Linkages is a project which aims to provide Horsham and district residents with an alternative to full-time residential care in hostels, nursing homes and community residential units. It provides, where possible, support and additional services to both younger adults who have a disability, and older people to enable them to remain living at home within their own neighbourhood and local community.

The emphasis is on providing choice and involves finding or developing the particular type of assistance that is required and is appropriate for each individual person and their carer. It focuses on the right of clients and their carers to be the primary decision makers in assessing their own needs wherever they are able to do so.

The project, which began in this Region in April 1991 as a Pilot Project, will receive recurrent funding from 1 July, 1992 through a joint arrangement with the Commonwealth and State Governments (Community Services Victoria) Home and Community Care Programs. Linkages is available to residents living within the municipalities of the Shires of Dimboola, Arapiles and Wimmera and the City of Horsham, and caters for a maximum of thirty clients at any one time.

Through the employment of a co-ordinator who liaises with clients about the help that is available, the services required are arranged and co-ordinated. If the existing services, such as home help, meals on wheels, district nursing etc. are not able to meet the client's particular needs, Linkages has the capacity to buy additional services, or different services that are not usually available.



*The provision of professional assistance in the home enables patients to remain out of hospital*

Examples of the types of assistance available include; full-time live-in care, overnight care, additional home help to assist with general household tasks, preparation of meals, shopping etc. or to provide help with personal care such as dressing, getting in and out of bed, toileting, eating etc., respite care, either in home or away from home. This may take the form of a weekend or brief holiday away with an attendant accompanying the person. This type of respite is a high need amongst the younger clients, a large number of whom are living with their parents.

The short term goal of the Linkages Program is to consolidate the project and to explore cost efficient ways to provide flexible quality care to a constant maximum of thirty clients, with a high emphasis on each client's individuality. Long term goals include securing additional funding to enable growth in client numbers and to extend the service to other municipalities within the Wimmera region.

## Regional Services for Psychiatric Care

The Community Psychiatric Nursing Service has continued to expand with an increase of six community psychiatric nursing positions this year. The Service commenced in February, 1991 and was officially opened in March this year by the Director of the Office of Psychiatric Services, Dr. Peter Eisen. The Service now fulfils a regional role providing outreach services to Nhill and Warracknabeal and has a total staff of 9 E.F.T., including a full-time secretary.

The main centre for the Wimmera Community Psychiatric Service is 1 Arnott Street Horsham. This residential house has been splendidly refurbished and equipped to provide a comfortable and modern psychiatric service. The location of this house allows the Wimmera Community Psychiatric Service to access all of the Wimmera Base Hospital's services and yet remain readily accessible to the general community.

A variety of services are provided including supportive counselling, assessments, home visits, medication advice, crisis intervention and education programs to individuals, schools, regional hospitals and community organisations.

Concomittal with these developments has been the appointment of an architect to conduct a feasibility study into the establishment of four low intensity acute psychiatric beds and ten psychogeriatric / hostel beds. These developments will ensure that the objectives of mainstreaming and integrating psychiatric services into the general health services are adequately met.



*The refurbishment of a hospital house for the establishment of the Community Psychiatric Nursing Service provides a community setting with easy access to Hospital facilities.*



### Surgical Services - A Central Core of Activity

The Hospital's major objective is to provide quality patient care to the people of Horsham and district and to function as the sub-regional referral hospital. Consequently we are constantly seeking to improve our standards and the range of services provided to our patients, within the context of resources available.

A major area of increased activity has been in surgical services with 2,745 operations being performed this year. With the addition of minor orthopaedic surgery this year, the Hospital is now able to provide a wide spectrum of surgical services including general surgery, ear, nose and throat, oral surgery, urology, ophthalmology, limited vascular and thoracic surgery and permanent pacemaker insertion.

The advent of Day Surgery at this Hospital has further increased the scope for increased activity in this area. With the possibility of extending the hours of operation of the Day Surgery Unit and increasing the number of available beds, it is envisaged that more patients can be treated at a reduced cost.

The current seven bed unit provides a formal, organised program for the admission of elective surgery and investigative procedures with the patient arriving and being discharged on the same day. The advantages of Day Surgery include: patients have less time off work, minimal risk of cross infection, reduced patient anxiety and less stress of travelling for relatives.

The Day Surgery Unit is also combined with an Endoscopy Unit and there has been significant growth in this area of activity. Over 500 gastroscopies and over 300 colonoscopies have been performed during the year. As a result of a Health Department Capital Works grant, state-of-the-art endoscopic equipment including a light source, monitor, video colonoscope and gastroscope costing \$80,000 was purchased for the Unit.



*The introduction of limited orthopaedic surgery has enhanced the vast array of specialist services available at the Hospital.*

## FACILITIES AND EQUIPMENT

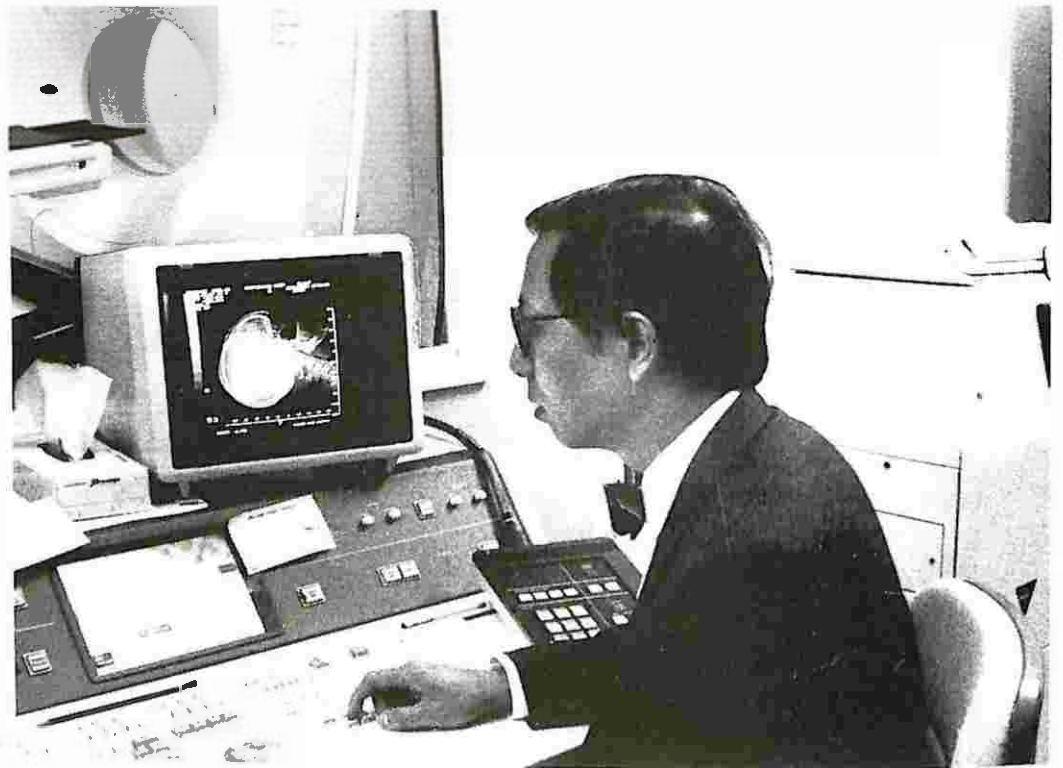
### C.T. Scanning for Wimmera Sub-Region

The purchase of a GE Sytec 2000 Computed Tomography (C.T.) Scanner has provided a new dimension in diagnostic services for Wimmera patients. The C.T. Scanner, which is increasingly regarded as an essential component of diagnostic imaging services, combines computer technology with a cathode ray tube to produce cross-sectioned images of the body.

The C.T. Scanner helps identify abnormalities such as tumours, cysts, abscesses or degenerative tissue within the body. It may replace the need for exploratory surgery or painful diagnostic brain and spinal studies.

The acquisition of the C.T. Scanner has meant that a service is now available in Horsham which was previously only accessible by travelling to Ballarat. This is an obvious advantage to our frail aged and oncology patients. In addition, the Hospital has been able to achieve substantial cost savings in both ambulance fees and associated staff travelling costs with the purchase of the C.T. Scanner.

The machine is temporarily housed in a pre-fabricated building awaiting construction of the new Radiology Department. Atco Structures built the pre-fabricated building designed to include patient waiting areas, the C.T. Scanner, control room, change rooms, office space and staff amenities.



*The purchase of a C.T. Scanner has provided a new dimension in diagnostic services for Wimmera Patients.*

### Minor Works Projects

A grant of \$87,787 was received from Health Department Victoria under the Minor Works and Equipment Program. This grant was applied to the following projects:

Paging System	\$25,000
C.T. Scanner Air Conditioning	40,000
Industrial Waste Compactor	6,987
Fire Escape Stairs Access Path	1,000
Removal of Incinerators	2,500
Syringe Pump	1,500
C.S.S.D. Vacuum Pump	3,500
Syringe Driver	3,000
Asbestos Audit	4,300
	<u>\$87,787</u>

## A Giant Leap Forward in Computer Development

A major step in the modernisation of the Hospital's computer facilities was achieved this year with the purchase of an ICL mainframe computer and the installation of a new cabling network. The purchase was part-funded by a grant of \$120,000 from Health Department Victoria.

This purchase has allowed the Inpatient Admission System, Medical Record Tracking System and General Ledger system to be transferred from the old computer to the new mainframe. New systems for Theatre and Accident & Emergency departments are to be installed soon and systems for Nurse Allocation and Rostering, Patient-Nurse Dependency, Outpatients and Midwifery will also be introduced next year.

Future plans of the Hospitals Computer Strategy include the transfer of Supply, Pharmacy and Pathology systems from the existing System 25 computer system to complement the information available through the new mainframe. In addition, an investigation of the computer systems options available to the Food Services and Radiology Departments will be undertaken in the near future.

The immediate advantages of the new computer and cabling are greater reliability and greater flexibility. The computer system has been unavailable for only 5 hours in the first 4 months of operation, that is more than 99.95% availability. The recabling gives us the ability to put terminals where they are needed.

The main significance of these events is that the computer resources of the Hospital have been redirected to allow our computing system to grow and change in stages. The initial changeover cost was large in terms of money and resources, but this has put us into the situation where future change can be incremental.

The new cabling system uses fiberoptic cable to connect distant areas of the Hospital to the main computer room and is designed to enable the eventual networking of all computers in the Hospital. This will become more important as the number of computer systems required in a modern hospital escalates and communications-intensive applications such as document imaging come on stream.



The education of staff for the new systems involved conducting training sessions over a period of 4 weeks in February and March. All Admissions and Medical Records staff and the majority of acute nursing staff were involved and are now relishing the opportunity to display their developing keyboard skills.

The General Ledger computer system was brought fully online in December. This system and the use of personal computers throughout the Finance Department have greatly improved the flow of financial information to management.

