

WIMMERA
BASE
HOSPITAL

ANNUAL REPORT 1991

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.

WIMMERA BASE HOSPITAL

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CONTENTS

BOARD OF MANAGEMENT	3
PRESIDENT'S REPORT	4
ORGANISATION CHART	6
PATIENT CARE	7
COMMUNITY HEALTH	10
FACILITIES AND EQUIPMENT	13
EDUCATION AND TRAINING	16
EVALUATION AND RESEARCH	17
HUMAN RESOURCES	18
PUBLIC RELATIONS AND FUNDRAISING	20
PATIENT STATISTICS	26
FINANCIAL RESOURCES	30
DONATIONS	46

ALL CORRESPONDENCE TO:

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POWER AND BENNETT

The 1991 Annual Report was released to the public on Wednesday 16 October, 1991. 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



AWARD FOR EXCELLENCE

One of the most outstanding achievements of the Hospital this year was the awarding of the Five Year Award for Excellence by the Australian Council on Health Care Standards.

The Wimmera Base Hospital was only the third Hospital in Victoria (and eighth in Australia) to be awarded five year accreditation status. The Five Year Award demonstrates this Hospital's continuing commitment to maintaining high standards of quality patient care.

As a national body, the Australian Council on Health Care Standards provides a comprehensive set of professional standards covering every aspect of the Hospital's operations. To be considered for five year accreditation status, the Hospital must have been fully accredited for a period of twelve consecutive years.

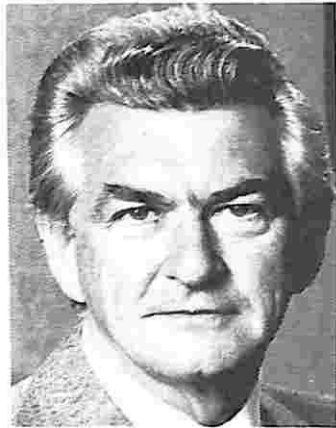
The Hospital was presented with the Award by the Minister for Health, The Hon. Caroline Hogg, at a special ceremony at the Hospital in November, 1990. Mrs. Hogg stated that 'it is a tribute to the dedication of all staff and management that the Hospital passed the tough inspection so well and received the exceptional Five Year Award'.

The Five Year Accreditation Award was the culmination of a sustained effort by all staff members. In the years leading up to the survey, the Hospital spent a great deal of time looking very critically at all aspects of the Hospital's operations to ensure that all standards were met.

This process inevitably led to a change in many of the systems, an improvement in record completion and structural alterations and maintenance of buildings.

Numerous letters of congratulations for the Award flowed into the Hospital including commendations from the Prime Minister, Mr. Hawke. In his letter, Mr. Hawke stated that 'the Award is significant recognition of the Hospital's high standards, of the dedicated service of its staff and of service it has provided for many years to the people of Western Victoria'.

Mr. Hawke went on further to point out that 'the Hospital's tradition of caring medical attention is particularly noteworthy, because it avoids the need for many people to have to travel to major cities for treatment'.



"The Award is significant recognition of the Hospital's high standards, of the dedicated service of its staff and of service it has provided for many years to the people of Western Victoria".

The Hon. R.J.L. Hawke
Prime Minister of Australia
February 1991



The Five Year accreditation certificate that is proudly displayed in the Hospital's entrance foyer.

Hospital President, Dr. Peter Haslam and Chief Executive, Mr Warwick Knight accepting the Accreditation Certificate from Minister of Health, The Hon. Caroline Hogg and former Chief Executive and now ACHCS ac editor, Mr John Walter



BOARD OF MANAGEMENT



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



Senior Vice-President
Cr. Robert Mibus,
Appointed 1986.



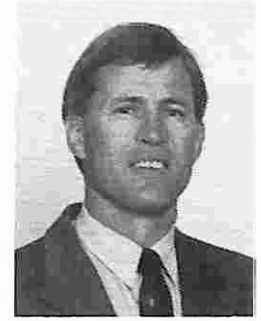
Junior Vice-President
Mrs. Thea McIlree,
R.N., R.M., Appointed 1988.



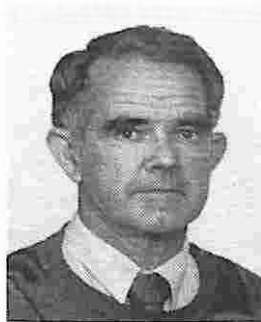
Treasurer
Mr. Graeme Monk,
A.B.I.A., Appointed 1991.



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



Mr. Ted McCabe,
Appointed 1990.



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., Appointed 1986.



Ms. Rosemarie Seidler, B.A.,
B.A. (Sec Wk), Appointed 1989.



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



Cr. Dennis Witmitz,
Appointed 1989.

PRESIDENT'S REPORT

On behalf of the Board of Management, it gives me great pleasure to present this Annual Report.

Award for Excellence

The highlight of the year was the announcement that the Australian Council on Healthcare Standards had awarded Wimmera Base Hospital a Five Year Award of Excellence: Five Year Accreditation Status.

With this Award we join a very select group of hospitals. Only two other Hospitals in Victoria and seven other Hospitals in Australia have achieved this honour. To qualify for the Five Year Award the Hospital must have achieved four consecutive terms of three year accreditation. Wimmera Base Hospital was one of the first hospitals in Victoria to achieve accreditation and has been accredited continuously since 1977.

This Award is testimony to the dedication and commitment of all staff to strive for excellence. This is an achievement of which everyone can justifiably be proud.

Over the years, as health care standards have risen, staff have worked hard to achieve and maintain our Accreditation status. Now the challenge is to maintain the high standards to assure the quality patient care services we provide. Our record of achievement is one of excellence. Let's continue the good work.

Patient Services

The Hospital's role expanded considerably during the year with the establishment of eight new services:

- Day Surgery Unit
- Community Psychiatric Nursing Service
- Linkages Program
- Sexual Assault Service
- Mammography
- Physiotherapy Private Practice
- Audiology Private Practice
- Endoscopy Clinic

The Hospital also acquired a C.T. Scanner which will be operational early in the new year. These developments have greatly enhanced the range of services available to people in the Wimmera. Further developments in Day Surgery and Psychiatric Services are planned for the coming year. Demand for patient services continued to grow with the number of acute inpatients treated rising by 3.2% to 5,114.

Finances

Financial considerations were dominant this year as the Hospital worked to absorb a \$102,000 real budget cut and avoid a repeat of the previous year's deficit of nearly \$500,000. A great deal of hard work was done by staff at all levels to change work practices, improve productivity and reduce expenditure. The Board is extremely pleased to report that the Hospital finished the year approximately \$67,000 over budget. Unfortunately further funding cuts are likely to be experienced next year and the Board is seriously concerned that these could not be absorbed without reductions in some services.

A major focus of our budget strategy was to encourage more people to use their private insurance. By June, 1991, the Hospital had been successful in increasing the level of private patients to nearly 40% compared to 20% last financial year.

Building and Development

Construction of the \$2.2M boiler house commenced in January. This project is the first stage of the Hospital's redevelopment strategy. Relocation of the boiler house will make room for a new kitchen and Accident and Emergency, Operating Suite and Radiology Department complex. The new boilers will save over \$250,000 a year in fuel costs with the change from oil to coal. Emissions will also be greatly reduced because of the improved plant and equipment. The project is due to be completed in April, 1992.

Planning for the new Accident and Emergency, Operating Suite and Radiology Department complex took a further major step with the completion in May of a Functional Brief for the project. Staff are to be congratulated for their contributions to this work. The Brief was well received by Health Department Victoria and approval was immediately received to move direct into the next stage: preparation of the Feasibility Study. We hope the Study will be

completed in late 1991 and that the project will advance to the Design stage in early 1992.

After years of waiting Health Department funding was approved for construction of a new Fire Escape Stair from the main block building. The building tender was let late in the year and construction will begin in July, 1991.

A portable building to house the new C.T. Scanner is currently under construction. Radiology Department is housed in cramped conditions and this new building will relieve some of the pressure on patient waiting areas and will provide much needed office space and staff amenities.

Staff

Our reputation for excellence has been earned by our staff through their dedication and commitment to providing quality patient care. Their achievements were recognised this year through the Five Year Accreditation Award.

Staff are to be congratulated for continuing their strong interest in further professional and personal education. The Hospital's excellent safety record could not have been achieved without the widespread interest and involvement of staff in all areas.

Mrs. Imas Thompson was farewelled in September after six years of service, the last two years as Chief Executive. We are most grateful to Mrs. Thompson for the contribution she made to improving the management and delivery of services. In October Mrs. Thompson was succeeded as Chief Executive by Mr. Warwick Knight and we wish him well in what will undoubtedly be a challenging role.

The retirement and resignation of several long serving members of staff also occurred during the year and we thank them for their outstanding service over many years and wish them well in the future.

Miram Durack *Environmental Services*, 25 years

Kevin Geyer *Food Services*, 27 years

Christine Lamenta *Nursing Services*, 15 years.

Board of Management

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

This year saw the resignation of Mr. Ronald Smith and Mr. Euan Thompson from the Board and the appointment of Mr. Graeme Monk and Mr. Ted McCabe. Retiring Board members Mr. D.J. McFarlane, Mrs. M.M. Martin, Mr. R.W. Shepherd, and Mrs. M. Ladlow were each reappointed for a further three year period. I should like to take this opportunity to record my sincere appreciation to all Board members for their contributions during what has been an extremely busy period.

Community Support

This year the Hospital and the Hospital Foundation experienced overwhelming support with \$207,548 being raised through a variety of projects.

We extend warm thanks to our many friends who have assisted throughout the year. Special thanks to our volunteers whose work plays a vital part in our daily services, the Hospital Ladies Auxiliary for their tireless effort, the nursing home support groups, charitable trusts, service clubs, companies, community organisations and the many individuals who have contributed to the comfort and well being of our patients and residents in a variety of ways. We greatly appreciate the community's continuing support.

Conclusion

Our vision of the future is not diminished by the difficult economic times in which we are currently working. We take great pride in our Five Year Award of Excellence and look forward to the challenge of improving on our high standards of patient care. We derive a sense of accomplishment from the many new services which have been established this year and from the success of our efforts to meet the growing community need for health care with dwindling resources.

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

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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
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B.Ec., B.H.A., A.F.C.H.S.E., C.H.E.



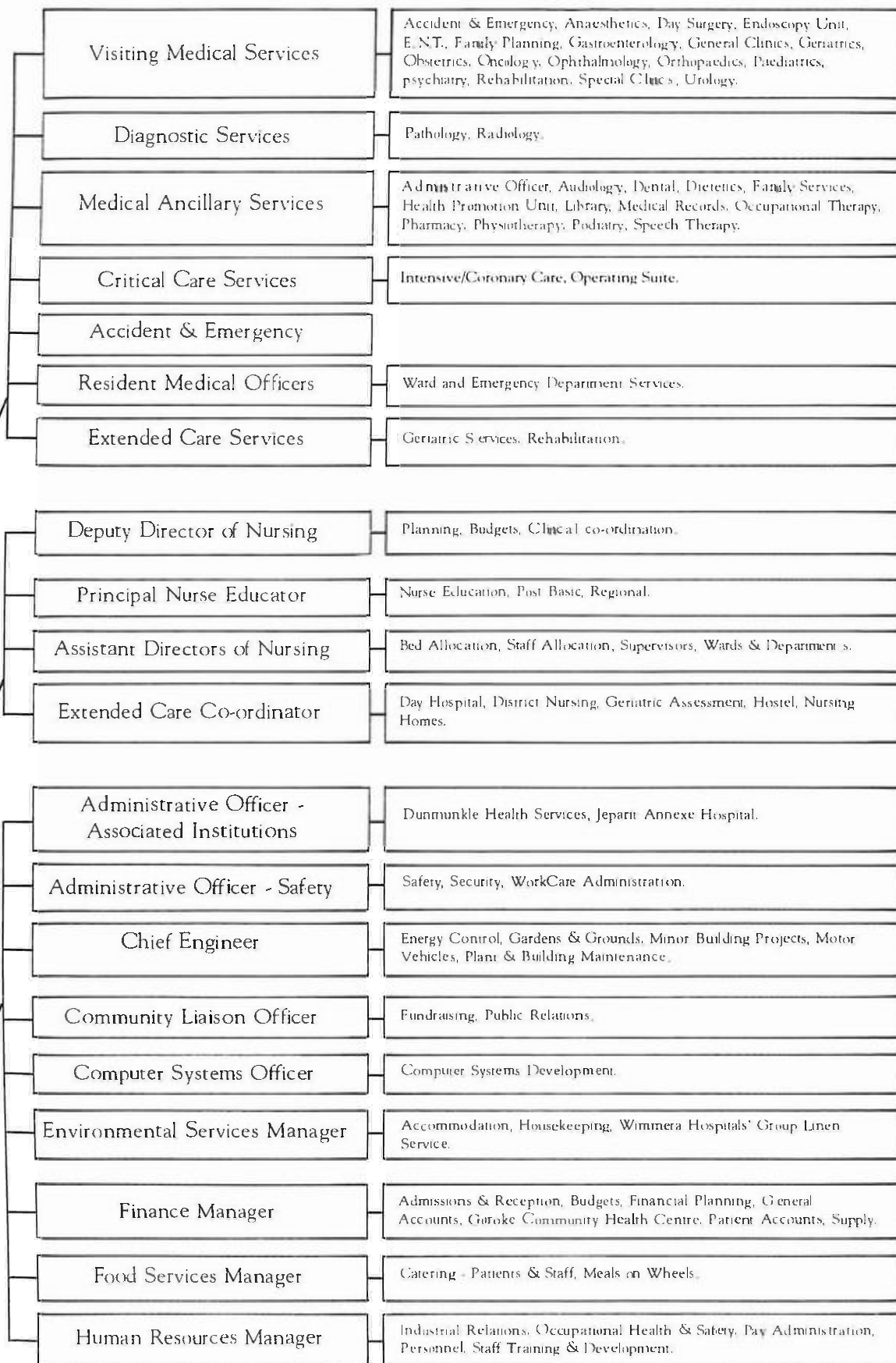
Medical Administrator
Dr. A.M. Wolff,
M.B.B.S., Dip. R.A.CO.G.,
FR.AC.GP., A.C.H.S.E.



