

WIMMERA BASE HOSPITAL

Annual Report 1990



Donations

Charitable Funds and Trusts

Collier Charitable Fund	3,000.00
Pethard Tarax Charitable Trust	500.00
Whiting, A.M. Sympathy Fund	5,500.00

Specific Purposes

Dickins, J.M., for Wards and Social Welfare	1,150.00
Lions Club of Horsham, for Patient Monitor	3,000.00
Natimuk Hotel Social, Club, for Oximeter	1,000.00
Quota Club of the Wimmera, for Special Hearing Aid	362.00
Russell, E., for Childrens Ward	120.00
Van Dyk, J.A.C. & H.W.F., for Bed & Furniture	1,881.00
Wimmera Base Hospital Ladies' Auxiliary, for refurbishing wards	13,409.00

General

Ampt, L.	100.00
Ampt, S.	100.00
Anonymous	20.00
Antonoff, A.E.	100.00
B.M.X. Club, Horsham	10.00
Butler, D.J. & N.H.	250.00
Cymbalist, Dr. Y.	1,150.00
Edmonds, W.	30.00
Horsham & District Irrigators League	2,000.00
Hunt, E.	40.00
Jolly, W.	50.00
Kemp, E.O.	50.00
McGuan, J.T.	150.00
Matheson, H. & Williamson	20.00
Muhlnickel, M.E.L.	500.00
Sinclair, D.	50.00
Tattersalls	5.60
Troeth, P.	117.64
Webster, K. & P.	10.00
Wimmera Mallee Radio Appeal	100.00

Matron Arthur House Nursing Home Appeal

In addition to the donations listed above, \$76,000 was collected during 1988/89 as part of the very successful Matron Arthur House Nursing Home Appeal. Since the Appeal launch four years ago, over \$700,000 has been donated by the community. This generous response has exceeded all expectations. Heartfelt thanks are extended to all those who have given of their time and contributed to the completion of this major building project. Our extended care facilities are something we can all be proud of.

The Hospital Needs Your Help

Over recent years there have been ever increasing demands placed on Wimmera Base Hospital's services.

The Hospital is concerned with achieving the most efficient use of resources while fulfilling the needs of the community and providing the high quality health care services for which it is renowned.

Over the years the Hospital has been fortunate in the number of donations, bequests and gifts which it has received but there remains a continuing and vital need for this support.

Donations of any type are greatly appreciated and all contribute to carrying the burden of ill health on the community and help provide many services to the people of the Wimmera.

The support of the Wimmera community assists the Hospital in keeping its facilities and equipment up-to-date and abreast with technology changes, and in line with the growing demands for services.

Every donation received is important, and all gifts of \$2.00 or more are allowable Income Tax deductions.

Thank You

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

Compiled and Edited: Staff of Wimmera Base Hospital.
 Design & Layout: Paul Cistance Art Direction
 Photography: Murray Studio Photographers
 Printed by: Wimmera Mail Times Pty Ltd

WIMMERA BASE HOSPITAL

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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 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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All correspondence to:

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

Architects

Balcombe Griffiths Pty. Ltd. Architects

Auditors

Auditor General Victoria

Bankers

National Australia Bank Limited

Solicitors

Power and Bennett

The 1990 Annual Report was released to the public on Wednesday 17 October, 1990.
The Wimmera Base Hospital was established in 1874 as the Horsham Hospital and was incorporated by authority of the Hospitals and Charities Act (No. 5300) on 27 August, 1877.
The name of the Hospital was changed in 1950 to Wimmera Base Hospital with the approval of the Hospitals and Charities Commission of Victoria.



BOARD OF MANAGEMENT



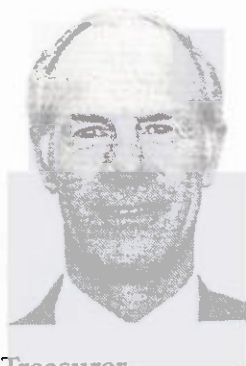
President
Dr. Peter Haslau, M.B.B.S.,
F.R.A.C.G.P. Appointed 1985



Senior Vice-President
Cr. Robert Mibus,
Appointed 1986



Junior Vice-President
Mr. Euan Thompson,
B.Juris., L.L.B., Appointed 1983



Treasurer
Mr. Ronald Smith,
A.B.I.A.(Snr), Appointed 1989



Mr. David McFarlane,
Appointed 1967



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



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



Mrs. Thea McIlree,
RN., R.M., Appointed 1988



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



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



Mr. Dennis Witnitz,
Appointed 1989



Mrs. Maureen Ladlow,
B.A. DipEd., Appointed 1989

Pecuniary Interest Declarations

Members of the Board of Management and senior management are not required to lodge declarations of pecuniary interests.

PRESIDENT'S REPORT

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

Patient Services

Over the past year the Hospital has continued to develop as a major sub-regional referral centre. It was recognised and designated as one of the major providers of Critical Care Services in rural Victoria, and received a share of the additional funding for critical care services throughout the State.

A continued demand for patient services and high level of public (Medicare) patients was mainly responsible for the Hospital experiencing a deficit approaching \$500,000 for the year. This was evident in expenditure increases in payments to Visiting Medical Officers, purchases of medical, surgical and drug supplies and provision of pathology services.

Although the Hospital was able to maintain the previous year's 13% increased inpatient throughput, and outpatient service level over the past twelve months we are concerned that the budget constraints for the 1990/91 financial year will force the Board of Management to critically review the Hospital's operations.

It appears at this stage that we will not be able to maintain the current level of service provided, given our predicted resource allocation.

Building and Development

Further delays in funding have meant that very little progress has been made on the Hospital's planned redevelopment and major building projects over the past year.

In March 1989 the Minister for Health accepted a three stage redevelopment strategy and gave approval to relocate the Hospital boiler to make room for a new Kitchen and Accident and Emergency, Operating Suite and Radiology complex. Since the Minister's announcement user groups in the Hospital have been meeting regularly with our Architect in order to finalise plans and tender documentation for the boiler house and to develop a functional brief for the main block redevelopment project. Commencement of construction is now subject to availability of funds from Health Department Victoria.

Plans for a new fire escape from the main block have also been approved by the Health Department and approval given to proceed with an anticipated tender date late 1990.

Staff

Our staff are our most important asset for it is they who are responsible for the high reputation of the Hospital, and they who reflect the culture and direction of the Hospital.

Mrs. Gillian Curran was farewelled after more than thirty years of service, the last ten years as Director of Nursing. Mrs. Curran's contribution to the Hospital and her commitment to education and high standards of patient care is acknowledged and appreciated. I take this opportunity to extend a warm welcome to our new Director of Nursing, Mr. Peter Lavelle who joined the Executive Team as Director of Nursing Designate in October, 1989.

Mrs. Jillian Waixel, Deputy Director of Nursing, resigned after 13 years of service to move to Maryborough. Dr. Ian Jackson also resigned as Visiting Psychiatrist after nine years and we thank him for his contribution over this time.

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.

Mrs. A. Auchello	Linen Service	25 years
Mr. J.A. Batty	Environmental Services	12 years
Mrs. W.L. Bennett	Finance	27 years
Miss K. Flack	Medical Records	19 years
Mrs. J. Gollan	Nursing	29 years
Mrs. H. Hemley	Nursing	11 years
Mrs. B. Muller	Linen Service	26 years
Mr. K. Reichelt	Food Services	11 years
Mrs. M. Smith	Nursing	19 years
Mrs. B. Sorrell	Nursing	14 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 Rev. D. Manks from the Board and the appointment of Mrs. M. Ladlow and Mr. D. Witnitz. Retiring Board members Mr. R. Mibus, Dr. E. Miller, Mr. R. Smith and Mr. E. Thompson were each reappointed for a further three year period.

All members have continued to provide a valuable contribution to the Hospital and I take this opportunity to record my sincere appreciation for their support and commitment over a particularly busy twelve month period.

Community

One of our greatest strengths is the involvement of the community in the Hospital.

Every year the Hospital has pleasure in receiving the support and interest of many individuals and groups. The Board is appreciative of this support and assistance which is provided by the Ladies' Auxiliary, Red Cross, local parliamentarians, visiting medical officers, members of the clergy, service clubs, community support groups and local media.

In March 1990 the Wimmera Base Hospital Foundation was established with the objective of providing a growing financial independence for the Hospital to ensure the people of the Wimmera continue to receive a high level of health care. The Board of Trustees appointed to manage the Foundation are Mrs. Kaye Valpied, Mr. Malcolm Taylor, Mr. Don Johns, Dr. Mark Lloyd and Mr. Graeme Hardman.

We were also fortunate in securing the services of Mrs. Maree Taberner for the newly created position of Community Liaison Officer. Mrs. Taberner's role is to promote both the Foundation and the Hospital in the community.

Conclusion

In concluding I would like to extend to the Chief Executive, Mrs. Inas Thompson, and the Senior Executive staff my sincere appreciation for the professional way they have managed the Hospital over the past twelve months.

We live in difficult economic times and face another year of reduced resources but we go forward confident in our ability to assure the community that Wimmera Base Hospital is a hospital providing the highest quality patient care available.

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

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

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Peter Haslau, MB,B.S.,FR.A.C.G.P.
President

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 and Discharge Policy.

Chief Executive

Mrs. I.H. Thompson,
R.N., R.M., B.H.A., M.B.A.,
A.F.C.H.S.E.

Medical Administrator

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

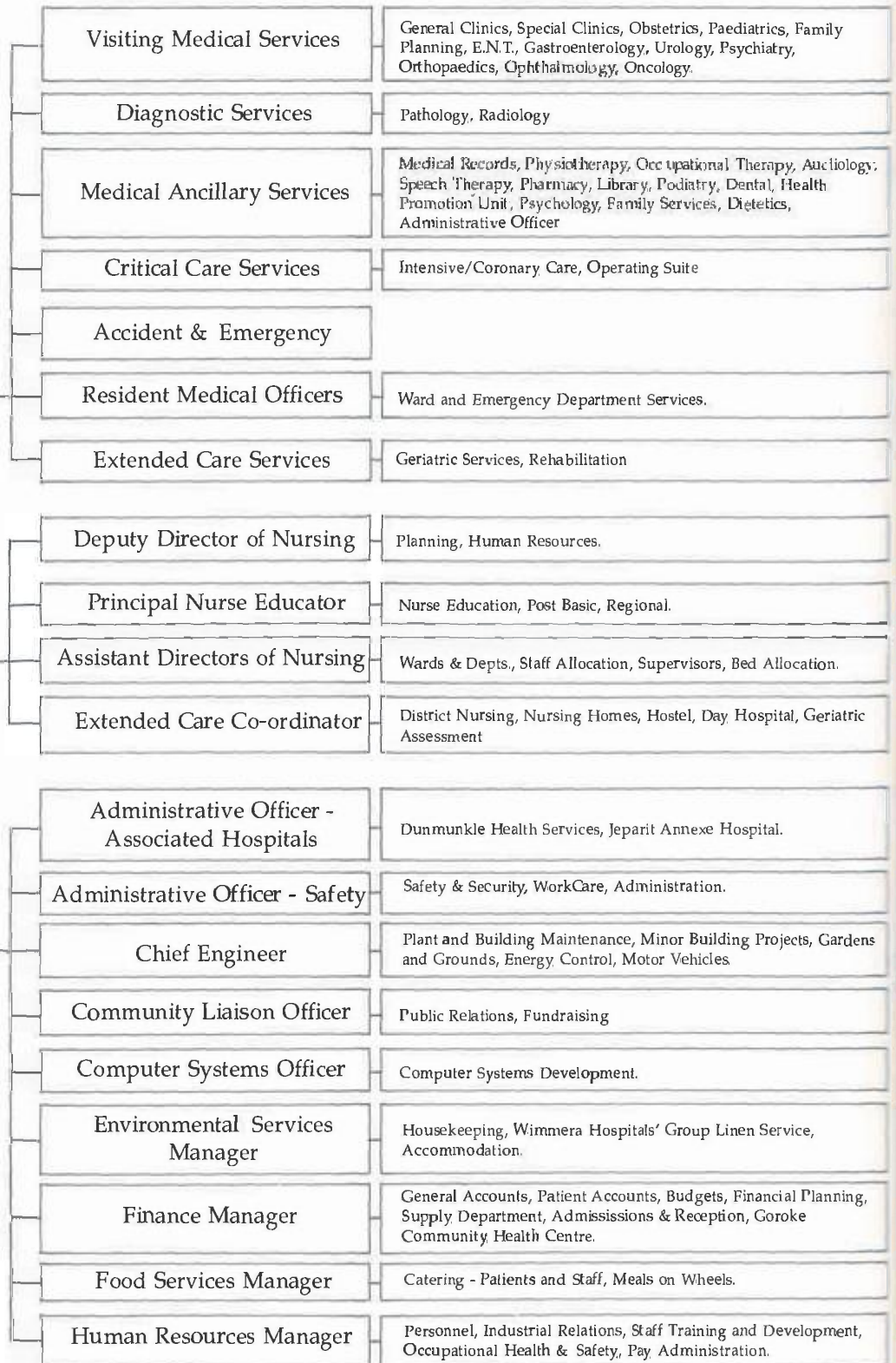
Director of Nursing

Mr. P.F. Lavelle,
R.N., R.M., Cert. Oncol. Nurs.