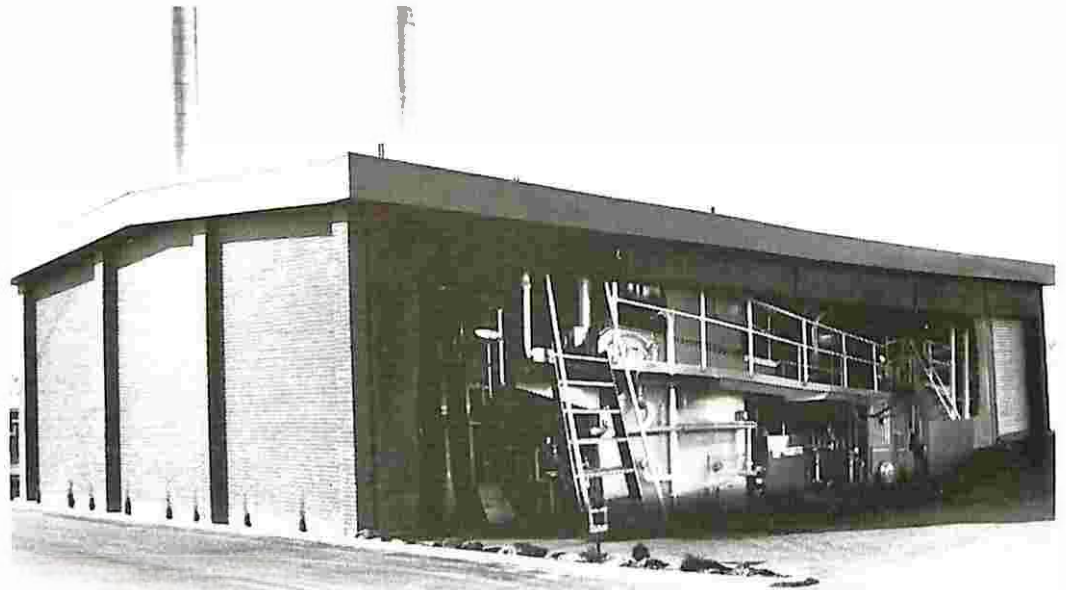
*The compilation of speedy and accurate information has been made easier with the purchase of a new mainframe computer system.*



## New Boiler House Completed

After approximately ten months of construction, the Hospital's new \$2.2 million boiler house is now completed. The building houses a converted Thompson boiler and a new Maxitherm boiler and supplies the energy needs to the Hospital and Linen Service. The Hospital has been able to achieve significant cost savings as a result of changing from oil to coal fired boilers. The new building has been attractively finished in heritage colours and includes a Waste Management Treatment Room, Flammable Liquids Store, office and storage space. Associated works have provided new roadways and increased sealed car parking areas.

*Significant cost savings have been achieved as a result of changing from oil to coal fired boilers in the Hospital's new boiler house. With super imposed photographs we are able to show now both the inside and outside view.*



## Facilities Development Planning on the Move

The continuing demands for quality patient care and the inefficiencies associated with the current inpatient accommodation have highlighted the critical need for a major building redevelopment program.

Health Department Victoria is cognisant of the need for the development of our facilities and has funded the conduct of feasibility studies associated with the Hospital's physical development. In response to the present acute ward inefficiencies, a feasibility study is being conducted into the proposal that Matron Arthur House Nursing Home and Sir Robert Menzies Nursing Home be converted into acute wards. New nursing homes will be built to accommodate residents from Matron Arthur House and Sir Robert Menzies Nursing Home. The introduction of the new government funding system for nursing homes is expected to cause the Hospital some difficulty because of the inefficient design of both nursing home buildings. In addition, these buildings fall short of current standards for nursing homes with their institutional character and lack of residential facilities such as individual rooms, ensuites and small discreet sitting spaces.

In addition to the critical care and acute ward areas, the Hospital is currently involved in a feasibility study to establish a 47 bed hostel. This new complex will replace and extend the outdated 21 bed Kurrajong Lodge facility and provide residents with a more home-like environment. The Hospital has been fortunate in receiving a number of pledges from charitable trusts which should allow the development of the new hostel without having to generate funds through a community appeal.

The needs of psychiatric patients in the Wimmera sub-region are also being considered as part of a feasibility study to develop a four bed low intensity acute psychiatric unit. This project is being funded by the Office of Psychiatric Services and is linked to the objectives of integration and mainstreaming of psychiatric services with general health services.

### Acute Inpatient Accommodation gets a Facelift

The Hospital was fortunate to receive a \$100,000 donation from the Helen M. Schutt Trust to refurbish Ward 2, a surgical ward. The refurbishment work included extensive demolition work and replacement of swinging doors with sliding doors. The Ward was repainted and supplied with new floor coverings, beds, bed screens and associated bedside furniture. The area was completed with the installation of a remote control television system above all beds.

The refurbishment was part of an overall plan to upgrade the standard of acute accommodation and encourage patients to use their private health insurance. The majority of the work was carried out by the Hospital's own Engineering staff and Ward 2 is now the showpiece of the Hospital's acute inpatient accommodation.



*The recuperation process is assisted by providing modern inpatient accommodation in the refurbished surgical ward.*

### Accident and Emergency Project

This year saw the completion of the feasibility study for the proposed redevelopment of Accident and Emergency, Operating Suite and Radiology Department. The study investigated a number of options available to establish a new Accident and Emergency Department and associated critical care services to enable the Hospital to satisfactorily undertake its role as the acute referral hospital for the Wimmera region in Central Western Victoria. The study concluded that the preferred option is for the establishment of Accident and Emergency at ground floor level at the east end of the main Hospital block, with the Radiology Department relocated adjacent to the Accident and Emergency Department to preserve essential functional relationships. Shell space at first floor level is provided for future Operating Suite, C.S.S.D. and Day Surgical Unit. Mechanical plant serves all levels from a rooftop plant room at second floor level. A new lift serves ground, first and second floors.

In order to meet the capital cost limitations whilst meeting the Hospital's functional requirements it was necessary to identify a reduced scope of works involving the staging of the project in two parts. Reorganisation of the Food Services Department and general administration area was identified as a necessary preparatory step. It has been agreed with the Health Department that this work be undertaken as a separate project at a cost of approximately \$800,000.

The major stage of the project involves the relocation of the Accident and Emergency Department together with the establishment of a casualty x-ray room and relocation of the C.T. scanner. The remainder of the future Radiology Department and the whole of the future Operating Suite, C.S.S.D. and Day Surgery unit would be constructed as shell space. The cost estimate for this work is \$5,713,000. It is envisaged that this project will proceed to design stage late this year and that some of the preliminary site works, involving relocation of Food Services Department will also be undertaken soon.

## Waste Disposal Pilot Project

The Hospital shares community concerns about the environmental problems associated with waste disposal. It is particularly conscious of the need to set a good example, as a health care provider, in improving waste management to ensure minimal risks of infection and promote cost effective and environmentally sustainable disposal systems.

In response to these concerns, the Hospital has embarked on a pilot project to assess the effectiveness of sterilising and shredding infectious waste as an alternative to transporting such waste to an E.P.A. approved incinerator in Melbourne.

The pilot project has attracted wide interest as an alternative method of waste disposal. The Hospital has formed a local multi-disciplinary Waste Management Task Force to identify ways to improve waste management through minimisation, segregation and recycling. It has also established a joint Wimmera Base Hospital/ Environment Protection Authority/ Health Department Victoria Working Party to conduct the Pilot Project.

All infectious waste at this Hospital is currently deposited in yellow garbage bags at the point of disposal and transferred to cool room storage. From this point the waste is transferred through a pre-vacuum steriliser, then shredded and transported to Melbourne for incineration. A rigorous microbiological testing program is currently being conducted to establish whether the waste material may be sent to landfill. The testing program is being evaluated by an independent committee of eminent microbiologists.

The treatment of infectious waste is just one component of an overall general waste management strategy. This strategy involves the minimisation of the quantity of waste and the education of staff members in the proper disposal of products that are suitable for recycling. As a result, all glass, plastic, cardboard, aluminium cans and wastepaper are segregated and then transferred to the City of Horsham Waste Recycling Centre.



*The use of sterilisation for the treatment of infectious waste is seen as an innovative and cost effective waste management solution for the Wimmera sub-region.*



## EDUCATION AND TRAINING

### Our Commitment to Training

It is indeed necessary for a Hospital to place a major emphasis on the education and training of its future workforce and our Education Centre provides a focus for continuing educational pursuits throughout the Hospital.

The increased complexity of service delivery has altered the requirements of educational sessions. For example, clinical skillchecks including drug calculations, cardio-pulmonary resuscitation and correct lifting techniques are all provided in response to these changes.

The Education Centre is the main provider of nursing staff education including the conduct of formal courses such as the High Dependency Nursing Course and the Graduate Nurse Program. Further inservice programs are provided based on information collected from needs analysis, staff meetings, staff requests, evaluation of previous sessions and incident reports as well as current trends in the health care system.

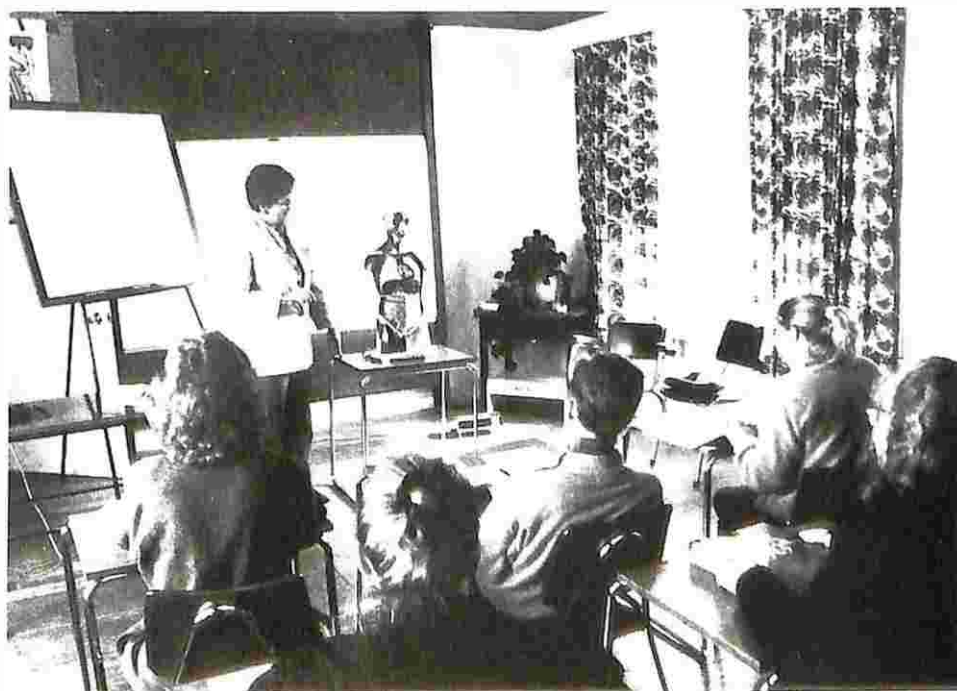
The type of education sessions varies from reviewing urine testing to nursing patients on ventilators and includes personal and professional development issues such as writing job applications. During the past year, staff attended over 3,210 hours of inservice education. The Education Centre also plays a vital role throughout the sub-region and is often involved in providing advice and information to various professional disciplines from surrounding hospitals and community health centres.

Numerous other departments are also involved in the education and training of Hospital staff. The Physiotherapy Department is involved in educating staff on correct lifting techniques and back care. The Infection Control Nurse is active in promoting awareness of the principles of universal blood and body substance precautions. The Human Resource Department is involved in co-ordinating supervisory and middle management education and Occupational Health and Safety training. All sessions have been well attended and the improved knowledge base of staff has had a demonstrated effect which has led to a higher standard of patient care.