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



Director of Administrative Services
Mr. J.F. Krygger,
B.H.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.

PATIENT CARE

New Services Despite Budget Constraints

Despite a budget cut in real terms of \$102,000 from the previous year, the Hospital has increased both the numbers of patients being treated and the range of services being provided. During the year a total of 5,114 patients were treated which is an increase of 3.2% over the prior year. A number of new services have been established helping the Hospital keep pace with growing demands. Services established include - Day Surgery Unit, Community Psychiatric Nursing Service, Linkages Program, Sexual Assault Service, Mammography, C.T. Scanning, Physiotherapy Private Practice, Audiology Private Practice and an Endoscopy Clinic.

New Day Surgery in Old Ward 8

The Hospital's old Ward 8 is now the location for a new Day Surgery Unit. The six bed unit is open from 7.00 a.m. until 5.00 p.m., three days per week. The aim of the Unit is to enable patients to return to their own environment as quickly as possible after surgery. Surgery is performed both in the morning and afternoon as patients are prepared for theatre, transported, recovered and discharged on the one day. This removes the necessity of patients having to remain in the Hospital overnight.

Various procedures are being carried out in the Unit, including - vasectomy, laparoscopy, colposcopy, hysterosalpingograms and biers blocks. Patients are assessed for day surgery procedures by the surgeon and must also meet the requirements of the anaesthetist. Criteria must also be met for the discharge of all patients which ensures their readiness to leave the Hospital.



The establishment of a Community Psychiatric Nursing Service together with an extension of the role of the Visiting Psychiatrist is helping to meet the needs of psychiatric patients in the sub-region.

Meeting the Need for Psychiatric Services

In recognition of the dearth of psychiatric services in the Wimmera Sub-Region, the Hospital was this year successful in securing H.D.V. funding for the establishment of two psychiatric nursing positions.

In addition, the Hospital has extended the role of the visiting psychiatrist from one day a fortnight to two days a week.

The Community Psychiatric Nursing Services is based at the Hospital and provides clinical outreach services to people with major psychiatric illness in the Wimmera Region.

The nursing appointments are seen as just the first step in providing a more comprehensive psychiatric service as the Hospital is currently negotiating for a dedicated psychiatric inpatient unit, a day centre program and a full time psychiatrist.

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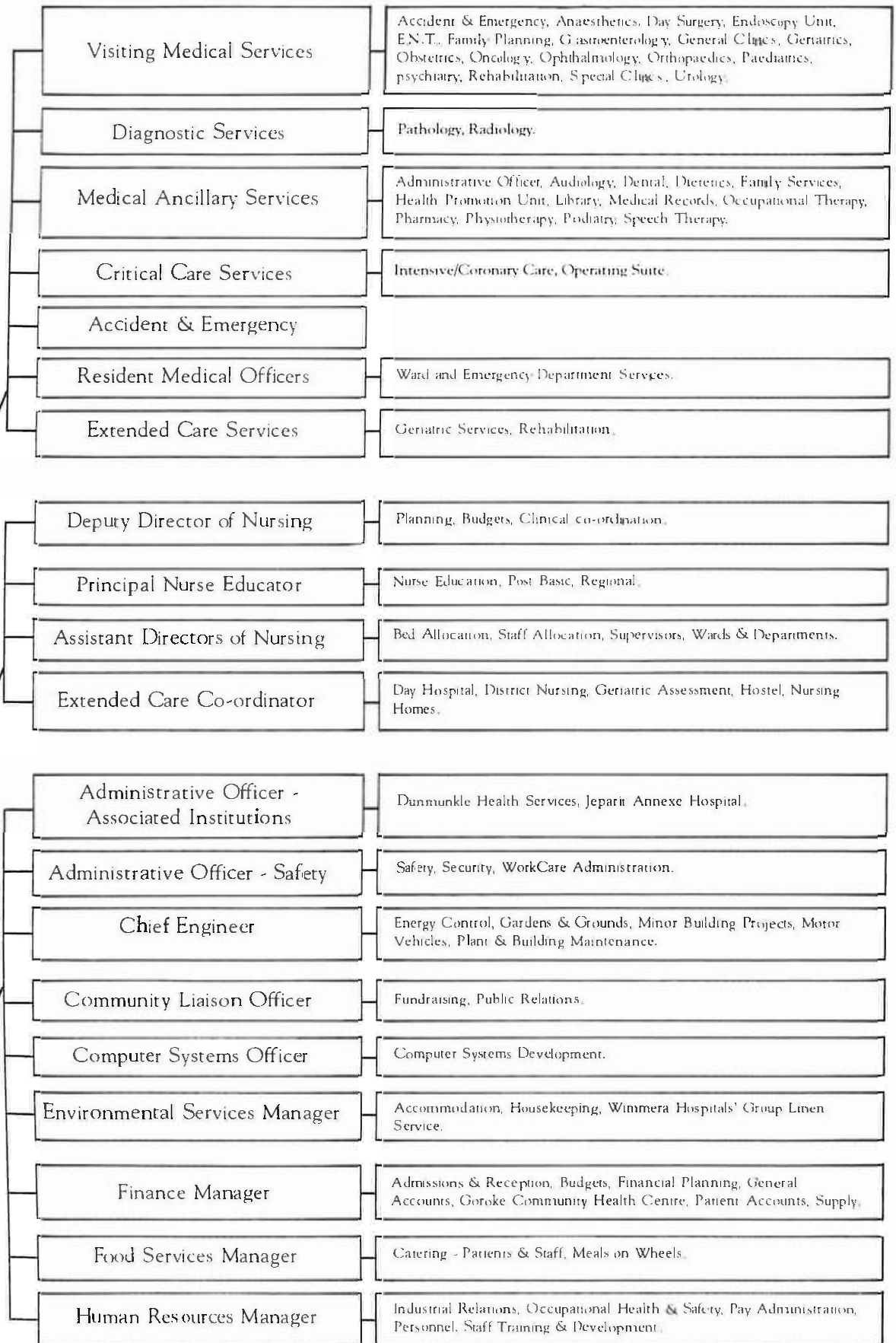


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**Director of
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New Mammography Service

A further significant development of the Radiology Department was achieved in April this year with the purchase of a mammography unit. This vital service is a major step forward for women in the Wimmera region as the mammography unit enables the detection of breast tumours before they actually form a lump, making earlier detection of cancer easier.

Studies indicate that breast cancer is the most common form of cancer amongst women in western countries and the leading cause of death from cancer in women.

The mammography unit which cost \$100,000 provides an x-ray of the breast and takes around 30 minutes to complete. The major savings for patients, however, is in travelling time as previously the closest service of this type was located in Ararat.

The introduction of a mammography service eliminates the requirement to travel long distances for such treatment.



Hospital Provides a Variety of Surgical Procedures

As services are reduced in smaller peripheral hospitals the number of referrals which are made to Wimmera Base Hospital increase.

The Operating Suite remains one of the Hospital's busiest areas with a total of 2,773 operations being performed this year. Elective surgery is provided on a daily, Monday to Friday basis, with emergency surgery being provided 24 hours around the clock. This is enhanced by the specialist anaesthetic service which is also available seven days a week, 24 hours a day.

A wide range of surgical procedures can be performed. Visiting specialists provide ear nose and throat, oral surgery, urology, ophthalmology and limited vascular surgery and permanent pacemaker insertion.

Surgical activity at the Hospital continues to increase with a wide range of surgical procedures able to be performed.

Increased Menu Variety for Private Patients

The past year has seen an additional service being provided for patients choosing to use their private health cover. The Food Services Department now offers private patients an extra menu choice for each meal of the day, and in addition, these patients are offered complimentary wines with their evening meals, providing that alcohol is not detrimental to their treatment. Response to the more personalised service has been excellent.



Patients who elect to be admitted as privately insured, are given the choice from an expanded menu selection.



The use of endoscopic equipment has allowed investigation of the upper gastro-intestinal tract. Patients are admitted to the Endoscopy Unit and discharged on the same day.

Endoscopy Unit Commences

This year has seen the opening of a new Endoscopy Unit which is run in conjunction with the Hospital's Day Surgery Unit. Patients are admitted and discharged in one day for procedures such as gastroscopies and colonoscopies as sedations is not usually required. Other procedures performed also include liver and bone marrow biopsy. Since opening in early February there have been 78 colonoscopies and

170 gastroscopies performed. The Unit hopes to purchase a state of the art video system which will enable the procedure to be viewed in progress by both staff and patient on a video monitor.

COMMUNITY HEALTH

Linkages: Integrated Services for the Elderly and Disabled

The Hospital was fortunate to receive funding this year for the establishment of a Linkages Project for the Wimmera Sub-Region. This joint Commonwealth/State initiative is being implemented in conjunction with the Home and Community Care (H.A.C.C.) program.

The Linkages Project aims to provide an integrated package of services for older people, and in some projects, younger people with disabilities and high supportive needs, who are at risk of premature or inappropriate admission to residential care.

The key objective of the project is to help people stay at home rather than be admitted to institutional care. Client assessments are conducted to determine what type and mix of services is necessary in each case. The program co-ordinates the use of local services including home help, district nursing, attendant care and handyman services depending on the client's needs.

The Hospital has appointed a Linkages Co-ordinator and part-time secretary to implement the project.

The demonstration of correct lifting techniques to local farmers attempts to prevent serious injury in our community.



Good Health for the Farming Community

The theme for the Health Promotion Unit display at this year's Wimmera Machinery Field Days at Longerenong was 'Good Health for the Farming Community'. Static displays were arranged by the various departments including Physiotherapy, Occupational Therapy, Dietetics, Occupational Health and Wimmera Hospice Care.

Wimmera Base Hospital recognises the need to raise the awareness of good health and safe working practices throughout all ages of the community.

The Physiotherapy staff concentrated on the older age group with specific information on sensible exercises to maintain a healthy lifestyle. Safe lifting practices and the use of safe manual handling techniques were demonstrated.

Safety within the home was of particular concern to the Occupational Therapists and Occupational Health Nurse. A home safety list can be used to help identify potentially hazardous situations to children and aged or disabled people to enable them to live as safely and independently as possible.

The Dietitian was present to advise on the importance of choosing a nutritious diet and how a healthy diet provides for growth and development, energy for activities and maintain of a healthy body.

The Hospice Palliative Care display included brochures and handouts which illustrated the concept of Hospice Care available to Wimmera residents. A photographic explanation of equipment which is available for loan through Wimmera Hospice Care was also displayed.

New Sexual Assault Unit

A most welcome service development this year has been the establishment of a Sexual Assault Unit. The provision of this new specialist service will provide sexual assault victims with the essential counselling, support and advocacy which was previously unavailable.

The genesis of the proposal to establish a Sexual Assault Unit can be traced back to a radio talk-back program conducted by Radio Station 3W/M Horsham. In response to the radio program, the Hospital received 200 letters and a petition of approximately 5,000 names requesting a centre located more centrally than the closest available service in Ballarat.

Following a public meeting a submission was prepared by an elected Committee and in November, 1988, it was sent to Members of Parliament. As a result of the submission and a meeting with the Minister for Health, the Regional Director was requested by the Minister to appoint a Project Officer and establish a working party to look at the need for a Sexual Assault Unit in the Region.

Following consideration by the Health Department the Minister for Health, Mrs. Caroline Hogg, released details in November, 1990, of funds for the appointment of a Sexual Assault Counsellor. The Sexual Assault Unit aims to provide empathetic support for the victims of

sexual assault by offering 24 hour crisis intervention and ongoing counselling for victims and their families. The Unit is also actively involved in community education and provides support for other agencies.