Director of Administrative Services

Mr. W.G. Knight,
B.Ec., 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 communications. The positions of appointments on the chart does not necessarily denote seniority.



Record Surgical Activity

The Operating Suite continues to be one of our busiest departments. As services are reduced in the smaller hospitals, so the surgical workload increases with the increase in referrals to Wimmera Base. In the current year 2,732 operations have been performed.

Given the shortcomings of the Operating Suite's physical layout, the Hospital is fortunate to have a caring and committed staff who are able to maintain a high standard of surgical care in the face of an increasing workload.

The high volume of surgery adds to the Hospital's workload and running costs as patients are required to stay overnight, even for minor surgery. The use of sophisticated anaesthetic and surgical techniques can eliminate the need for patients to stay overnight for many minor procedures. This benefits the patient, who may come and go on the same day, and the Hospital, which saves an overnight bed with the attendant nursing and meal costs. A limited day surgery facility is currently provided but this service is now under review. It is hoped to introduce day surgery as a routine practice in the next year, making surgery more convenient for the patient and less costly for the Hospital.

Committed Operating Suite staff maintain a high standard of surgical care.



Specialist Services

There has been a continuing demand for visiting specialist services during the year. Unfortunately some waiting lists have developed in ophthalmology, and ear, nose and throat surgery. The Hospital has been extremely fortunate in securing the services of a second Ophthalmologist, and the spreading of the E.N.T. surgery waiting list amongst three surgeons. The Hospital has found that establishing links with specialists in Ballarat provides an improved continuity of service. The Hospital continues to have difficulty in recruiting specialists from out of town because of the lack of a plane service to Horsham. Visiting specialists are, however, extremely impressed with the consulting and operating services with which they are provided. These factors have helped in attracting some specialists.

Team Approach in Day Hospital Rehabilitation

In October the Board of Management approved a name change from Day Centre to Day Hospital.

Day Hospital provides a range of rehabilitation services for the treatment of aged and disabled people with the aim of maintaining independence in the community for as long as possible.

The Day Hospital fosters a team approach for rehabilitation of clients. The team includes a Geriatrician, Physiotherapist, Occupational Therapist, Speech Pathologist, Social Worker, S.E.N., the Charge Nurse who co-ordinates the Day Hospital, and most importantly the client.

By providing a Day Hospital in the chain of recovery we hope to increase the individual's perception of recovery from illness by allowing them to return to their own home, returning to Day Hospital as required to regain and maintain skills, create friendships and lead a more meaningful and full life. Referral to the Day Hospital is provided by a medical practitioner to enhance patients' rehabilitation.

Psychiatric Services: An Area of Unmet Need

The lack of psychiatric services in the Wimmera Sub-region has been a matter of concern for a number of years. During the year Dr. Ian Jackson resigned his position after nine years of very dedicated work visiting the Hospital on a fortnightly basis from Melbourne. We thank Dr. Jackson for the vital service he was able to provide and note that we have been unsuccessful in finding a replacement psychiatrist. The Hospital continues to pursue with the Health Department the creation of two Community Psychiatric nurse positions for the Wimmera Sub-region. The Department has certainly acknowledged the need for the upgrading of psychiatric services and is continuing to work towards filling these two positions.



Residents of the Hospital's nursing homes participate in varied activities such as cooking, to provide a home-like and entertaining environment.

Providing Support to Nursing Home Residents

Both Matron Arthur House and Sir Robert Menzies Nursing Home have formed resident support groups. The two support groups are interested in the day to day operations of the nursing homes as well as doing much hard work towards raising funds. The Matron Arthur House support group has been able to purchase external sun blinds for the west side of the building, and was also responsible for the donation of an outdoor furniture setting by the City of Horsham Lions Club.

The groups also perform an important role in representing residents interests and assisting them in making decisions about their healthcare and living environment.

Health and the Rural Crisis

A recognition of the relationship between emotional trauma and health by Hospital staff and the community has resulted in increased demands on the services provided by the Social Work Department.

The worsening economic situation is producing more financial hardships in rural areas and changes in traditional male/female roles are having an additional impact on the expectations of different generations of rural families. These difficulties place extra strain on the relationships within families - which then show up in the kinds of problems that present to the Department.

Social Work Department has been able to respond to these needs by the provision of grief and loss counselling, marriage guidance counselling and family therapy. Staff members have also been involved in initiating support groups in the community, both locally and regionally.

Pacemaker Clinic for Hospital

A newly formed pacemaker clinic enables people of the Wimmera to have their pacemakers checked without travelling to Melbourne. Nearly one hundred people who previously had to travel to Melbourne every six months for the testing of their pacemakers can now attend the pacemaker clinic held every six months in the Day Hospital. The clinic is conducted by staff from the Hospital Intensive Care Unit.

Exercise testing is also available in the Intensive Care Unit. This involves the use of a treadmill to gradually increase patient stress levels. Over 200 patients have been tested over the past two years. Prior to testing being carried out in the Hospital it was necessary for patients to travel to Melbourne for the service.

Varied Activities for Menzies

Residents of the Sir Robert Menzies Nursing Home are given every opportunity to participate in a variety of activities conducted regularly in the nursing home. Activities such as bingo, "footy picks", word games and cooking all help in providing a sense of usefulness. Exercise programs, outings and dinner parties ensure that residents have a stimulating and entertaining environment.

The Menzies wing was once again decked out this year to resemble an ocean liner for a "fantasy cruise" to Hawaii.



Residents of Kurrajong Lodge live in an environment designed to be as enjoyable and homely as possible. Pets help by providing valuable companionship.

Specialised Approach to Geriatric Assessment

The Hospital continues to be a part of the Regional Geriatric Assessment Team providing a multi-disciplinary approach to the specialised assessment of the elderly.

As a result of a Government initiative the frail and isolated elderly may be eligible for a personal alarm call system, which enables the at risk elderly to enjoy independence, and a feeling of safety in their own home. A written referral must be made by the client's doctor prior to the team conducting an assessment.

The members of the team consist of the Extended Care Co-ordinator, regional and local Geriatricians, General Practitioners, District Nursing staff, Social Work Department, Paramedical Departments, Day Hospital staff, Nursing Home and Hostel staff. The team may

recommend clients to other services such as home help, meals-on-wheels, day hospital, a volunteer service or planned respite care in a nursing home or hostel.

This form of assessment encourages and enables clients to be involved in decisions regarding their health care, as well as ensuring the best possible facilities and services are available to meet individual needs.

Specialist assessment of the elderly and disabled has enabled many clients to remain in their own homes longer.

Kurrajong Lodge

Early this year the hostel changed its name. Wards 9 & 10, or 'Geriatrics' as it was known, officially became Kurrajong Lodge on 1st January. Residents of the hostel voted on the new name from a final list of six.

The name was inspired by a large Kurrajong tree which stands near the main entrance to the Hostel building. It is also symbolic of continuing efforts to create a more homelike environment which engenders greater social independence, privacy and dignity for residents.

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Hospice/Palliative Care Reflects Community Involvement

Hospice/Palliative Care is a concept of care which involves the dying patient and their family and carers. The program is designed to promote achievement of quality life for the time remaining, and dignity at the time of death. This is done by helping to relieve the physical, emotional, spiritual and social stresses of illness and pending death for both patients and their carers.

The aim is to make available health care support for patients and families which will enable them to remain at home or in hospital for as long as they desire during the course of the patients illness.

The program run by Wimmera Hospice Care reflects community involvement from its inception. The Wimmera Hospice Care Steering Committee was formed at a community meeting held to investigate the establishment of a Hospice Care program in this region. The acquisition of equipment and the appointment of a Co-ordinator provided an initial framework for program development.

The philosophy of the program is to use existing services wherever possible. Medical care is provided by the patient's doctor of choice and nursing and paramedical requirements are met through existing services. A team of trained volunteers provide a caring support network for patients and families.

Education is a vital part of the program. Talks to community groups, inservice programs for care providers, and displays in public venues all play a role in informing the community of the availability and purpose of the Hospice/Palliative Care program.

Podiatry and Foot Care

Our Podiatry department resumed full function in March after the appointment of a South Australian podiatrist.

A podiatrist is a specialist in foot health and is trained to diagnose, prevent and treat foot disorders. A podiatrist is essential in caring for patients who suffer diabetes, arthritis and people suffering from circulatory disorders. Our podiatrist also treats children and elderly people and conditions such as ingrown toenails, warts, skin lesions, infections, nail deformities and can correct or compensate for deformities associated with walking patterns.

The best patient care is achieved through concentration on preventative methods of

treatment, as well as the treatment of the medical problem. The provision of a modern podiatry service will be enhanced with the addition of an orthotic laboratory later this year.

Handyman Service Popular

Occupational Therapy department provides a diverse and comprehensive range of services to people in the Wimmera region. These services include: rehabilitation, provision of aids and equipment, functional assessment, community health programs and activity programs in extended care areas (nursing homes, hostel and Day Hospital).

A handyman service is also available, and provides a vital and unique service to people in the local community. The service is available on a referral basis from health professional areas such as Physiotherapy and District Nursing. Demand for the service is high, resulting in many people being able to return home sooner from hospital or to avoid going to hospital.



The Hospital's podiatrist specializes in the diagnosis, treatment and prevention of foot disorders.

Teddy Visits Wimmera Base Hospital

Children in the Wimmera are getting the opportunity to see the Hospital first hand, by joining our teddy bear on a tour through various areas of the Hospital.

Over 200 children have taken the tour which involves Teddy being taken to the Accident & Emergency department after falling from his bike. He is examined by a doctor, then visits the Radiology department for x-rays and is finally admitted to the childrens ward.

The idea was introduced to help reduce the fear among children who may have to visit hospital, while it also provides an excellent educational opportunity. Children have the opportunity to ask questions, and see the inside of the Hospital while still having fun.

Breathing Versus Wheezing: An Asthma Education Program

The Breathing versus Wheezing project, being piloted by the Health Promotion Unit, aims to familiarise all students whether asthmatic or not, with emergency first aid procedures and the correct use of asthma medication. The intention is to make the ongoing management of asthma an acceptable part of school life so that the asthmatic student can feel comfortable using asthma medication in a school environment.

Breathing versus Wheezing was launched by the Minister for Health, The Hon. Ms. Caroline Hogg, at a luncheon on 31st August, 1989. Guest speakers were Jennifer M o s s , a Melbourne Financial Adviser and President of the Business and Professional Women's Association, and Peter Foster, an A.F.L. footballer. Both speakers suffer from severe asthma.

Community leaders, health care professionals and many members of the community with an interest in health and education attended the launch. The media was also well represented and the project and the Hospital received significant media attention.

The project team is currently interpreting the early pilot results. It is too early to give conclusive findings however it seems that Breathing versus Wheezing has made an impact on students' understanding of asthma and its trigger factors and students' likely reactions to another student having an asthma attack.

Prior to the program, most students reported that they would feel "scared and would not know what to do" if they saw a student having an attack. After the program there was a 10% increase in the number of students who reported that they would feel "nervous but would know they could help".

Migrant Services Meeting Community Needs

Services to migrants are provided by the Hospital's Social Work department. The service is

especially designed to meet the needs of country migrants irrespective of their age or time of residence in Australia.

Until recently there has been a lack of migrant education in English language. As a result many migrants are illiterate in english and are not utilising the health and welfare services provided for the general community.

A wide range of services is provided for migrants including English instruction, health education, hospital visitation, home visiting, counselling, interpreting and help with social security and pension difficulties. Help is also available to assist the migrant to find employment and accommodation. Liaising with doctors and hospital staff is an important aspect of migrant services because without a team approach certain cultural and language differences may go unnoticed and the patient may be upset unnecessarily.

The support provided by these services has enabled migrants to gain the knowledge and confidence to more fully utilise the existing health and welfare services Horsham offers.



The Breathing versus Wheezing Program aims at educating students on various aspects of asthma and its treatment.

Hospital Strengthens Links with the Community

In March the Hospital established the position of Community Liaison Officer. The primary functions of this position is the promotion of the newly created Wimmera Base Hospital Foundation and increasing the Hospital's profile through the media and other outlets.

The Foundation will play a vital role in establishing an independent source of revenue to supplement the diminishing resources being provided by the government. The Foundation is not designed to encroach on existing forms of fundraising, but will be looking at broadening the Hospital's support in the areas of corporate sponsorship and deferred planned giving such as life insurance policies and bequests.

The Community Liaison Officer welcomes the opportunity to talk to groups, service clubs and individuals and can be contacted at the Hospital.



Balloons and games are being used by the Speech Pathology Department to teach children particular concepts such as happy and sad, fast and slow.

Concept Group Helps Wimmera Kids

Children in the Wimmera are learning the concepts of happy and sad through a fun program conducted at the Hospital. Our Speech Pathology department has begun a language concept group for children with delayed development from Horsham, Murtoa and Donald.

The concepts included are adjectives such as happy and sad, adverbs like fast and slow and prepositions including in, on and under. The group is run on a weekly basis by a speech pathologist and an allied health assistant. Brightly coloured clowns with happy and sad faces, tea parties with red and blue hats, balloons and games have been enjoyed immensely by children, parents and speech pathology staff alike.

