

Wimmera Base Hospital



Annual Report 1989



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 resources of the Hospital.

Patient Care

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

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

Community Health

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

Staffing

To select staff so that the hospital can maintain the highest standard of health care.

To work together in promoting an atmosphere of co-operation and support.

Education and Training

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

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

Facilities

To ensure that adequate and well maintained facilities, equipment and supplies are available.

To maintain a safe and healthy environment.

Evaluation and Research

To engage in programmes of evaluation and research for the improvement of health services.

Public Relations

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



Wimmera Base Hospital Annual Report 1989

*The 1989 Annual Report was released to the public on
Thursday, 19th October, 1989.*

*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 27th 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.*

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Wimmera Base Hospital
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Architects

Balcombe Griffiths Architects Pty Ltd.

Auditors

Auditor General Victoria

Bankers

National Australia Bank Limited

Solicitors

Power and Bennett

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Board of Management



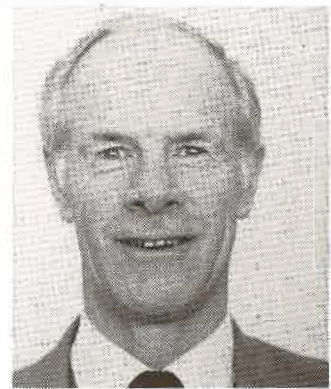
President
Dr. Peter Haslau, M.B.B.S.,
F.R.A.C.G.P., Appointed 1985.



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



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



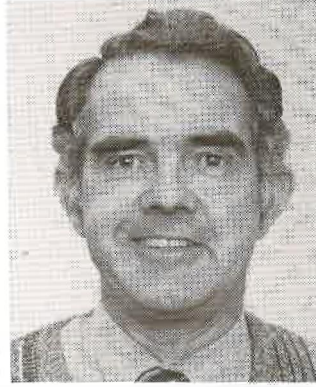
Treasurer
Mr. Ronald Smith,
A.B.I.A.(Snr.), Appointed 1989.



Rev. David Manks,
B.Theol., Appointed 1989.



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



Mr. David McFarlane,
Appointed 1967.



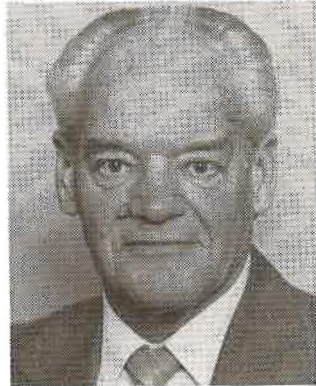
Mrs. Thea McIllree,
R.N., R.M., Appointed 1988.



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



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



Mr. Ron Shepherd, J.P.,
Appointed 1950.
(as at 30 June, 1989)



Chief Executive
Mrs. Imas Thompson,
R.N., R.M., B.H.A., M.B.A., A.H.A.

President's Report

On behalf of the Board of Management I am pleased to present the 115th Annual Report of Wimmera Base Hospital.

I should like to make some general comments about important aspects of the Hospital's operations and the people who worked so hard to make this year a successful one. The year's achievements, activities and difficulties are outlined in more detail in the pages which follow.

This year has been one of mixed fortune for the Hospital. On the one hand we experienced severe budget constraints, nursing staff recruitment problems and an end of year budget deficit of over \$200,000. On the other hand we achieved a record number of acute inpatients treated, recorded more births and operations than previous years and continued to develop our geriatric and extended care services.

Our building redevelopment plans advanced further with Government acceptance of a three stage plan involving relocation of the boiler house, construction of a new kitchen and a new complex for Accident & Emergency, Operating Suite and Radiology Department. Approval was granted to proceed with design of the boiler house and preparation of a functional brief for the Accident & Emergency project. The kitchen is anticipated to enter design stage next September. It is hoped that the Hospital will, after many years of frustrations and delays, receive the support for capital works projects which it has needed for so long.

The Hospital was pleased to receive grants for new and replacement equipment totalling \$579,400. This comprised a grant of \$109,000 for various items under the Minor Works & Equipment Program and Capital Works grants for installation of a new telephone system (\$181,000), the purchase of equipment for the Operating Suite and I.C.U. (\$50,000) and purchase of a new ultrasound machine (\$123,800) and image intensifier (\$115,600).

After 97 years of general nurse training at the Hospital the graduation of the final group of student nurses in March marked the end of an era. The School of Nursing closed and the Education Centre was established in its place reflecting our new directions in education and training.

Our significant role in providing regional and community health care services developed further during the year. Health promotion and education activities maintained a high profile and continued to receive enthusiastic community participation.

The Board acknowledges the importance of continuing education of staff and commends the many staff members who availed themselves of the opportunities to attend education courses, conferences and seminars. Staff commitment to professional and personal development directly

contributes to the quality and efficiency of our services.

The Board was sorry to lose the services of a number of long serving and experienced Board members with the resignation of Mr. Keith Lovett after nearly 40 years service, Rev. Allan Thompson after 6 years service and Mr. Graeme Lind who resigned as President after 15 years service. Mrs. Dolores Orchard and Mrs. Joy Murch also resigned this year and the Board welcomed new members Mrs. Rosemarie Seidler, Mr. Ron Smith and Rev. David Manks. Members reappointed in 1988 were Dr. Peter Haslau and Mrs. Thea McIlree. In October the Chief Executive, Mr. Richard Royle, resigned and was replaced by Mrs. Inas Thompson, previously the Hospital's Deputy Chief Executive.

During the year a number of long serving members retired from the Hospital and the Board acknowledges their service:

Mr. J. Neighbour (Engineering) - 36 years

Mr. L. Hirst (Linen Service) - 27 years

Mrs. J. Curran (Nursing) - 18 years

Mrs. J. Amos (Nursing) - 18 years.

The Board of Management also wishes to acknowledge the contributions of all members of staff in helping the Hospital meet its objectives. Their dedication, compassion and experience are our most valuable resource.

The Board greatly appreciates the assistance and support provided in many ways by local parliamentarians, the Ladies' Auxiliary, Red Cross, service clubs, community support groups and local media.

The Board is proud of the strong community support the Hospital continues to receive and is confident that the Hospital will continue to develop the additional patient services required in the Wimmera Region.

Peter Haslau
President

Organisation Chart

Board of Management

Sub-Committees: Finance, Building & Engineering Services Advisory, 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.H.A.