The education and training has not been confined to the Hospitals nursing and ancillary staff. The Hospital has entered into an Affiliation Agreement with the University of Melbourne Faculty of Medicine which provides medical student placement to this Hospital. This year, eighteen fourth year medical students gained valuable clinical experience as part of the medical team at this Hospital. The Hospital is hopeful that these student placements will serve as a basis for general practitioner or specialist recruitment in the future.

Agreements have also been made with the University of South Australia and the Ambulance Officers Training Centre for the provision of clinical experience for student nurses and ambulance officers. In addition, physiotherapy, speech therapy and occupational therapy students from both Lincoln Institute in Melbourne and Flinders Medical Centre in Adelaide attended this Hospital for practical experience during the year.

*The Hospital is committed to providing education and training to students in a wide range of professional disciplines.*





### Increased Knowledge Base of Senior Staff

Wimmera Base Hospital is conscious of the need for its staff to keep abreast of current developments in clinical and management practice. The Hospital continues to promote and support further education as evidenced by the number of staff members receiving tertiary qualifications during the past year.

. Rosalie Frampton	Graduate Diploma of Health Sciences (Gerontology)
. Cathy Hattersley	Bachelor of Applied Science (Nursing)
. Warwick Knight	Master of Health Planning
. John Krygger	Master of Business Administration
. Wilma Lanyon	Bachelor of Applied Science (Nursing)
. Robyn Levitzke	Bachelor of Applied Science (Nursing)
. Faye Lewis	Graduate Diploma in Administration (Health)
. Ann Richards	Bachelor of Health Science (Management)
. Cynthia Witney	Graduate Diploma in Administration (Health)
. Judy Wood	Bachelor of Applied Science (Nursing)



*Senior staff throughout the Hospital have gained increased knowledge through a variety of academic pursuits.*

### Testing of External Disaster Plan

In November, 1991, the Hospital conducted an exercise designed to test our response to an external disaster. The scenario for the exercise was a truck and bus crash on Natimuk Road. The scenario provided 30 casualties of which 13 were critically injured. Other emergency agencies including the Police, Ambulance and the State Emergency Service were involved, while the Horsham West Primary School added the necessary realism by providing the 30 casualties as well as a number of distressed relatives. The aim of the exercise was to test the Hospital's External Disaster Plan and communications, allow staff to practice their various roles and enable other participating organisations to practice their own procedures in the event of a large disaster.

### Student Numbers Increase

The Hospital's work experience program has continued to expand. This year 80 students ranging in age from 15 to 18 years, were placed in various Hospital departments.

Popular areas for work experience are nursing, physiotherapy, occupational therapy and the kitchen. Students have also been placed in human resources, radiology, pharmacy, speech pathology and the dental clinic. As the largest employer in the Wimmera the Hospital has much to offer students wishing to gain valuable experience in a variety of areas. Many local schools and colleges from Horsham, Dimboola, Warracknabeal, Ballarat, Kaniva, Stawell, Nhill, Longerenong, Murtoa, Balmoral, Goroke and Ararat participate in our program.

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## EVALUATION AND RESEARCH

### Clinical Research Committee Established

A Clinical Research Committee was established this year to assess all proposals for clinical research within the Hospital and recommend to the Board of Management whether or not such proposals should be approved. The Committee will also ensure that research proposals involving human subjects are conducted in accordance with the National Health and Medical Research Council guidelines on Human Experimentation (1988).

In carrying out this function, the Committee will take account of local, cultural and social attitudes in making decisions. In addition, the Committee will ensure that while accepting that doctors have a duty to advance knowledge by research, the rights of individual patients, or subjects of research, take precedence over the expected benefits to human knowledge or to the community.

The benefits of the Research Committee to this Hospital include the development of a framework to ensure that research relevant to a Base Hospital is carried out. This in turn raises the status of the Hospital which assists in specialist medical staff recruitment and provides staff with the opportunity to develop and expand upon areas of interest and expertise. As a consequence, the people of the Wimmera receive an improved standard of patient care.

Already the Committee has been active in recommending participation in a number of world wide clinical research projects including:

International Study of Infarct Survival (ISIS IV)  
Global Utilisations of Streptokinase and tPa for occluded coronary arteries (GUSTO)  
Long Term Intervention of Pravastatin in ischaemic Heart Disease (LIPID)

### Planning for the needs of the Wimmera Sub-Region

Wimmera Base Hospital is responsible for the administration of a number of associated institutions. These include Jeparit Annexe Hospital, Goroke Community Health Centre and Dunmukle Health Services (which included Minyip Community Health Centre, Rupanyup Nursing Home and Murtoa Hospital).

This year the Boards of Managements of Jeparit and Dunmukle joined together in planning for the future services of their respective communities. A consultancy group, Health Solutions Pty. Ltd., was employed in May to develop strategic plans for the future. The results of the consultancy clearly identified options which will enable Jeparit Annexe Hospital and Dunmukle Health Services to plan to meet the rapidly changing needs of the health consumers and continue to develop their facilities to provide the most effective and efficient services possible.

### Innovative Medical Quality Assurance

The Australian Council on Healthcare Standards has identified quality assurance within medical services in hospitals to be one of the key areas in non-compliance in its surveys. After a seminar on Medical Management Analysis at Royal North Shore Hospital in June 1988, the medical staff at Wimmera Base decided to establish an occurrence screen program. Medical discharge summaries of all records are reviewed by Medical Record Department staff. Those meeting particular criteria are forwarded to senior medical staff for review to determine if any preventable adverse patient occurrences have occurred. This information is then used to monitor and improve the quality of care given to patients. When adverse occurrences are detected they are used to change policy within the Hospital, for education programs and case presentations, or to provide the basis for more specific quality assurance projects. The system automatically involves all medical staff and take a minimum of time to complete. It was described in an article in the Medical Journal of Australia on 6 April, 1992. The response to the publication has been extremely positive, a number of public and private hospitals have requested further details about how the program had been implemented at Wimmera Base and several of these hospitals have adopted the program.

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## HUMAN RESOURCES

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 the individual.

### 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 services.

#### Ten Years

Raymond Bennett, Food Services  
Yvonne Binns, Nursing  
Judith Bryan, Environmental Services  
Susan Friend, Nursing  
Carolyn Kimberley, Nursing  
Heather Klemm, Food Services  
Janette Lawson, Nursing  
Charmayne Long, Nursing  
Katherine McIntyre, Nursing  
Rohan Motton, Food Services  
Narelle O'Connor, Nursing  
William O'Connor, Environmental Services  
Antionette Plush, Nursing  
Margaret Sleep, Nursing  
Beverley Umbers, Environmental Services  
Jeffrey Umbers, Dental  
Peter Wik, Supply  
Heather Winfield, Nursing  
Louise Walsh, Nursing

#### Twenty Years

Elizabeth Blake, Nursing  
Robert Burns, Environmental Services  
Claire Chequer, Radiology  
Lesley Lane, Nursing  
Lee Owens, Nursing  
Betty Ritchie, Linen Service  
Barbara Seeary, Linen Service  
John Yarwood, Radiology

#### Twenty-Five Years

Colin Preston, Engineering

#### Thirty Years

Shirley Cameron, Nursing

### Industrial Relations

The Hospital again completed the year with no time lost due to industrial disputes and in most instances harmonious relationships exist between management and staff. The Hospital has a commitment to the consultation processes outlined in the Victorian Public Health Sector Organisational Change, Consultation, Redeployment, Retraining and Redundancy Agreement. This Agreement between the affiliated health unions and Health Department Victoria requires the establishment of a Change Committee at the local level to effectively manage organisational change within the Hospital.

The Hospital will continue to use the Agreement framework for consultation and the resolution of issues. This is especially the case as a consequence of the significant challenges facing the Hospital and the requirement to restructure its workforce and work practices.

### Insurance Against Injury

The WorkCare Management System is a compulsory insurance premium that all hospitals must pay (3.26% 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 all hospitals to implement health and safety programs to ensure safe systems of work which will minimise the risk of injury.



### WorkCare Claims Received

	1992	1991	1990	1989
Administrative & Clerical	1	1	1	2
Engineering Services	3	2	9	8
Environmental Services	4	9	11	16
Food Services	9	4	12	15
Linen Services	5	1	2	12
Medical & Paramedical	4	3	3	1
Nursing	40	28	41	38
<b>Total Number of Claims</b>	<b>66</b>	<b>48</b>	<b>79</b>	<b>92</b>

### WorkCare Performance Rewarded

The Hospital places great emphasis on occupational health and safety matters as they are fundamental to ensuring a high level of staff morale and an efficient and effective service delivery. An acute awareness of safety in the workplace contributed to the Hospital receiving a \$225,000 bonus against the WorkCare levy payable. In an attempt to build upon the good work in this area, \$55,000 of the bonus was directed to the purchase of occupational health and safety equipment including lifting machines, food service trolleys and ergonomic tables and chairs etc.

The successful management of all WorkCare claims is contingent upon education programs and a commitment from management to determine the cause of the injury and to actively rehabilitate the employee. This year has seen an increased use of return to work programs and liaison with the injured employee's medical practitioner to determine the extent of incapacity. This initiative has proven very successful as the following table demonstrates:

### WorkCare Performance - Hours Lost due to Injury or Illness

	1992	1991	1990	1989
Administrative & Clerical	-	-	6	-
Engineering Services	40	-	147	227
Environmental Services	156	1,873	2,283	2,237
Food Services	58	823	2,933	5,662
Linen Services	152	1,131	707	737
Medical & Paramedical	-	26	-	-
Nursing	5,864	6,931	5,897	5,371
<b>Total Hours Lost</b>	<b>6,270</b>	<b>10,784</b>	<b>11,973</b>	<b>14,234</b>

*The Hospital's Occupational Health and Safety performance was rewarded this year with the receipt of a \$225,000 bonus against the WorkCare levy payable.*



## Equal Employment Opportunity (E.E.O.) Policy

In Victoria, the Public Authorities (Equal Employment Opportunity) Act, received assent in December, 1990, and legislation was proclaimed in July, 1992. This legislation will apply to Victorian public authorities, including hospitals, which employ more than forty people. The purpose of the Act is:

- to require public authorities to implement equal employment opportunity programs designed to eliminate discrimination against and promote equal opportunity for women;
- to require public authorities to observe sound personnel management practices;
- to establish reporting requirements to the Department of Labour.

The Hospital included the implementation of an E.E.O. policy in the 1991/92 Health Service Agreement and is currently undertaking the consultation phase before formal adoption. The Human Resources Manager has been appointed as the E.E.O. Co-ordinator and will ensure that the philosophy of the policy is upheld.

## Staff Turnover and Recruitment 1992

	Full-Time Equivalent	Number of Employees	Terminated Employees	Turnover/ Service Area	Recruited Employees
Administrative and Clerical	53.10	62	6	9.6%	5
Hotel and Allied	124.72	168	41	24.4%	28
Medical Officers	10.70	10	-	-	-
Paramedical	40.04	64	7	10.9%	8
Nursing	216.50	382	64	16.7%	45
Total	445.06	686	118	17.2%	86

## Freedom of Information

During the year the Hospital received twelve 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.

## Linen Service Increases Efficiency

This year has seen a reversal of the previous trend of decreasing linen production with the Linen Service producing an increase of one tonne per week. This is mainly due to the fact that the Linen Service was successful in attracting additional clients including St. Arnaud District Hospital and Pleasant Creek Training Centre. These client acquisitions are particularly noteworthy when one considers that they were able to be absorbed without any additional increase in staff.