The concept group and similar activities are breaking away from traditional ideas of a hospital's role and have been well received in the community. Attendance was by invitation

originally, with preference for children with delayed development, Downs Syndrome or other difficulties, but word travels fast in the country and the group has now grown considerably.

District Nursing Patient Dependency on the Increase

The dependency level of patients being admitted to the District Nursing service has increased over the past year. A greater emphasis is being placed on the education of the patients and their families to enable them to be involved in decision making regarding their care.

The District Nursing Service is also the provider of primary nursing care in the Hospice Program. This involves providing professional advice, support and care for those patients who have been admitted to the program.

The service is also part of the Geriatric Assessment Team and provides planned respite care for those elderly in need.

Strong Community Demand for Public Dental Services

Particular groups in the community have the chance to receive dental services through the Hospital's Dental Clinic. The clinic is solely for the use of public patients resulting in an extremely busy clinic. Large numbers of patients travel from around the region to utilise our dental facilities which experiences, on average, a six week waiting list.

Services provided include the filling of teeth, denture work and very simple orthodontic work. The services are available to the unemployed, pensioners and low income earners who hold HealthCare or Pensioner cards.

Promoting Health Through Dietary Advice

Dietetics Department staff talk to many groups in the community. Including special interest groups on specific topics such as diabetes and cholesterol, general nutrition and nutrition in pregnancy.

Talks to local diabetic groups deal with the need for a high complex carbohydrate and fibre diet. It is important that diabetics are educated, and realise that refined carbohydrates and fats need to be restricted in their diet, while complex carbohydrates are increased to comprise half their daily intake.



Kitchen staff prepare meals for patients, staff and other Hospital functions as well as Meals on Wheels and Palm Lodge.

Such talks help to keep the public up to date with nutrition and counter misinformation people are subjected to via media and advertising.

The cholesterol group's aim is to give practical advice on low fat, high fibre diets, with the use of commercial food products and label reading often being discussed.

Freedom of Information

Four requests for documents under the Freedom of Information Act (1982) were received. One of these requests was withdrawn and in two cases access to the documents sought was granted in full. In one case access was denied on the basis that the documents requests were not Hospital documents. The average decision time for processing new requests was six days.

A "Guide to Patients Rights and Responsibilities" was published for the first time this year to assist patients and their relatives in knowing their rights, what information is available and what channels are open to people with complaints.

The Hospital continues to promote a policy of giving staff, patients and the general public good 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.

Administration of Associated Healthcare Facilities

Wimmera Base Hospital currently administers three associated healthcare facilities: Jeparit Annexe Hospital, Dunmunkle Health Services and Goroke Community Health Centre.

Jeparit Hospital is an annexe of Wimmera Base Hospital, with four acute beds and ten nursing home beds. Dunmunkle Health Services is an associated healthcare facility comprising of an eleven bed acute Hospital, a twenty-one bed Nursing Home and a Community Health Centre.

The Wimmera Base Hospital provides all administration facilities for the associated institutions as well as back-up medical and paramedical support.

Capital Equipment Grants

The Hospital received a grant of \$127,100 from Health Department Victoria under the Capital Equipment Program. A list of equipment acquired with this grant and Hospital funds is shown below:

	\$
Audio Evoked Response Equipment for Audiology	37,518
E.C.G. Monitors and Pressure Module for I.C.U.	16,239
Colonofibrescope for Operating Suite	18,770
Diathermy Machine for Operating Suite	9,181
E.C.G. Recorder for Ward 7	8,826
Defibrillator for Accident & Emergency	7,981
Electric Wheelchairs (x 3) for Occupational Therapy	17,100
Gastroscope for Operating Suite	14,460
Total	130,075

The aged and disabled can maintain greater independence for longer periods of time as a result of the team approach at the Day Hospital.



Boiler House Plans Completed

The new boiler house project was delayed this year for want of Government funding. In anticipation of commencing construction in late 1990 planning proceeded steadily throughout the year and all tender documents were finalised.

Community Consultation

Consultation with local residents and members of the wider community was an important part of planning for the new boiler house. A public consultation process was conducted to coincide with the Hospital's application for a planning permit. The campaign included letters to all local residents, public meetings, newspaper articles and trips to other facilities to ensure that residents were fully informed and given every opportunity to raise their concerns. Community reaction to the campaign was extremely positive. The campaign was successful in explaining the Hospital's plans and correcting misconceptions some members of the community had about the environmental impact of the new briquette fired boilers.

Fire Escape for the Hospital Main Block

A new fire escape stair for the eastern end of the Hospital's main block is planned for construction next year. In the event of a fire, the new escape will provide a safe means of exiting from all floors of the building, including labour

ward and the operating suite. In the past Country Fire Authority reports have identified the need for an adequate fire escape from the eastern end of the building. These reports have also been reinforced by staff who have expressed their concern about this issue for many years.

A submission has been made to the Health Department and approval received to begin the process of preparing plans and tender documents. The anticipated cost of the escape stair is around \$270,000.

Computer Strategy Plan Prepared

Computer technology offers great potential benefits in the management of patient information, accounting, financial planning and document handling. The technology is expensive and may be wasteful if applied without thought to the long term needs of the whole hospital. With this in mind, the Hospital's computing needs have been reviewed over the last year and a Strategy Plan for the next five years developed and presented to Health Department Victoria in June.



Cardiac patients can attend rehabilitation classes designed to meet their dietary, medical and physical needs.

The plan envisages a major upgrading of the Hospital's computer facilities over the next five years, with the major item being the replacement of the central computer system. This is to provide improved patient information systems, medical record management and a food services module. The existing Pathology, Pharmacy, Finance and Store systems will then be gradually moved to the new system. Initial discussions with the Health Department about this upgrading are to begin shortly.

A more immediate outcome of the planning process was the replacement of secretarial typewriters and ageing word processors with personal computers and printers running a standard word processing package. This has particularly assisted the massive document handling tasks at the Hospital, very evident during the lead up to Accreditation.

Improved Testing Equipment

The acquisition of new laboratory machines by the Pathology department will significantly reduce the waiting time for some microbiological and biochemical test results.

Bacterial identification and antibiotic sensitive tests will be available 18 hours earlier than was previously possible in most cases. This enables appropriate antibiotic therapy to commence earlier, which should result in a reduced patient stay in hospital.

Tests for hepatitis may now be performed at the Hospital, rather than being referred away. This will allow rapid identification of infectious patients and will result in savings in specimen packaging and handling.

The laboratory is encouraging use of the Vacutainer (evacuated tube) system for blood taking by nursing staff. This system reduces the risk of needle stick injury and is more cost effective than syringe techniques.

Minor Works Projects

A grant of \$85,180 was received from Health Department Victoria under the Minor Works and Equipment Program. This grant together with Hospital funds was applied to the following projects:

	\$
Gas Stove and Oven for Kitchen	6,105
Bain Maries (x 3) for Kitchen	4,425
Safety Light Beams for Lift Doors	15,150
Windows for Physiotherapy	5,057
Information Systems - Pay Office	6,418
Manufacturing Area for Pharmacy	6,200
Smoke Doors for various Departments	17,982
Instrument Washer and Dryer for C.S.S.D.	22,425
Fire Safety Measures	6,798
Total	90,560

Linen Service Productivity Continues

Linen is a major cost component in providing hospital and nursing home care. Over recent years, as budget constraints have tightened and efforts to improve efficiency have increased, health services have made significant reductions in linen usage. Indeed, they have been so successful in reducing linen usage that the Linen Service, which must operate in a defined regional market, has been running at levels of production well below its full capacity. The following figures show the significant productivity improvements achieved and the fall in linen usage.

Linen Service Performance Measures

	1990	1989	1988	1987
Staff (Equivalent Full Time)	24.5	24.9	28.8	31.9
Gross Output per E.F.T. Staff (kg/hour)	19.5	18.6	16.8	16.1
Linen Issues (tonnes/week)	17.0	17.6	18.4	19.4
Linen Issues (tonnes/year)	913	926	957	1,008

The Group Linen Service provides a service to over 30 hospitals, nursing homes and other institutions throughout the Wimmera.



New Computer System

This year saw the delivery and installation of an ICL/Hospro Financial Module for use by the Finance department. The module provides an online general ledger and creditors system which will ensure prompt access to information for analysis and timely processing of accounts.

The initial challenge is to transfer the current information to the computer system, a large task which is well under way. Staff will then seek to become proficient with using the computer and manipulating spreadsheets and other reporting tools.

The various computer systems in the Hospital which produce financial information currently have no direct connection with the new system. Providing automatic data exchange from pathology, supply, payroll and the asset register to finance will be a task to

face in the near future. The final link to fully computerise the Finance Department will be a debtors system to integrate with the general ledger, giving the Hospital a modern, effective financial management system.

Medical Students Expand our Education Role

The Hospital has successfully negotiated with the University of Melbourne Medical School at the Royal Melbourne Hospital for groups of medical students to be rotated on a regular basis to Horsham. Students have completed elective terms at Wimmera Base for a number of years. This new arrangement will mean that groups of 6-8 students will visit the Hospital on a regular basis as part of their clinical programme. Wimmera Base will formally become a teaching hospital and a number of its medical staff will be appointed to the Faculty of Medicine at Melbourne University. The comment has been made over a number of years that the opportunities for clinical experience for young doctors is far greater in the country than in the large city hospitals. It is envisaged that medical students will gain significantly from their attachment at Wimmera Base.



Medical students are rotated on a regular basis from the Royal Melbourne Hospital. Students gain valuable clinical experience during their stay at the Hospital.

Education Opportunities for Nurses

The Education Centre continues to provide a wide range of further education options for nurses of varying experience. These courses attract not only Hospital staff, but nurses from throughout the western half of Victoria.

The Graduate Nurse Program for newly qualified nurses runs over a full year and is designed to assist the newly registered nurses to consolidate their nursing and management skills while still having contact with support staff.

For nurses who have been out of the workforce for some time, the twelve week Refresher course updates acute nursing knowledge and skills. This can be tailored to nurses' individual needs and enables previously experienced nurses to return to the workforce.

Nurses working in the critical care areas of smaller hospitals have to be able to handle a wide range of situations. The High Dependency Nursing course develops the nurses' assessment and first time management of critically ill persons skills.

To maintain a high standard of clinical practice and delivery of client service the Clinical Skills Assessment Program was recently introduced. This targets specific nursing skills, such as the use of intra venous equipment, and utilises pertinent inservice education followed up by individual annual assessment.

Library is a Resource

Our library service is more than a collection of books and journals, it is a valuable resource centre with a wide range of services. Small libraries cannot exist in isolation, but must obtain material from other sources in the local area and throughout Australia via the Inter-Library Resource Sharing network.

The Health Department library continues to provide a service to our library which is particularly valuable for literature searches whilst the regional medical libraries reciprocal arrangement is a wonderful source of two way exchange.

On the local level, close associations have remained between the special and public libraries of Horsham and district. Our library is now more able to provide information and specialised services in return for those received. We continue to provide service where appropriate to smaller hospitals in the area and to health workers with no direct access to specialised library facilities.

A major updating of the collection began this year, particularly in the medical and surgical area. Further attention to other sections will gradually bring the book stock into line with the national minimum standards recommended for health service libraries.

Staff are becoming more aware of the Library's relevance to their work and study needs and a true resource centre is evolving.

AIDS Education Continues

Education on AIDS continues, helping staff to understand the disease and the precautions necessary to prevent occupational transmission of the virus. Wimmera Base Hospital is also heavily involved in the Wimmera AIDS Working Party by providing information and education, via the Infection Control Nurse, for schools, community groups, emergency workers and regional hospitals.



Wimmera Hospice Care is designed to help dying patients gain the best possible health care while remaining at home or in hospital.

Universal Precautions Reduce Infection

The system of Universal Body Substance Precautions has been in use for over 12 months. The system replaces the old idea of applying special precautions only to patients known to be infectious with the principle that all patient contact situations are potentially infectious. Particular emphasis is placed on preventing the transmission of bodily substances, saliva, blood or other material, between staff and patients. Continuing education programs have helped the smooth transition to this system. The post operative wound infection rate can be used as an indicator of the success of this change. The number of post operative wound infections has always been less than 2% of all operations but 1989/90 statistics show that the changes implemented in the Operating Suite and the wards toward Universal Precautions have produced a further significant reduction to less than 1%. Credit must go to the staff for their strict adherence to infection control procedures.

Work Experience Programs

The Hospital's work experience program enables students to gain a better understanding of a work environment. It also helps students gain an insight into particular careers in which they may be interested. This year 60 students, between 15 and 18 years of age, were placed in various hospital departments.

Students gained experience in areas including general nursing, physiotherapy, pharmacy, pathology, occupational therapy, food services, environmental services, linen services, engineering, medical records, finance and other administrative and paramedical areas. Schools and colleges from Horsham, Dimboola, Stawell, Goroke, Nhill, Balmoral, Edenhope, Ballarat and Hamilton participated in the program.

As the largest employer in the region the Hospital believes that it has much to offer students looking for different forms of work experience and has a responsibility to provide a useful and informative program. The program also helps to improve community understanding of the Hospital's activities.

Caring for the Terminally Ill

Nearly 60 nursing and allied health staff from the Hospital and nearby health facilities undertook the "Caring for Terminally Ill Persons and Their Families" education course this year.