Good Health Through Good Nutrition

Good nutrition is an important part of our health and fitness. People need to eat a wide variety of foods; foods which are both good for you and enjoyable.

Our involvement with community health is to promote habits that encourage people to make nutritious choices from a variety of foods. The dietary emphasis is on reducing the amount of fat, sugar and salt and increasing the amount of breads and cereals (preferably whole grain), vegetables and fruits.

Our Dietetics Department also provides information for group talks in the community. This year the Department was involved in an educational program run by Minyip Community Health Centre at primary schools in the Dunmunkle region. Talks were also given at Stawell during Heart Week, and Nhill for a Community Quit Group. The Department has been used as a resource for the Disability Studies Certificate at Wimmera Community College of T.A.E.E. and served as a contact point at the Wimmera Machinery Field Days.

The Sexual Assault Service provides 24 hour crisis intervention and on going counselling to victims and families.



Hearing Screenings for Region

The audiology department has extended its hearing assessment role to prescribing and fitting hearing aids.

As in past years the Audiology Department has assisted the Wimmera Hearing Society in conducting Hearing Screenings at the Wimmera Machinery Field Days and throughout the Wimmera Region. People screened were counselled on hearing conservation and the importance of wearing hearing protection.



Assistance was also given at the Roses Gap Camp for hearing impaired children and their families which was organised by the Wimmera Hearing Society. Parents were educated in reading audiograms, and types and degrees of hearing loss and were invited to have their own hearing checked.

This year the Hospital extended the audiology service to include the assessment, prescription and fitting of hearing aids. The rationale behind the establishment of this Clinic was that there was previously a service deficiency for those hearing impaired patients who were not eligible for hearing aids supplied through the National Acoustics Laboratory.

The Wimmera Hearing Aid Clinic utilises the Hospital's existing audiometric facilities and ensures that patients who are having problems with their hearing aids have direct and local access to the Hospital's audiologist.



Occupational Therapy plays an important role in rehabilitation patients who have impaired cognitive function

Community Learns About Occupational Therapy

During the last year the Hospital helped people learn more about occupational therapy through Occupational Therapy Week.

Occupational Therapy is a process which recognises and evaluates a loss of function then implements a treatment which allows a person to return to their normal way of life.

During the week displays were arranged in schools and in the Day Hospital, and an Occupational Therapy student spoke at Murtoa Secondary College and St. Brigids College. The week was designed to inform people about occupational therapy and make people aware of the service which the Department provides in Horsham and throughout the Wimmera.

Healthy Feet for the Wimmera

Foot Health Week was run earlier this year and the Hospital's Podiatry Department provided education on the modern facets of Podiatry to the Murtoa community. An area extensively covered was the foot health needs of diabetics.

A regional Podiatry service has been established with monthly visits to Jeparit Annexe Hospital and a three weekly session at Dumbuck Health Services' Minyip Community Health Centre. This has provided an

excellent opportunity for the education of the community in the modern aspects of Podiatry, while also providing treatment for people who have difficulty in gaining access to the Department in Horsham.

FACILITIES AND EQUIPMENT

C.T. Scanner Acquired

The acquisition of a computerised tomography machine (C.T. Scanner) is the largest single equipment purchase that the Hospital has ever made. 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-sectional images of the body.

The purchase decision was made following a major review of the Radiology Department by Royal Melbourne Hospital, Professor W.S.C. Hare. It was Professor Hare's recommendation that C.T. Scanning was necessary to improve the level of diagnostic services in the sub-region. Professor Hare further recommended that all contrast studies performed in hospitals in the sub-region be brought together under the direct supervision of the Wimmera Base Hospital radiologists.

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. The Hospital anticipates substantial cost savings with the purchase of the C.T. Scanner as both medical and nursing staff will not have to travel in the ambulance with patients.

Part of the cost of the Scanner is being met with a Capital Equipment Grant of \$225,000 received from Health Department Victoria.

Fire Escape Project Underway

Plans for the construction of fire escape stairs from the south-east end of the Hospital's main block were finalised this year. In the event of fire the stairs will provide an escape from all floors of the main block but especially areas such as labour ward and the Operating Suite.

The need for a fire escape has been evident for many years. It is anticipated that the project will be completed by late 1991 at a total cost of \$228,000. A key feature of the new escape will be its ability to be relocated allowing for flexibility in the future planning of the Hospital's main block.

Linen Service Increases Efficiency

This year has seen the trend of decreasing production in the Linen Service continue. The need for health institutions to cut costs has been reflected in the linen used by Linen Service clients. Despite a reduction in the amounts of linen processed, the service has increased its efficiency. This can be seen in the increase in gross output per hour worked by staff.

The Linen Service continued its asset replacement program with the purchase of a second-hand 250lb washing machine to replace an older 300lb machine. Efficient, reliable equipment greatly assists efforts to improve productivity.

Linen Service Performance Measures

	1991	1990	1989	1988
Staff (Equivalent Full Time)	24.1	24.5	24.9	28.8
Gross Output per E.F.T. Staff (k.g./hour)	19.8	19.5	18.6	16.8
Linen Issued (tonnes/week)	16.9	17.0	17.6	18.4
Linen Issued (tonnes/year)	878	913	926	957

Minor Works Projects

A grant of \$63,680 was received from Health Department Victoria under the Minor Works & Equipment Program. This grant was applied to the following projects:

	\$
Dishwasher Dryer for the Kitchen	10,000.00
Patient Lifting Machine for Wards 5 & 7	4,450.00
Electronic Door Locks for Nursing Homes	11,000.00
Air Conditioning for Pharmacy and the Cafeteria	26,000.00
Nursing Rostering Program Software	12,230.00
TOTAL	63,680.00



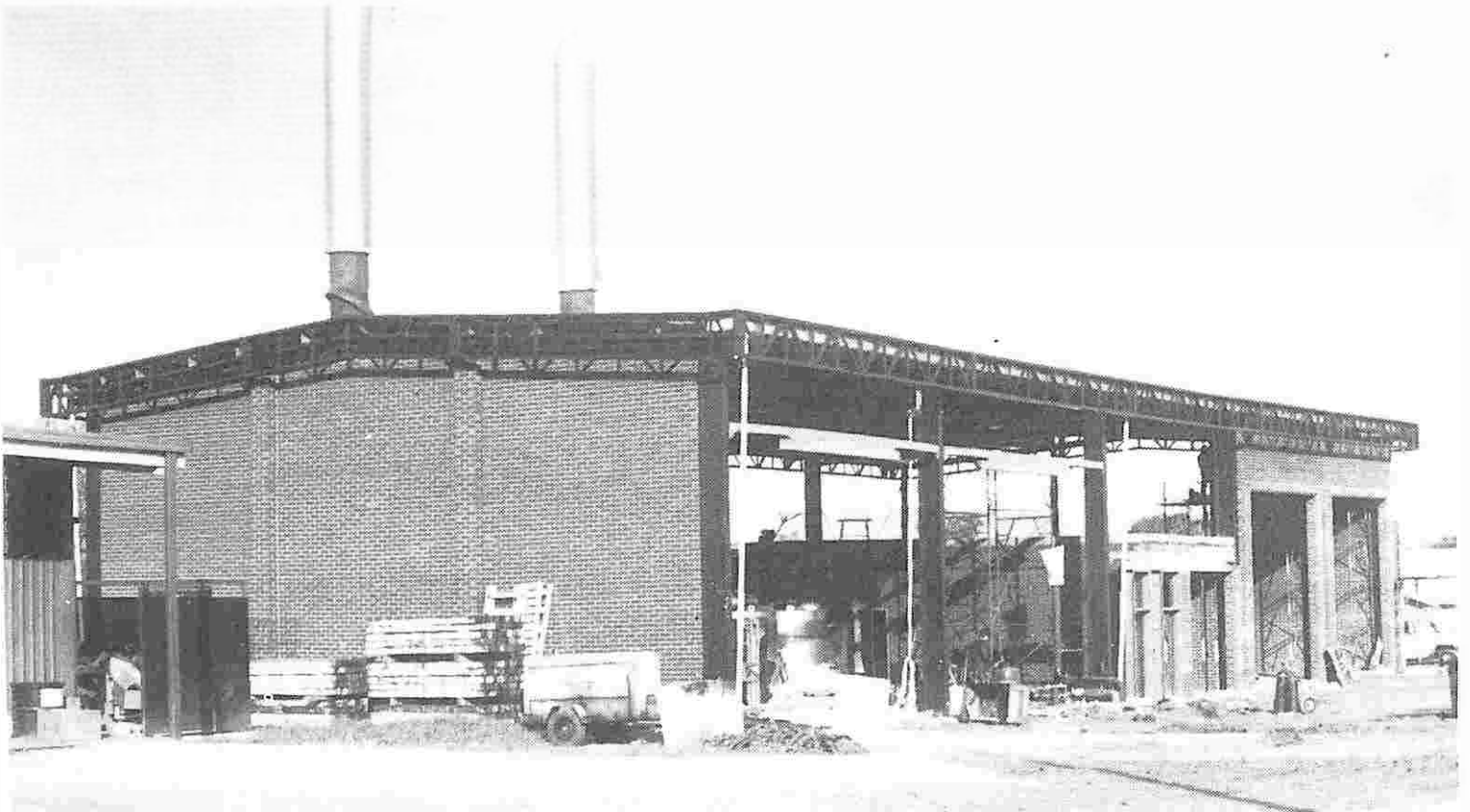
Computer Development

The EDP Strategy Plan which was prepared in 1990 outlined the Hospital's long term computer development plans. This document, which has since been accepted by the Health Department highlighted the fact that a major computer upgrade is required to accommodate and expand the Patient Management System. The existing computer system was installed in 1984, but unfortunately this system is now considered obsolete. As a result, the computer company is unable to do any further software development of this product.

Although the Health Department provided a capital works grant of \$60,000 for computer development this year, a more effective computer system remains a high priority. The Health Department Grant did, however, enable the current computer to be replaced by a smaller, more modern model, which will reduce the monthly maintenance charges of the existing system.

The EDP Strategy Plan was recently revised to account for the next stage of the Hospital's needs. The plans include the purchase of a new mainframe computer, the conversion of the admissions system and new software programs for Theatre management, Midwifery and Accident and Emergency.

At the departmental level the Supply Department has recently introduced the Simple Ordering System from Victorian Hospitals' Association. This gives us a direct link for the placement of orders and we are now able to see exactly the supply lines that V.H.A. have in stock. This system has saved time and made work practices more efficient.



The construction of the new boiler house and the acquisition of new boilers will result in significant cost savings. The \$2.2 million project is due to be completed in April 1992.

New Boiler House Commences

Construction of the new boiler house began in January of this year. The new building situated on the southern boundary of the Hospital will house two coal fired, three megawatt water tube boilers. Included in the building will be a waste treatment room and a flammable liquids store.

The building is due to be completed by early November, while both of the boilers will be commissioned by early 1992. It is anticipated that the new boilers will be fully operational by April, 1992.

The new boiler will run on coal which will provide considerable fuel savings over the current oil fuelled type. Another bonus will be reduced emissions into the environment. The total cost of the project will be \$2.2 million.

Planning Proposals Move to the Next Stage

The need for redevelopment of Wimmera Base Hospital's Accident and Emergency Department and Operating Suite has long been recognised. Over the last ten years the State Government has conducted three separate reviews of critical care services which highlighted the need to redevelop the physical facilities at Wimmera Base Hospital. In some respects, it is a tribute to the dedication of all staff for the Hospital to receive five year accreditation status in what many would describe to be in some areas, inadequate facilities.



Our highly skilled midwifery staff are always on hand to provide the necessary care and attention to mothers and babies.

In February this year, the Hospital completed the Functional Brief for proposed redevelopment of the Operating Suite, Accident and Emergency and Radiology Departments.

The Functional Brief was very favourably received by the Health Department and the Hospital has now been given formal approval to proceed straight into the next stage of the project - preparation of a Feasibility Study.

This stage of the planning process involves a thorough evaluation of all options associated with the scope of works. Particular attention is paid to the broader departmental relationships and circulation systems affected by the proposal.

The entire planning process has involved an enormous commitment from all staff whose departments are included in the proposed redevelopment plans. The planning process has necessitated numerous Departmental and Site meetings and in this regard the assistance of the Hospital's Architect, Mr. Balcombe Griffiths, has been very much appreciated. The Hospital is hopeful that it will advance to Design List stage in February, 1992.

Waste Management

As a result of the impending decision by the Environment Protection Authority to close Hospital incinerators, the Hospital has purchased an industrial shredder which will reduce rubbish to small unrecognisable particles before being transferred to the local tip to be landfilled.

The shredder is to be installed in a purpose built room as part of the new boiler house. This facility has also been designed to accommodate the refrigerated cool room which currently stores bio-medical waste products before being transported to an approved E.P.A. site for incineration.