Medical Administrator

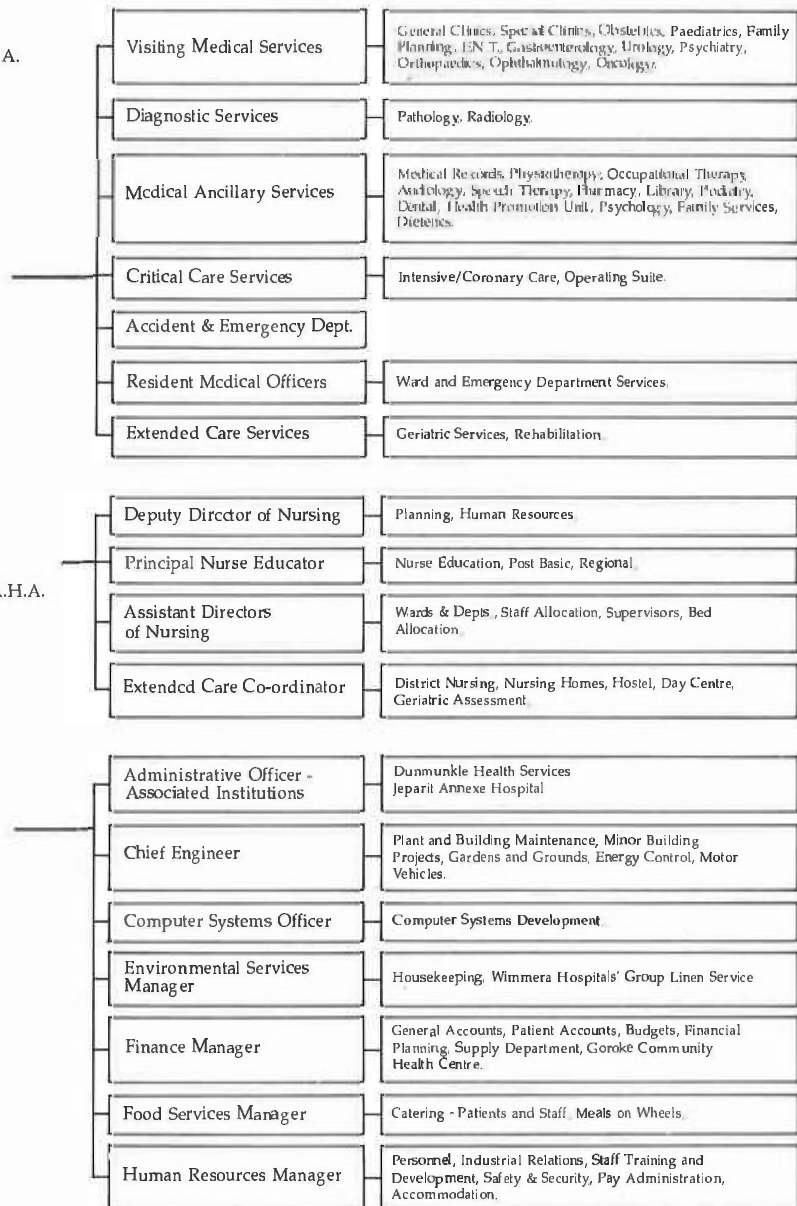
Dr. A.M. Wolff, M.B.B.S., Dip. R.A.C.O.G., F.R.A.C.G.P.

Director of Nursing

Mrs. G.M. Curran, R.N., Dip. Theatre Man., F.C.N.A., A.H.A.

Director of Administrative Services

Mr. W.G. Knight, B.Ec., B.H.A., A.H.A.



This chart is designed to show the broad divisions of responsibility and lines of communications. The positions of appointments on the chart does not necessarily denote seniority.

Patient Care

Health Service Agreement

The Board accepted an invitation from the Regional Director of Health Department Victoria to participate in the 1988/89 Health Service Agreement Program. This was the second time the Hospital had entered into an agreement. Key elements of the Agreement included the Hospital's current role and future strategy, development plans and goals and the resources the Government agreed to provide.

As reported below the Hospital's activity levels in the key indicators of inpatients treated and length of stay were exceeded. The Hospital was, however, disappointed that the Health Department was unable to meet its commitment to goals concerning a review of radiological services, the relocation to Wimmera Base of two community health psychiatric nurses and commencement of the design stage of the new kitchen and cafeteria complex.

Cardiac Rehabilitation Team Formed

An interdisciplinary team has been established to meet the physical, dietary and medical needs of cardiac patients undergoing rehabilitation. The team includes a physician, dietitian, nurse, allied health assistant, physiotherapist and enrolled nurse. Patients have usually had cardiac surgery in Melbourne and because this service is available they can soon return to their home in the Wimmera for rehabilitation.

Weekly appointments with the Team gives patients an opportunity to settle any questions that might arise, to participate in a supervised exercise program and to receive confidence building reassurance towards resuming a normal active lifestyle.

As demand for cardiac surgery continues to grow this service is expected to become increasingly popular.

Dental Clinic Productivity Leaps

Over one thousand more patients were treated in the Dental Clinic this year representing a 25% increase over the previous year's activity level. Waiting time for people requiring dentures was reduced from eight months to two months. These excellent results were largely due to the hard work of staff.

Upgrading of the laboratory and second surgery also contributed to improved efficiency and increased patient comfort. The quality assurance program revealed an increasing number of patients from distant areas such as Stawell, Donald and St. Arnaud are using the service.

Growing Demand for Day Surgery

Many surgical cases of a minor nature do not require overnight accommodation. The number of such cases is growing towards the point where they would be more efficiently treated as day cases. Patients and their relatives would benefit from:

- (i) the shorter stay in hospital with less time off work and less interruption to home life;



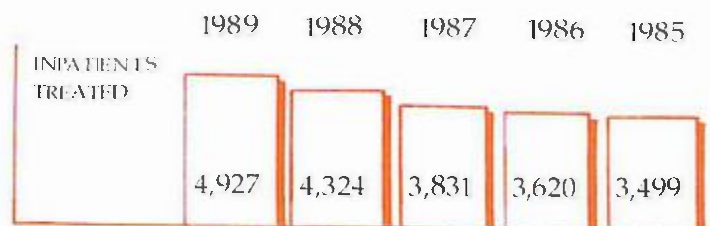
A rehabilitation class was established to meet the varied needs of cardiac patients. A team consisting of a physician, a dietitian, nursing staff and various physiotherapy staff combine to cater for the physical, dietary and medical needs of the patients.

- (ii) avoiding the stress of an overnight stay, particularly in the cases of children; and
- (iii) a much earlier return to normal activities.

In the coming year the possibility of establishing day surgery will be studied further.

Record Inpatient Throughput

The Hospital treated a record 4,927 inpatients this year which represents a 14% increase on the number of inpatients treated last year. At the start of the year a target of 4,623 inpatients was set but this was exceeded by nearly 7%. This excellent result is indicative of improved efficiency and reflects the impact of having a full complement of visiting medical staff.



During the year the average length of stay of acute inpatients dropped significantly from 5.3 to 4.5 days. This is attributed to changes in medical practice including increasing use of smaller outlying hospitals for convalescence and more efficient admission and discharge planning.