Conducted by Wimmera Hospice Care, the course covered: chronic pain management, counselling skills, bereavement, healthy grieving, spiritual care and community resources. The aim of the course was to improve the participants' understanding of the dying process and enhance their skills in each aspect, from counselling and pain control for the patient to making funeral arrangements. This in turn leads to improving the dying person's quality of life and death.

Graduate Medical Education Activities

A comprehensive graduate medical education programme is run by Dr. David Leembruggen. Meetings are held almost weekly consisting of visiting speakers from Melbourne and local presentations. A large number of the local presentations involve quality assurance activities. In addition, four professorial meetings are held each year at which Professors of Medicine, Surgery, Obstetrics and Paediatrics visit the Hospital to comment on case presentations in an all-day session. The sessions are well attended with up to fifty doctors from the region coming to the meetings.



Each year nurses graduate from the High Dependency Nursing Course conducted by the Hospital's Education Centre. The course develops skills required for the management of critically ill patients.

High Dependency Nursing Course Graduates

Diane French
Melissa Garth
Lea-Anne Kirkwood
Kaylene Lutze
Tricia McInnes
Max McLean
Sara Nixon
Kerri Winsall

Refresher Course Graduates

Sue Ellis
Valarie Harris
Claire Keane
June Lory
Jennifer Noonan
Molly Pummeroy
Margaret Sleep

Graduate Nursing Program Graduates

Marina Butler
Barbara Dennis
Kathy Hilliard
Denise Hobbs
Charmayne Long
Richard McClelland
Susan Mills
Donnel Robinson
Megan Stevenson
Jennifer Vagie

Accreditation Program Assures Quality Services

The Hospital is committed to providing high quality health care to the community. Since 1977 the Hospital has taken part in a voluntary accreditation program undertaken by the Australian Council on Healthcare Standards (ACHS). In June 1990 the Council conducted a survey of the Hospital using a team of specially trained professionals in the medical, nursing and administration areas.

Accreditation by the ACHS involves the evaluation of the organisational structures and the provision of patient care in comparison with contemporary professional standards. If the Hospital meets these standards it merits the award of ACHS accreditation status. Wimmera Base Hospital has been accredited four times by the Council since 1977 which, in itself, testifies to the Hospital's commitment to provide quality services.

Quality assurance activities are an integral part of the Hospital's continuing involvement in the Accreditation program. Some of the activities undertaken include patient satisfaction surveys, patient care reviews, nursing care audits, general service and drug utilisation reviews. These quality assurance activities and many others are ongoing so that all staff can continually assess the quality of the services they are providing.

By choosing to be continually measured by the Australian Council on Healthcare Standards we demonstrate to our peers and the community that a conscious and active effort is being made to maintain high professional standards of quality of care.



A combination of encouragement, support and technical expertise enables midwives to provide a caring, flexible approach to the nursing of mothers and their babies.

Medical Quality Assurance

During the year, medical staff established a comprehensive quality assurance programme. The system is modelled on an American programme called Medical Management Analysis. Patient records are reviewed on an on-going 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 as a whole, the Quality Assurance Committee and the Board of Management. Wimmera Base is one of four hospitals in Australia to implement this innovative programme. The others are Royal North Shore Hospital, Royal Brisbane Hospital and Royal Perth Hospital. That such an imaginative and useful programme could be established at a base hospital shows the dedication that members of the medical staff have to providing a high standard of patient care.

Critical Care Review

During the year the Hospital was visited by the Critical Care Review Committee. The Committee fully acknowledged the enormous deficiencies in our Accident and Emergency Department and sympathised with the difficulties that we have experienced in attempting to have the department upgraded. In their report they recommended that Wimmera Base should be the major referral centre for accident and emergency work. This should further assist the Hospital in its attempts to upgrade the department.

Environmental Services Monitors Changes

As cleaning equipment and chemicals change, so the methods of cleaning must also change. New disinfectants and detergents along with changing attitudes to the environment all combine to provide a dynamic area of the Hospital. The Environmental Services Department has ensured that staff have kept up to date with these changes.

Supervisors have attended seminars and exhibitions during the year. Their observations and skills have been used to maintain levels of competence in all staff.

Comprehensive quality assurance programs, regular staff meetings and ongoing training combine to ensure that the high standards of work required are maintained in this area.

On the Shearer's Back

Shearers play an important role in the Wimmera's wool industry, but many shearers are plagued by lower back pain, which impairs both their social and working lives. In recent years many shearers have begun using an upper body spring suspension to reduce back strain while shearing. Anecdotal evidence suggested that the suspension system was effective in easing the back pain shearers had previously experienced.

A study was undertaken by Physiotherapy Department staff to determine whether the suspension system was reducing physical forces which could account for this perceived improvement. The research was carried out on local shearers using the system, measuring weight passing through the lower limbs and forces on the lower back.

The results showed a significant reduction in forces when the suspension system was being used. While not conclusive, this is consistent with the relief claimed by shearers.

Pharmacy Provides Drug Information Service

The Hospital Pharmacy provides a comprehensive information service for medical, nursing and paramedical staff. The Pharmacy's Drug Information Department can answer queries about the use of pharmaceuticals, while it also has an up to date library of current books and journals.

The department also publishes a regular Pharmacy Bulletin. The Bulletin is distributed within the Hospital, to other local hospitals and local pharmacies. The Bulletin provides interesting information about topics of interest, new drugs, and new uses for old drugs.

Quality Meals Are Assured

The Hospital's Food Services Department Quality Assurance program assures the quality of meals provided to patients and staff. Various activities are undertaken to ensure that appropriate standards are met.

A six monthly Patient Meal Satisfaction Questionnaire is distributed to each inpatient to monitor their opinions on various aspects of their meals. The Department also conducts regular patient interviews to assess patient satisfaction. A Staff Meal Satisfaction Questionnaire is distributed yearly. The questionnaire

relates to opinions of current standards and ways to improve the service. Responses are noted. All results are collated and the information presented to Food Services staff. Any need for change is discussed and acted upon. Temperature testing of patient meals is conducted on a regular basis at the time of serving and delivery.

Other quality assurance activities carried out include a Cleaning Audit which is carried out monthly in the main kitchen and in the staff cafeteria, food production and usage checks, and Nutritional Adequacy Audits.

All of these activities ensure the highest possible quality of food service.

Exercise for the Elderly

With over half of the hospital beds occupied by the elderly, the tendency of the frail, institutionalised elderly to become dependent is of great concern. A patient's quality of life will be much better if they can maintain mobility and independence rather than subside into dependency.

A recent research project by a staff physiotherapist with the participation of residents of Matron Arthur House and Sir Robert Menzies nursing homes addressed this concern. The project studied the effects of exercise on the frail elderly, measuring various physical parameters to evaluate the patients' responses.

The positive outcome of this study was that it was demonstrated that the frail elderly living in institutions could be helped to maintain their mobility and independence by a program of light exercise.



Staff in the Hospital's two nursing homes maintain a sensitive approach to the care of the elderly residents.

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

Staff Training and Development

Staff training and development is one aspect of human resources management which directly contributes to improving the standard of health care services provided. Staff at all levels are encouraged to continue their professional and personal development. This is achieved through progressive management policies, formal training courses and involvement in professional associations.

Management and staff recognise the problems created by rural living and isolation from the many city based continuing education programs. Despite the distance involved, many staff continue to obtain or update qualifications and remain active in professional organisations, conferences and seminars. This can only benefit hospital services.

Training Guarantee Bill

Recently the Federal Government passed legislation to introduce a Training Levy / Guarantee. The legislation will require all employers with annual payrolls above \$200,000 to spend at least 1% on approved training activities as from July 1, 1990. The levy will rise to 1.5% by 1992. The Bill is focused on improving the efficiency and competitiveness of Australian industry by increasing both the level and quality of employment related skills of the Australian workforce.

Skill levels are to be increased by raising the level of investment in training.

The Hospital has an estimated total annual payroll of \$14,485,000 as at June 30, 1990, which will require a levy of \$144,850.

This year the Hospital devoted \$286,810 towards training and staff development activities; the major components being wages and on-costs (\$212,700), course fees and expenses (\$26,000) and in-house training activities (\$21,000).

Fire and Emergency Procedures Training

Training staff in emergency procedures is a high priority. A fire training week was held in February, designed to make staff aware of Hospital fire orders and procedures, to highlight the proper use of fire extinguishers, and to detail evacuation procedures and techniques. Over 320 staff attended these sessions.

A consulting group Corporate Emergency Planning conducted training programs in April, aimed at introducing staff to an updated Hospital Emergency Procedures manual. These sessions were combined with four evacuation exercises. Simulated fires were staged in the Kitchen and the Laundry which required staff to activate alarms and evacuate the buildings. A mock ward was created in Ward 8 using nursing staff from various areas. Staff were required to raise the alarm and evacuate patients to safe areas. One exercise was conducted during the afternoon and another during the evening to allow night staff to participate.

The exercises enabled staff to practise vital fire procedures and evacuation techniques without endangering staff or the comfort of patients.



Team spirit and co-operation are essential for the efficient operation of a hospital.

Impact of the new Hospital Medical Officers' Award

A new Hospital Medical Officers' Award was negotiated this year. The Award is extremely restrictive in the number of hours that Resident Medical Officers may work in the Hospital. Wimmera Base Hospital and a number of its Medical Staff were concerned at the implications of these Award changes in terms of the standard of patient care and the quality of training that junior doctors received in the Hospital. Representation was made to the Health Department and the Australian Medical Association to have the Award changes modified. Unfortunately these attempts were unsuccessful and the Hospital will try and introduce the Award changes with minimal effect on the standard of patient care. It is ironic that the Award changes were made despite the fact that Resident Medical Officers at Wimmera Base Hospital were happy with their existing rosters and jobs, and the Hospital is very pleased with the service provided by junior doctors.

Manual Handling Audit

During the year the Hospital was selected to take part in a Department of Labour audit of manual handling in the health industry. The audit was conducted in January by a team of experts in occupational health and safety and was designed to help the Hospital become more familiar with regulations affecting manual handling. This involved an analysis of the Hospital's WorkCare claims and an assessment of a manual handling task in the kitchen.

Department of Labour representatives were very positive in their feedback and complimented the Hospital on having made significant progress in meeting the requirements of the Manual Handling Regulations and Code of Practice.

The regulations require Health and Safety Representatives, employees and the Hospital to work together to prevent, identify, assess and control manual handling risks arising in the workplace. Information has been gathered from throughout the Hospital on perceived manual handling risks. Each task has then been assessed and a possible solution identified. The processes involved in the Code of Practice enables any tasks in the Hospital which may present a manual handling risk to be addressed and controlled.

WorkCare Hours Lost due to Injury or Illness

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

This year saw a substantial reduction in time lost due to injury or illness in the workplace. This has been due to the successful return to work of a number of long term WorkCare recipients, and a general reduction of WorkCare claims.

Nursing Service: The slight increase in hours lost this year is due to an increase in the number of nursing staff with longer term injuries. A continued rehabilitation program for long term employees should reduce these hours next year.

Linen Service, Engineering Services, Administrative and Clerical: These areas have a smaller number of staff, therefore any employees injured will have a significant effect on time lost. As a result, figures may vary sharply from year to year.

Environmental Services: This area has remained stable for the past two years. There have been no new long term claims and continuing concentration on rehabilitation should reduce these hours in the future.

Food Services: The return to work of two long term injured staff members has caused a drastic reduction in hours. This trend should continue in the absence of new long term injuries.

WorkCare Claims Received

	1990	1989	1988
Administrative and Clerical	1	2	2
Engineering Services	7	8	6
Environmental services	10	16	19
Food Services	11	15	17
Linen Services	2	12	13
Medical and Paramedical	3	1	1
Nursing	38	38	33
Total Number of Claims	72	92	91

The decrease in the number of claims received is attributed to the implementation of the Manual Handling Code of Practice, including a comprehensive program of risk identification and assessment and an active program to rectify problems and train staff in correct handling practices.

Nursing: The number of claims received has been constant during the past three years. A reduction of claims is expected with the acquisition of a patient lifting machine and continued staff education.

Linen, Environmental and Food Services: During the last two years there has been a gradual reduction in claims in these areas. This can be attributed to an increase in employee awareness of correct manual handling techniques.

Engineering Services, Administrative and Clerical: These areas have a relatively small number of staff and the number of claims has remained stable for three years.

Disaster Planning

A considerable emphasis has been placed on disaster planning across the State since the Ash Wednesday bushfires. Each region in the State has an Area Medical Co-ordinator appointed who is a doctor charged with the responsibility of providing a co-ordinated medical response should a disaster occur in any part of their region. In the Wimmera three doctors have been appointed so that medical co-ordination is available at all times. A comprehensive disaster kit is located in the Accident and Emergency Department at Wimmera Base and two cars are equipped with ambulance radios should a disaster occur.

In addition the Hospital has developed a comprehensive external disaster plan which is tested each year by a Melbourne disaster planning organisation. A comprehensive exercise was held in November.



There are many support staff who contribute to the care of hospital patients including engineering staff who maintain equipment and facilities.