The Waste Management Task Force has had the foresight to realise that the Base Hospital is not the only health agency in this Region which has had to comply with the new E.P.A. regulations. A survey of all hospitals in the sub-region revealed an unmet need for a pick-up service for bio-medical waste products. This need has since extended to medical clinics, doctors and veterinary surgeries and even individuals such as diabetics who have no proper means of disposal of syringes and other prescribed waste.

In accordance with the E.P.A. legislation, the Hospital has applied for a license to enable the transport of all prescribed waste by utilising the Linen Service truck. Once approval has been received, the truck will be fitted with a purpose built lined compartment which is isolated from all other cargo and will pick up bio-medical waste products on its daily rounds.

EDUCATION AND TRAINING

Testing of External Disaster Plan

In November, 1990, 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, Geelong and Ararat participate in our program.

Our Investment in Training

In accordance with the Training Guarantee Act, this Hospital is required to spend at least 1% of the annual payroll on approved training activities. The Act is focused on improving the efficiency and competitiveness of Australian industry by increasing both the level and quantity of employment related skills of the Australian workforce. As this Hospital places great emphasis on staff development a total of \$338,420 was spent in this area this year. This figure represents more than double the investment as required by the Act.

Education for All Staff

The Education Centre, as the centre for educational pursuits within the Hospital, has begun to broaden the focus of its activities, with the aim of meeting the educational needs of all Hospital staff. Formal nursing courses do remain a high priority as nurses comprise 70% of Hospital staff, but many activities are open to all staff.

The following formally recognised nursing courses are conducted on an annual basis: The High Dependency Nursing Course, which is based around the Accident and Emergency, Intensive Care and Recovery Units, is of six months' duration and has an intake of eight registered nurses. This course aims at equipping the registered nurse with the appropriate knowledge and skills to return to High Dependency areas within this and other hospitals, with professional confidence.

The Graduate Nurse program is of 12 months' duration and has two intakes of six graduate nurses. Graduate nurses employed at other regional hospitals participate in the theory components of this program. The program aims to develop the individual graduate nurse's skills and confidence in the delivery of patient care. To this end an eight week preceptorship program was incorporated this year to enhance the hospital and professional orientation experience of each graduate.

A Clinical Skills Check Program has been introduced for all nurses and requires the nurse to attend specific in-service sessions and undergo assessment of essential nursing skills on an annual basis. The program aims to maintain our excellent standard of nursing care.

Short courses and seminars on various health care subjects have been conducted throughout the year with the aim of updating or extending knowledge and skills bases. The activities were attended by staff from this Hospital and other health services in the Region.

Back Education for Staff

Physiotherapy Department has continued the development of 'Backs Need Backup'. The education program is designed for all nursing staff, to enable them to tackle the day to day problems of lifting and moving patients and nursing home residents. The practical sessions have resulted in a combined physiotherapeutic and nursing problem solving approach to manual handling and identification of equipment and techniques to assist both staff and patients.

Wimmera Base Hospital - University Teaching Hospital

The Hospital, this year, has entered an Affiliation Agreement with the University of Melbourne Faculty of Medicine which provides medical student placement to this Hospital. Following the Affiliation Agreement the Hospital is now regarded as a University teaching hospital. The Agreement is also conditional upon the appointment of a clinical supervisor and it is pleasing to note that Dr. Rex Bennett has enthusiastically taken on this role. In addition, other medical staff who are involved in teaching undergraduate students will be granted appointments as clinical associate members of the University. The advantages of this Agreement include a regular and guaranteed supply of medical students. It is also hoped that some students will return to the Wimmera as general practitioners or specialists in the future.

EVALUATION AND RESEARCH

Increased Drug Information

Requests for drug information can now be answered promptly following the acquisition of a Macintosh computer which has enabled Pharmacy staff to gain online access to databases such as Medline. Previously it would take about two weeks to obtain Medline Search information from the Health Department.

The Hospital's Drug Information Pharmacist has given a series of lectures to nurses undertaking the High Dependency Course as well as monthly inservice talks to interested staff on various types of drugs available. A regular Pharmacy Bulletin is published and distributed within the Hospital and to other local hospitals and pharmacies.

Quality Service is Assured

The Wimmera Base Hospital is committed to providing the best possible quality of patient care. To help ensure the best care, the Hospital has been surveyed and accredited by senior healthcare professionals from the Australian Council on Healthcare Standards (A.C.H.S.). The process of A.C.H.S. accreditation is in itself a quality assurance program.

We are committed to an ongoing program of evaluation and further improvement in the

quality of our facilities, services and care given to patients. Quality assurance programs in place throughout the Hospital strive to do just that.

A mainstay of the Hospital's Quality Assurance program is the adverse patient occurrence screening program. Through this innovative program, patient records are reviewed on an ongoing basis by a small committee of doctors. Recommendations from this Committee regarding procedures for improving the standard of patient care are reported to the Medical Staff Group, the Quality Assurance Committee and the Board of Management.

Some of the other quality assurance activities undertaken during



The recovery of children in our paediatric ward is greatly assisted by visits from family and friends.

the year included patient satisfaction surveys, patient care reviews, food quality and service reviews. These quality assurance programs are ongoing and are designed to continually monitor the standard of care provided.

Infection Rate Remains Low

Despite the difficult physical conditions in many areas, the Hospital's post-operative infection rate remains low. The nosocomial (or hospital acquired infection rate) is an important indicator of our infection control standards. The rate is used as part of a series of quality assurance activities to ensure the best care is delivered to patients. This information is reported to staff and surgeons on a quarterly basis as part of continuing education and quality assurance activities to provide the safest environment for both staff and patients.

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

For some time now Long Service Awards have been based on full time service. Should, for example, an employee be part-time 20 hours per week, the employee would need to work 20 years to gain a 10 year service award. In other words staff had to work equivalent of 40 hours per week.

The Hospital has decided to change the criteria for long service awards. From 1 July, 1990, all employees - full-time, part-time and casual are eligible to receive a Service Award. The main criteria to be eligible to receive and award is that the employee has worked at least 16 hours per week continuously. This means that all staff should be eligible for a Service Award after 10 years' service.

Long service awards will be presented to the following staff at the Hospital's Annual General Meeting to be held on 16 October, 1991.

Ten Years	Patricia Jenkins	Barbara Taylor
Jennifer Ackland	Nola Kroschel	Leonore Uebergang
Claire Batchelor	Lois Mulquiny	Naomi Uytdehaag
Robyn Carter	Katrina Parker	Maureen Wilksch
Graham Exell	Graham Pohlner	Twenty Years
Stephen Featherstone	Steven Reid	Dale Eldridge
Beth Flack	Leanne Schwarz	Lorraine Mentha
Helen Greig	Margaret Scott	Twenty-Five Years
Lucky Greig	Robyn Simpson	Carmello Baviello
Christopher Hallam	Lyn Smith	Mary Fernee
Robert Hamilton	Mary Smith	Roy Schultz
Val Hanna	Susan SurrIDGE	

Industrial Relations

The harmonious relationship between management and staff continued. No time was lost due to industrial disputes.

Department Head meetings were held on a regular basis, enabling the Department Head to report to staff information and issues discussed at these meetings. In this way all staff are kept informed of management decisions and discussions. The Hospital is committed to involving employees in decisions about matters which will affect them.

The Hospital Policy Manual outlines the policies on Grievance and Disciplinary Procedures, employee and Hospital initiated termination and union membership. In the interests of good relations between members of staff and management, grievances and acts of discipline are to be resolved by negotiation and discussion. In this way issues can be resolved before a major problem occurs.

WorkCare Claims Received

	1991	1990	1989	1988
Administrative and Clerical	1	1	2	2
Engineering Services	2	9	8	6
Environmental Services	9	11	16	19
Food Services	4	12	15	17
Linen Service	1	2	12	13
Medical and Paramedical	3	3	1	1
Nursing	28	41	38	33
Total Number of Claims	48	79	92	91

There has been a considerable decrease in the number of claims received this year with a reduction of 39% compared to 1990.

All areas of the Hospital recorded a similar, if not a reduced, number of WorkCare claims. This trend can be attributed to a pro-active approach to health and safety. Regular safety inspections by Hospital staff, training in correct handling procedures and the purchasing and updating of machinery and equipment where possible have contributed to the Hospital becoming a safer place to work.



The education of staff in the correct use of patient lifting machines has reduced the amount of time staff have been absent due to injury.

WorkCare Performance Rewarded

The Hospital has received a financial reward for increasing its awareness of safety in the workplace in the form of a reduced WorkCare levy for 1991/92. All health institutions' WorkCare performance is reflected in the levy which is paid as a percentage of the institution's salaries and wages. An industry levy is calculated and a bonus or a penalty can be allocated depending on the Hospital's safety record in relation to other hospitals. During 1990/91 a small bonus was received, however, a significant bonus will be received for 1991/92.

	1991/92	1990/91
Bonus (% of Salary Expenditure)	1.1668	0.1795
Effective Saving on Levy Payments	\$186,000	\$27,000

The 1.1668% bonus will provide a saving of \$186,000 on the levy to be paid in 1991/92. The receipt of a reduced net levy highlights the financial benefits which can be gained from reducing WorkCare claim costs and providing a safer working environment for staff.

Workcare Performance - Hours Lost Due to Injury or Illness at Work

	1991	1990	1989	1988
Administrative and Clerical	-	6	-	-
Engineering Services	-	147	227	48
Environmental Services	1,873	2,283	2,237	4,339
Food Services	823	2,933	5,662	6,856
Linen Service	1,131	707	737	256
Medical and Paramedical	26	-	-	-
Nursing	6,931	5,897	5,371	3,753
Total Hours Lost	10,784	11,973	14,234	15,252

This year has seen a continued decline in the time lost due to work related injuries or illness, with a reduction of nearly 10% from 1990.

Staff Turnover and Recruitment 1991

SERVICE AREA	FULL-TIME EQUIVALENT	NUMBER OF EMPLOYEES	TERMINATED EMPLOYEES	TURNOVER/ SERVICE AREA	RECRUITED EMPLOYEES
Administrative & Clerical	31.09	38	3	7.9%	3
Hotel and Allied	123.70	170	65	0.5%	1
Medical Officers	10.71	10	-	-	-
Paramedical	57.93	86	10	10.5%	9
Nursing	251.74	402	52	9.7%	39
Total	475.17	706	130	7.4%	52

Employee Participation in Work Environment -Waste Management

Due to the detrimental affect of waste products on the environment, the staff of this Hospital have developed a proactive approach to the problem and established a Waste Management Task Force. The multi-disciplinary task force is constantly looking for ways to reduce the amount of waste and where possible changing from disposable to reusable products.

As a preliminary step, the Waste Management Task Force conducted a waste audit to determine the magnitude of the waste problem. From this information, policies were developed to limit the amount of waste with a particular emphasis on waste segmentation to enable recycling.

In an attempt to increase waste management awareness and to involve all staff a slogan competition was conducted during the year. This was a most successful exercise with more than 140 entries from staff of all departments, with the winner receiving a bicycle donated by 'Wimmera Wheels' of Horsham. The winning slogan 'Think when you choose - can you re-use.' can be seen in many places around the Hospital as a constant reminder to all staff.

Freedom of Information

During the year the Hospital received six requests for documents 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.

PUBLIC RELATIONS AND FUNDRAISING

Strong Support for the Hospital

This year the Hospital and the Hospital Foundation experienced overwhelming support with \$213,548 being raised through a variety of projects.

A large proportion of these funds was received from Charitable Trusts. Their generous support is greatly appreciated.

Fundraising events during the year included sales from the Ladies' Auxiliary Op Shop, hotel collection boxes, memorial envelopes, Christmas Appeal, Police and Patrons' Charity Golf Day, Locarno Hotel Toga Night, Commercial Hotel Fancy Dress, Mildura/Port Fairy Relay Cycle Team, Horsham City Bowling Club Charity Bowls Day and activities conducted by Safeway Social Club to name just a few.

The community greatly values its Hospital, and the Hospital greatly values the community support.

Hospital Tours

As community interest and support steadily increases, tours of the Hospital are becoming more popular. Many groups from kindergartens, primary schools and other community organisations have been given guided tours of the Hospital. We welcome the opportunity to tell people more about our services.

Health Promotion

Promotion of good health and Hospital services has been another area of activity in the community. This has been greatly assisted with the co-operation and willingness of local radio stations 3WM and 3WV and Wimmera Mid Time's covering Hospital activities.



New Arrivals

With the introduction of the 3WM 'Stork Report' and the Wimmera Mail-Times 'New Arrivals' page, proud parents are able to announce their new family members born at the Wimmera Base Hospital. The "Mail-Times" New Arrivals page appears each Monday while the 3WM Stork Report may be heard on Thursday mornings. These special Hospital features have been enthusiastically received within the community.

Patient Guide

A new Patient Information Guide was introduced to provide a helpful source of information to our patients. Local sponsorship has enabled this Guide to be published at no cost to the Hospital.