The Linen Service has recently installed a new overhead conveyor system which will enable linen to be transferred automatically thus reducing the risk of occupational health and safety related injuries. In addition, a new 110 kg. Washex washing machine has been purchased which will provide for future expansion of the Linen Service and allow maintenance work on the other machinery to proceed without disrupting production flows.

## Linen Service Performance Measures

	1992	1991	1990	1989
Staff (Equivalent Full Time)	23.9	24.1	24.5	24.9
Gross Output per E.F.T. Staff (kg./hour)	20.1	19.8	19.5	18.6
Linen Issued (tonnes/week)	17.9	16.9	17.0	17.6
Linen Issued (tonnes/year)	931	878	913	926

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## **PUBLIC RELATIONS AND FUNDRAISING**

### **Staff and Community Contributing to Health and Welfare of Patients**

Through the generous support of individuals, service clubs and community groups, the Hospital was able to provide further patient comforts, vital equipment and plan for future developments. This year the Hospital and the Hospital Foundation received support of \$248,698 through cash donations, donations in kind, deferred giving programs and pledges. The Hospital has once again received generous support from Charitable Trusts which is greatly acknowledged.

Fundraising events during the year included sales from the Ladies' Auxiliary Opportunity Shop, hotel collection boxes, memorial envelopes, Mildura/Port Fairy Cycle Relay, Carols by Candlelight, Heartstarters Ball, Garden Party, Open Air Art Show, sale of Hospital insignia merchandise and activities conducted by Safeway Social Club to name just a few. The voluntary work of various groups and individuals to organise many of these events is gratefully appreciated - their untiring efforts contributed enormously to the success of these fundraising activities.

### **Hospital Tours**

Since the introduction of organised 'Teddy Tours' for young school aged children in 1990, the tour concept has been further developed to now include community groups covering a wide spectrum of ages and interests. Initially, the idea of Teddy Tours was to help reduce the fear and anxiety young children may have toward entering the Hospital environment. Now, with the expansion of the program, over 400 people have taken the opportunity this year to learn first hand about the Hospital's role in the community, the various activities that go toward servicing the region as a whole and of course the new developments taking place. Tours may be arranged for any group by prior appointment with the Community Liaison Officer.

### **Health Promotion**

Through a broad range of venues and mediums, the Hospital was again active in promoting health related issues in the community. Through these promotions the objective was to increase community awareness of local services and provide a broad education and understanding of health issues.

Many of these promotional activities would not have been possible without the generous assistance of the local media and business outlets:

- . Wimmera Mail-Times.
- . Radio Stations 3WM and 3WV.
- . Wimmera Machinery Field Days.
- . Horsham Plaza.
- . City of Horsham Community Day.

Special media promotions included the 3WM Health Promotion Show, the Wimmera Mail-Times Special Hospital Supplement and radio interviews with various departmental staff.

General interest stories such as the weekly Stork Report and New Arrivals Feature continue to be received with interest. Proud parents are able to announce the arrival of new family members through the weekly "Stork Report" on 3WM and the "New Arrivals" feature in the Monday edition of the Wimmera Mail-Times.

### **Newsletter**

"Keeping in Touch" is a six monthly newsletter designed to inform our donors and supporters of the happenings around the Hospital, our plans and as a further means of keeping the public informed. In addition to home visits, tours and special functions, the newsletter is a valuable means of maintaining contact with our loyal supporters.

### **Community Needs and Expectations**

The Hospital faces a major challenge to meet the growing demands of a modern community on its services including the rapidly increasing needs of an ageing population. More than ever before it is clear that Government alone cannot meet community expectations for the provision of hospital services, or for the provision of many other community needs. You can help us to meet these needs by completing the form in the back of this Annual Report.

The Hospital's Community Liaison Officer would be more than happy to call on you to outline various ways you may assist.



## We're Pedalling Good Health

This year saw an enthusiastic team of sixteen riders and five support crew from the Hospital involved in the Graham Woodrup Memorial Bicycle ride. The race is an annual event, now named after one of Australia's greatest endurance cyclists, Mr. Graham Woodrup who was sadly killed earlier this year whilst on a training ride.

Wimmera Base Hospital was privileged to have Graham's brother, Roy as its Team Captain. The race involved riding in teams, a distance of 520 km. from Mildura to Port Fairy in 24 hours. There were over 800 cyclists involved, representing most hospitals throughout Victoria.

All Wimmera Base team members proudly wore their Hospital tee-shirts which displayed the motto "We're Pedalling Good Health". The race was a great way for staff from numerous departments to get involved with the fund raising efforts of the Hospital. As a result, approximately \$2,000 was raised which was donated to Ward 5 for the purchase of a new syringe driver. Already plans are underway to make the Hospital's team for next year bigger and better than ever.



Staff were involved in the Graham Woodrup Memorial Mildura to Port Fairy Bicycle ride to raise funds for the Hospital.

## Hospital Foundation

To assist the Hospital to meet the challenges that lay ahead in the face of Government funding cutbacks, the Wimmera Base Hospital Foundation was established in 1990. During the year the Foundation received donations of \$22,000, bringing the total funds raised to \$115,000.

As the Foundation is still in its formative years, the current strategy is to build up a secure capital base, to enable a regular income stream to be directed to the betterment of the Hospital's needs. The Foundation's investments are managed by a local Board of independent Trustees under guidelines covered by the Trustees' Act. Income generated from these investments is directed to the Hospital to meet its ongoing needs. To enable the general public to monitor the growth of the Foundation an 'appeal barometer' has been set up at the front of the Hospital and is creating great interest for all visitors and passers by.

Several new initiatives have been introduced enabling donors to select a suitable means to support the Foundation. Ways in which people can assist include contributing through a payroll deduction scheme, Bequest Program and Charitable Life Insurance whereby the premiums are tax deductible to the donor.

The Hospital appreciates the time and expertise freely given by Trustees in managing the Foundation and gratefully acknowledge the support of Donors, who realise the importance of planning for our future. A detailed report on the Hospital Foundation is available on request.

### Wimmera Base Hospital Ladies' Auxiliary

The small band of Ladies' Auxiliary members worked tirelessly again this year to raise much needed funds for the Hospital. The main source of revenue is the Opportunity Shop and during the 1991-92 financial year the shop raised \$11,566.71 (an increase of more than \$2,000 from the previous financial year). In addition to this, more than \$300 was raised through our one social function, a coffee morning. In December we presented the Hospital with a cheque for \$5,500, and in June the cheques amounted to \$6,000, making a total of \$11,500. These monies have been used towards the refurbishment of the wards (for which no government grants are available). After a recent meeting the Hospital's Community Liaison Officer, Mrs. Maree Taberner, led the members on a guided tour of some wards so that they could see the results of their efforts.

For a time it was feared that the Auxiliary might have to go into recess, but the recent enlistment of some younger members has boosted morale, and given fresh hope that our organisation can continue.

Twenty organisations have stocked the shop from July 1991 to June 1992, with great success. During the weeks when we are stocked there is a marked increase in receipts. We are most grateful to the various clubs and guilds who have helped us so generously.

I wish to express my appreciation to all the members who have worked in the shop, or who have helped in any way. My special thanks go to our secretary, Mrs. Dawn Brooke for all her work, and to our treasurer, Mrs. Joyce Stevens for her accurate keeping of our financial records.

Heather Scott  
President



*With the introduction of charitable giving plans, donors can make a bequest to ensure the health and welfare of future generations.*

### Red Cross Library

It gives us pleasure to distribute reading material to folk who attend the Day Hospital or reside in Kurrajong Lodge, Sir Robert Menzies Nursing Home, Matron Arthur House or one of the wards in the Hospital. Our selection of books and magazines is exchanged regularly and we thank members of the public who donate magazines.

Art prints in the various areas are exchanged and create lively interest. These are forwarded from the Picture Library at Red Cross Headquarters in Melbourne.

Morning tea and entertainment for the residents in Sir Robert Menzies Nursing Home is held during the year. Our thanks to staff members of the Hospital and other residential areas for their friendliness and co-operation.

Special thanks to Miss Monica Crafter, Mrs. Win Edmonds and Mrs. Ella Lister who support us so well.

Glennys Wood  
Red Cross Librarian

### 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.  
Matuschka, Mr. E.  
Moore, Mr. L.G.  
Muhlnickel, 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.

### Life Governors

Abud, Dr. R.E.  
Aumann, Mr. R.E.  
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.  
Carine, Mrs. F.  
Carter, Mrs. J.K.  
Carter, Mrs. V.A.  
Castelluccio, Mr. M.  
Cathcart, Miss D.  
Corner, Mrs. P.  
Courtney, Miss A.R.  
Crafter, Mrs. 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.  
Hoffman, Miss L.  
Hopkins, Miss E.V.  
Johns, Rev. A.A.  
Kroker, 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.  
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.  
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.



*As part of the community health focus, the Hospital creates an awareness of health issues at the annual Wimmera Machinery Field Days.*



## CHIEF EXECUTIVE

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

## VISITING MEDICAL STAFF

### Anaesthetics

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

### Obstetrician and Gynaecologist

E.T. Miller, M.B., B.S., F.R.A.C.O.G., F.R.C.O.G.

### Ophthalmologists

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

### Oral Surgeons

P. Bowker, M.D.Sc., F.D.S.R.C.S.(Eng.),  
F.R.A.C.D.S., Ph.D.  
N. Steidler, L.D.S., B.D.Sc., M.D.Sc.,  
F.R.A.C.D.S., Ph.D.

### Orthopaedic Surgeons

J. Bourke, B.Med.Sci., M.B., B.S., F.R.A.C.S.  
W. Carter, M.B., B.S., F.R.A.C.S.

### Paediatrician

M. Brown, M.B., B.S., D.C.H., F.R.A.C.P.

### Physician

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

### Psychiatrist

A. Ayonrinde, M.B., B.S., D.P.M., F.R.A.N.Z.C.P.

### Otolaryngologists

A.A. Wallis, M.B., B.S., F.R.A.C.S.  
R.L. Thomas, M.B., B.S., F.R.A.C.S.,  
F.R.C.S.(Eng.)  
H.M.P. Rundle, M.B., B.S., F.R.C.S.E., F.R.C.S.,  
F.R.A.C.S.

### Radiologist

P.F. Walker, M.B., Ch.B., C.R.C.P.C., F.R.C.P.C.  
(resigned 30.6.1992)  
C.A. Trotman, M.B.S., F.D.S. R.C.P.S., M.B.Ch.B.,  
F.R.A.C.R. (resigned 31.12.91)  
D.K. Leung, M.B., B.S., D.R.A.C.R.

### Surgeons

G.S.R. Kitchen, M.B., B.S., F.R.A.C.S.  
I.A. Campbell, M.B., B.S., F.R.A.C.S.

### Oncologist

R. Bell, M.B., B.S., M.R.A.C.P., F.R.A.C.P.,  
F.R.C.P.A.

### Urologist

D.A. Stephens, M.B., B.S., F.R.A.C.S.

### Geriatrician (Sessional)

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

### Regional Geriatricians

C.R. Clarke, M.B., B.S., F.R.A.C.P.  
M.W. Giles, M.B., B.S., M.R.C.P.(U.K.), Dip  
R.A.C.O.G.  
J. Hurley, M.B., B.S., D.Obst. R.C.O.G.,  
M.R.C.P.(U.K.), F.A.C.R.M.

### Regional Supervisor for Graduate Medical Education

D.W. Leembruggen, M.B., B.S., F.R.A.C.G.P.