Staff Turnover and Recruitment 1990

Service Area	Full-Time Equivalent	No. of Employees	Terminated Employees	Turnover/Service Area	Recruited Employees
Administrative & Clerical	3109	38	6	13.1%	5
Hotel & Allied	124.60	174	7	3.4%	6
Medical Officers	9.09	9	-	-	-
Paramedical	59.10	87	15	16.0%	14
Nursing	253.87	415	109	26.0%	108
TOTAL	477.75	723	137	18.3%	133

CHIEF EXECUTIVE

I.H. Thompson, RN, R.M.B.H.A., MBA, A.F.C.H.S.E.

VISITING MEDICAL STAFF

Consulting Staff

R.A.M. Taylor, MB, B.S., (Lond), L.M.S.A. (Resigned 1.2.1990)

Anaesthetics

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

I. Rechtman, M.B., B.S., FFARCS.

Obstetrician and Gynaecologist

E.T. Miller, M.B., B.S., FRACOG, FRCOG.

Ophthalmologists

P. Chau, M.B., B.S., MRC.P(UK), FRACS, F.R.A.C.O.

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

Oral Surgeons

P. Bowker, M.D.Sc., FDSRCS(Eng), FRAC.DS, Ph.D.

N. Steidler, L.D.S., BDS, M.D.Sc., F.R.A.C.D.S., Ph.D.

Orthopaedic Surgeons

J. Bourke, B.Med.Sci., M.B., B.S., FRACS.

W. Carter, M.B., B.S., FRACS.

Paediatrician

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

Physician

G.J. Park, M.B., B.Ch., F.C.P.(SA).

Psychiatrist

I.V. Jackson, M.B., B.S., D.P.M., M.R.C.Psych., F.R.A.N.Z.C.P. Dip. American Boards of Neuro. & Psych. (Resigned 28.7.1989)

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., FRACS.

R.L. Thomas, M.B., B.S., FRACS, FRCS(Eng).

H.M.P. Rundle, M.B., B.S., F.R.C.S.E., F.R.C.S., FRACS.

Radiologist

L. Wong Shee, M.B., ChB., FRACR.

Surgeons

G.S.R. Kitchen, M.B., B.S., FRACS.

I.A. Campbell, M.B., B.S., FRACS.

Oncologist

R. Bell, M.B., B.S., MRACP, FRACP, FRC.P.A.

Urologist

D.A. Stephens, M.B., B.S., FRACS.

Geriatrician (Sessional)

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

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

Regional Geriatrician

C.R. Clarke, M.B., B.S., FRACP.

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.RCOG., M.R.C.P.(UK), 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. Footrell, M.B., B.S., Dip. Obst. RCOG.

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.

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

J.A. Thomson, M.B., CLB., D.R.C.O.G., M.R.C.G.P., D.C.C.H. (Comm. Child Hlth).

G.E. Wajszel, MD.

J.R. Williams, M.B., B.S., D.C.H.D.A., D.RCOG., F.R.A.C.G.P.

Dental Surgeons

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

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

E. Paraskevopoulos, 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. ChB., D.T.M. and H., D.R.C. Path., M.R.C. Path.

Director of Radiology

L. Wong Shee, M.B., ChB., FRACR.

Director of Anaesthesia

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

Director of Intensive Care

G.J. Park, M.B., B.Ch., F.C.P.(SA).

Chief Pharmacist

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

Chief Radiographer

H. Kortman, MLR, A.R.I.M.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.(SpPath), MAAS.H.

Chief Medical Records Administrator

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

Medical Librarian

S. Mewett, AL.A.A.

Chief Occupational Therapist

N. Simitsis, B.App.Sc.(OT).

Dietitian

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

D. Savige, B.Sc., Grad. Dip. Diet.

Audiologists

C. Magree B.Sc., Dip. Ed., Dip. Aud.

Podiatrist

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

Laboratory Manager

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

Chief Social Welfare Worker

M. HUGHAN, Assoc. Dip. Welfare Studies.

Psychologist & Head of Health Promotion Unit

T. Birkin, BA., MA (Commenced 7/2/90)

Administrative Officer - Medical

P.T.O'Connor, Cert. Bus. Studs. (Hosp. Adminn), L.H.A.A.I.M.M.

RESIDENT MEDICAL STAFF

Interns

J. Proimos - 10.7.89-8.10.89.
A. Weber - 10.7.89-8.10.89.
F. Marshall - 10.7.89-8.10.89.
D. Louey - 10.7.89-8.10.89.
I. Lindsey - 9.10.89-14.1.90.
P. Muirden - 9.10.89-14.1.90.
M. Blackney - 9.10.89-14.1.90.
S. Tan - 9.10.89-14.1.90.
K. Jones - 15.1.90-15.4.90.
J. Deague - 15.1.90-15.4.90.
C. Goh - 15.1.90-15.4.90.
S. Kennedy - 15.1.90-15.4.90.
S. Howard - 16.4.90-15.7.90.
F. Milne - 16.4.90-15.7.90.
R. Skinner - 16.4.90-15.7.90.
S. Trethewie - 16.4.90-15.7.90.

Surgical Registrars

A. Tang - 25.9.89-4.2.90.
R. Angliss - 5.2.90-4.6.90.
W. Edwards - 5.6.90-30.9.90.

Victorian Academy of

General Practice Fellows

T. Travers - 5.2.90-4.2.91.
T. Fitzpatrick - 5.2.90-4.2.91.

NURSING DIVISION

Director of Nursing

G.M. Curran, RN, Dip Man & Hosp. (Retired),
Cert Bus Stud (Hosp. Admin) (CNA, AHA) (Long Service Leave)
P.F. Lavelle, RN, RM, Cert Oncol. Nursing
(Commenced 2.10.89)

Deputy Director of Nursing

J.I. Wainwright, MRRM, Assoc. Dip H. Admin. (Resigned 5.7.1989)
J.E. Lade, RN, RM, Dip App Sc. (N. Admin) (Acting)

Assistant Director of Nursing

S. Wines, RN

Nurses Supervisors

C.M. Lamonta, RN
J.A. Pymmer, RN, MEd, Dip H. Admin. Nursing

Night Nurse in Charge

F. Lewis, RN, RM, IC Nurs. & W.M. Admin. Dip., Grad Dip H. Serv.
FRCSA
J.W. Richards, RN

Extended Care Co-ordinator

A. Richards, RN, RM

Principal Nurse Teacher

M.I. Pannan, RN, Assoc. Dip. N. Ed., Grad Dip. Ed. Admin.,
Grad Dip. Student Welfare (CNA, MACEA)

Charge Nurses

Accident and Emergency Department

M.L. Jaques, RN (leave)
J.A. Sheward, RN (Acting Charge Nurse)

Central Sterilizing & Supply Department (CSSD)/ Infection Control

M. Smith, RN, Cert. Steril. & Infection Cont.

Day Hospital

L. Smith, RN, Cert. Ger. Nurs. (Resigned 11.2.1990)
R.M. Levitzke, RN, Cert. Ger. Nurs.
(Commenced 30.4.1990)

District Nursing Service

P. James, RN

Kurrajong Lodge

D.D. Johnson, SEN

Intensive / Coronary Care Unit

M. Kuhne, RN, RM, Geriatrics Nurs. (leave)
G.E. Whelan, RN (Acting Charge Nurse)

Matron Arthur House Nursing Home

E. Flack, RN

Occupational Health & Staff

Welfare Nurse

P. Phillips, RN, Dip App Sc. (Comm. I.N. in SCNA)

Operating Suite

P. Strachan, RN, Cert. Steril. & Infect. Cont.

Sir Robert Menzies Nursing Home

L. Mentha, RN, Dip. (Nurs.) (CNA, MCNNSW)

Ward 1 - Midwifery

C. Giles, RN, RM

Ward 2 - Surgical

M. Jobe, RN

Ward 3 - Medical

M. Lowe, RN

Ward 4 - Paediatrics

D. Wickham, RN, RM

Ward 5 - Medical/Surgical

D. Leach, RN, RPN, CCRN, Dip App Sc. (Nurs. Std.)

Ward 7 - Medical/Surgical

W. Leary, RN, RM

ADMINISTRATIVE SERVICES DIVISION

Director of Administrative Services

W.G. Knight, BE, BBA, AFCE, J. Q. U. E.

Administrative Officer -

Associated Institutions

S.G. Surridge, BBus, ASA (Commenced 1.8.1989)

Administrative Officer - Safety & Security

K. Duncan

Chief Engineer

T.R. Martin, MHE, MEATRA II

Community Liason Officer

M.A. Taberner, FAHE, ARIA (Commenced 6.3.90)

Computer Systems Officer

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

Environmental Services Manager

M.J. Toone (Resigned 21.7.1989)

G.A. Stolk (Commenced 4.9.1989)

Finance Manager

J.M. Airey, BBus, AASA, CPA, ACCIS
(Resigned 26.1.1990)

S.L. Beilby, PA (Commenced 20.1.1990)

Food Services Manager

K.M. Higgins, Dip App Sc. (Food Services) MHEC

Human Resources Manager

D.H. Pinyon, IPMAI, AHD

Wimmera Base Hospital Ladies Auxiliary

During the last financial year the Auxiliary raised the sum of \$11,241.29. A Christmas cake was raffled in December then later a Mothers Day cake. Two very successful morning coffee parties were held, and members are grateful to hostesses who have lent their homes for these occasions.

The opportunity shop brought in \$9,872.54. Much of this money comes through the efforts of Church guilds, social clubs and school mothers clubs who help us to stock the shop. The general public also assist with donations of clothing and goods. As well as raising money the opportunity shop also provides a useful public service in supplying clothing and articles at very moderate prices.

Money raised by the Auxiliary is being used to refurbish the wards.

The future of the Auxiliary will depend on being able to attract new younger members.

Mrs. H. Young, *President*



The Wimmera Base Hospital Foundation was launched early this year. The first donation received from the Horsham & District United Friendly Society Dispensary Committee was for the generous amount of \$ 50,000.

Red Cross Library

It is my pleasure to present the Red Cross Library Report to the Wimmera Base Hospital.

Weekly visits are made to residents at Kurrajong Lodge, Sir Robert Menzies Nursing Home, Matron Arthur House as well as the Day Hospital and most wards in the Hospital. Our large print books and magazines are distributed and well received. Boxes of new books from Red Cross Headquarters are forwarded and exchanged so that the wide interests of our readers can be catered for.

Red Cross Picture Library at Headquarters in Melbourne provides a wide range of framed prints to be hung in the Day Hospital, Kurrajong Lodge and Sir Robert Menzies Nursing Home, and this year we have extended the service to Matron Arthur House where nine prints were hung. Some of the prints are exchanged and returned every three months.

At Christmas time a gift from R.S.L. headquarters is forwarded for each ex-service member in residence at the Hospital. We then present the gifts to these people.

My thanks to Miss Crafter and the other Red Cross members who so generously help me. Thank you.

Glennys Wood, *Red Cross librarian*

New Life Governors

Mr. Graeme Lind was elected a Life Governor in recognition of his years of service on the Board of Management.

Dr. Les Wong Shee was elected a Life Governor in recognition of his many years of dedicated service as Director of Radiology.

Mrs. Jean Hanna was elected a Life Governor in recognition of her years of service to Wimmera Base Hospital Ladies Auxiliary.

Centenary Governors

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

Life Governors

Abud, Dr. R.E.
Aumann, Mr. R.E.
Beynon, Mr. J.H.
Boehm, Mrs. G.E.
Boyd, Miss B.
Brownbill, Mrs. K.
Brownstein, Mr. E.G.
Burgess, Mr. R.
Butler, Mr. L.H.
Cain, Mrs. T.
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.
Draffin, Mr. I.
Garth, Mr. D.J.
Gill, Mr. W.
Hanna, Mr. W.T.
Harfield, Mrs. D.
Healey, Miss N.
Hill, Miss B.
Hoffman, Miss L.
Hopkins, Miss E.V.
Johns, Rev. A.A.
Kroker, Mrs. C.O.
Leith, Mr. C.

Leivesley, Mr. A.G.
Leyton, Dr. G.B.
Lind, Mr. G.B.
Lovett, Mr. K.H.
McFarlane, Mr. D.J.
McIntyre, Miss V.C.
Montgomery, Mrs. L.
Moore, Mr. L.G.
O'Brien, Dr. M.M.
O'Connor, Mr. K.J.
Pascall, Mrs. L.G.
Phillips, Mr. A.W.
Pietsch, Mr. E.B.
Powell, Mrs. J.
Preuss, Miss E.
Robertson, Mr. P.
Russell, Mrs. E.W.
Russell, Mr. M.S.
Schultz, Mr. F.P.
Schurmann, Miss N.J.
Shepherd, Mr. R.W.
Smith, Miss M.A.R.
Stanway, Mrs. V.
Stenhouse, 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.