Outpatients Attendances Up

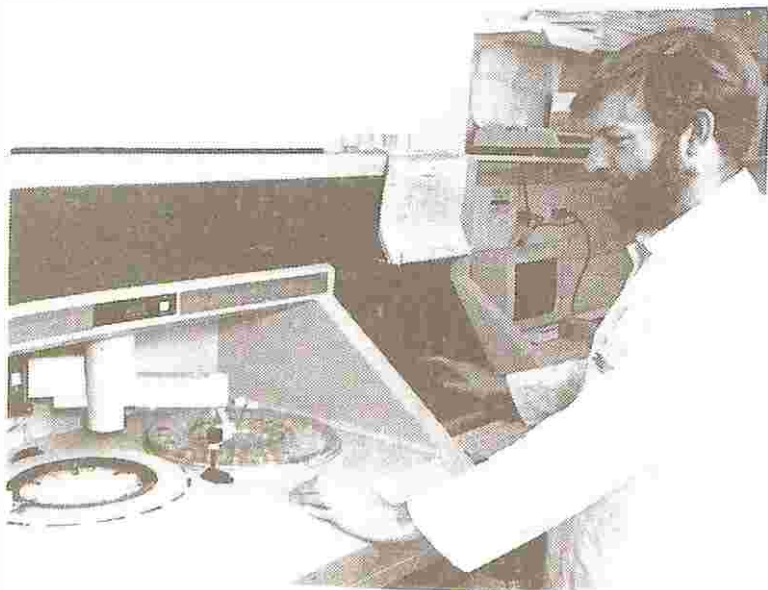
Demand for outpatient services continued to show strong growth. Total Outpatient attendances rose from 138,589 in 1988 to 144,680 in 1989 representing a 4% increase. The main components of this trend were increases in attendances for diagnostic tests (Radiology and Pathology), outpatient specialist clinics and some allied health areas such as physiotherapy.

Sexual Assault Counselling

Sexual assault victims currently represent a significant proportion of the counselling caseload of the Family Services Department. It appears that the incidence of sexual assault has not increased but that publicity about the issue has made victims more comfortable about seeking assistance from a professional counsellor. The caseload has also increased as people become more aware of the services offered by the Hospital. There is some evidence to suggest that sexual assault is more prevalent in rural areas where isolation and community pressures have tended to hide the problem. The Hospital has been actively involved in identifying service needs and in preparing a submission for funding a Sexual Assault Clinic in the region.

Family Services Reviewed

Social Work Department has been renamed the Family Services Department to reflect the wide range of services provided by staff to both the Hospital and the community. The change of name follows a detailed review of the Department's role and activities by an external consultant. Four staff members provide specialist services in the broad areas of migrant welfare, rehabilitation and geriatrics, aboriginal welfare and counselling for inpatients and outpatients.



Medical staff at the hospital have been working hard to bring home by the new technique of cooking. The Medical Services are an excellent example of the hospital's commitment to the community.



The Hospital bus provides transportation to Day Centre for participants who can't provide their own transport. The bus picks people up in the morning and takes them home in the afternoon. On average 35 participants are transported each day.

Menzies Trip to Tasmania

Residents of Sir Robert Menzies Nursing Home cruised to Tasmania earlier this year. They headed for the Apple Isle on the Menzies Endeavour with their beds and armchairs. The "Fantasy Cruise" idea arose because many residents were not capable of participating in activities outside the Nursing Home, therefore the "outside" was brought into the Home.

The Menzies wing was decked out to resemble an ocean liner including portholes and cabins, while the daily routine associated with a shipboard voyage was adhered to as closely as possible. A two day schedule included a Captain's boarding party, ships games, a casino night and a Captain's cocktail party. Local school children, entertainers, and service clubs helped provide various forms of "on board" entertainment for the residents. Other activities such as bus trips, luncheons and supper dances have been held during the year to encourage resident independence and family participation, to provide a sense of usefulness, to stimulate and entertain, and help provide a homelike environment.

Freedom of Information

The Hospital received three requests for documents under the Freedom of Information Act (1982). In two cases access to the documents sought was granted in full and in the third case access was denied because the request involved unreasonable disclosure of information about a third party. At all times the Hospital endeavours to ensure that staff, patients and the general public have 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 developments which might concern or affect them. A brochure is currently being prepared to make patients and their relatives more aware of their rights and responsibilities including those concerning access to information.

Community Care

Health Promotion Initiatives

Displays and activities specifically designed for the needs of the rural community were presented throughout the year. National campaigns promoted by the Hospital included Dental Week, Deafness Week, Nutrition Week, Arthritis Week, Back Care Week, Quit Week, Domestic Violence Week and Childrens Health Care Week. Displays were also mounted at the Wimmera Machinery Field Days and the Horsham Show.

Through these activities the public gained ready access to many of the Hospital's resources. They proved an excellent way to contact a broad cross-section of the population. For example, over 160 people were given hearing tests during the Field Days.

Staff also benefitted from activities conducted for National campaigns. Within the Hospital free dental checks were provided during Dental Week, hearing checks were provided during Deafness Week, staff joined Quit Smoking programs and an exercise display was mounted during Back Care Week. Special lunches were provided in the cafeteria for Nutrition Week which presented food low in fat and high in complex carbohydrate.

Hearing Screening Tests

During the past twelve months considerable time has been spent by the Hospital Audiologist in assisting the Wimmera Hearing Society with hearing tests throughout the Wimmera area. The tests proved extremely useful in reaching people who would not otherwise have access to the Hospital. Time spent in this area has also been used to educate the community in the use of hearing protection devices.



Our key department has continued to service the need of inpatients and outpatients of all ages. It is important that hearing impairment in children is recognised early to ensure that their educational and personal development is not disadvantaged.



As part of Nutrition '88 week the Hospital provided nutritious and healthy foods for its staff at a picnic lunch.

Family Planning Education

Unlike other family planning clinics in Victoria, the Hospital's clinic runs weekly family planning education sessions in local secondary schools and community groups, as well as conducting a normal family planning clinic. The education program introduces contraception and reproductive health issues relevant to the whole community. Adolescents are a special target group. They are encouraged to think about their options if they choose to be sexually active, if they become pregnant and what forms of contraception are available. Educational information is also made available through radio interviews, newspaper articles and Hospital information booklets. Education sessions are the single most important source of clients for the clinic and together with media coverage account for over 58% of attendances. The initial contact adolescents have with Clinic staff through the education sessions helps reduce prospective clientele anxiety.

Broadcasting Our Message

A wide community audience is reached through radio station 3WM's Health Promotion Show. Each Thursday morning staff from various departments contribute to this popular program on a range of health matters. New Hospital services can be explained to the public and topics in health education, promotion and illness prevention are presented. Subjects covered include caring for the elderly, the pill, low cholesterol diets, demystifying AIDS, diabetic education and menopause.

Breathing vs Wheezing: An Asthma Education Program

There is a need for a better understanding of the child with asthma and the crisis management of an asthma attack. "Breathing vs. Wheezing" was devised by the Hospital's Health Promotion Unit in conjunction with the School Medical Service as a community health education program.

Specific student age groups will be targeted with a view to alleviating some problems which have been observed in teenagers with asthma such as non-compliance with their asthma management programs. The program aims to foster greater understanding and empathy within the community for children with asthma and their families. It aims to dispel the belief that asthma is "all in the mind" and stimulate further education about asthma in the community. An official launch of the program will be held early in the new year. Initially a pilot program will be run in local schools. It is hoped that the program will then be introduced statewide into the Ministry of Education curriculum.

Group Activities Assist Disabled Children

Speech Pathology Department has played an important part in assisting disabled children prepare for involvement in kindergartens and schools. Nearly all disabled pre-school and early school aged children in the Wimmera have been seen by speech pathologists individually or in special interest groups. A group of disabled children and their families, led by a speech pathologist, meets regularly in Murtoa. The group practices deaf signs for use when speech alone is inadequate. Speech pathology staff also participate in "Playmates" which is an early intervention group run by the Wimmera Office of Intellectual Disability Services.