### Area Medical Co-ordinator - Regional Displan

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

### Deputy Area Medical Co-ordinators - Regional Displan

D.W. Leembruggen, M.B., B.S., F.R.A.C.G.P.  
P.P. Haslau, M.B., B.S., F.R.A.C.G.P.

### Medical Officer - Family Planning Clinic

Y.P. Cymbalist, M.B., B.S., Dip. R.A.C.O.G.

### Medical Officers

Y.P. Cymbalist, M.B., B.S., Dip. R.A.C.O.G.  
C.H. Foord, M.B., B.S., Dip.Obst., R.C.O.G.  
P.P. Haslau, M.B., B.S., F.R.A.C.G.P.  
A.K. Horwood, M.B., B.S., Dip.Obst., R.A.C.O.G.,  
F.R.A.C.G.P.

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

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

D.A. McG. Jinks, M.B., B.S., Dip. R.A.C.O.G.

D.W. Leembruggen, M.B., B.S., F.R.A.C.G.P.

R.M. Lloyd, M.B., B.S., Dip. R.A.C.O.G.

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

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

J.A. Thomson, M.B., C.I.L.B., D.R.C.O.G.,

M.R.C.G.P., D.C.C.H. (Comm. Child Hlth).

G.E. Wajszel, M.D.

J.R. Williams, M.B., B.S., D.C.H., D.A.,

D.R.C.O.G., F.R.A.C.G.P.

D.L. Wilson, M.B.Ch.B., M.B.C.G.P., D.R.C.O.G.,

Family Planning Cert.

### Dental Surgeons

B. Bourke, B.D.Sc., L.D.S.

D. Lye, B.D.Sc., L.D.S.

E. Paraskevopoulos, B.D.Sc.

B. Sonnberger, B.D.Sc.

## MEDICAL DIVISION

### Medical Administrator/Director of Accident and Emergency Department

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

### Director of Pathology

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

### Director of Radiology

P.F. Walker, M.B., Ch.B., C.R.C.P.C., F.R.C.P.C.  
(resigned 30.6.1992)  
D.K. Leung, M.B., B.S., D.R.A.C.R.

### Director of Anaesthesia

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

### 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.S.H.P.

### Chief Radiographer

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

### Chief Physiotherapist

Mrs R. Williams, B.App.Sc.(Phyt). (on leave)  
Mrs D. Schulz, B.App.Sc.(Phyt), Grad. Dip.  
Geron, M.A.P.A. (Acting Chief Physiotherapist)

### Senior Dental Officer

R. Barnes, B.D.Sc.

### Chief Speech Pathologist

Mr. S. Hill, B.App.Sc.(Sp.Path.), M.B.A.,  
M.A.A.S.H.

### Chief Medical Record Administrator

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

### Medical Librarian

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

### Chief Occupational Therapist

Mr. N. Simitis, B.App.Sc.(O.T.).

### Dietitian

Mrs P. Marshman, B.Sc., Grad. Dip. Diet.

### Audiologist

Miss M. Kalantzis, B.Sc.(Hons), Dip. Aud

### Podiatrist

Miss W. Stols, Dip.Apl.Sc. (Podiatry), M.A.Pod.A.

### Laboratory Manager

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

### Chief Social Welfare Worker

Mrs M. Hughtan, Assoc. Dip. Welfare Studies.  
(resigned 5.6.92)  
Mrs S. Glover, Cert. Welfare Studies. (Acting  
Senior Social Worker)

### Administrative Officer - Medical

P.T. O'Connor, C.B.S. (Hosp. Admin), L.H.A.,  
A.I.M.M.

## RESIDENT MEDICAL STAFF

### Interns

P. Spano - 15.7.91-13.10.91  
F. Irani - 15.7.91-13.10.91  
D. Andrews - 15.7.91-13.10.91  
D. Ma - 15.7.91-13.10.91  
G. Maguire - 14.10.91-12.19.92  
Y. Chan - 14.10.91-12.19.92  
A. Boecksteiner - 14.10.91-12.19.92  
A. Dobrowir - 14.10.91-12.19.92  
R. Grills - 13.19.2-12.4.92  
M. Thomas - 13.1.92-12.4.92  
G. Mackie - 13.1.92-12.4.92  
B. Bartley - 13.1.92-12.4.92  
R. Steele - 13.4.92-12.7.92  
D. Daniels - 13.4.92-12.7.92  
R. Heng - 13.4.92-12.7.92  
T. Webb - 13.4.92-12.7.92

### Surgical Registrars

P. Wirth - 16.9.91-2.2.92  
I. Skinner - 2.3.1191-8.12.91  
P. Subramaniam - 3.2.92-31.5.92  
N. Crampton - 1.6.92-27.9.92

### Victorian Academy of General Practice Fellows

J. Azzopardi - 3.2.92-1.2.93  
P. Worboys - 3.2.92-1.2.93

## NURSING DIVISION

### Director of Nursing

P.F. Lavelle, R.N., R.M., Cert. Oncol. Nurs.,  
Grad Dip. H.S.M., A.F.C.H.S.E.

### Deputy Director of Nursing

C.A. Meade, R.N., R.M., B.App.Sc.(N. Admin),  
F.R.C.N.A.

### Assistant Directors of Nursing

J.E. Lade, R.N., R.M., Dip. App.Sc.(N. Admin)  
S. Wines, R.N.

### Nursing Supervisors

S.H. Cameron, R.N.  
L.A. Walsh, R.N.

### Night Nurses in Charge

F. Lewis, R.N., R.M., I.C.Nurs.&Wd.ManDip.  
J.W. Richards, R.N.

### Extended Care Co-ordinator

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

### Principal Nurse Teacher

M.I. Pannan, R.N., Assoc. Dip. N. Ed.,  
Grad Dip. Ed. Admin., Grad Dip. Student Welfare,  
F.R.C.N.A., M.A., C.E.A.

## CHARGE NURSES

### Accident and Emergency Department

S. A. Lang, R.N., C.C.N.C.

### Intensive Care Unit

M. Kuhne, R.N., R.M., I.C.C.

### Operating Suite

J.P. Strachan, R.N., Cert. Steril. & Infect. Control

### Day Surgery/Endoscopy Unit

J.A. Thomson, R.N.

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

M.A. Smith, R.N. Cert. Steril. & Infect. Control,  
VICNA

### Occupational Health and Staff Welfare Nurse

P.V. Phillips, R.N., Dip. App.Sc. (Comm. H. Nurs),  
F.R.C.N.A.

### District Nursing Service

P.N. James, R.N.

### Day Hospital

R.M. Levitzke, R.N., B.N., Cert. Gerontic Nurs.

### Sir Robert Menzies Nursing Home

L.B. Mentha, R.N., Dip. T. (Nurs), F.R.C.N.A.,  
M.C.N. (NSW)

### Matron Arthur House Nursing Home

E.M. Flack, R.N.

### Kurrajong Lodge

D.D. Johnson, S.E.N.

### Ward 1 - Midwifery

C.M. Giles, R.N., R.M.

### Ward 2 - Surgical

M.M. Jobe, R.N.

### Ward 3 - Medical

M.I. Lowe, R.N.

### Ward 4 - Paediatric

D.J. McDonald, R.N., R.M.

### Ward 5 - Medical/Surgical

D.G. Leach, R.N., R.P.N., I.C.N.C.,  
Dip. App. Sc. (Nurs. Std)

### Ward 7 - Medical/Surgical

W.R. Lanyon, R.N., R.M., B.App.Sc. (Nurs)

## ADMINISTRATIVE SERVICES DIVISION

### Director of Administrative Services

J.F. Krygger, B.H.A., M.B.A. (Monash),  
A.F.C.H.S.E., C.H.E.

### Administrative Officer - Associated Institutions

S.G. Surridge, B.Bus., A.S.A. (Maternity Leave  
from 13.9.92)  
K. Duncan, B.Bus., A.S.A. (commenced 16.9.92)

### Administrative Officer - Safety and Security

K. Duncan, B.Bus., A.S.A. (until 13.9.92)  
A.W. Pampa, M.S.I.A. (commenced 21.10.92)

### Chief Engineer

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

### Community Liaison Officer

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

### Computer Systems Officer

K.M. Loughran, B.Sc., Dip. Comp.Sc.

### Environmental Services Manager

G.A. Stok

### Finance Manager

S.L. Bell, C.P.A.

### Food Services Manager

K.M. Higgins, Dip. App.Sc. (Food Services),  
M.I.H.C.

### Human Resources Manager

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

## PATIENT STATISTICS

Acute Inpatients	1992	1991	1990
Number of Beds	100	100	100
Admissions	5,126	5,049	4,955
Bed Days	22,622	22,818	22,871
Occupancy (%)	62.0	62.5	62.7
Average Length of Stay (Days)	4.4	4.8	4.8
Deaths	83	87	88
Births	390	359	396
Operations	2,745	2,709	2,732

### Sir Robert Menzies Nursing Home

Number of Beds	50	50	50
Admissions	43	28	26
Bed Days	18,177	18,013	18,010
Occupancy (%)	99.5	98.7	98.7
Death	15	18	15

### Matron Arthur House (Nursing Home)

Number of Beds	30	30	30
Admissions	30	60	61
Bed Days	10,926	10,761	10,635
Occupancy (%)	99.2	98.3	97.1
Deaths	8	9	14

### Kurrajong Lodge (Hostel)

Number of Beds	21	21	21
Admissions	104	76	52
Bed Days	7,126	7,244	7,212
Occupancy (%)	93.0	94.5	94
Deaths	2	1	2

### Legislative Changes

The 1991-92 financial year was a fairly quiet one in terms of the enactment of legislation. Minor changes were made to the Accident Compensation Act, the Occupational Health and Safety Act, and the Hospitals Superannuation Act.

The following two Acts were the major pieces of legislation affecting Victorian hospitals during the 1991-92 financial year.

Hospital and Charities (Extension) Act 1992.

Amends the Health services Act to extend the operation of the Hospitals and Charities Act 1958, in relation to certain bodies, until 30 June 1994.

Medical Treatment (Agents) Act 1992.

Alters the Medical Treatment Act to enable a person to appoint an alternate agent to make decisions about the medical treatment of the person if the person becomes incompetent and the agent is unable or unavailable to act.