Long Service Awards

Awards in recognition of long service to the Hospital were made to the following staff members:-

Ten Years

Cathy Dooling
Wes Hazelden
Graham Potter
Robert Ryan
Evan Schubert
Dianne Hand
Sandra Pickering
Ashley Cockerell
Paul O'Connor

Twenty Years

Antonietto Castelluccio

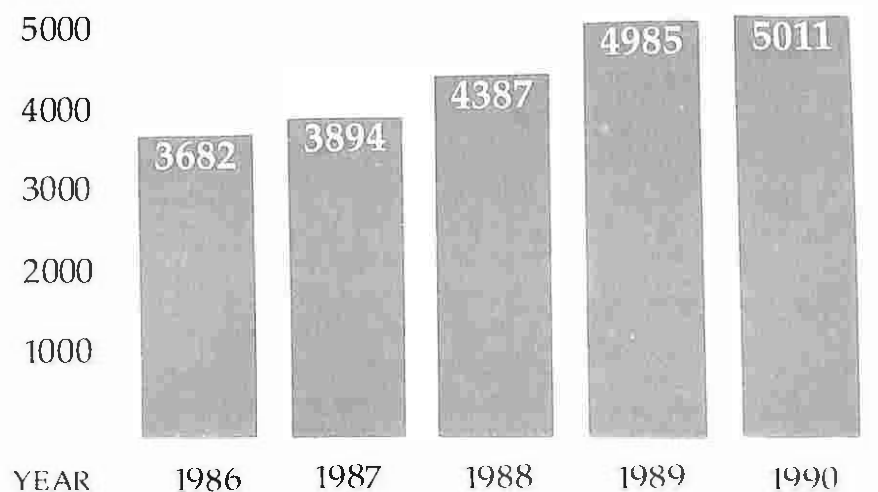
Twenty Five Years

Carmelina Antonucci
Noel Wik
Italino Scutti

PATIENT STATISTICS

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

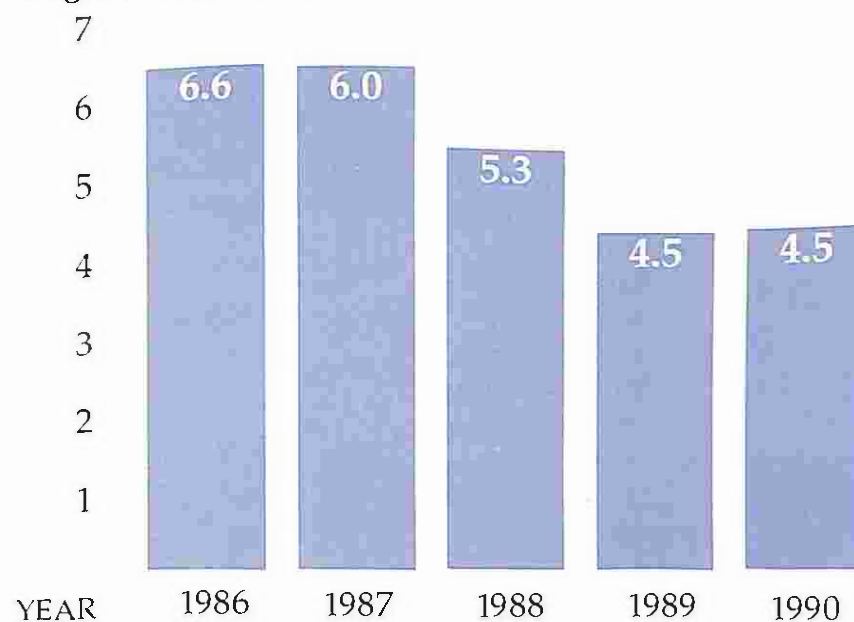
Inpatients Treated



Emergency, Paramedical and Support Services

	1990	1989
Accident and Emergency		
Attendances	11,048	10,923
Allied Health		
Occasions of Service	8,780	7,991
Audiology		
Occasions of Service	2,005	1,841
Blood Bank		
Attendances	1,671	1,696
Community Health		
Attendances	-	1,499
Day Hospital		
Occasions of Service	43,873	32,990
Dental Clinic		
Attendances	5,053	5,467
Diabetic		
Attendances	-	133
Dietetics		
Occasions of Service	2,951	2,500
District Nursing		
Attendances (Visits)	14,725	18,031
Family Planning		
Attendances	919	993
Hairdresser		
Attendances	1,722	1,847
Occupational Health		
Attendances	2,656	1,515
Occupational Therapy		
Occasions of Service	12,395	11,847
Pathology		
Tests	61,207	65,696
Pharmacy		
Items Dispensed	163,595	161,613
Physiotherapy		
Occasions of Service	18,905	17,901
Podiatry		
Occasions of Service	1,092	-
Psychologist		
Attendances	687	555
Radiology		
Tests	9,846	10,108
Social Work		
Attendances	11,965	12,110
Speech Pathology		
Occasions of Service	8,249	8,438
Spinal Clinic		
Attendances	-	9
Stomal Therapy		
Attendances	14	137
Transport Accident Commission		
Attendances	142	139
Group & Educational Activities (see Note 2)		
Number of Activities	9,027	9,586
Attendances	35,587	36,272
Regional Services (see Note 3)		
Attendances	83,660	86,961

Length of Stay (Days)



Visiting Special Outpatient Clinics	1990	1989
Chest		
Attendances	-	6
Ear, Nose and Throat		
Attendances	572	601
Geriatrics		
Attendances	44	54
Oncology		
Attendances	139	135
Ophthalmology		
Attendances	1,216	1,033
Orthopaedic		
Attendances	906	807
Pacemaker		
Attendances	106	94
Professional Visits		
Attendances	32	36
Psychiatry		
Attendances	38	215
Urology		
Attendances	486	344
Vascular Surgery		
Attendances	-	43

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	73	14	1	88
Ararat City	6	1	-	7
Avoca Shire	-	1	-	1
Ballan Shire	2	-	-	2
Ballarat City	5	1	-	6
Birchip Shire	40	1	-	41
Bungaree Shire	1	-	-	1
Dimboola Shire	358	25	-	383
Donald Shire	29	4	-	33
Dunmunkle Shire	318	24	-	342
Grenville Shire	1	-	-	1
Horsham City	2,822	298	2	3,122
Kaniva Shire	69	1	-	70
Karkaroc Shire	87	8	-	95
Kowree Shire	106	15	-	121
Lowan Shire	86	5	-	91
Sebastopol Borough	1	-	-	1
Stawekk Shire	23	1	-	24
Stawell Town	75	9	-	84
Warracknabeal Shire	237	14	-	251
Wimmera Shire	43	5	-	48
Other Vic. Country	58	6	-	64
Melbourne Suburbs	40	2	-	42
Interstate - NSW	4	-	-	4
Interstate - SA	24	-	-	24
Interstate - Other	9	-	-	9
TOTALS	4,517	435	3	4,955



Where The Money Came From

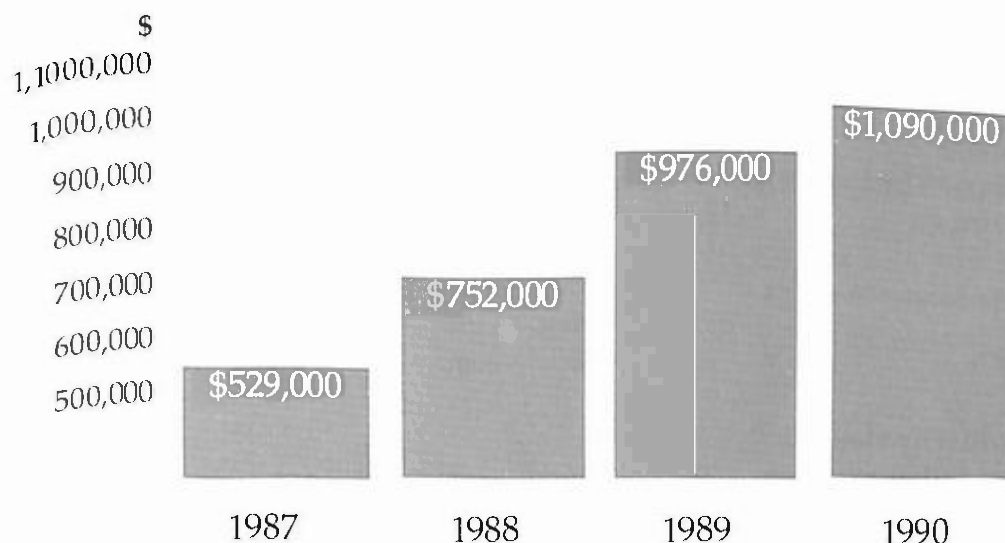
	\$	%
Government	15,708,000	78
Patients	3,008,000	15
Pathology & Radiology	602,000	3
Other	835,000	4
TOTAL	20,153,000	100

How The Money Was Spent

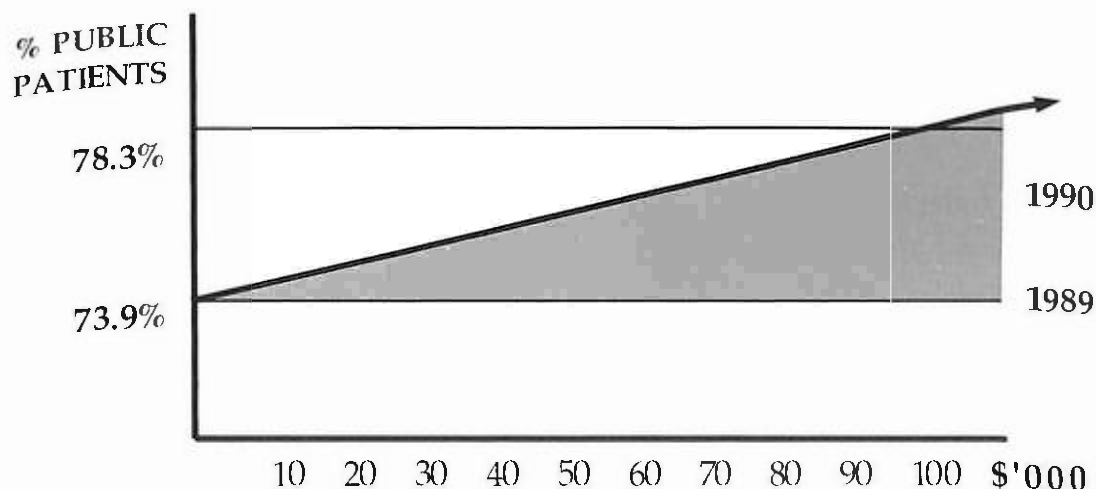
	\$	%
Salaries & Wages	16,615,000	80
Medical & Surgical	1,400,000	7
Food & Domestic	1,118,000	5
Power & Maintenance	936,000	4
Administration	763,000	4
TOTAL	20,832,000	100

The Hospital once again has had to contend with extreme financial pressures, and has incurred a budgetary deficit of approximately \$500,000. It appears that many other hospitals are also struggling to keep within budgets and control cash deficits. The Hospital has continued to make Health Department Victoria aware of our particular situation involving the cost of medical services reflected in the growth of payments to visiting Medical Officers. The following graphs explains the growth which has occurred in this area without corresponding increase in funds.

VMO Cost Growth



Extra Dollar Cost with swing to public patients



Another large cost component which has not always received adequate recognition is that attributable to our extensive regional role. Detailed cost analysis has revealed regional expenditure to be over 1.1 million dollars. Very little recovery is made from the region to defray this cost. Our regional networks may have to be reviewed if our budgetary position does not improve.

As a Hospital we have to be very aware of changing patient mix, services and circumstances in order for cost implications to be realised. To achieve this we continually monitor our situation and endeavour to make sure the information we gather and analyse is the most appropriate for decision making. A major challenge for management and staff is the continual development, sharing and refinement of information systems, with the goal of understanding cost structures better.

WIMMERA BASE HOSPITAL

REVENUE AND EXPENSE STATEMENT FOR THE YEAR ENDED 30TH JUNE, 1990

	NOTES	HOSPITAL \$'000	NURSING HOMES \$'000	LINE N SERVICE \$'000	JEPART ANNEXE \$'000	ELIMIN- ATIONS 1989/90 \$'000	TOTAL 1989/90 \$'000	TOTAL 1988/89 \$'000
Operating Revenue Providing Fund Inflows								
Health Service Agreement Budget Sector								
Government Grants	2	13,672	2,618	-	580	-	16,870	15,709
Indirect Contribution by Health Department Victoria	3	194	21	-	7	-	222	204
Patient Fees	4	838	2,327	-	279	-	3,444	3,357
Fee Sharing Arrangements	25	587	-	-	-	-	587	629
Linen Service	5	-	-	990	-	(428)	562	537
Other Revenue	6	848	-	35	44	-	927	564
Services Supported by Hospital and Community Initiatives								
Fee Sharing Arrangements	25	406	-	-	-	-	406	396
Interest		97	-	-	26	-	123	94
Other Revenue	19	51	-	-	7	-	58	138
Total Operating Revenue Providing Funds		16,693	4,966	1,025	943	(428)	23,199	21,628
Operating Expenses Requiring Fund Outflows								
Health Service Agreement/ Budget Sector								
Direct Patient Care Services	7	7,123	2,309	-	535	-	9,967	8,370
Diagnostic and Medical Support Services	7	2,029	462	-	31	-	2,522	2,559
Administration and Quality Assurance	7	1,600	206	-	28	-	1,834	1,946
Engineering and Maintenance	7	1,024	298	-	29	-	1,351	1,387
Domestic and Catering Services	7	2,292	1,028	870	199	(428)	3,961	4,049
Corporate Costs Funded by Health Department Victoria	3	193	22	-	7	-	222	204
WorkCare, Superannuation and Long Service Leave	7	1,070	49	78	47	-	1,244	981
Teaching and Research	7	110	-	-	-	-	110	171
Community Services	7	520	-	-	-	-	520	400
Other	7	1,423	-	-	25	-	1,448	1,296

WIMMERA BASE HOSPITAL

Revenue and Expense Statement for the Year Ended 30th June, 1990 (continued.)