Library Services Growing

The Hospital Library provides a range of services to other health care institutions in the region including Warracknabeal, Stawell, Dimboola and Ararat hospitals. Our associated institutions Jeparit



The demand for material from the Hospital Library has continued to grow. A reference collection has been established to meet information needs regarding the health industry.



During the year a new dietetic service was established for the residents of the Nursing Homes and Hostel which enables the specific nutritional needs of the elderly to be addressed. Dietitians work closely with staff in Food Services Department.

Hospital and Dunnmunkle Health Services and local organisations such as the Wimmera District Ambulance Service, Palm Lodge and Wimmera Community Care also received library services. Demand for literature searches, copying of articles and books and audio-visual loans rose markedly over the last year. This reflects a growing number of staff pursuing courses of study and the Librarian's success in widely promoting the services available.

Retrieval Service Established

Accident and Emergency Department introduced a Retrieval Service this year. The Service will mainly be used when badly injured people are trapped in a motor vehicle after an accident. It will help ensure that injured people receive urgent medical treatment while they are being extricated from the vehicle. At the request of the Ambulance Service a Retrieval Team with specialist nurses and equipment in conjunction with visiting medical officers or Hospital medical officers will be despatched to the accident scene.

Geriatric Assessment Provides Specialist Service

As a result of Government initiatives, the Hospital has become a part of the Regional Geriatric Assessment Team. The team uses a multi-disciplinary approach towards the specialised assessment of the elderly. Members of the team consist of the Extended Care Co-ordinator, a Geriatrician, General Practitioners, District Nursing staff, Family Services Department, Paramedical Departments and other nursing home and hostel staff.

With specialist assessment of the elderly and disabled, many patients have been able to remain in their own homes for greater lengths of time.

A written referral must be made by the patient's doctor prior to the team completing an assessment. The team may recommend patients to other services such as meals on wheels or home help. This form of assessment encourages and enables patients to be involved in decisions regarding their health care, as well as ensuring the best possible facilities and services are available to meet their assessed needs.

Facilities Development

Redevelopment Strategy Approved

In February the Minister for Health, Mrs. Caroline Hogg announced approval for the design and construction of a new boiler house. The project, which involves relocating the boiler house, is the first of a three stage redevelopment program for the Hospital. Demolition of the old boiler house will make way for a new kitchen (stage 2). This will be followed by construction of a new Accident and Emergency Department, Operating Suite and Radiology Department (stage 3).

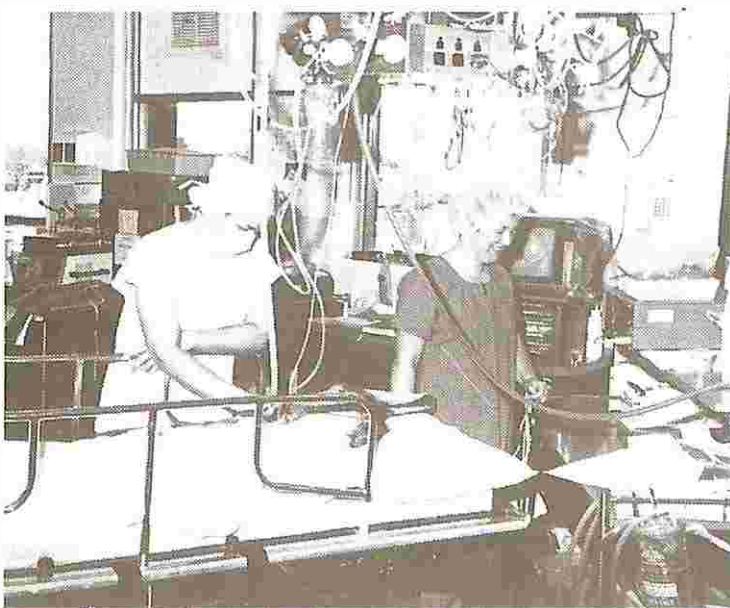
Health Department Victoria has accepted the three stage strategy which is expected to permit design work for the kitchen to begin next October and a feasibility study for the Accident and Emergency, Operating Suite project starting later in 1989.

New Boiler House

Planning is well underway for the new boiler house and construction is planned to begin in November/December 1989. The new boilers will use briquette fuel instead of oil. The estimated capital cost of this building project is \$2.18 million.

New Ultrasound Scanner

Acquisition of the latest Toshiba ultrasound scanner has enhanced medical imaging services. The new machine gives much improved scan detail and greater field coverage. A separate monitor enables the patient to view the examination and improves their understanding of the procedure. This is of particular value to obstetric patients.



In recovery room post-operative patients are closely observed to prevent any complications arising when consciousness and reflexes are still impaired by anaesthetics. Patients go to a ward when their condition stabilises. Cramped conditions pose severe constraints on activities in this area.



There is a growing need for equipment throughout the Hospital. Electronic scales purchased for Ward 4 have enabled patients up to three years of age to be weighed with accuracy.

Childrens Ward Proposals

The paediatric ward is one of the oldest hospital buildings and is quite unsuitable for the purpose it serves. Following consultation with staff, sketch drawings have been prepared of proposed building alterations which will enable better visibility of patients and improved access. Work on the new design will be completed in the coming year.

Major Renovations for Ward Five

The old Ward five verandah area has been removed and replaced with three new areas to improve the range of patient care provided. The renovations have provided a close observation room for patients needing extended, palliative or barrier nursing care, a nurses station, an office for the Charge Nurse and a lounge and television room for patients. New paintwork and furnishings have helped create a modern atmosphere. All building works were completed by staff of the Hospital Engineering Department and were funded by a Minor Works grant.

Minor Works Projects

The Hospital received a grant of \$109,000 from Health Department Victoria under the Minor Works and Equipment Program. A list of projects completed and equipment purchased with these funds is shown below:

	\$
• Renovation and refurbishment of Ward 5	29,954
• Intravenous Infusion Pumps (x 12) for all acute wards	22,800
• Capnographs / Oximeters (x 2)	24,000
• Hanau Operating Light for Accident & Emergency	4,334
• Infant Resuscitation Module with Heater for Midwifery	6,259
• Pulse Oximeter	5,035
• Operating Table for Operating Suite (Total Cost \$31,100 Jointly funded from \$50,000 Special Grant)	6,296
• Building & Engineering Information Management Computer System	6,345
• Hot Water Mixing Valves	3,977
Total	109,000

Computer Systems Developments

Following the appointment of a Computer Systems Officer in May work began on preparing a strategy plan for the development of the Hospital's computer systems over the next three to five years. Work on this project involves consideration of all departments' current and future requirements for information systems.

In June the Health Department announced a \$40,000 grant to assist in the installation of the ICL / HOSPRO Financial Modules which represents a small but important step in our systems development.

The acquisition of the Building & Engineering Information Management System (BEIMS) will greatly assist the Engineering Department in works allocation, job costing, maintenance planning and registration of assets.



Computer systems development received a boost this year with the appointment of our first Computer Systems Officer who will provide programming, systems analysis and education and training in computer information systems.