All patients who are admitted receive a patient guide which contains relevant information about the Hospital and the services it provides.

Newsletter

'Keeping In Touch', a six-monthly newsletter, was designed to inform our donors of where and how their money was spent and how it assists us continue our work.

Helping Us to Help You

It is becoming clear that government alone cannot meet community expectations for the provision of hospital services, nor for the provision of many other community services.

All of these services are in competition for scarce funding. The Hospital faces a major challenge to meet the growing demands and requirements of a modern community, while servicing the needs of an ageing population.

There is little doubt that the resources available for health services will remain restricted.

The Hospital will need your support more than ever in the years ahead.

Your donations help to maintain our ongoing services. Your deferred gifts, in the form of life insurance and bequests, are an investment in the future health and welfare of our community.

Every donation received is important, and all gifts of \$2.00 or more are allowable tax deductions. Legacies and bequests to the Hospital Foundation are free from Australian Government Estate and State Probate duties.

Hospital Foundation

To assist the Hospital to meet the challenges that lay ahead in the face of Government cutbacks, the Board of Management set up the Wimmera Base Hospital Foundation in 1990. The Foundation's investments are managed by a local Board of Trustees under guidelines covered by the Trustees Act. Income generated from these investments is directed to the Hospital to meet its ongoing needs.

Information on the Foundation may be obtained from the Hospital.

CHIEF EXECUTIVE

I.H. Thompson, R.N., R.M., B.H.A., M.B.A., A.F.C.H.S.E.
(Resigned 30/9/90)

W.G. Knight, B.Ec., B.H.A., A.F.C.H.S.E., C.H.E.
(Appointed 1/10/90)

VISITING MEDICAL STAFF

Anaesthetics

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

I.Rechtman, 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.

G.J.Park, M.D., B.Ch., F.C.P.(SA) (Resigned 31/8/90)

Psychiatrist

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

A.E. Hardman, M.R.C.S., L.R.C.P.(Conjoint Board), M.B.,
B.S., D.P.M., M.R.C.Psych.

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.

Radiologists

P.F. Walker, M.B., Ch.B., C.R.C.P.C., F.R.C.P.C.

C.A. Trotman, M.B.S., F.D.S., R.C.P.S., M.B. Ch.B.,
F.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., CL.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.

E. 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.B.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.

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. Park, M.B., B.Ch., F.C.P.(S.A.). (Resigned 31/8/90)

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

Chief Pharmacist

I. Gerlach, Ph.C., M.P.S., F.S.H.P.

Chief Radiographer

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

Chief Physiotherapist

R. Williams, B.App.Sc.(Phyt.).

Senior Dental Officer

R. Barnes, B.D.Sc.

Chief Speech Pathologist

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

Chief Medical Records Administrator

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

Medical Librarian

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

Chief Occupational Therapist

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

Dietitian

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

D. Savige, B.Sc., Grad.Dip.Diet. (Resigned 21/12/90).

Audiologists

C. Magree, B.Sc., Dip.Ed., Dip.Aud. (Resigned 1/7/90).

M. Kalantzis, B.Sc.(Hons.), Dip.Aud. (Commenced 6/8/90).

Podiatrist

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

Laboratory Manager

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

Chief Social Welfare Worker

M. Hughan, Assoc.Dip.Welfare Studies

Psychologist and Head of Health Promotion Unit

T. Birkin, B.A., M.A., (Resigned 7/2/91).

M. Aitken, B.A., Grad.Dip.Voc.Couns.

Administrative Officer - Medical

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

RESIDENT MEDICAL STAFF**Interns**

D. Daly - 16.7.90-14.10.90.
S. Proper - 16.7.90-14.10.90.
S. Hii - 16.7.90-14.10.90.
P. Chan - 16.7.90-14.10.90.
B. Gunn - 15.10.90-13.1.91.
J. Katsoulis - 15.10.90-13.1.91.
B. Goh - 15.10.90-13.1.91.
T. Lazzaro - 15.10.90-13.1.91.
A. Ferraro - 14.1.91-14.4.91.
S. Pincus - 14.1.91-14.4.91.
K. Lee - 14.1.91-14.4.91.
C. Parshuram - 14.1.91-14.4.91.
M. Bonollo - 15.4.91-14.7.91.
K. Randall - 15.4.91-14.7.91.
D. Brodie - 15.4.91-14.7.91.
G. Pettigrew - 15.4.91-14.7.91.

Surgical Registrars

B. Archer - 1.10.90-3.2.91.
G. Boag - 4.2.91-3.6.91.
S. Lindsay - 4.6.91-29.9.91.

Victorian Academy of General Practice Fellows

D. McComb - 4.2.91-2.2.92.
D. McConville - 4.2.91-2.2.92.

NURSING DIVISION**Director of Nursing**

G.M. Curran, R.N., Dip.Man. & Teach.(Theatre),
Cert.Bus.Stud.(Hosp.Admin.), F.C.N.A., A.H.A. (Long
Service Leave).

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

J.E. Lade, R.N., R.M., Dip.App.Sc.(NAdmin), (Acting).

Assistant Director of Nursing

S. Wines, R.N.

Nurses' Supervisors

C.M. Thomson, R.N. (Resigned 13/2/91).
J.A. Pymmer, R.N., M.C.N.A., B.H.S.Management.

Night Nurses in Charge

F. Lewis, R.N., R.M., I.C.Nurs. & Wd.Man.Dip.,
Grad.Dip.H.Sc., F.R.C.N.A.
J.W. Richards, R.N.

Extended Care Co-ordinator

A. Richards, R.N., R.M.

Principal Nurse Teacher

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

Charge Nurses**Accident and Emergency Department**

S.A. Lang, R.N., Cert.Crit.C.Nurs.

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

P.A. Muszkiet, R.N., Cert.Steril. & Infect.Cont.
M. Smith, R.N., Cert.Steril. & Infect.Cont. (Long Service
Leave).

Day Hospital

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

District Nursing Service

P. James, R.N.

Kurrajong Lodge

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

Intensive/Coronary Care Unit

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

Matron Arthur House Nursing Home

E. Flack, R.N.

Occupational Health & Staff Welfare Nurse

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

Operating Suite

P. Strachan, R.N., Cert.Steril. & Infect.Cont.

Sir Robert Menzies Nursing Home

L. Mentha, R.N., Dip.T.(Nurs.), F.C.N.A., M.C.N.(N.S.W.)

Ward 1 - Midwifery

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

Ward 2 - Surgical

M. Jobe, R.N.

Ward 3 - Medical

M. Lowe, R.N.

Ward 4 - Paediatrics

G. Livingston, R.N. (Acting Charge Nurse).

D. Wickham, R.N., R.M. (Maternity Leave).

Ward 5 - Medical/Surgical

D. Leach, R.N., R.P.N., C.C.R.N., Dip.App.Sc.(Nurs.Stud.).

Ward 7 - Medical/Surgical

W. Lanyon, R.N., R.M.

ADMINISTRATIVE SERVICES**DIVISION****Director of Administrative Services**

W.G.Knight, B.Ec., B.H.A., A.F.C.H.S.E., C.H.E. (till
30/9/90).

J.F. Krygger, B.H.A., A.F.C.H.S.E., C.H.E. (Commenced
26/11/90).

Administrative Officer - Associated Institutions

S.G. Surridge, B.Bus., A.S.A.

Administrative Officer - Safety & Security

K. Duncan, B.Bus., A.S.A.

Chief Engineer

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

Community Liaison Officer

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

Computer Systems Officer

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

Environmental Services Manager

G.A. Stolk.

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.

Wimmera Base Hospital Ladies' Auxiliary

During the financial year Auxiliary members were able to donate \$10,349 to the Wimmera Base Hospital as a result of several activities. In October, Mr. Greg Block presented a "Floral Fantasy" evening in the C.W.A. Hall, raising \$643 for the funds.

In November, a luncheon was held at the home of Mr. and Mrs. Ron Kemp, bringing in \$590, plus \$349 from the Tapestry Raffle which was drawn at the luncheon. We are most grateful to Mr. Block, Mr. and Mrs. Kemp and Mrs. Maree Taberner who helped with the raffle organisation. The balance of \$8,772 came from the Opportunity Shop's takings.

It is with great regret I report that the Auxiliary may be forced to go into recess at the end of the year. Our members are ageing, and many are in poor health.

Unfortunately we have not been able to attract enough younger women to carry on the tradition of service to the Hospital. Many women of a suitable age now work full time or care for their grandchildren while the parents work. The average attendance at our monthly meetings has declined to 17, and there is difficulty in filling the shop roster.

For their loyal support I wish to thank our Secretary, Mrs. Dawn Brooke, and our Treasurer, Mrs. Joyce Stevens. To the hard working members who assist in the Opportunity Shop I am also indebted. The Hospital staff have always been helpful and we wish to assure the kitchen staff that our members have greatly appreciated the afternoon teas provided at our meetings.

Heather Scott, *President*



The delivery of a nutritious meal is an important part of the Hospital's community focus. This year local service clubs delivered 17,535 meals.

Red Cross Library

To provide something to read, be it a magazine, novel, biography, travel, or an exciting mystery, gives us and, we hope, the residents pleasure.

On our weekly visits to Kurrajong Lodge, Sir Robert Menzies Nursing Home, Matron Arthur House, the Day Hospital and most wards in the Hospital, we are very well received.

We thank members of the public who donate magazines for us to distribute. Replacements of a wide selection of books from Red Cross Headquarters are delivered and exchanged each few months.

Our Art Prints create interest and discussion as we change them to different areas every three months. The Art Librarian at the Picture Library at Red Cross Headquarters in Melbourne forwards new aluminium framed prints for exchange.

Morning tea and entertainment for the residents in Sir Robert Menzies Nursing Home is held a couple of times a year. Small Christmas gifts for ex-service members in residence are forwarded from R.S.L. Headquarters for us to distribute just before Christmas.

My thanks to Miss Monica Gaffer and other members who support me 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.E.
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.
Carter, Mrs. J.K.
Carter, Mrs. V.A.
Castelluccio, Mr. M.
Cathcart, Miss D.
Corner, Mrs. P.
Courtney, Miss A.R.
Craig, Miss M.E.
Cuddihy, Mr. M.W.
Driffin, 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, 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.

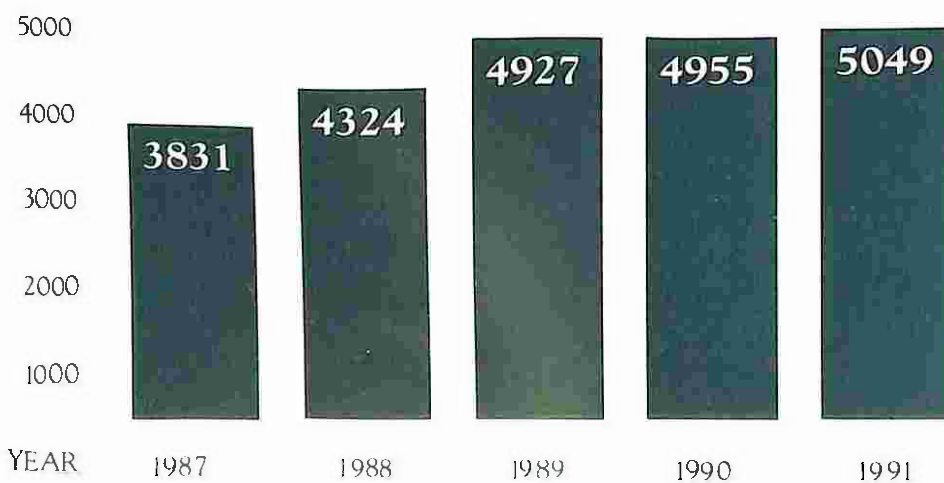
Our admissions department provides a friendly and courteous introduction to patients who require hospital care.