**Emergency, Paramedical and Support Services**

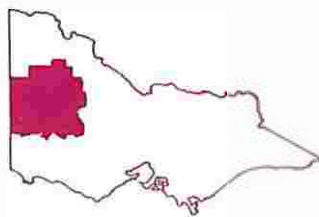
	1992	1991	1990
<b>Accident and Emergency</b>			
Attendances	9,948	10,589	11,048
<b>Allied Health</b>			
Occasions of Service	2,368	8,762	8,780
<b>Audiology</b>			
Occasions of Service	1,169	1,582	2,005
<b>Blood Bank</b>			
Attendances	1,639	1,772	1,671
<b>Day Hospital</b>			
Occasions of Service	41,672	33,247	43,873
<b>Dental Clinic</b>			
Attendances	8,325	5,012	5,053
<b>Dietetics</b>			
Occasions of Service	1,841	2,445	2,951
<b>District Nursing</b>			
Attendances (Visits)	14,573	14,206	14,725
<b>Family Planning</b>			
Attendances	1,639	1,118	919
<b>Hairdresser</b>			
Attendances	1,784	1,728	1,722
<b>Occupational Health</b>			
Attendances	3,349	3,119	2,656
<b>Occupational Therapy</b>			
Occasions of Service	4,975	13,773	12,395
<b>Pathology</b>			
Tests	44,696	69,044	61,207
<b>Pharmacy</b>			
Items Dispensed	113,231	162,475	163,595
<b>Physiotherapy</b>			
Occasions of Service	13,467	18,257	18,905
<b>Podiatry</b>			
Occasions of Service	1,822	1,884	1,092
<b>Psychologist</b>			
Attendances	-	647	687
<b>Radiology</b>			
Tests	13,570	9,566	9,846
<b>Social Work</b>			
Attendances	7,740	10,319	11,956
<b>Speech Pathology</b>			
Occasions of Service	2,386	7,898	8,249
<b>Stomal Therapy</b>			
Attendances	91	90	14
<b>Transport Accident Commission</b>			
Attendances	78	153	142
<b>Group &amp; Educational Activities</b> (see Note 2)			
No. of Activities	3,256	6,167	9,027
Attendances	24,416	32,591	35,587
<b>Regional Services</b> (see Note 3)			
Attendances	82,647	79,733	83,660



Visiting Special Outpatient Clinics	1992	1991	1990
<b>Ear, Nose and Throat</b>			
Attendances	589	616	572
<b>Geriatrics</b>			
Attendances	67	62	44
<b>Oncology</b>			
Attendances	246	235	139
<b>Ophthalmology</b>			
Attendances	1,305	1,071	1,216
<b>Orthopaedic</b>			
Attendances	880	947	906
<b>Pacemaker</b>			
Attendances	140	106	106
<b>Professional Visits</b>			
Attendances	39	36	32
<b>Psychiatry</b>			
Attendances	452	179	38
<b>Urology</b>			
Attendances	506	537	486

**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 included in the respective department's attendance numbers.



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

Arapiles Shire	117
Ararat City	9
Ararat Shire	6
Avoca Shire	1
Ballarat City	5
Ballarat Shire	2
Birchip Shire	24
Creswick Shire	1
Dimboola Shire	384
Donald Shire	62
Dunmunkle Shire	391
Greenville Shire	1
Horsham City	3,124
Kaniva Shire	68
Karkaroc Shire	55
Kowree Shire	132
Lowan Shire	123
Sebastopol Borough	2
Stawell Shire	28
Stawell Town	83
Warracknabeal Shire	244
Wimmera Shire	51
Other Vic. Country	110
Melbourne Suburbs	59
Interstate - Northern Territory	2
Interstate - Queensland	7
Interstate - SA	25
Interstate - Western Australia	1
Interstate - N.S.W.	6
Itinerant	3
<b>TOTAL</b>	<b>5,100</b>

## PERFORMANCE MEASURES

The Health Services Act (1988) requires hospitals to enter into a Health Service Agreement with Health Department Victoria so that the performance of the Hospital can be measured and evaluated. This year the Hospital listed twenty-one goals covering clinical services, facilities development and general goals and has been successful in accomplishing the majority of these goals.

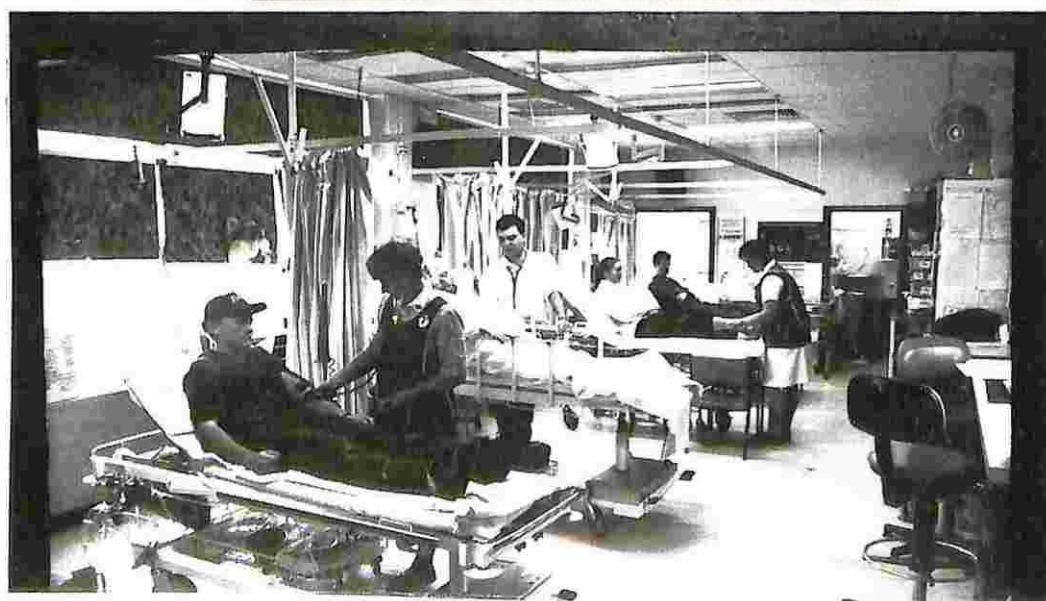
Major patient based achievements include the development of psychiatric services in the Wimmera, improved services for people who have been sexually assaulted, development of orthopaedic surgery and establishment of the C.T. Scanning Service. Facilities development achievements include completion of the Accident and Emergency Department Feasibility Study, completion of the main block fire escape stairs and installation of the I.C.L. DRS6000 mainframe computer system. General goals achieved this year include the acceptance of the Hospital's Quality Assurance Plan under section 139 of the Health Services Act, the establishment of an Equal Opportunity (EEO) program and the development of a comprehensive waste management program.

### Key Performance Indicators

	Targets	Actual
Inpatients Treated - Acute	5,096	5,126
Average Length of Stay - Acute	4.8	4.4
Inpatients Treated - Extended Care		
. Nursing Home	155	152
. Hostel	97	125
Occupancy Percentage	98.5	99.5
Outpatient Services	49,619	52,945
Patient Days		
. Acute	22,818	22,622
. Nursing Homes	28,985	29,045
. Hostel	7,300	7,126
Other Measures		
. District Nursing Visits	13,861	14,573
. Meals on Wheels	23,650	20,680

As the referral centre for the sub-region, the Hospital plays a major role in providing Accident and Emergency Care. This year the Accident and Emergency Department treated 9,948 patients.

### Accident & Emergency



## FINANCIAL RESOURCES

The Hospital incurred a substantial cut of \$557,800 to its budget base during the year. Implicit in the cut was the understanding that substantial savings would be achieved in the Nursing Home sector in readiness for CAM/SAM funding. Although much time has been spent in reviewing work practices and associated issues, changes have been slow to occur which in turn has led to an inability to achieve significant cost savings.

During the year, the Government made available funding for voluntary Enhanced Resignation Packages. Reduction to our workforce through acceptance of the Package was to be a major strategy for working within budget. Unfortunately the Hospital was unable to achieve staff reductions as a result of this initiative and this has been the major reason for incurring an overrun of \$500,000 against budget this financial year.

### Accumulated Debt

Our financial position has become critical with an accumulated cash deficit of approximately \$1,300,000. The deficit is now being felt with continuing heavy overdraft balances and associated compounding interest charges. Of prime concern is the fact that we begin the 1992/93 financial year with a cost structure \$700,000 over funding levels and a further budget cut of \$400,000 imminent.

Although the challenge ahead is large we cannot afford to allow the financial position to deteriorate further. We are determined to operate a cost effective service and are developing a wide range of options to protect our future role. Some options are going to be difficult to accept and implement but the need for change necessitates them being worked through with consultation at all levels.

### Financial Statements

Financial statement presentation is continually being monitored by bodies such as the Public Sector Accounting Standards Board and Australian Accounting Standards Board. The Standard now requires the preparation of a statement of cash flows and replaces the previous requirement of a "Statement of Sources and Applications of Funds".

Cash flow information is now thought vital particularly with the rush of collapses in the 1980's. The statement of cash flow provides relevant information to the user about cash inflows and cash outflows of an entity during the reporting period. Information in the report may assist in assessing the ability of an entity to generate cash flows in the future, and meet its financial commitments as and when they fall due.

### Where The Money Came From

	\$	%
Government	21,112,000	73
Patients	4,090,000	14
Private Practice	1,749,000	6
Other	1,829,000	7
TOTAL	28,780,000	100

### How The Money Was Spent

Salaries & Wages	18,073,000	59
Suppliers	8,479,000	28
Interest	26,000	-
Private Practice	373,000	1
Investing Activities	3,429,000	11
Other	285,000	1
TOTAL	30,485,000	100

**WIMMERA BASE HOSPITAL**  
**REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30TH JUNE 1992**

	NOTES	HOSPITAL \$,000	NURSING HOMES \$,000	LINEN SERVICE \$,000	JEPARIT ANNEXE \$,000	ELIMIN- ATIONS 1991/92 \$,000	TOTAL 1991/92 \$,000	TOTAL 1990/91 \$,000
<b>Operating Revenue Providing Fund Inflows</b>								
<b>Health Service Agreement Budget Sector</b>								
Government Grants	12	16,529	1,950	-	639	-	19,118	17,801
Indirect Contribution by Health Department Victoria								
Patient Fees	13	219	-	-	7	-	226	210
Fee Sharing Arrangements	6	1,237	2,472	-	295	-	4,004	3,989
Linen Service	1.2	936	-	-	-	-	936	837
Interest	16	-	-	1,132	-	(468)	664	586
Other Revenue		30	-	11	-	-	41	46
	14	893	-	25	42	-	960	772
<b>Services Supported by Hospital and Community Initiatives</b>								
Fee Sharing Arrangements	1.2	760	-	-	-	-	760	507
Rental property income		45	-	-	2	-	47	21
Interest		72	-	-	13	-	85	55
Other Revenue	15	109	-	-	5	-	114	89
Abnormal		-	-	-	-	-	-	26
<b>Total Operating Revenue Providing Funds</b>		<b>20,830</b>	<b>4,422</b>	<b>1,168</b>	<b>1,003</b>	<b>(468)</b>	<b>26,955</b>	<b>24,939</b>
<b>Operating Expenses Requiring Fund Outflows</b>								
<b>Health Service Agreement/ Budget Sector</b>								
Direct Patient Care Services	17	7,744	1,941	-	586	-	10,271	9,746
Diagnostic and Medical Support Services	17	3,015	181	-	34	-	3,230	2,833
Administration and Quality Assurance	17	2,293	323	-	22	-	2,638	2,352
Engineering and Maintenance	17	1,247	73	-	40	-	1,360	1,335
Domestic and Catering Services	17	2,245	1,001	948	217	(468)	3,943	4,288
Corporate Costs Funded by Health Department Victoria	13	219	-	-	7	-	226	210
Workcare and Superannuation	17	851	132	63	33	-	1,079	1,190
Teaching and Research	17	615	-	-	-	-	615	152
Community Services	17	707	-	-	19	-	726	468
Other	17	1,623	-	-	13	-	1,636	1,488