Linen Service Productivity Increase

Significant changes occurred in the Wimmera Hospitals' Group Linen Service as efforts to achieve higher levels of productivity continued. Over the past few years a large amount of outdated equipment has been replaced and some longstanding work practices have been changed. A totally new production system has been created with the purchase this year of two new tumble dryers and other major pieces of equipment which have been linked together by automated conveyors. The new machines cost over \$262,000 and were financed from Linen Service funds.

Demand for linen has continued to fall this year as our client health services have worked to reduce their use of linen. Despite the fall in total production significant productivity increases have been achieved as shown in the following table:-

Linen Service Performance Measures

Measure	1989	1988	1987	1986
Staff (Equivalent Full Time)	24.9	28.8	31.9	34.0
Gross Output Per E.F.T. Staff (Kg/Hour)	18.6	16.8	16.1	14.8
Linen Issues (tonnes/week)	17.6	18.4	19.4	19.1



New equipment and a redesigned work area combined with changes in work methods have produced significant productivity and efficiency gains in the Group Linen Service.

Energy Audit Identifies Savings

Energy costs account for approximately 2.7% of the Hospital's annual operating budget.

As part of the planning for the new boiler house consulting engineers were employed to investigate the current energy consumptions of all Hospital buildings and make recommendations for future energy savings, energy sources and plant for the Hospital.

The Audit's major recommendation concerned the various fuels and systems options for future energy usage. The preferred option was for construction of a new boiler house converted to use briquette fuel. The report also recommended a number of smaller projects to save energy costs which would be self financing in the short term. The Hospital has proceeded with some of these projects and requested Health Department funding of nearly \$80,000 for the others.

Fire Safety Concerns

An inspection by the Country Fire Authority resulted in a detailed set of recommendations to improve the total fire protection for the Hospital. Many of the recommendations have been completed during the year. In the main multi-storey building there are, however, major structural impediments to meeting the C.F.A.'s requirements for a fire isolated stairway and provision of an escape route from operating suite and other areas. The Hospital has repeatedly raised its concerns over this situation with the Health Department which in May indicated its willingness to consider any economically viable proposals. A proposal will be presented to the Health Department early in the new year.

Special Equipment Grant

A Capital Grant of \$50,000 was received under the Commonwealth and State Government Non Teaching Hospital Equipment Program for the purchase of additional equipment for Intensive Care and the Operating Suite. The major items of equipment purchased were an operating table, an exercise E.C.G. monitor and two pulse oximeters. The Health Department also provided a Capital Works Grant of \$1r replacement of an Image Intensifier in the Radiology Department.

Education and Training

General Nurse Training Finishes

In August 1988, eight students in Group 885 completed their general nurse training. The end of an era came on 10th March, 1989 when twelve students in Group 286 graduated with the distinction of being the last of the general nurses to undertake the whole of their training at Wimmera Base Hospital. The event was marked by a commemorative graduation ceremony and dinner dance in Horsham Town Hall. Over 400 people attended the occasion including many past trainees.

Celebration of the graduates achievements overshadowed the deep pathos many felt for the closure of the School of Nursing after 97 years of general nurse training. The first student of nursing was Miss Isabella Sexton who began her twelve month training in 1892. The last student to finish was Miss Kathryn Hilliard who completed her three year training on 20th February, 1989.

As part of the celebrations an Open Day was held at the Hospital on Saturday, 11th March in which many departments and the Past Trainees Association mounted displays. Over ninety people attended the day and enjoyed guided tours and a barbeque luncheon.

The transfer of nurse education to colleges of advanced education is seen as necessary to raise the professional standing of nurses. In the past the majority of nurses were trained in hospital schools and there were marked variations in the quality and type of training they received. College based education is an attempt to establish, on a national basis, a common entry point, a common baseline and a core curriculum for the profession. It also involves a change of emphasis in the training of nurses from service needs to education needs.



Nursing staff in Accident and Emergency Unit continue to train in skills such as suturing to improve patient treatment efficiency.



Orderlies provide a caring service in the transportation of patients throughout the Hospital.

Education Centre New Directions

With the closure of the School of Nursing, following the end of general nurse training, education services took a new direction. The Education Centre, as it is now called, supports a range of post-basic, continuing education and staff development programs. The Centre organised a number of study days on diverse topics such as gerontology and accident and emergency nursing. These were well supported by local and regional health care agency staff. Other activities included a monthly one day orientation program for new nursing staff. Future development of the Centre's regional role is planned.

Although the School of Nursing has finished, the Hospital has not lost its connection with students of nursing. In 1988 nursing students from Ballarat College of Advanced Education, Warrnambool Institute of Advanced Education and Aquinas College gained practical experience at the Hospital. Supervised clinical experience was also provided for psychiatric and mental retardation nursing students. The Hospital also developed a regional geriatric nursing course in conjunction with the Queen Elizabeth Geriatric Centre in Ballarat.

High Dependency Nursing Course

The second High Dependency Nursing Course finished successfully in September with seven graduates. Through this course nurses have an opportunity to improve their education and skills without having to leave the region. The course plays a vital role in ensuring an adequate supply of nursing staff with specialist skills for critical care areas. Students rotate through Accident and Emergency Department, Intensive Care Unit and Recovery Room during this six month course. They spend 200 hours in the classroom including lectures from specialist nurses, visiting medical officers and senior paramedical staff. The course, which is usually run from March to September, began in late February with eight students.

Extended Skills Program Continues

Nursing staff of Accident and Emergency continue to receive training through the Extended Skills Program. The program is designed to improve efficiency of patient treatment by providing intensive training in skills such as suturing, plastering and intravenous therapy.

Student Nurse Graduates

GROUP 885

Roslyn Allan
Peter Alt
Debrah Beard
Denise Hobbs
Sue-Anne Kavanagh
Lisa Kershaw
Kim Mitchell
Marita Thistlethwaite
Anthony Tuohy

GROUP 286

Jacqueline Arnott
Marina Butler
Barbara Dennis
Kathryn Hilliard
Janet Horton
Megan Jobe
Therese Kearns
Charmayne Long
Jennifer McDonald
Damien Melican
Donnel Robinson
Jeanette Tepper

Graduate Nurse Program Graduates

Lynette Bastian
Leanne Kirby
Maree Markby
Margaret McDonald
Jennifer Pointon

Bruce Rentsch
Janine Rodgers
Roxanne Tucker
Karen Westdyk

High Dependency Nursing Course Graduates

Lisa Arnott
Roslyn Haslau
Sally-Anne Hill
Marita Keane

Katharine Redford
Trevor Spencer
Barbara Taylor

Nursing Prize Recipients

Roslyn Allan - The T.F. Ryan Nursing Prize for the best all-round nurse in theory.

Barbara Dennis - The Past Trainees Prize for clinical skills.

Barbara Dennis - The Award for Academic Excellence for being dux of the graduating group.

Margaret McDonald - The Graduate Nurse Program Course Co-ordinator's Award for the best all round results in theory and practice.



The final general nurse graduation had the presentation of prizes to outstanding graduates. Left to right, former President and guest speaker Dr. Rodney Abdul Drazon of Nursing Mrs. Gillian Curran, T.F. Ryan Prizewinner Miss Roslyn Allan, Past Trainees Prize and Academic Award winner Mrs. Barbara Dennis, Principal Nurse Teacher Mrs. Margen Purman, President Dr. Peter Haslau.