PATIENT STATISTICS

	1991	1990	1989
Acute Inpatients			
Number of Beds	100	100	100
Admissions	5,049	4,955	4,927
Bed Days	22,818	22,871	22,180
Occupancy(%)	62.5	62.7	66.8
Average Length of Stay (Days)	4.8	4.8	4.5
Deaths	87	88	75
Births	359	396	363
Operations	2,709	2,732	2,726
Sir Robert Menzies Nursing Home			
Number of Beds	50	50	50
Admissions	28	26	96
Bed Days	18,013	18,010	17,021
Occupancy(%)	98.7	98.7	93.0
Deaths	18	15	24
Matron Arthur House (Nursing Home)			
Number of Beds	30	30	30
Admissions	60	61	63
Bed Days	10,761	10,635	10,495
Occupancy (%)	98.3	97.1	95.6
Deaths	9	14	13
Kurrajong Lodge (Hostel)			
Number of Beds	21	21	21
Admission	76	52	27
Bed Days	7,244	7,212	7,129
Occupancy (%)	94.5	94	97.4
Deaths	1	2	2

Acute Inpatient Admissions



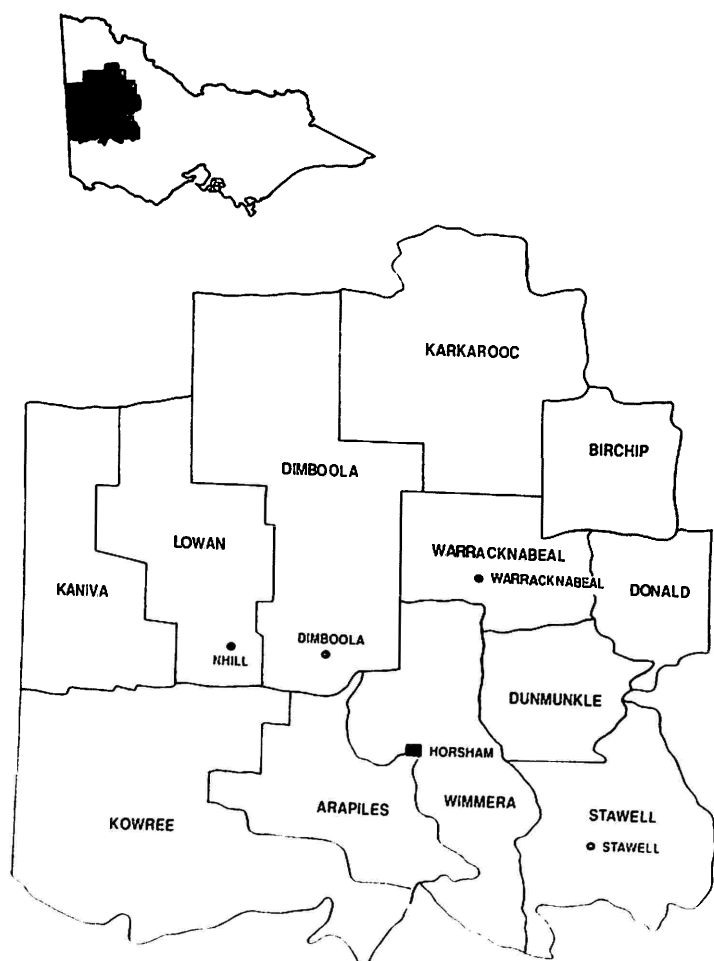
Emergency, Paramedical and Support Services

	1991	1990	1989
Accident and Emergency			
Attendances	10,589	11,048	10,923
Allied Health			
Occasions of Service	8,762	8,780	7,991
Audiology			
Occasions of Service	1,582	2,005	1,841
Blood Bank			
Attendances	1,772	1,671	1,696
Day Hospital			
Occasions of Service	33,247	43,873	32,990
Dental Clinic			
Attendances	5,012	5,053	5,467
Dietetics			
Occasions of Service	2,445	2,951	2,500
District Nursing			
Attendances (Visits)	14,206	14,725	18,031
Family Planning			
Attendances	1,118	919	993
Hairdresser			
Attendances	1,728	1,722	1,847
Occupational Health			
Attendances	3,119	2,656	1,515
Occupational Therapy			
Occasions of Service	13,773	12,395	11,847
Pathology			
Tests	69,044	61,207	65,696
Pharmacy			
Items Dispensed	162,475	163,5951	61,613
Physiotherapy			
Occasions of Service	18,257	18,905	17,901
Podiatry			
Occasions of Service	1,884	1,092	-
Psychologist			
Attendances	647	687	555
Radiology			
Tests	9,566	9,846	10,108
Social Work			
Attendances	10,319	11,956	12,110
Speech Pathology			
Occasions of Service	7,898	8,249	8,438
Stomal Therapy			
Attendances	90	14	137
Transport Accident Commission			
Attendances	153	142	139
Group & Educational Activities			
(see Note 2)			
No. of Activities	6,167	9,027	9,586
Attendances	32,591	35,587	36,272
Regional services (see Note 3)			
Attendances	79,733	83,660	86,961

Visiting Special Outpatient Clinics	1991	1990	1989
Ear, Nose and Throat			
Attendances	616	572	601
Geriatrics			
Attendances	62	44	54
Oncology			
Attendances	235	139	135
Ophthalmology			
Attendances	1,071	1,216	1,033
Orthopaedic			
Attendances	947	906	807
Pacemaker			
Attendances	106	106	94
Professional Visits			
Attendances	36	32	36
Psychiatry			
Attendances	179	38	215
Urology			
Attendances	537	486	344

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 departments 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 departments attendance numbers.



Where Our Patients Came From

Place of Residence	Medical & Surgical	Maternity	Nursing	Totals
Arapiles Shire	131	17	-	148
Ararat City	10	-	-	10
Ararat Shire	3	-	-	3
Avoca Shire	2	-	-	2
Ballarat City	5	-	-	5
Birchip Shire	42	-	-	42
Bungaree Shire	1	-	-	1
Creswick Shire	2	-	-	2
Dimboola Shire	363	29	-	392
Donald Shire	26	1	-	27
Dunmunkle Shire	287	27	-	314
Horsham City	2,740	232	4	2,976
Kaniva Shire	48	2	-	50
Karkaroc Shire	71	14	-	85
Kowree Shire	125	8	-	133
Lowan Shire	99	4	-	103
Ripon Shire	1	-	-	1
Sebastopol Borough	1	-	-	1
Stawell Shire	25	3	-	28
Stawell Town	76	9	-	85
Warracknabeal Shire	181	25	-	206
Wimmera Shire	220	22	-	242
Other Vic. Country	65	10	-	75
Melbourne Suburbs	57	1	-	58
Interstate - NSW	7	-	-	7
Interstate - SA	33	-	-	33
Interstate - Other	20	-	-	20
TOTALS	4,641	404	4	5,049

Where The Money Came From

	\$	%
Government	16,969,000	78
Patients	3,521,000	16
Pathology & Radiology	735,000	3
Other	671,000	3
TOTAL	21,896,000	100

How The Money Was Spent

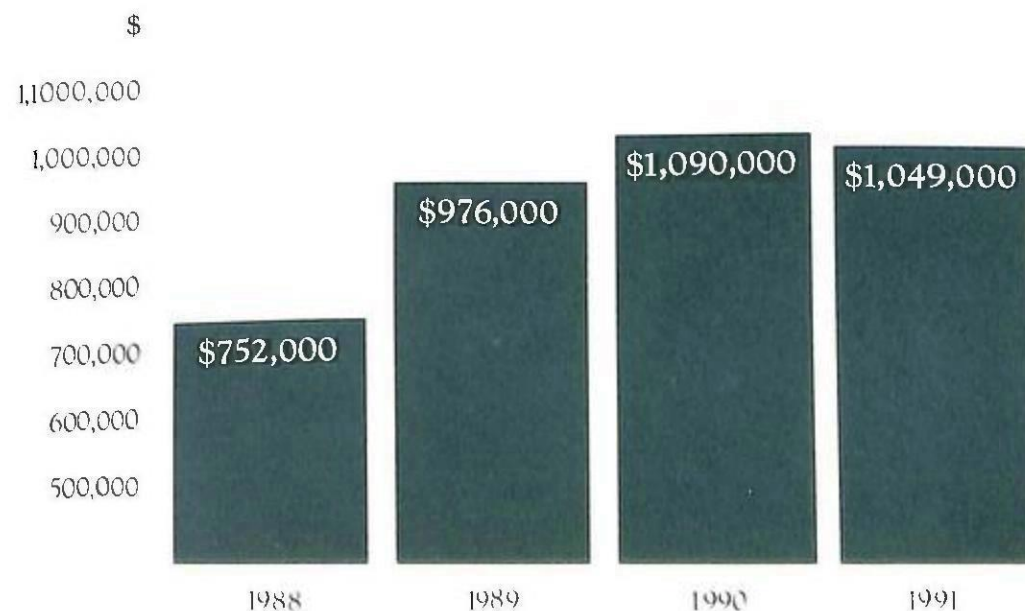
Salaries & Wages	17,507,000	80
Medical & Surgical	1,398,000	6
Food & Domestic	1,122,000	5
Power & Maintenance	1,023,000	5
Administration	824,000	4
TOTAL	21,874,000	100

Public/ Private Mix Improves

In the last edition of this Report, the ratio of public/private acute inpatients was 80/20 which was one of the highest levels of public patient classifications in Victoria. Concerted efforts were made to increase the number of private patients towards a target of 70/30 public/private patients in 1990/91. At the end of June, 1991, the ratio the public/private acute inpatients was 67/33. This vastly improved performance can be attributed to a more effective admissions procedure and an offer of enhanced benefits to patients who elect to be admitted privately.

The decrease in the number of public patients has meant a reduction in V.M.O. costs and provided a stimulus to our cash flow from increased revenue. The increase in private patients also has a flow-on effect to pathology and radiology receipts. The changing patient mix is a critical factor in the funding of a public hospital as it can be seen that the swing to private has resulted in a saving of \$39,434 in V.M.O. costs when compared to last year. The saving is more significant when the effect of the award increase (5-7%) applied to fee for service medical officers is taken into account. The cost of the unfunded VMO award increase has again been approximately \$40,000.

VMO Cost Growth



FINANCIAL RESOURCES

The Hospital commenced the financial year with a real cut to the budget base of \$102,000, in addition to the accumulated deficit of approximately \$800,000. With indications that this trend would continue to spiral, it was necessary to develop a sustainable budget strategy in order to address the financial shortfall.

The budget strategy which was subsequently formulated was based on four key variables, namely;

1. improvement of the public/private patient mix
2. non-replacement of staff utilising attrition
3. review of current work practices, and
4. containment of non-salary expenditure areas.

Financially the strategies have proven to be largely successful with particular improvement in the public/private mix when compared to the previous year. The non replacement of staff has resulted in savings which will increasingly impact over the coming financial year. Review of current work practices (essentially modifying rostering patterns) and general containment of non-salary expenditure throughout all areas of hospital activity have all contributed to the improved performance. As a result of these initiatives, the Hospital was able to contain its budget overrun to \$67,000.

The coming year promises to be increasingly difficult with further reductions in funding anticipated. In particular, the advent of CAM/SAM funding in our Nursing Home sector will further reduce the amount of financial resources available to the Hospital.

As a regional Base Hospital, we will concentrate on protecting the core services of acute inpatient activity whilst attempting to maintain all other existing services. The challenge remains in responding to the increasing health needs of the community when significant gains in efficiency have already been met.

WIMMERA BASE HOSPITAL
REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30TH JUNE 1991

	NOTES	HOSPITAL \$,000'	NURSING HOMES \$,000'	LINEN SERVICE \$,000'	JEPARIT ANNEXE \$,000'	ELIMIN- ATIONS 1990/91 \$,000'	TOTAL 1990/91 \$,000'	TOTAL 1989/90 \$,000'
Operating Revenue Providing Fund Inflows								
Health Service Agreement Budget Sector								
Government Grants	12	15,090	2,100	-	611	-	17,801	16,870
Indirect Contribution by Health Department Victoria	13	184	20	-	6	-	210	222
Patient Fees	6	1,246	2,439	-	304	-	3,989	3,444
Fee Sharing Arrangements	1.15	837	-	-	-	-	837	587
Linen Service	16	-	-	1,025	-	(439)	586	562
Interest		35	-	11	-	-	46	-
Other Revenue	14	736	-	20	16	-	772	927
Services Supported by Hospital and Community Initiatives								
Fee Sharing Arrangements	1.15	507	-	-	-	-	507	406
Rental property income		19	-	-	2	-	21	20
Interest		35	-	-	20	-	55	123
Other Revenue	15	85	-	-	4	-	89	38
Abnormal	19	26	-	-	-	-	26	-
Total Operating Revenue Providing Funds		18,800	4,559	1,056	963	(439)	24,939	23,199
Operating Expenses Requiring Fund Outflows								
Health Service Agreement/ Budget Sector								
Direct Patient Care Services	17	7,288	1,894	-	564	-	9,746	9,967
Diagnostic and Medical Support Services	17	2,618	183	-	32	-	2,833	2,522
Administration and Quality Assurance	17	2,179	144	-	29	-	2,352	1,834
Engineering and Maintenance	17	1,208	98	-	29	-	1,335	1,351
Domestic and Catering Services	17	2,450	1,190	873	214	(439)	4,288	3,961
Corporate Costs Funded by Health Department Victoria	13	184	20	-	6	-	210	222
Workcare and Superannuation	17	957	142	61	30	-	1,190	943
Teaching and Research	17	152	-	-	-	-	152	110
Community Services	17	450	18	-	-	-	468	520
Other	17	1,488	-	-	-	-	1,488	1,448
Services Supported by Hospital and Community Initiatives								
Fee Sharing Arrangements	1.15	479	-	-	-	-	479	451
Rental property expenses		33	-	-	-	-	33	41
Other		-	-	-	-	-	-	31
Abnormal	19	-	-	41	-	-	41	108
Total Operating Expenses Requiring Funds		19,486	3,689	975	904	(439)	24,615	23,509