	NOTES	HOSPITAL \$,000	NURSING HOMES \$,000	LINEN SERVICE \$,000	JEPARIT ANNEXE \$,000	ELIMIN- ATIONS 1991/92 \$,000	TOTAL 1991/92 \$,000	TOTAL 1990/91 \$,000
<b>Services Supported by Hospital and Community Initiatives</b>								
Fee Sharing Arrangements	1.	373	-	-	-	-	373	479
Rental Property Expenses		25	-	-	-	-	25	33
Ward Maintenance Program		82	-	-	-	-	82	-
Hire Purchase Costs		41	-	-	-	-	41	-
Other		39	-	-	-	-	39	-
Abnormal		-	-	-	-	-	-	41
<b>Total Operating Expenses Requiring Funds</b>		<b>21,119</b>	<b>3,651</b>	<b>1,011</b>	<b>971</b>	<b>(468)</b>	<b>26,284</b>	<b>24,615</b>
Operating Surplus(Deficit) Attributable To Fund Items		(289)	771	157	32	-	671	324
<b>Operating Expenses Not Requiring Fund Outflows</b>								
Depreciation	10	458	4	49	18	-	529	407
Long Service Leave - Current		616	64	24	2	-	706	747
Operating Surplus(Deficit) Attributable To Non Fund Items		(1,074)	(68)	(73)	(20)	-	(1,235)	1,154
Operating Surplus(Deficit) for the Year		(1,363)	703	84	12	-	(564)	(830)
Retained Deficit at Beginning of Year		(7,346)	1,220	441	(168)	-	(5,853)	(4,950)
Available for Appropriation		(8,709)	1,923	525	(156)	-	(6,417)	(5,780)
Aggregate of Amnts Trfd (to) from Reserves Retained Surplus(Accumulated Deficit) at End of Year	11	73	-	-	-	-	73	(73)
		(8,636)	1,923	525	(156)	-	(6,344)	(5,853)

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

**WIMMERA BASE HOSPITAL  
BALANCE SHEET AS AT 30TH JUNE 1992**

	NOTES	HOSPITAL \$'000	LINEN SERVICE \$'000	JEPARIT ANNEXE \$'000	TOTAL 1991/92 \$'000	TOTAL 1990/91 \$'000
<b>EQUITY</b>						
<b>Capital</b>						
Contributed Capital		18,477	817	1,003	20,297	18,657
Funds Held for Restricted Purposes	3	1,001	-	-	1,001	1,038
Retained Surplus/(Accumulated Deficit)		(6,713)	525	(156)	(6,344)	(5,853)
<b>Total Equity</b>		<b>12,765</b>	<b>1,342</b>	<b>847</b>	<b>14,954</b>	<b>13,842</b>
<b>Current Liabilities</b>						
Bank Overdraft	20	1,299	27	-	1,326	780
Creditors	2&21	1,048	-	12	1,060	1,533
Accrued Expenses	5	1,916	66	86	2,068	2,578
Provision for Long Service Leave	4	253	24	33	310	255
Provision for Linen Replacement		-	-	-	-	37
<b>Total Current Liabilities</b>		<b>4,516</b>	<b>117</b>	<b>131</b>	<b>4,764</b>	<b>5,183</b>
<b>Non-Current Liabilities</b>						
Provision for Long Service Leave	4	2,419	103	34	2,556	2,200
Creditors	2&21	310	-	-	310	408
<b>Total Non-Current Liabilities</b>		<b>2,729</b>	<b>103</b>	<b>34</b>	<b>2,866</b>	<b>2,608</b>
<b>Total Liabilities</b>		<b>7,245</b>	<b>220</b>	<b>165</b>	<b>7,630</b>	<b>7,791</b>
<b>Total Equity and Liabilities</b>		<b>20,010</b>	<b>1,562</b>	<b>1,012</b>	<b>22,584</b>	<b>21,633</b>
<b>Current Assets</b>						
Cash at Bank and On Hand		194	-	9	203	1,362
Patient Fees Receivable	6	637	-	25	662	733
Stores	7	199	504	-	703	712
Prepayments		19	4	1	24	10
Debtors and Accrued Revenue	8	207	128	12	347	938
Short Term Investments	9	922	187	156	1,265	486
<b>Total Current Assets</b>		<b>2,178</b>	<b>823</b>	<b>203</b>	<b>3,204</b>	<b>4,241</b>
<b>Non-Current Assets</b>						
Assets Under Construction	1.5&10	86	-	-	86	1,272
Land	1.5&10	200	-	-	200	200
Land and Buildings	1.5&10	13,833	323	692	14,848	12,116
Plant, Equipment and Fixtures	1.5&10	3,251	287	92	3,630	3,090
Motor Vehicles	1.5&10	358	-	25	383	412
Investments	9	-	129	-	129	157
Unexpired Terms Charges	21	104	-	-	104	145
<b>Total Non-Current Assets</b>		<b>17,832</b>	<b>739</b>	<b>809</b>	<b>19,380</b>	<b>17,392</b>
<b>Total Assets</b>		<b>20,010</b>	<b>1,562</b>	<b>1,012</b>	<b>22,584</b>	<b>21,633</b>

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 30TH JUNE 1992**

	NOTES	CONT'D CAPITAL \$'000	REST'D PURPS \$'000	RETAINED SURPLUS/ ACCUM- ULATED DEFICIT \$'000	TOTAL 1991/92 \$'000	TOTAL 1990/91 \$'000
Balance at Beginning of Year		18,657	1,038	(5,853)	13,842	12,037
Surplus/Deficit for the Year		-	-	(564)	(564)	(830)
Capital Grants	12	1,612	-	-	1,612	1,557
Capital Donations	1.10	28	36	-	64	1,078
Transfers to Reserves	11	-	(73)	73	-	-
Balance at End of Year		20,297	1,001	(6,344)	14,954	13,842

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

**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, 1992 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. R.M. Mibus, President.

(Signed) Mr. E.J. McCabe, Honorary Treasurer.

(Signed) Mr. W.G. Knight, Chief Executive Officer

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

Dated the fifth day of October 1992.

**WIMMERA BASE HOSPITAL  
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 1992**

	NOTES	TOTAL 1991/92		TOTAL 1990/91	
		Inflows \$,000	(outflows) \$,000	Inflows \$,000	(outflows) \$,000
<b>Cash Flows from Operating Activities</b>					
<b><u>Health Service Agreement Budget Sector</u></b>					
<b>RECEIPTS</b>					
Government Grants	26	18,597		17,868	
Patient Fees		4,090		3,798	
Private Practice		989		835	
Linen Service		675		566	
Interest		41		46	
Donations		75		1,092	
Other Receipts		803		856	
<b>PAYMENTS</b>					
Salaries & Wages		(18,073)		(16,877)	
Suppliers		(8,479)		(6,413)	
Interest		(26)		(29)	
<b><u>Services Supported by Hospital &amp; Community Initiatives</u></b>					
<b>RECEIPTS</b>					
Private Practice		760		507	
Rental Property Income		47		21	
Interest		85		55	
Other Receipts		103		75	
<b>PAYMENTS</b>					
Private Practice		(373)		(479)	
Rental Property Expenditure		(25)		(33)	
Other		(260)		(19)	
<b>Net Cash Generated From Operating Activities</b>	25		(971)		1,869
<b>Cash Flows From Investing Activities</b>					
Payments for Purchase of Plant & Equipment		(2,820)		(2,113)	
Proceeds from Disposal of Plant & Equipment		322		233	
Payments for Purchase of Investments		(751)			
Proceeds from Disposal of Investments				296	
<b>Cash Flows From Government</b>					
Capital		2,172		997	
Special & Other		343		100	
<b>Net Increase (Decrease) in Cash Held</b>			(1,705)		1,382
<b>Cash at Beginning of Year</b>			582		(800)
<b>Cash at End of Year</b>	24		(1,123)		582

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



## WIMMERA BASE HOSPITAL

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE, 1992

#### NOTE 1 STATEMENT OF ACCOUNTING POLICIES

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

The Annual Reporting (Contributed Income Sector) Regulations require buildings to be depreciated in accordance with Australian Accounting Standard AAS4 "Depreciation of Non-Current Assets". Currently the Hospital does not depreciate buildings and the effect of this on the accounts has yet to be determined. The depreciation charge attributable to buildings on account of prior years, when introduced for the first time, will be accounted for by recording the expense against retained earnings at the beginning of the year. The normal yearly charge will be reported in the revenue and expense statement.

##### 1.6 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.

## **1.7 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 serve 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, 1992 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, 1992 is classified as a current liability.

## **1.8 Nursing home**

The Matron Arthur House and Tullyvea Nursing Homes are controlled by separate Committees of Management and are 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.

## **1.9 Intersegment and inter-entity transactions**

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

## **1.10 Donations**

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

## **1.11 Fund accounting**

The Hospital operates on a fund accounting basis and maintains three funds operating, specific purpose and capital funds. The Hospital's Capital and Specific Purpose 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.

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

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

## **1.13 Revenue recognition**

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

## **1.14 Non-current assets**

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

## **1.15 Private practice fees**

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

**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE 2: CREDITORS**

	Less Than 1 Year \$'000	1 to 2 Years \$'000	2 to 5 Years \$'000	Greater than 5 Years \$'000	Total 1991/92 \$'000	Total 1990/91 \$'000
Trade Creditors	962	-	-	-	962	1435
Hire Purchase Liability	98	98	212	-	408	506
<b>Total</b>	<b>1060</b>	<b>98</b>	<b>212</b>	<b>-</b>	<b>1370</b>	<b>1941</b>

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**

	1991/92 \$'000	1990/91 \$'000
Capital Replacement and Special Programs	347	310
Education, Research and Special Programs	654	728
	<b>1001</b>	<b>1038</b>

**NOTE 4: PROVISION FOR LONG SERVICE LEAVE**

	Current \$'000	Non- Current \$'000	Total 1991/92	Total 1990/91
Long Service Leave	310	2556	2866	2455

**WIMMERA BASE HOSPITAL**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE 5: ACCRUED EXPENSES**

	1991/92	1990/91
	\$'000	\$'000
Annual Leave	1875	1755
Accrued Days Off	81	74
Salaries and Wages	108	597
Health Department Victoria Ordinary Grant	-	113
Other	4	39
<b>Total</b>	<b>2068</b>	<b>2578</b>

**NOTE 6: PATIENT FEES**

	PATIENT FEES RAISED		PATIENT FEES RECEIVABLE	
	1991/92	1990/91	as at 30-6-92	as at 30-6-91
	\$'000	\$'000	\$'000	\$'000
Inpatients	1,149	1,177	243	327
Outpatients	102	102	232	177
Nursing Home	2,753	2,710	220	211
	4,004	3,989	695	715
Fee Sharing Arrangements			45	98
			740	813
Less: Provision for Doubtful Debts			78	80
<b>Net Patient Fees Receivable</b>			<b>662</b>	<b>733</b>

**NOTE 7: STORES**

	1991/92	1990/91
	\$'000	\$'000
Pharmaceuticals	96	96
Catering Supplies	14	16
Housekeeping Supplies	8	7
Medical and Surgical Lines	76	67
Linen	489	521
Miscellaneous	20	5
	703	712



**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE 8: DEBTORS AND ACCRUED REVENUE**

	Less Than 1 Year \$'000	Total 1991/92 \$'000	Total 1990/91 \$'000
Sundry Debtors	185	185	167
Other Debtors	74	74	95
Accrued Health Department Victoria Ordinary Grants	51	51	17
Accrued Health Department Victoria Capital Grants	-	-	560
Other Accrued Revenue	37	37	99
	347	347	938

**NOTE 9: INVESTMENTS**

	Capital Fund \$'000	Specific Purposes \$'000	Linen Service \$'000	Total 1991/92 \$'000	Total 1990/91 \$'000
Current:					
Term Deposit	156	922	160	1238	486
Building Society Deposits	-	-	27	27	
	156	922	187	1265	486
Non-Current:					
Building Society Deposits	-	-	129	129	157
	156	922	316	1394	643

The Linen Service has investments totalling \$156,261 in the Pyramid Building Society which no longer accrue interest.