Lifting Education Programs

In-service education sessions conducted by Physiotherapy Department were held for staff in Environmental and Food Services, Operating Suite and Medical Records. The aim of the sessions was to educate staff about musculo skeletal injuries and ways to avoid them. Specific work groups were encouraged to identify potential hazards in their work practices which might result in sprain and strain injuries. Correct lifting techniques and postures and simple exercises were demonstrated to overcome the hazards identified. Suggestions were made for modifying existing working conditions to be more ergonomically favourable. This program will be extended to other work groups using new teaching techniques including video filming of staff work practices.

Staff Learn A.I.D.S. and Hepatitis B Facts

For one week in February, an education program was run to inform staff of the facts surrounding A.I.D.S. and Hepatitis B. Approximately 350 staff members from all areas of the Hospital attended. Topics covered included the virus which causes the disease, the source and transmission of the disease and prevention strategies. Feedback from staff indicated that the program has helped allay fears involved with the care of infected patients and reinforced correct treatment protocols.

Graduates Nurse Program Continues

Since 1986 the graduate nurse program has increased in content and numbers. This 52 week course is designed to assist new registered nurses to consolidate their skills and increase their confidence. The course has become more important now that most nurses who enter the hospital system are college trained. In May nine staff members completed the Graduate Nurse Program. Eight participants from this Hospital and two from Ararat and District Hospital commenced the Program in April.



Hospital physiotherapists were involved in the promotion of National Back Care Day in April of this year. Displays were specifically designed to meet the needs of the rural community.

Evaluation and Research

Ongoing Service Review

The Hospital has a well established system for reviewing the activities of each department to ensure the most efficient and effective use of resources and the maintenance of a high quality of care.

The Health Services Review Committee conducted detailed appraisals of Occupational Therapy, Accident & Emergency, Dental Clinic, Family Services, District Nursing, Speech Pathology and the Hostel. Subjects covered in each review include the departments role and function, type and level of activity, staffing, budget, short and long term goals and problems encountered. Another responsibility of the Committee is the investigation of patient complaints and co-ordination of appropriate responses. It is pleasing to note that the Hospital received very few letters of complaint and that these were overshadowed by the many letters of commendation.

Universal Precautions Introduced

Infection control policies were upgraded to improve protection for staff against patients infected by A.I.D.S. and Hepatitis B. The principles involve mindfulness in treating all patients during all procedures. The Hospital has rejected the idea of applying special precautions only to patients known to be infected. By adopting Universal Body Substance Precautions the Hospital aims to protect all patients and staff all of the time. This approach is a simple, flexible and common sense way to isolate the problems rather than the patients.

Emergency Patients Contribute To Service

To monitor and improve its service, Accident and Emergency Department asked every tenth patient to complete a survey on the care they received. Through the survey staff gained a greater insight into the problems patients encounter. Patient suggestions have resulted in a number of new amenities including reserved parking areas for Accident and Emergency patients and provision of a drinks machine in the waiting room. It is pleasing to report that the overwhelming majority of people were highly satisfied with the service provided.

Teenagers Risk Pregnancy

A study by the Hospital's Family Planning Clinic showed that over 80% of those attending the Clinic were sexually active prior to their first attendance. Analysis of those seventeen years and under attending the Clinic revealed that 69% were sexually active and 21% were having unprotected intercourse. Only 26% were using oral contraceptive and 53% were using the condom. Most teenagers seen at the Clinic were sexually active before attendance and many were at considerable risk of becoming pregnant.

The study also revealed that patients chose to attend the Clinic because they preferred a female doctor; they felt the Clinic was better equipped to deal with their problem; they wanted a second opinion; they were unhappy with their local doctor or they desired anonymity. Although contraception is by far the most common reason for attendance, the Clinic deals with a wide spectrum of problems. The Study showed that the Clinic is perceived in the community as providing a greater service than just family planning.

T.P.N. Team Develops Guidelines

The manufacture of all total parental nutrition solutions is now being carried out by the Hospital Pharmacy. During the year a team was formed to develop guidelines for both the manufacture and administration of T.P.N. solutions within the Hospital. The team which produced the T.P.N. manual consisted of a dietitian and medical, nursing and pharmacy staff.

Enthusiastic Response to Support Group

Late this year the Matron Arthur House Nursing Home Support Group was formed with representatives of staff, residents and residents' relatives. The Group aims to provide support to residents by meeting their need to be involved in making decisions about their health care and living conditions. The Group also plans to assist in providing activities, entertainment and equipment for residents. Entertainment functions held including First Birthday celebrations, special luncheons and supper dances all enhance the quality of care.

This support group assists in the Hospital's ongoing efforts to assure that nursing home residents enjoy a safe, homelike environment, with optimum health care, social independence, freedom of choice, privacy, dignity and a variety of activities.

Environmental Services Assures Quality

The Environmental Services Department has been one of the quiet achievers. Domestic, orderlies and cleaners have carried out their day to day tasks with a minimum of fuss and maximum efficiency.

The quality of work is maintained in this service by a comprehensive quality assurance program which ensures every area of the Hospital is assessed every eight weeks. Equipment, staff knowledge of equipment, staff use of chemicals, correct lifting techniques and cleanliness are all monitored to ensure that the Hospital is maintained in a clean and bacterial controlled environment.

Pathology Gains Accreditation

At the beginning of the year, a long period of hard work culminated in the laboratory being granted full Group 1 accreditation by the National Association of Testing Authorities. This is a great compliment to the quality of work produced by the staff, and to the amount of effort put into the documentation of all procedures within the laboratory.

Human Resources

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.

Focus On Middle Management

Two middle management courses, each of three days duration, were conducted by Hospital staff and guest lecturer Dr. John Hill, an industrial relations consultant. The object of the courses was to enhance the skills and knowledge of supervisory staff in communication, leadership, problem solving, role of the manager, goal setting and disciplinary procedures. Some fifty staff have attended the program this year. Over recent years many staff have participated in middle management courses and it is now considered time to look at other training areas. To help us identify and plan for staff training and development needs, a survey of all staff will be conducted early in the new year.

Long Service Awards

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

Ten Years

Gwenda Antonoff
Susan Drake-Feery
Christine Dumesny
Julia Ellis
James Gardner
Graham Humphries
Raymond Jakobi
Janette Lawson
Frank Marklew
Maurice McClure

Carmel Martin
Campbell Mitchell
Maree Morrison
Judith Pymmer
Susan Ridgwell
Laureen Sherriff
Lyn Taylor
Coral Tucker
Bernard Waixel
Dianne Wilde

Twenty Years

Mary Jernoe
Maria Luciani
Beryl Moloney

Twenty Five Years

Arcanjela Aucello

Thirty Years

Barry McCourt

Safe Lifting Standards Introduced

Hospital personnel are subject to a wide range of occupational hazards in the work place. One such hazard which employees face is that of manual handling. In late 1988 a Manual Handling Code of Practice was approved to complement the Occupational Health and Safety Act 1985. This Code of Practice has enabled Health and Safety Representatives, employees and Hospital management to work together to prevent, identify, assess and control manual handling risks arising in the work place. The framework which enables the identification and control of manual handling risks at the Hospital will continue well into the 1990's.