	NOTES	HOSPITAL \$,000	NURSING HOME S \$,000	LINEN SERVICE \$,000	ELIMIN- JEPARIT ANNEXE \$,000	ATIONS 1990/91 \$,000	TOTAL 1990/91 \$,000	TOTAL 1989/90 \$,000
Operating Surplus(Deficit) Attributable To Fund Items		(686)	870	81	59	-	324	(310)
Operating Expenses Not Requiring Fund Outflows								
Depreciation	10	355	-	37	15	-	407	444
Long Service Leave - Current Abnormal	4	696	-	24	27	-	747	359
		-	-	-	-	-	-	847
		1,051	-	61	42	-	1,154	1,650
Operating Revenue Not Providing Fund Inflows								
Long Service Leave - Current Recognition of Assets	18	-	-	-	-	-	-	11
		-	-	-	-	-	-	26
		-	-	-	-	-	-	37
Operating Surplus(Deficit) Attributable To Non Fund Items		(1,051)	-	(61)	(42)	-	(1,154)	(1,613)
Operating Surplus(Deficit) for the Year		(1,737)	870	20	17	-	(830)	(1,923)
Retained Deficit at Beginning of Year		(5,536)	350	421	(185)	-	(4,950)	(2,168)
Available for Appropriation		(7,273)	1,220	441	(168)	-	(5,780)	(4,091)
Aggregate of Amounts Transferred to Reserves Retained Surplus(Accumulated Deficit) at End of Year	11	(73)	-	-	-	-	(73)	(859)
		(7,346)	1,220	441	(168)	-	(5,853)	(4,950)

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 1991

	NOTES	HOSPITAL \$,000	LINEN SERVICE \$,000	JEPARIT ANNEXE \$,000	TOTAL 1990/91 \$,000	TOTAL 1989/90 \$,000
EQUITY						
Capital						
Contributed Capital		16,846	817	994	18,657	16,939
Funds Held for Restricted Purposes	3	1,038	-	-	1,038	48
Retained Surplus/(Accumulated Deficit)		(6,126)	441	(168)	(5,853)	(4,950)
Total Equity		11,758	1,258	826	13,842	12,037
Current Liabilities						
Bank Overdraft	22	777	3	-	780	942
Creditors	2&23	1,511	9	13	1,533	795
Accrued Expenses	5	2,375	93	110	2,578	2,130
Provision for Long Service Leave	4	233	6	16	255	300
Provision for Linen Replacement		-	37	-	37	34
Total Current Liabilities		4,896	148	139	5,183	4,201
Non-Current Liabilities						
Provision for Long Service Leave	4	2,011	128	61	2,200	1,658
Creditors	2&23	480	-	-	480	74
Total Non-Current Liabilities		2,491	128	61	2,608	1,732
Total Liabilities		7,315	276	200	7,791	5,933
Total Equity and Liabilities		19,073	1,534	1,026	21,633	17,970
Current Assets						
Cash at Bank and On Hand		1,344	-	18	1,362	142
Patient Fees Receivable	6	703	-	30	733	608
Stores	7	191	521	-	712	704
Prepayments		10	-	-	10	-
Debtors and Accrued Revenue	8	791	125	22	938	328
Short Term Investments	9	143	159	184	486	734
Total Current Assets		3,182	805	254	4,241	2,516
Non-Current Assets						
Assets Under Construction	1.5&10	1,272	-	-	1,272	116
Land	1.5&10	200	-	-	200	200
Land and Buildings	1.5&10	11,132	323	661	12,116	12,115
Plant, Equipment and Fittings	1.5&10	2,764	241	85	3,090	2,413
Motor Vehicles	1.5&10	378	8	26	412	405
Investments	9	-	157	-	157	205
Unexpired Terms Charges	23	145	-	-	145	-
Total Non-Current Assets		15,891	729	772	17,392	15,454
Total Assets		19,073	1,534	1,026	21,633	17,970

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

WIMMERA BASE HOSPITAL
STATEMENT OF CHARGES IN EQUITY FOR THE YEAR ENDED 30TH JUNE 1991

	NOTES	COUNTY CAPITAL \$'000	RET'D PURPS \$'000	RETAINED SURPLUS ACCUM- ULATED DEFICIT \$'000	TOTAL 1990/91 \$'000	TOTAL 1989/90 \$'000
Balance at Beginning of Year		16,939	48	(4,950)	12,037	13,410
Surplus/Deficit for the Year		-	-	(830)	(830)	(1,923)
Capital Grants	12	1557	-	-	1557	306
Capital Donations	1.10&24	161	917	-	1,078	244
Transfers to Reserves	11	-	73	(73)	-	-
Balance at End of Year		<u>18,657</u>	<u>1,038</u>	<u>(5,853)</u>	<u>13,842</u>	<u>12,037</u>

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

WIMMERA BASE HOSPITAL
STATEMENT OF SOURCES AND APPLICATIONS OF FUNDS FOR THE YEAR ENDED 30TH JUNE 1991

	TOTAL 1990/91 \$'000	TOTAL 1989/90 \$'000
SOURCES OF FUNDS		
Funds from operations		
Inflow of Funds from Operations	24,939	23,199
Less Outflow of Funds from Operations	<u>24,615</u>	<u>23,509</u>
Net funds from operations	<u>324</u>	<u>(310)</u>
Contributed Equity		
Capital Grants	1,557	306
Capital Donations	1,078	244
Reduction in Assets:-		
Current Assets		
Prepayments	-	1
Debtors and Accrued Revenue	-	358
Short Term Investments	248	279
Non-Current Assets		
Plant, Equipment and Fittings	-	4
Motor Vehicles	219	326
Long Term Investments	48	-
Increase in Liabilities:-		
Current Liabilities		
Bank Overdraft	-	219
Accrued Expenses	448	60
Creditors	738	65
Provision for Linen Replacement	3	34
Non-Current Liabilities		
Creditors	334	74
Total Sources of Funds	<u>4,997</u>	<u>1,806</u>

	TOTAL 1990/91 \$'000	TOTAL 1989/90 \$'000
APPLICATIONS OF FUNDS		
Increase in Assets:-		
Current Assets		
Cash at Bank and On Hand	1,220	86
Patient Fees Receivable	125	37
Stores	8	5
Debtors and Accrued Income	610	-
Prepayments	10	-
Non-Current Assets		
Land and Buildings	1	41
Plant, Equipment and Fittings	1,041	624
Motor Vehicles	265	391
Investments	-	205
Assets Under Construction	1,156	116
Unexpired Terms Charges	145	-
Decrease in Liabilities:-		
Current Liabilities		
Bank Overdraft	162	-
Long Service Leave Paid	254	301
Total Applications of Funds	4,997	1,806

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, 1991

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 of 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 AAS 4 "Depreciation of Non-Current Assets". Arrangements are being made by the Health Department Victoria with the Valuer General to complete this process. At 30 June 1991, this has not been completed and consequently buildings have not been depreciated in the 1990/91 financial statements. 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 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 service leave estimated to be payable within the next financial year is included in the balance sheet under current liabilities. The balance of the provision is classified as a non-current liability.

Annual Leave

The Hospital's accrued liability for annual leave at 30 June, 1991 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, 1991, 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 fund-raising 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.

NOTE 2: CREDITORS

	Less Than 1 Year \$'000	1 to 2 Years \$'000	2 to 5 Years \$'000	Greater than 5 Years \$'000	Total 1990/91 \$'000	Total 1989/90 \$'000
Trade Creditors	1,435	-	-	-	1,435	869
Current Hire Purchase Liability	98	98	310	-	506	-
Total	<u>1,533</u>	<u>98</u>	<u>310</u>	<u>-</u>	<u>1,941</u>	<u>869</u>

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

NOTE 3: FUNDS HELD FOR RESTRICTED PURPOSES

	1990/91 \$'000	1989/90 \$'000
Capital Replacement and Special Programs	310	25
Education, Research and Special Programs	728	23
	<u>1038</u>	<u>48</u>

NOTE 4: PROVISION FOR LONG SERVICE LEAVE

	Current \$'000	Non- Current \$'000	Total 1990/91	Total 1989/90
Long Service Leave	255	2200	2455	1958

NOTE 5: ACCRUED EXPENSES

	1990/91 \$'000	1989/90 \$'000
Annual Leave	1,755	1,550
Accrued Days Off	74	72
Salaries and Wages	597	492
Health Department Victoria Ordinary Grant	113	4
Other	39	12
Total	<u>2,578</u>	<u>2,130</u>

NOTE 6: PATIENT FEES

	PATIENT FEES RAISED		PATIENT FEES RECEIVABLE	
	1990/91 \$'000	1989/90 \$'000	as at 30-6-91 \$'000	as at 30-6-90 \$'000
Inpatients	1177	799	327	240
Outpatients	102	63	177	89
Nursing Home	2710	2582	211	242
	<u>3989</u>	<u>3444</u>	<u>715</u>	<u>571</u>
Fee Sharing Arrangements			98	96
			813	667
Less: Provision for Doubtful Debts			80	59
Net Patient Fees Receivable			<u>733</u>	<u>608</u>

NOTE 7: STORES

	1990/91 \$'000	1989/90 \$'000
Pharmaceuticals		96
Catering Supplies		16
Housekeeping Supplies		7
Medical and Surgical Lines		67
Linen		521
Miscellaneous		5
		<u>712</u>
		<u>704</u>

NOTE 8: DEBTORS AND ACCRUED REVENUE

	Less Than 1 Year \$'000	Total 1990/91 \$'000	Total 1989/90 \$'000
Sundry Debtors	167	167	161
Other Debtors	95	95	27
Accrued Health Department Victoria Ordinary Grants	17	17	87
Accrued Health Department Victoria Capital Grants	560	560	-
Other Accrued Revenue	99	99	53
	<u>938</u>	<u>938</u>	<u>328</u>

NOTE 9: INVESTMENTS

	Capital Fund \$'000	Specific Purposes \$'000	Linen Service \$'000	Total 1990/91 \$'000	Total 1989/90 \$'000
Current:					
Term Deposit	184	143	159	486	665
Building Society Deposits					69
	<u>184</u>	<u>143</u>	<u>159</u>	<u>486</u>	<u>734</u>
Non-Current:					
Building Society Deposits	-	-	157	157	205
	<u>184</u>	<u>143</u>	<u>316</u>	<u>643</u>	<u>939</u>

The Linen Service has investments totalling \$183,611 in the Pyramid Building Society which no longer accrue interest.

NOTE 10: NON-CURRENT ASSETS

	Historical Cost at 30-6-91 \$'000	Depreciation for 1990/91 \$'000	Accumulated Depreciation \$'000	Net Assets at 30-6-91 \$'000	Net Assets at 30-6-90 \$'000
Land	200	-	-	200	200
Land and Buildings	12,116	-	-	12,116	12,115
Plant, Equipment and Fittings	5,388	368	2,297	3,090	2,413
Motor Vehicles	496	39	85	412	405
Assets Under Construction	1,272	-	-	1,272	116
	<u>19,472</u>	<u>407</u>	<u>2,382</u>	<u>17,090</u>	<u>15,249</u>

NOTE 11: TRANSFERS TO RESERVES

	Contributed Capital \$'000	Funds Held for Restricted Purposes \$'000	Asset Reserve \$'000	Retained Surplus/Accumulated Deficit \$'000
Transfer of Surplus on Specific Purpose Accounts	-	73	-	(73)
Sub-total transfers (to) from reserves	-	<u>73</u>	-	<u>(73)</u>
Total Transfers (to) from Reserves	-	<u>73</u>	-	<u>(73)</u>

NOTE 12: GOVERNMENT GRANTS

	1990/91 \$'000	1989/90 \$'000
Health Department Victoria Ordinary Grants	17,263	16,344
Health Department Victoria Other Grants - Visiting Nursing Service	218	199
Health Department Victoria Other Grants - Pharmaceutical Benefits	78	77
Other Grants - Program for Disabled	142	156
Other Grants - Employment Schemes	-	16
Other Grants - Specific Grants	100	78
	<u>17,801</u>	<u>16,870</u>
Capital Grants	<u>1,557</u>	<u>306</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:-

	1990/91 \$'000	1989/90 \$'000
Insurances	139	154
Industrial Relations Service	6	6
Hospital Computing Service Charges	39	37
Audit Fees	26	25
	<u>210</u>	<u>222</u>

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

	1990/91 \$'000	1989/90 \$'000
Meals and Accomodation	149	134
Meals on Wheels	69	55
Proceeds of Sale - Fixed Assets	233	375
Sale of Goods and Services	264	236
Special Purposes Medical Donations	12	63
Sundry	45	64
	<u>772</u>	<u>927</u>
Profit on Sale of Assets	<u>15</u>	<u>46</u>

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

	1990/91 \$'000	1989/90 \$'000
Donations	14	15
Sundry	<u>75</u>	<u>23</u>
	<u>89</u>	<u>38</u>

In addition to the donations noted above capital donations of \$1,078,000 (1990 \$244,000) were received by the Hospital and have been recognised in the Statement of Changes in Equity.