	NOTES	HOSPITAL \$'000	NURSING HOMES \$'000	LINEN SERVICE \$'000	JEPARIT ANNEXE \$'000	ELIMIN- ATIONS 1989/90 \$'000	TOTAL 1989/90 \$'000	TOTAL 1988/89 \$'000
Services Supported by Hospital and Community Initiatives								
Fee Sharing Arrangements	25	451	-	-	-	-	451	441
Other	26	72	-	-	-	-	72	65
Abnormal	8	108	-	-	-	-	108	-
<hr/>								
Total Operating Expenses Requiring Funds		18,015	4,374	948	901	(428)	23,810	21,869
Operating Surplus(Deficit) Requiring Fund Outflows		(1,322)	592	77	42	-	(611)	(241)
Operating Expenses Not Requiring Fund Outflows								
Depreciation	14	383	4	46	11	-	444	361
Long Service Leave - Current		55	-	-	3	-	58	182
Abnormal	8	820	-	-	27	-	847	32
<hr/>								
		1,258	4	46	41	-	1,349	575
Operating Revenue Not Providing Fund Inflows								
Abnormal	8	-	-	-	-	-	-	898
Long Service Leave - Current		-	-	11	-	-	11	-
Recognition of Assets	18	26	-	-	-	-	26	-
<hr/>								
		26	-	-	-	-	37	898
Operating (Deficit) Surplus Not Requiring Fund Outflows		(1,232)	(4)	(35)	(41)	-	(1,312)	323
Operating (Deficit) Surplus for the year		(2,554)	588	42	1	-	(1,923)	82
Retained Deficit at Beginning of Year		(2,931)	(238)	1,164	(163)	-	(2,168)	(1,959)
<hr/>								
Available for Appropriation		(5,485)	350	1,206	(162)	-	(4,091)	(1,877)
<hr/>								
Transfers to Reserves	9&24	(51)	-	(783)	(23)	-	(859)	(291)
<hr/>								
Retained Surplus (Accumulated Deficit) at End of Year		(5,536)	350	421	(185)	-	(4,950)	(2,168)

WIMMERA BASE HOSPITAL

BALANCE SHEET AS AT 30TH JUNE, 1990

	NOTES	HOSPITAL \$'000	LINEN SERVICE \$'000	JE PARI ANNEXE \$'000	TOTAL 1989/90 \$'000	TOTAL 1988/89 \$'000
Equity						
Capital						
Contributed Capital	2	15,141	816	982	16,939	15,393
Funds Held for Restricted Purposes	21	48	-	-	48	154
Asset Reserve	9	-	-	-	-	31
Retained Surplus/(Accumulated Deficit)		(5,186)	421	(185)	(4,950)	(2,168)
Total Equity		10,003	1,237	797	12,037	13,410
Current Liabilities						
Bank Overdraft	23	909	33	-	942	723
Creditors	20	765	13	17	795	730
Accrued Expenses		469	12	27	508	448
Provision for Employee Entitlements	10	1,710	124	88	1,922	1,686
Provision for Linen Replacement		-	34	-	34	-
Total Current Liabilities		3,853	216	132	4,201	3,587
Non-Current Liabilities						
Provision for Employee Entitlements	10	1,577	35	46	1,658	854
Creditors	20	74	-	-	74	-
Total Non-Current Liabilities		1,651	35	46	1,732	854
Total Liabilities		5,504	251	178	5,933	4,441
Total Equity and Liabilities		15,507	1,488	975	17,970	17,851
Current Assets						
Cash at Bank and On Hand		113	-	29	142	56
Patient Fees Receivable	4	582	-	26	608	571
Stores	11	182	522	-	704	699
Prepayments		-	-	-	-	1
Debtors and Accrued Revenue	12	225	101	2	328	686
Short Term Investments	13	498	69	167	734	1,013
Total Current Assets		1,600	692	224	2,516	3,026

Wimmera Base Hospital

Balance Sheet as at 30th June, 1990 (continued.)

	NOTES	HOSPITAL \$'000	LINEN SERVICE \$'000	JEPARIT ANNEXE \$'000	TOTAL 1989/90 \$'000	TOTAL 1988/89 \$'000
Non-Current Assets						
Assets Under Construction	1.5 & 14	116	-	-	116	-
Land	1.5 & 14	200	-	-	200	200
Land and Buildings	1.5 & 14	11,131	323	661	12,115	12,074
Plant, Equipment and Fittings	1.5 & 14	2,093	259	61	2,413	2,170
Motor Vehicles	1.5 & 14	367	9	29	405	381
Investments	13	-	205	-	205	-
Total Non-Current Assets		13,907	796	751	15,454	14,825
Total Assets		15,507	1,488	975	17,970	17,851

WIMMERA BASE HOSPITAL

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30TH JUNE, 1990

	NOTES	FUNDS HELD FOR CONTRIBUTED CAPITAL \$'000	RE STRICTED PURPOSES \$'000	ASSET RESERVE \$'000	RETAINED SURPLUS/ ACCUM- ULATED DEFICIT \$'000	TOTAL 1989/90 \$'000	TOTAL 1988/89 \$'000
Balance at Beginning of Year		15,393	154	31	(2,168)	13,410	12,463
Surplus/(Deficit) for the Year		-	-	-	(1,923)	(1,923)	82
Recognition of Contributed Capital	24	785	-	-	(785)	-	-
Capital Grants	2	302	4	-	-	306	602
Capital Donations	1, 10 & 25	213	31	-	-	244	199
Asset Recognition		-	-	-	-	-	64
Transfers to Reserves	9	246	(141)	(31)	(74)	-	-
Balance at End of Year		16,939	48	-	(4,950)	12,037	13,410

WIMMERA BASE HOSPITAL

STATEMENT OF SOURCES AND APPLICATIONS OF FUNDS FOR THE YEAR ENDED 30TH JUNE, 1990

	Total 1989/90 \$'000	Total 1988/89 \$'000
Sources of Funds		
Funds from Operations		
Inflow of Funds from Operations	23,199	21,628
Less Outflow of Funds from Operations	23,810	21,869
	(611)	(241)
Contributed Equity		
Capital Grant	306	602
Capital Donation	244	199
Asset Recognition	-	64
Reduction in Assets:-		
Current Assets		
Prepayments	1	-
Debtors and Accrued Revenue	358	-
Short Term Investments	279	-
Cash at Bank and On Hand	-	64
Non-Current Assets		
Plant, Equipment and Fittings	4	-
Motor Vehicles	326	151
Increase in Liabilities:-		
Current Liabilities		
Bank Overdraft	219	139
Accrued Expenses	60	93
Provision for Employee Entitlements	146	602
Creditors	65	-
Provision for Linen Replacement	34	-
Non Current Liabilities		
Creditors	74	-
	1,505	1,673

Wimmera Base Hospital

Statement of Sources and Applications of Funds for the Year Ended 30th June, 1990 (continued.)

	Total 1989/90 \$'000	Total 1988/89 \$'000
Applications of Funds		
Increase in Assets:-		
Current Assets		
Cash at Bank and On Hand	86	-
Patient Fees Receivable	37	49
Stores	5	411
Debtors and Accrued Income	-	556
Investments	-	202
Prepayments	-	1
Non-Current Assets		
Land and Buildings	41	101
Plant, Equipment and Fittings	624	170
Motor Vehicles	391	181
Investments	205	-
Assets Under Construction	116	-
Decrease in Liabilities:-		
Current Liabilities		
Creditors	-	2
 Total Applications of Funds	 1,505	 1,673

WIMMERA BASE HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE, 1990

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. The Accounting Standards issued jointly by the Institute of Chartered Accountants in Australia and the Australian Society of Accountants have been complied with where applicable.

1.1. Accrual Basis

The accrual basis of accounting has been used with revenues and expenses being recognised as they are earned or incurred, and brought to account in the period to which they relate.

1.2. Historical Cost

The financial statements have been prepared on a historical cost basis whereby assets are recorded at cost 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. Interest revenue from investments is brought to account when it is earned.

1.5. Depreciation

Depreciable assets with a cost in excess of \$1,000 are brought to account and depreciation has been provided over their estimated useful lives using the straight-line method.

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. However, Regulation 5(3) provides for a transitional period of 2 years to allow hospitals time to value land and buildings and bring those valuations to account. Arrangements are being made with the Valuer-General to complete this process upon the transitional period ending on 30th June, 1990. Consequently, buildings have not been depreciated in the 1989/90 financial statements. The effect of this departure from the accounting standards on the accounts has not been quantified.

1.6. Stores

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

1.7. Employee Entitlements

Long Service Leave

Provision for long service leave in the 1989/90 Statements is made on a pro-rata basis for all employees who have completed five or more years service. Generally, the entitlement under various awards becomes payable upon completion of 15 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 included under Non-Current Liabilities. In prior years liability for long service leave has been recognised after only ten years service. The effect of this change in accounting policy is shown in Note 8.

Annual Leave

A provision for annual leave is made for all employees based on the Hospital's accrued liability for annual leave at 30th June, 1990. This provision is included under current liabilities.

Accrued Days Off

A provision is made for liability in respect of days off accrued but not yet taken for eligible employees at 30th June, 1990. The whole amount is included under current liabilities

Superannuation

All eligible employees contribute to the Hospitals Superannuation Fund established under section 10 of the Hospital Superannuation Act 1965. This fund is a public body to which the Annual Reporting Act (1983) applies.

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. Changes in reporting Requirements

The format of the Revenue and Expense Statement has changed for the 1989/90 year in accordance with the amendments to Regulations and comparative figures for 1988/89 have been restated in the new format.

1.10. Donations

Donations for capital purposes are included as Contributed Capital in the Balance Sheet and Statement of Changes in Equity.

1.11. Incorporation

The Hospital is a body incorporated in accordance with the provisions of the Health Services Act, 1988, Section 31.

NOTE 2: GOVERNMENT GRANTS

	1989/90 \$'000	1988/89 \$'000
Health Department Victoria Ordinary Grants	16,344	15,050
Health Department Victoria Other Grants - Visiting Nursing Service	199	191
- Pharmaceutical Benefits	77	71
Other Grants - Program for Disabled	156	140
- Employment Schemes	16	37
- Specific Grants	78	220
	<hr/>	<hr/>
	16,870	15,709
	<hr/>	<hr/>
Capital Grants	306	602
	<hr/>	<hr/>

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 4).

NOTE 3: 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:-

	1989/90 \$'000	1988/89 \$'000
WorkCare Threshold Insurance	18	27
Industrial Special Risk Insurance	13	17
Public Risk Insurance	123	102
Industrial Relations Service	6	5
Hospital Computing Service Charges	37	33
Audit Fees	25	20
	<u>222</u>	<u>204</u>

NOTE 4: PATIENT FEES

	PATIENT FEES RAISED		PATIENT FEES RECEIVABLE	
	1989/90 \$'000	1988/89 \$'000	as at 30-6-90 \$'000	as at 30-6-89 \$'000
Inpatients	799	879	240	174
Outpatients	63	61	89	93
Nursing Home	2,582	2,417	242	216
	<u>3,444</u>	<u>3,357</u>	571	483
Fee Sharing Arrangements			96	123
			<u>667</u>	606
Less: Provision for Doubtful Debts			59	35
Net Patient Fees Receivable			<u>608</u>	<u>571</u>

NOTE 5: LINEN SERVICE

	1989/90 \$'000	1988/89 \$'000
Operating Revenue Providing Fund Inflows		
Service Charges	990	952
Interest	20	24
Sundry	15	20
	<hr/>	<hr/>
Total Operating Income	1,025	996
	<hr/>	<hr/>
Operating Expenses Requiring Fund Outflows		
Laundry and Linen	664	671
Manufacture and Mending	23	36
Transport	70	64
Administration	113	96
WorkCare, Superannuation and Long Service Leave	78	73
	<hr/>	<hr/>
	948	940
	<hr/>	<hr/>
Operating Expenses Not Requiring Fund Outflows		
Employee Entitlements	-	3
Depreciation	46	44
	<hr/>	<hr/>
	46	47
	<hr/>	<hr/>
Operating Revenue Not Providing Fund Inflows		
Employee Entitlements	11	-
	<hr/>	<hr/>
	11	-
	<hr/>	<hr/>
Operating Surplus (Deficit) for the Year	42	9

NOTE 6: OTHER REVENUE

- HEALTH SERVICE AGREEMENT / BUDGET SECTOR

Meals and Accommodation	134	115
Meals on Wheels	55	38
Proceeds of Sale - Fixed Assets	375	176
Sale of Goods and Services	236	231
Special Purposes Medical Donations	63	-
Sundry	64	4
	<hr/>	<hr/>
	927	564
	<hr/>	<hr/>
Profit on Sale of Assets	46	25