Total time lost as a result of illness or injuries received in the work place has decreased this year in comparison to last year.

Summary of Hours lost due to WorkCare Injury or Illness in the Work Place

	1989	1988	1987
Administrative and Clerical	-	-	-
Engineering Services	227	48	-
Environmental Services	2,237	4,339	3,906
Food Services	5,662	6,856	6,250
Linen Services	737	256	1,431
Medical and Paramedical	-	-	12
Nursing	5371	3753	2073
TOTAL HOURS LOST	14,234	15,252	13,795

(Figures for years ending 30 June)

Nursing: The increase in nursing staff hours lost can be attributed to an increase in the numbers of nursing staff with long term injuries. With the implementation of the Manual Handling Code of Practice and continued rehabilitation being provided to injured staff, a reduction in these hours is envisaged for the future.

Environmental & Food Services: The decrease in hours from 1988 to 1989 is due to the successful rehabilitation of a number of people with long term injuries. There have been no new long term claims and a continuing reduction in hours lost can be expected.

Linen Service and Engineering Services: Due to the smaller number of staff in these areas any employees injured for a moderate period of time will have noticeable effect on time lost. The figures may vary sharply from year to year because of an injury or illness to one employee.

Chief Executive

R.N. Royle, B.A., M.I.A., A.H.A.(Prov.) (Resigned 14.10.88)
 I.H. Thompson, R.N.R.M., B.I.A., M.B., A.H.A. (Appointed 30.10.88)

Visiting Medical Staff

Consulting Staff

R.A.M. Taylor, M.B., B.S., (Lond.), M.S.S.A.

Obstetrician and Gynaecologist

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

Ophthalmologists

P. Chau, M.B., B.S., M.R.C.P.(U.K.), F.R.A.C.S., F.R.A.C.O.

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

Oral Surgeons

P. Bowker, M.D.Sc., F.D.S.R.C.S.(Eng.), B.D.Sc.

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

Orthopaedic Surgeons

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

W. Carter, M.B., B.S., F.R.A.C.S.

Paediatrician

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

Physician

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

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.

Otolaryngologists

A.A. Wallis, M.B., B.S., F.R.A.C.S.

R.L. Thomas, M.B., B.S., F.R.A.C.S., F.R.C.S.(Eng.)

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

Surgeons

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

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

Vascular Surgeon

I.A. Ferguson, M.B., B.S., F.R.A.C.S., F.R.C.S.(Lond.) (Retired 5.5.1989).

Oncologist

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

Urologist

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

Regional Geriatrician (Sessional).

A.C. McBain, M.B., B.S. (study leave)

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

Regional Supervisor for Graduate

Medical Education

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

Area Medical Co-ordinator - Regional

Displan

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

Deputy Area

Medical Co-ordinators - Regional Displan

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

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

Medical Officer - Family Planning Clinic

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

Medical Officers

C.H. Foord, M.B., B.S., Dip. Obst. R.C.O.G.

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

A.K. Horwood, M.B., B.S., Dip. Obst. R.A.C.O.G., F.R.A.C.C.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.C.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. R.C.O.G.

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

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

Dental Surgeons

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

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

M. Monk, B.D.S.(Lond.), L.D.S.

C. Pearson, B.D.Sc., L.D.S. (Deceased 28.4.1989)

R. Barnes, B.D.Sc.

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.C.P.

Director of Pathology

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

Director of Radiology

L. Wong Shee, M.B., Ch.B., F.R.A.C.R.

Director of Anaesthesia

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

Director of Intensive Care

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

Chief Pharmacist

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

Chief Radiographer

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

Chief Physiotherapist

Miss R. Ormsby, B.App.Sc.(Phyt)

Chief Speech Pathologist

Mr. S.D. Hill, B.App.Sc.(SpPath), M.A.A.S.H.

Chief Medical Records Administrator

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

Medical Librarian

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

Chief Occupational Therapist

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

Dietitian

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

Audiologist

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

Laboratory Manager

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

Chief Social Welfare Worker

Mrs. M. Hughan, Assoc. Dip. Welfare Studies

Psychologist & Head, Health Promotion Unit

Mrs. M. Aitken, B.A., Grad. Dip. Soc. Couns. (on leave)

Mr. C. Neesham, B.A., Grad. Dip. Ed. Psych., Member A.P.C. & M.A.P.S.

Residential Medical Staff

Interns

D. Hauser – 11.7.88 - 9.10.88
 E. Pennington – 11.7.88- 9.10.88
 J. Dunstan – 11.7.88- 9.10.88
 H. Savoia – 10.10.88 - 8.1.89
 C. Moss – 10.10.88 - 8.1.89
 D. Yap – 10.10.88 - 8.1.89
 P. Subramaniam – 9.1.89-9.4.89
 M. Ashcroft – 9.1.89-9.4.89
 A. Crawford – 9.1.89-9.4.89
 H. Liu – 9.1.89-9.4.89
 T. Lafferty – 10.4.89-9.7.89
 C. Marshall – 10.1.89-9.7.89
 M. Gralinska – 10.4.89-9.7.89
 M. Levenda – 10.4.89-9.7.89

Surgical Registrars

E. McLeod – 26.9.88- 29.1.89
 A. Robertson – 30.1.89 - 28.5.89
 A. Breidahl – 29.5.89-24.9.89

Victorian Academy of General Practice

Fellows

J. Halloran – 30.1.89 - 28.1.90
 D. Woods – 30.1.89- 28.1.90

Nursing Division

Director of Nursing

Mrs. G.M. Curran, RN, Dip. Man. & Teach. (Theatre), Cert. Bus. Stud. (Hosp. Adm.), FCNA, AHA

Deputy Director of Nursing

Mrs. J.I. Waixel, RN, RM, Assoc Dip. H. Admin.

Assistant Directors of Nursing

Miss J.E. Lade, RN, RM, Dip. App. Sc. (N. Admin.)
 Mrs. S. Wines, RN

Nurses Supervisors

Miss C.M. Lamenta, RN
 Mrs. J.A. Pymmer, RN, MCNA, Dip. H. Admin.-Nursing

Night Nurse in Charge

Miss F. Lewis, RN, RM, MCNurs. & Wd. Man. Dip.

Extended Care Co-ordinator

Mrs. A. Richards, RN, RM

Principal Nurse Teacher

Mrs. M.J. Pannan, RN, Assoc. Dip. N. Ed., Grad. Dip. Ed. Admin.,
 Grad. Dip. Student Welfare, ICNA, MAACEA

Charge Nurses

Accident & Emergency Department

Miss B. McCrae (Acting Charge Nurse), RN, Cert. A&E Nurs.

Central Sterilizing & Supply Department (CSSD)

Mrs. M. Smith, RN, Cert. Steril. & Infect. Cont.

Day Centre

Ms. L. Smith, RN, Cert. Ger. Nurs.

District Nursing Service

Mrs. P. James, RN

Hostel

Mrs. J. Curran, RN (Retired 26/89)

Intensive/Coronary Care Unit

Ms. M. Kuhne, RN, RM, Cert. Intens. C. Nurs.