NOTE 16: LINEN SERVICE

	1990/91 \$'000	1989/90 \$'000
Operating Revenue Providing Fund Inflows		
Service Charges	1025	990
Interest	11	20
Sundry	20	15
Total Operating Income	1056	1025
Operating Expenses Requiring Fund Outflows		
Laundry and Linen	697	664
Manufacture and Mending	22	23
Transport	77	70
Administration	76	113
Workcare and Superannuation	62	78
Abnormal	41	-
	975	948
Operating Expenses Not Requiring Fund Outflows		
Employee Entitlements	37	-
Depreciation	24	46
	61	46
Operating Revenue Not Providing Fund Inflows		
Employee Entitlements	-	11
	-	11
Operating Surplus (Deficit) for the Year	20	42

NOTE 17 : OPERATING EXPENSES

	1990/91 \$,000	1989/90 \$,000
Direct Patient Care Services		
Wards:-		
Special	745	740
Midwifery	625	539
Medical/Surgical	3,485	3,306
Nursing Homes	1,894	2,309
Theatre	744	729
Outpatient Services	526	468
Clinical Units	1,591	1,699
Day Hospital	136	177
	9,746	9,967
Diagnostic and Medical Support Services		
Pharmacy	801	680
Pharmacy Supplies	66	39
C.S.S.D.	140	159
Diagnostic Laboratory	466	348
Organ Imaging	263	273
Technical Support	37	27
Allied Health	879	867
Medical Records	181	129
	2,833	2,522
Administration		
General Administration	1,185	1,105
Accounting/Finance	155	19
Personnel/Payroll	163	145
Supply	153	36
Nursing Administration	503	431
Medical Administration	193	98
	2,352	1,834

	1990/91 \$'000	1989/90 \$'000
Engineering and Maintenance		
Engineering	609	747
Fuel, Light and Power	607	483
Maintenance	119	121
	<u>1,335</u>	<u>1,351</u>
Domestic and Catering Services		
Staff Cafeteria	58	68
Food and Dietary	1,177	1,193
Domestic Services	1,873	1,411
Laundry	1,148	1,259
Residences	32	30
	<u>4,288</u>	<u>3,961</u>
Workcare and Superannuation		
Workcare	570	422
Superannuation	620	521
	<u>1,190</u>	<u>943</u>
Teaching Services		
Nursing Education	152	110
Community Services		
District Nursing	227	252
Meals on Wheels	85	87
Other-Outreach Programs	156	181
	<u>468</u>	<u>520</u>
Other		
Regional Services	1,272	1,118
Written down value of asset disposals	216	330
	<u>1488</u>	<u>1448</u>
Total Expenditure Requiring Fund Outflows	<u>23,852</u>	<u>22,656</u>

The above amounts include eliminations of inter-segment transactions of \$439,000.

NOTE 18: INTERNAL TRANSACTIONS

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

	Hospital \$'000	Nursing Homes \$'000	Linen Service \$'000	Jeparit Annexe \$'000	Total \$'000
Linen Purchase /Sales	279	141	(439)	19	-

NOTE 19: ABNORMAL ITEMS

	1990/91 \$'000	1989/90 \$,000
(1) Revenue		
Discount on Consultant's fees	<u>26</u>	-
(2) Expenditure		
Operating expenses requiring fund outflows		
Recognition of consultants fees liabilities	-	108
Prior years superannuation	19	-
Loss on Investments	<u>22</u>	-
	<u>41</u>	<u>108</u>
Operating expenses not requiring fund outflows		
Recognition of long service leave for employees with 5-10 years service	-	<u>847</u>

NOTE 20: CAPITAL COMMITMENTS

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

	1990/91 \$,000	1989/90 \$,000
New Boiler House	912	-
New Fire Escape	218	-
Computer Hardware Purchase	<u>303</u>	-
	<u>1433</u>	-

NOTE 21: REMUNERATION OF BOARD MEMBERS

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

NOTE 22: 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 23: HIRE PURCHASE ARRANGEMENTS

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

	CURRENT \$'000	NON CURRENT \$'000	1990/91 \$'000	1989/90 \$'000
Hire Purchase Creditor	98	408	506	-

Included in the above is \$145,000 in unexpired terms charges.

NOTE 24: SPECIAL PURPOSE MEDICAL TRUST

The Special Purposes Medical Trust was wound up on 30 June 1991 and an amount of \$727,000 was donated to the Hospital being the net assets of the trust at that date. From the 1st of July the activities of the trust will be conducted through the restricted purpose funds of the Hospital.

NOTE 25: UNFUNDED SUPERANNUATION LIABILITY

The Wimmera Base Hospital contributes to the Hospitals Superannuation Board and the total contributions made for the year amounted to \$599,000.

The notional share of unfunded superannuation liability attributable to the Wimmera Base Hospital at June 30, 1991 is \$3,725,000. 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 26: CONTINGENT LIABILITIES

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

CERTIFICATION

In our opinion the financial statements of the Wimmera Base Hospital comprising statement of sources and application of funds, 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, 1991, 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) Dr. P. Haslau, President.

(Signed) Mr. S.G. Monk, Honorary Treasurer.

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

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

Dated the twenty fifth day of September 1991.

DONATIONS 1991

Charitable Funds and Trusts	\$
Berry, Henry Fund	1,128.00
Ethel Herman Trust	2,250.00
Felton Charitable Bequest	6,000.00
Helen M. Schutt Trust	100,397.00
Howard Norman Trust	10,000.00
Perpetual Trustees	2,000.00
The Collier Charitable Fund	8,000.00
The David Syme Charitable Trust	160.00
The Flora & Frank Leith Trust	1,000.00
William Buckland Foundation	15,000.00
Uncle Bob's Club	6,971.00
Victorian Health Promotion Foundation	500.00
Wimmera Base Hospital	
Special Purposes Medical Trust	727,141.43

Specific Purposes

Adelphian Craft & Hobby Shop	800.00
Altmann, E.W.L.	25.00
Anderson, V.M.	20.00
Anonymous	50.00
Burley, Mrs.	20.00
C.B.A. Horsham	2,440.00
Eldridge, J.	50.00
Hateley, Estate of B.V.	5,000.00
Hospice	1,596.70
Jacimovic, Z.	50.00
J.D.	500.00
James, R.T.	100.00
Jarred, B.	50.00
Natimuk Hotel Social Club	1,000.00
Niewand, H.L. & J.F.	10.00
Niewand, J.F.	10.00
Pharmacy & Surgical Exhibitors	250.00
Police & Patrons' Golf Day	1,610.00
Ross, H.	20.00
Rotary Club of Horsham	750.00
Sixtieth Proposal Pty. Ltd.	50.00
Smith, M.	40.00
Symes, J.	100.00
Van Dyk, J.A.C.	2,900.00
Victoria Hotel Social Club	1,000.00
V.S. & L.	50.00
Ward 1	285.00
Ward 7	116.00
Watt, J.	25.00
Wimmera Base Hospital	
Ladies' Auxiliary	10,349.00
Wishing Well	459.94

General

Al Anon Family Group	40.00
Almond, H.	5.00
Altmann, E.W.L.	25.00
Anderson, J.M.	25.00
Anonymous	36.00

Anonymous	26.05
Anonymous	10.00
Anonymous	10.00
Anonymous	5.00
Anonymous	15.00
Anonymous	25.00
Anonymous	20.00
Anonymous	5.00
Anonymous	5.00
Anonymous	10.00
Ashton, T.W.	5.00
Avery, R.J. & B.J.	100.00
Baker, J.A.	100.00
Baker, L.G.	10.60
Ballinger, S.M.	3.00
Barnett, L.	100.00
Bartlett, Dr. W.K.	25.00
Bathard, D.E.	25.00
Brown, E.J.	50.00
Brown, E.J. & P.E.	100.00
Brouwer, J.B. & M.L.	10.00
Budde, Mr. & Mrs. C. & M.	10.00
Chequer, L.	30.00
Clayton, R.U.	25.00
Clarke, D.A.	50.00
Clark, M.	10.00
Clark, Mrs. S.M.	30.00
Cortesi, J.	5.00
Cramer, Mr. & Mrs. R.	20.00
Crick, A.J.	30.00
De Paola, E.M.	20.00
Devlin, S.J.	10.00
Dixon, C.A. & E.M.	20.00
Edmonds, W.M.	25.00
Ellis, Mr. & Mrs.	25.00
Ellis, R.L.	10.00
Fatone, J.L. & L.G.	20.00
Faux, E.	10.00
Ferneer, J.C.	100.00
Forsyth, E.M.	25.00
Fortington, P.L.L.	25.00
Francis, M.L.	100.00
Galagher, M.M.	20.00
Giddings, Mrs.	500.00
Gill, I.O.	5.00
Golder, Mrs. A.	25.00
Grossenbacher, W. & Y.	10.00
Heard, D.A.	20.00
Heard, O.	25.00
Heard, P.G.	50.00
Heintz, M.E.	15.00
Hiscock, M.J.	25.00
Horsham Hockey Club	66.00
Horsham Italian Social Club	200.00
Horsham Whole Health Clinic	25.00
Hoffmann, R.E.	50.00
Huf, R.O. & I.E.	80.00
Hupfield, C.D.	50.00
Jacimovic, Z.	25.00
Jarred, Mr. & Mrs. C.	25.00

Johnson, C.H.J.	50.00
Jolly, A.M.	5.00
Jolley, W.E.	210.00
Joyce, G.A. & M.H.	10.00
Keller, H.L. & R.E.	20.00
Kelm, S.H.	20.00
Kemp, E.O.	150.00
Knight, M.M.	50.00
Knight, W.G. & D.A.	200.00
Lavithis, M. & P.J.	20.00
Long, J.E.	100.00
Longmire, M.L.	40.00
McCallum, N.G.	10.00
McCulloch, L.J.	10.00
McDonald, H.G.	20.00
McIntosh, L.M.G. & L.	20.00
McNeil, Mrs. L.	50.00
McRae, D.L.	30.00
Magee, K.	265.00
Martin, L.M.	250.00
Miller, G.S.	15.00
Mitchell, G.I. & W.E.	10.00
Morrow, L.E.	100.00
Muhlnickel, M.E.L.	50.00
Muskietta, Mr. & Mrs. K.	50.00
Nicks, J.	20.00
Niewand, J.F.	25.00
Niewand, H.L. & J.F.	30.00
Nitschke, G.D.	50.00
Nuske, P.M.	25.00
Panozzo, J.A. & J.F.	10.00
Parkinson, Mr. & Mrs. J.	10.00
Prowse, U.	25.00
Radford, A.E.	100.00
Reid, Mrs. O.M.	10.00
Reynolds, A.M.	20.00
Reynolds, J.B.	25.00
Reynolds, S.C.	20.00
Robertson, D.	10.00
Schirmer, S.C. & H.D.	25.00
Schultz, T.	75.00
Scott, W.A.	500.00
Simmons, A.C.	50.00
Simmons, W.W. & H.J.	25.00
Skurrie, Mr. & Mrs. R.	20.00
Smith, C.I.	10.00
Smith, H.W. & A.M.	100.00
Smith, Miss V.	10.00
Snibson, Estate of H.G.	500.00
Stephens, C.	20.00
Stephens, W.	25.00
Strohfeldt, T.R. & J.	10.00
Stutchbery, Mrs. C.	20.00
Teakle, G.C.	20.00
Thompson, G.J.	15.00
Troeth, P.	40.10
Uebergang, A.W.	50.00
Uebergang, E.F.	100.00
Valmadre, Mrs. C.	10.00

Voght, R.	5.00
Watt, J.	75.00
Weight, E.D.	2,900.00
White Hart Hotel	73.79
Whitehead, R.A. & D.E.	5.00
Whiteside, N.P.	5.00
Wright, J.C.	10.00

1990/91 Hospital Annual Report Our Grateful Thanks

We extend warm thanks to our many friends who have assisted throughout the year.

Your voluntary work plays a vital part in our community, your donations help to maintain our ongoing services.

Your deferred gifts, in the form of life insurance or bequests, are an investment in the health and welfare of our future generations.

T A K E

I/we are interested in finding out more about how I/we can help Wimmera Base Hospital maintain its reputation as a centre of excellence.

Please send me information on:

- Hospital Tours
- Hospital Foundation
- Deferred Giving Program
- Auxiliary

My Donation

Please accept my gift of \$.....

To be charged to Bankcard

No.....

Signed.....

Expiry..... Date.....

Name.....

Address:.....

..... Postcode.....

Telephone: B.H.....

A.H.

Please make your cheque payable to the
Wimmera Base Hospital.

Postal Address:

The Chief Executive,

Wimmera Base Hospital,

Baillie Street, Horsham, Victoria 3400.

Thank You

The contribution of Hospital staff and patients in preparing this report is gratefully acknowledged.

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