NOTE 7: OPERATING EXPENSES

	1989/90 \$'000	1988/89 \$'000
Direct Patient Care Services		
Wards		
Special	740	816
Midwifery	539	489
Medical/Surgical	3,306	2,664
Nursing Homes	2,309	1,717
Theatre	729	630
Outpatient Services	468	491
Clinical Units	1,699	1,384
Day Hospital	177	179
	<hr/>	<hr/>
	9,967	8,370
	<hr/>	<hr/>
Diagnostic and Medical Support Services		
Pharmacy	680	572
Pharmacy Supplies	39	62
C.S.S.D.	159	145
Diagnostic Laboratory	348	416
Organ Imaging	273	354
Technical Support	27	28
Allied Health	867	847
Medical Records	129	135
	<hr/>	<hr/>
	2,522	2,559
	<hr/>	<hr/>
Administration		
General Administration	1,105	856
Accounting/Finance	19	18
Personnel/Payroll	145	89
Supply	36	101
Nursing Administration	431	465
Medical Administration	98	417
	<hr/>	<hr/>
	1,834	1,946
	<hr/>	<hr/>
Engineering and Maintenance		
Engineering	747	789
Fuel, Light and Power	483	479
Maintenance	121	119
	<hr/>	<hr/>
	1,351	1,387
	<hr/>	<hr/>
Domestic and Catering Services		
Staff Cafeteria	68	99
Food and Dietary	1,193	1,139
Domestic Services	1,411	1,555
Laundry	1,259	1,228
Residences	30	28
	<hr/>	<hr/>
	3,961	4,049

	1989/90 \$'000	1988 /89 \$'000
WorkCare, Superannuation and Long Service Leave		
WorkCare	422	375
Superannuation	521	443
Long Service Leave	301	163
	<u>1,244</u>	<u>981</u>
Teaching Services		
Nursing Education	110	171
Community Services		
District Nursing	252	319
Meals on Wheels	87	81
Other- Outreach Programs	181	-
	<u>520</u>	<u>400</u>
Other		
Regional Services	1,118	1,145
Written down value of asset disposals	330	151
	<u>1,448</u>	<u>1,296</u>

NOTE 8: ABNORMAL ITEMS

(1) Revenue

Operating revenue providing fund inflows-		
Health Service Agreement Budget sector		449
Prior year adjustment for grant	-	381
Recognition of inventory held in wards	-	68
Linen Stock Adjustments	-	
		<u>898</u>

(2) Expenditure

Operating expenses requiring fund outflows -		
Furniture and fittings written off	-	32
Recognition of consultants fees liabilities	108	-
	<u>108</u>	<u>32</u>

Operating expenses not requiring fund outflows-
Recognition of long service leave for employees with
5-10 years service

847

847

NOTE 9: TRANSFERS TO RESERVES

	Contributed Capital \$'000	Funds Held for Restricted Purposes \$'000	Asset Reserve \$'000	Retained Surplus / Accumulated Deficit \$'000
Assets funded from - Operating	163	-	-	(163)
- Restricted Purposes	52	(52)	-	-
- Asset Reserve	31	-	(31)	-
Transfer of Deficit on Specific Purpose Accounts	-	(89)	-	89
Sub-total transfers (to) from reserves	246	(141)	(31)	(74)
Recognition of Linen Service Contributed Capital	785	-	-	(785)
Total Transfers (to) from Reserves	1,031	(141)	(31)	(859)

NOTE 10: PROVISION FOR EMPLOYEE ENTITLEMENTS

	Current \$'000	Non- Current \$'000	Total 1989/90 \$'000	Total 1988/89 \$'000
Long service leave	300	1,658	1,958	1,064
Annual leave	1,550	-	1,550	1,408
Accrued days off	72	-	72	68
Total entitlements paid during the year were:	1,922	1,658	3,580	2,540
Long service leave			301	163
Annual leave			1,027	1,043
Accrued days off			416	394
			1,744	1,600

These payments are included in operating expenses requiring fund outflows in the Revenue and Expense Statement.

NOTE 11: STORES

	1989/90 \$'000	1988/89 \$'000
Pharmaceutical	83	84
Catering Supplies	18	14
Housekeeping Supplies	7	13
Medical and Surgical Lines	69	69
Engineering Stores	-	2
Linen	522	517
Miscellaneous	5	-
	704	699

NOTE 12: DEBTORS AND ACCRUED REVENUE

	Less Than 1 Year \$'000	Total 1989/90 \$'000	Total 1988/89 \$'000
Sundry Debtors	161	161	184
Other Debtors	27	27	52
Accrued Health Department Victoria Ordinary Grants	87	87	444
Other Accrued Revenue	53	53	47
	<u>328</u>	<u>328</u>	<u>727</u>

NOTE 13: INVESTMENTS

	Capital Fund \$'000	Specific Purposes \$'000	Linen Service \$'000	Total 1989/90 \$'000	Total 1988/89 \$'000
Current:					
Term Deposit	500	165	-	665	1,013
Building Society Deposits	-	-	69	69	-
	<u>500</u>	<u>165</u>	<u>69</u>	<u>734</u>	<u>1,013</u>
Non-Current:					
Building Society Deposits	-	-	205	205	-
	<u>500</u>	<u>165</u>	<u>274</u>	<u>939</u>	<u>1,013</u>

The Linen Service has investments totalling \$274,000 in the Pyramid Building Society which no longer accrue interest and will not be redeemed in full until an undetermined future date.

NOTE 14: NON-CURRENT ASSETS

	Historical Cost at 30-6-90 \$'000	Depreciation for 1989/90 \$'000	Accumulated Depreciation \$'000	Net Assets at 30-6-90 \$'000	Net Assets at 30-6-89 \$'000
Land	200	-	-	200	200
Land and Buildings	12,115	-	-	12,115	12,074
Plant, Equipment and Fittings	4,401	403	1,988	2,413	2,170
Motor Vehicles	478	41	73	405	381
Assets Under Construction	116	-	-	116	-
	<u>17,310</u>	<u>444</u>	<u>2,061</u>	<u>15,249</u>	<u>14,825</u>

NOTE 15: CONTINGENT LIABILITIES

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

NOTE 16: 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	Leport Annexe \$'000	Total \$'000
Linen Purchase/Sales	258	154	(428)	16	-

NOTE 17: CAPITAL COMMITMENTS

There are no capital commitments at balance date.

NOTE 18: ASSET RECOGNITION - ABNORMAL

Recognition of the following assets for the first time - (Arising out of a fixed asset stocktake)	1989/90 \$'000	1988/89 \$'000
Medical Equipment	20	-
Non Medical Equipment	6	-
	26	-

NOTE 19: OTHER REVENUE - SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES

	1989/90 \$'000	1988/89 \$'000
Donations	15	99
Rent	20	22
Sundry	23	17
	58	138

In addition to the donations noted above capital donations of \$244,000 (1989 \$199,000) were received by the Hospital and have been recognised in the Statement of Changes in Equity.

NOTE 20: CREDITORS

	Less Than 1 Year \$'000	Greater Than 1 Year \$'000	Total 1989/90 \$'000	Total 1988/90 \$'000
Creditors	795	74	869	771

These amounts are not the result of public borrowing or financial accommodation.

NOTE 21: FUNDS HELD FOR RESTRICTED PURPOSES

	1989/90 \$'000	1988/89 \$'000
Capital Replacement	25	150
Education	23	4
	48	154

NOTE 22: 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 23: 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 24: CONTRIBUTED CAPITAL

During the year a review of Linen Service equity accounts was undertaken and it was determined that the sum of \$785,000 was in fact contributed capital rather than retained surpluses as disclosed in the 1989 financial statement. The necessary transfers were passed in 1990 to rectify this situation and are reflected in the Statement of Changes in Equity.

NOTE 25: FEE SHARING ARRANGEMENTS

Revenue

Revenue is earned by the Hospital on fee sharing arrangements. The Hospital recognises gross fees raised pursuant to these arrangements as operating revenue, with the Hospital's share being included in operating revenue - Health Service Agreement/ Budget Sector. The balance of fees raised is either paid to the doctor providing the service (radiology) or accumulated in a Special Purpose Medical Trust fund (pathology). This portion of the fees raised is included as operating revenue - services supported by Hospital and community initiatives. Details of fees raised under fee sharing arrangements in 1990 are as follows:

	1989/90 \$'000	1988/89 \$'000
(1) Health Service Agreement / Budget Sector		
Pathology and other services	372	412
Radiology	215	217
	<u>587</u>	<u>629</u>
(2) Services supported by Hospital and community initiatives		
Pathology and other services	406	396
Radiology	-	-
	<u>993</u>	<u>1,025</u>

Funds accumulated in the Special Purposes Medical Trust are disbursed in accordance with the requirements of a trust deed dated 30th April, 1988. Substantial donations are made by the trust to the Hospital and these are recognised both in the statement of changes in equity as capital donations and in the revenue statement as ordinary donations. The trust fund is subject to annual audit.

Expenses

Payments to doctors and the Special Purposes Medical Trust pursuant to fee sharing arrangements are recognised as operating expenses - services supported by Hospital and community initiatives.

NOTE 26: SERVICES SUPPORTED BY HOSPITAL AND COMMUNITY INITIATIVES - OTHER

	1989/90 \$'000	1988/89 \$'000
Architect Fees	31	29
Rental Property Expenditure	41	36
	<u>72</u>	<u>65</u>

The above architects fees relate to plans drawn up some years ago. The plans will not form the basis for any capital work and accordingly the costs have been written off.

Certification

We hereby certify that the financial statements of the Wimmera Base 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.

In our opinion the financial statements present fairly the financial transactions during the 1989-90 financial year and the financial position of the Hospital as at 30th June, 1990.

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. R.M. Smith *Honorary Treasurer* (Signed) Mr. W.G. Knight *Chief Executive*
(Signed) Mr. S.L. Bell *Principal Accounting Officer*

Dated the Third Day of October, 1990

DONATIONS

	\$
Charitable Funds and Trusts	
Collier Charitable Fund	6,000.00
Pethard Tarax Charitable Trust	500.00
The Equity Trustees	500.00
Whiting, A.M. Sympathy Fund	5,280.00

Specific Purposes

Anonymous, for Physiotherapy	200.00
Apex Club of Jardwa, for Telephone	100.00
Barry, S., for Day Hospital	500.00
Barry, V., for Menzies Support Group	25.00
Blake, Mrs., for Menzies Support Group	20.00
Brimpaen Ladies Social Club, for Menzies Support Group	50.00
Crafter, M., for Occupational Therapy	100.00
Dumesny, A., for District Nursing, Occupational Therapy & Physiotherapy	40.00
Eldridge, J., for Menzies Support Group	50.00
Hupfield, A.R., for Occupational Therapy	50.00
Lardner, D.W., for Ward 3	3,070.00
Royal Hotel Sport & Social Club, for beds - Kurrajong Lodge	838.00
Schmidt, A., for Menzies Support Group	50.00
Smith, V.M., for Menzies Support Group	50.00
Symes, J., for Menzies Support Group	100.00
Taylor, A.L. for Ward 2	595.00
Taylor, M.H.J., for Ward 3	100.00
Victoria Hotel Social Club, for Childrens Ward	1,000.00
Van Dyk, J.A.C., for trolley for Recovery Room	2,180.00
Walsh, M.C., Estate of, for Kurrajong Lodge	50.00
We Care Group, for Day Hospital	1,000.00
Wimmera Base Hospital Ladies' Auxiliary, for refurbishing wards	11,660.00
Wood, J., for Ward 5	219.00

General

	\$	\$
Becker, D.	5.00	
Cooper, A.	1,100.00	Minyip Senior Citizens Centre
Corbett, B.	600.00	25.00
Cowley, K.	11.00	Montgomery, J.A. and L.M.
Cramer, E.	5.00	10.00
Edmonds, W.	25.00	Muhlnickel, M.E.L.
Filip, V.	10.00	500.00
Horsham Hosp. Group Alcoholics		Munn, A.
Anonymous	50.00	5.00
Hupfield, C.	100.00	Panozzo, T.
Kemp, E.O.	50.00	10.00
Martin, A.	150.00	Roberts, W., Estate of
Matheson, E.A.	150.00	227.05
McRae, G.A.	1000.00	Stehn, T.
Meadows, J.	6000	200.00
		Stella, J.
		400.00
		Thomas, J.
		22.00
		Troeth, P.
		298.13
		Tyler, J.
		250.00
		Virtue, R.
		400.00
		Walsh, B.J.
		20.00
		Ward, M.
		200.00

Specific Items

Anderson, I.M., for Matron Arthur House, Yamaha Piano
Girl Guides Association for Sir Robert Menzies Nursing Home, Colour Television
Parker, G.C., for Kurrajong Lodge, Digital Blood Pressure Monitor

THE HOSPITAL NEEDS YOUR HELP

Over recent years there have been ever increasing demands placed on Wimmera Base Hospital's services.

The Hospital is concerned with achieving the most efficient use of resources while fulfilling the needs of the community and providing the high quality health care services for which it is renowned.

Over the years the Hospital has been fortunate in the number of donations, bequests and gifts which it has received but there remains a continuing and vital need for this support.

Donations of any type are greatly appreciated and all contribute to carrying the burden of ill health on the community and help provide many services to the people of the Wimmera.

The support of the Wimmera community assists the Hospital in keeping its facilities and equipment up-to-date and abreast with technology changes, and in line with the growing demands for services. Every donation received is important, and all gifts of \$2.00 or more are allowable Tax deductions.

Thank You

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

Compiled and Edited: Staff of Wimmera Base Hospital
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