**NOTE 10: NON-CURRENT ASSETS**

	Historical Cost at 30-6-92 \$'000	Depreciation for 1991/92 \$'000	Accumulated Depreciation \$'000	Net Assets at 30-6-92 \$'000	Net Assets at 30-6-91 \$'000
Land	200	-	-	200	200
Land and Buildings	14,848	-	-	14,848	12,116
Plant, Equipment and Fittings	6,379	466	2,749	3,630	3,090
Motor Vehicles	450	63	67	383	412
Assets Under Construction	86	-	-	86	-
	21,963	529	2,816	19,147	17,090

**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE 11: TRANSFERS TO RESERVES**

	Contributed capital \$'000	Funds Held for Restricted Purposes \$'000	Asset Reserve \$'000	Retained Surplus/ Accumulated Deficit \$'000
Transfer of Deficit on Specific Purpose Accounts	-	(73)	-	73

**NOTE 12: GOVERNMENT GRANTS**

	1991/92	1990/91
	\$'000	\$'000
Health Department Victoria Ordinary Grants	18,297	17,263
Health Department Victoria Other Grants - Visiting Nursing Service	262	218
Health Department Victoria Other Grants - Pharmaceutical Benefits	80	78
Other Grants - Program for Disabled	136	142
Other Grants - Specific Grants	343	100
	<u>19,118</u>	<u>17,801</u>
Capital Grants	<u>1,612</u>	<u>1,557</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 inpatient benefits are included in Patient Fees (see Note 6)

**NOTE 13: INDIRECT CONTRIBUTION BY HEALTH DEPARTMENT VICTORIA**

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

	1991/92	1990/91
	\$'000	\$'000
Insurances	150	139
Industrial Relations Service	6	6
Hospital Computing Service Charges	41	39
Audit Fees	29	26
	<u>226</u>	<u>210</u>

**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE 14: OTHER REVENUE**  
**- HEALTH SERVICE AGREEMENT/BUDGET SECTOR**

	1991/92 \$'000	1990/91 \$'000
Meals and Accomodation	160	149
Meals on Wheels	87	69
Proceeds of Sale - Fixed Assets	322	233
Sale of Goods and Services	341	264
Special Purposes Medical Donations	-	12
Sundry	50	45
	960	772
Profit on Sale of Assets	12	15

**NOTE 15: OTHER REVENUE-SERVICES SUPPORTED BY HOSPITAL  
AND COMMUNITY INITIATIVES**

	1991/92 \$'000	1990/91 \$'000
Donations	11	14
Sundry	103	75
	114	89

In addition to the donations noted above capital donations of \$64,000 (1991 \$1078,000) were received by the Hospital and have been recognised in the Statement of Changes in Equity.

**NOTE 16: LINEN SERVICE**

	1991/92 \$'000	1990/91 \$'000
Operating Revenue Providing Fund Inflows		
Service Charges	1,120	1,025
Interest	11	11
Sundry	37	20
Total Operating Income	1,168	1,056
Operating Expenses Requiring Fund Outflows		
Laundry and Linen	765	697
Manufacture and Mending	25	22
Transport	80	77
Administration	79	76
Workcare and Superannuation	62	62
Abnormal	-	41
	1,011	975

**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

Operating Expenses Not Requiring Fund Outflows		
Employee Entitlements	24	37
Depreciation	49	24
	73	61
<b>Operating Surplus (Deficit) for the Year</b>	<b>84</b>	<b>20</b>

**NOTE 17: OPERATING EXPENSES**

	1991/92 \$'000	1990/91 \$'000
<b>Direct Patient Care Services</b>		
Wards:-		
Special	743	745
Midwifery	665	625
Medical/Surgical	3,548	3,485
Nursing Homes	1,941	1,719
Theatre	780	744
Outpatient Services	513	526
Clinical Units	1,841	1,591
Day Hospital	111	136
Hostel	129	175
	10,271	9,746
<b>Diagnostic and Medical Support Services</b>		
Pharmacy	913	801
Pharmacy Supplies	63	66
C.S.S.D.	152	140
Diagnostic Laboratory	534	466
Organ Imaging	380	263
Technical Support	38	37
Allied Health	928	879
Medical Records	222	181
	3,230	2,833
<b>Administration</b>		
General Administration	1,268	1,185
Accounting/Finance	197	155
Personnel/Payroll	220	163
Supply	169	153
Nursing Administration	563	503
Medical Administration	221	193
	2,638	2,352
<b>Engineering and Maintenance</b>		
Engineering	504	609
Fuel, Light and Power	538	607
Maintenance	318	119
	1,360	1,335

**WIMMERA BASE HOSPITAL**

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE, 1992**

**Domestic and Catering Services**

Staff Cafeteria	56	58
Food and Dietary	1,653	1,177
Domestic Services	1,465	1,873
Laundry	1,237	1,148
Residences	-	32
	<u>4,411</u>	<u>4,288</u>

**Workcare and Superannuation**

Workcare	363	570
Superannuation	716	620
	<u>1,079</u>	<u>1,190</u>

**Teaching Services**

Nursing Education	<u>615</u>	<u>152</u>
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**Community Services**

District Nursing	235	227
Meals on Wheels	122	85
Other-Outreach Programs	369	156
	<u>726</u>	<u>468</u>

**Other**

Regional Services	1,351	1,272
Written down value of asset disposals	285	216
	<u>1,636</u>	<u>1,488</u>

The above amounts include eliminations of inter-segment transactions of \$468,000.

**NOTE 18: 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	Jeparit Annexe	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Linen Purchase /Sales	272	175	(468)	21	

**NOTE 19: 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.



**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE 20: BANK OVERDRAFT**

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

**NOTE 21: HIRE PURCHASE ARRANGEMENTS**

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

	Current	Non- Current	1991/92	1990/91
	\$'000	\$'000	\$'000	\$'000
Hire Purchase Creditor	98	310	408	506

Included in the above is \$104,000 in unexpired terms charges.

**NOTE 22: UNFUNDED SUPERANNUATION LIABILITY**

The Wimmera Base Hospital contributes to the Hospitals Superannuation Board and the total contributions made for the year amounted to \$716,000.

The notional share of unfunded superannuation liability attributable to the Wimmera Base Hospital at June 30, 1992 is \$3,787,000. 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.

**NOTE 23: 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: 24**

**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:

	1991/92	1990/91
	\$'000	\$'000
Operating Fund		
-Cash at bank and on hand	29	39
-Bank Overdraft	(1,299)	(777)
Capital Fund		
-Cash at bank	95	428
Specific Purposes Fund		
-Cash at bank	79	895
Linen Service		
-Bank Overdraft	(27)	(3)
<b>Cash at end of reporting period</b>	<b>(1,123)</b>	<b>582</b>

**WIMMERA BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE, 1992**

**NOTE: 25**

**Reconciliation of Net Cash used in Operating Activities to Operating Result**

	1991/92 \$,000	1990/91 \$,000
<b>Operating Result</b>	(564)	(830)
Depreciation	529	407
Decrease in Patient Fees Receivable	71	(125)
Increase in Sundry Debtors	(18)	(6)
Decrease in Other Debtors & Accrued Revenue	49	(44)
Decrease in Stores	9	(8)
Increase in Prepaid Expenditure	(24)	(10)
Government Revenues-Special	(343)	(100)
Decrease in Trade Creditors	(571)	566
Decrease in Accrued Expenses	(510)	448
Increase in Provision for LSL	411	497
Profit on Sale of Motor Vehicles	(37)	(17)
Capital Donations	64	1,092
Decrease in Provision for Linen Replacement	(37)	-
<b>Net Cash used in Operating Activities</b>	(971)	1,870

**NOTE: 26**

**Government Grants Relating to Prior Year**

Government Grants include \$99,000 which relates to prior years operations.

**NOTE: 27**

**Capital Commitments**

At the balance date the Wimmera Base Hospital had signed contracts for projects that give a commitment to future expenditure, these are as follows:-

	1991/92	1990/91
Laundry Equipment	70	-
New Boiler House	-	912
New Fire Escape	-	218
Computer Hardware Purchase	-	303
	70	1,433

## DONATIONS 1992

### Charitable Funds and Trusts

The Collier Charitable Fund	8000.00
Perpetual Trustees	3000.00
The Equity Trustees	3583.00
Freemasons Public Charitable Foundation	750.00

### Specific Purposes

Anonymous	1255.50
Anonymous	2734.00
ANZ Banking Group	800.00
Apex Club of Horsham	9500.00
Austvet, Pty. Ltd.	3900.00
Baker, J.R. & A.J.	50.00
Beddison, I.	50.00
Campbell, I.	250.00
Collins, Mrs.	20.00
Commonwealth Savings Bank	4010.00
Dickens, J.	50.00
Eldridge, J.	80.00
Francis, M.	20.00
Fraser, Mrs.	380.00
Horsham Diabetics Fund	75.00
Ladies' Auxiliary	11500.00
Laharun Ladies Guild	150.00
Maher, A.R. & N. M.	100.00
Manz, G.	40.00
Monomeeth Night Branch	20.00
O'Loughlin, P.	30.00
Parker, C.C.	420.00
Petty, J.	50.00
Royal Hotel Social Club	20.00
Selby Scientific	350.00
Victoria Hotel Social Club	500.00
Victorian Savings & Loan	5905.64
Winfield, M.	100.00

### General

Altman, E.W.L.	2.50
Anderson, A.	3.00
Ashton, I.	10.00
Baker, I. G.	100.00
Ballinger, S. M.	10.00
Barnett, L.J.	5.00
Barnett, W.	10.00
Barrie, R.	100.00
Boulton, E. R.	40.00
Bouts, C.	2.00
Chequer, I.	10.00
Critchley, C.	500.00
Dixon, C.A. & F.M.	10.00
Feery, J.	2.00

Filip, V.	20.00
G.E. Medical Systems	7000.00
Gale, G.J. & M.J.	61.20
Gallagher, M.M.	100.00
Haby, E. J.	25.00
Hall, S.	10.00
Hand, D.	286.05
Haslau, G.	10.00
Haslau, G.	20.00
Hately, L.	24.00
Heath, L.	51.30
Higgins, K.	5.00
Hiscock, M.J.	20.00
Huf, R.O. & F.E.	50.00
Hupfield, C.	300.00
Hutchins, H.	3.00
Jacimovic, Z.	50.00
Jolly, W.E.	2200.00
Kemp, E.O.	10.00
Kuhnel, S.	2.00
Lanyon, M.	10.00
Lanyon, N.	20.00
Mann, W.	20.00
McCallum, H. G.	20.00
McGinley, P.	3.00
McIntyre, J.	20.00
Miller, G.S.	25.00
Olive, A.	40.00
Parkinson, F.J.	10.00
Pietsch, K.	3.00
Reynolds, A.	20.00
Rykers, M.	2.00
Schultz, T.	50.00
Schulz, D.	213.00
Schwarz, N.	908.00
Sharrock, L.M.	25.00
Stevenson, J.	8.00
Taberner, E.	118.40
Uebergang, E.F.	100.00
Watt, J.	100.00
White, H. M.	50.00
Whiteside, N.P. & J.M.	5.00
Wood, W.	75.00

These donations do not include those given to the Hospital Foundation.

Audited Financial Reports are available for the Foundation on request.