Matron Arthur House Nursing Home

Mrs. E. Flack, RN

Occupational Health & Staff Welfare Nurse

Mrs. P. Phillips, RN, Dip. App. Sc. (Comm. H. Nurs.), ICNA

Operating Suite

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

Sir Robert Menzies Nursing Home

Mrs. K. Robinson, RN (Resigned 28/88)

Mrs. L. Mentha, RN, Dip. T. C. Nurs., FCNA, MCN (NSW),
 (Commenced 12/2/88)

Ward 1 - Midwifery

Mrs. C. Giles, RN, RM

Ward 2-Surgical

Mrs. M. Jobe, RN

Ward 3-Medical

Mrs. M. Lowe, RN

Ward 4 - Paediatrics

Miss D. Wickham, RN, RM

Ward 5-Medical/Surgical

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

Ward 7-Medical/Surgical

Mrs. J. Amos, RN (Retired 31/7/88)

Miss W. Lanyon, RN, R.M. (Commenced 3/10/88)

Administrative Services Division

Director of Administrative Services

Mr. W.G. Knight, BE, BHA, AHA (Commenced 16/1/89)

Administrative Officer Associated

Institutions

Mr. B.N. Waixel, B.Bus., A.S.A. (Prov.) (Resigned 7/4/89)

Chief Engineer

Mr. T.R. Martin, M.I.E.E., MAIRAH

Computer Systems Officer

Mr. K.M. Loughran, B.Sc., Dip. Comp. Sc. (Commenced 15/5/89)

Environmental Services Manager

Mr. M.J. Toone

Finance Manager

Mr. J.M. Airey, BBUS, A.A.S.A., CPA, ACIS

Food Services Manager

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

Human Resources Manager

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

Staff Turnover and Recruitment 1989

Service Area	Full Time Equivalent	No. of Employees	Terminated Employees	Turnover/Service Area	Recruited Employees
Administrative & Clerical	29.59	37	3	8.1%	3
Hotel & Allied	121.70	174	14	8.0%	14
Medical Officers	9.00	9	-	-	-
Medical Support	59.85	85	5	5.9%	5
Nursing	255.43	410	117	28.5%	114
Total	475.47	715	139	19.4%	136

(Figures as at, or for year ended, 30 June, 1989)



The Ladies' Auxiliary continues to work hard raising funds for the Hospital through raffles, donations and social functions. The Auxiliary's main fundraising activity is the Opportunity Shop which offers donated clothing and goods to the public at affordable prices.

Wimmera Base Hospital Ladies' Auxiliary

This year the Auxiliary donated \$13,409.00 to the Hospital. This money will be used for our current project of refurbishing the wards to make them more pleasant for the patients.

Our chief source of income is the Opportunity Shop. Church guilds, social and mothers clubs supply us with a large part of our stock. Donations of clean used clothing and small household items are always welcome. Lately we have had some difficulty filling the shop roster because many of our members, although still interested in the Auxiliary's aims and activities, find that they are not physically capable of working as hard as they once did. We have an ageing membership and the future of the Auxiliary depends on our ability to attract new younger members.

Very pleasant social functions in the form of house parties added \$1,261 to the funds. These consisted of an afternoon party at Mrs. A. Mayberry's home in November, a coffee morning hosted by Mrs. D. Brooks in April, and a June luncheon at the home of Mrs. K. Dellar. We are very grateful to these hostesses.

In June members were most interested to hear a

talk by Mrs. Thompson, the Chief Executive, outlining plans for the Hospital's development. Similar talks will be held two or three times a year to keep us informed about the Hospital's activities.

The co-operation and assistance of the Chief Executive, her secretary, Miss Pickering, and all other staff is greatly appreciated. I wish to thank Mrs. D. Brooks, Secretary, Mrs. Pat Smith, Treasurer, Opportunity Shop helpers and the hard working members who have supported me during my three years in office. To the incoming office-bearers I extend my best wishes that they have a successful and rewarding year.

Heather Scott, President

Red Cross Library

The year has been a very busy one delivering books and magazines to the patients. Our large print books are in demand by the aged. Prints from our Picture Library are hung in the Nursing Homes and the Day Centre and are changed every three months.

At Christmas we held our usual Christmas party in the Hostel. Red Cross members served the patients afternoon tea and Christmas cake made by Mrs. Lorna Schulz. At Christmas returned servicemen in hospital are always given a gift. These are wrapped and sent from Red Cross Headquarters. During the year a morning coffee party was held in Sir Robert Menzies Nursing Home. The patients from both nursing homes were entertained by music played by Mr. Andy Wood. My grateful thanks go to you Andy. Also during the year sun umbrellas and tablecloths were presented to the nursing homes.

In closing my final report after 35 years service to the Hospital, I would like to say thank you to Miss Crafter; to the many members who have given me help during the years; to the Hospital Executives, the wonderful nursing staff and everybody for their help. Thank you to the many patients I have visited - it has certainly been a very rewarding service and it will live in my memory. And last but not least I would like to welcome my successor, Mrs. Glennys Wood and wish her well for the future.

Mrs. Thelma Cain (Mrs.)

(Red Cross Librarian)

Residential Medical Staff

Interns

D. Hauser - 11.7.88 - 9.10.88
 E. Pennington - 11.7.88 - 9.10.88
 J. Dunstan - 11.7.88 - 9.10.88
 H. Savoia - 10.10.88 - 8.1.89
 C. Moss - 10.10.88 - 8.1.89
 D. Yap - 10.10.88 - 8.1.89
 P. Subramaniam - 9.1.89 - 9.4.89
 M. Ashcroft - 9.1.89 - 9.4.89
 A. Crawford - 9.1.89 - 9.4.89
 H. Liu - 9.1.89 - 9.4.89
 T. Lafferty - 10.4.89 - 9.7.89
 C. Marshall - 10.1.89 - 9.7.89
 M. Gralinska - 10.4.89 - 9.7.89
 M. Levenda - 10.4.89 - 9.7.89

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 A. Robertson - 30.1.89 - 28.5.89
 A. Breidahl - 29.5.89 - 24.9.89

Victorian Academy of General Practice

Fellows

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 D. Woods - 30.1.89 - 28.1.90

Nursing Division

Director of Nursing

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

Deputy Director of Nursing

Mrs. J.I. Waixel, R.N., R.M., Assoc. Dip. H. Admin.

Assistant Directors of Nursing

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

Nurses Supervisors

Miss C.M. Lamenta, R.N.
 Mrs. J.A. Pymer, R.N., M.C.N.A., Dip. H. Admin. - Nursing

Night Nurse in Charge

Miss F. Lewis, R.N., R.M., J.C. Nurs. & Wd. Man. Dip.

Extended Care Co-ordinator

Mrs. A. Richards, R.R.M.

Principal Nurse Teacher

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

Charge Nurses

Accident & Emergency Department

Miss B. McCrae (Adm. Charge Nurse) R.N., Cert. A&E Nurs.

Central Sterilizing & Supply Department (CSSD)

Mrs. M. Smith, R.N., Cert. Steril. & Infect. Cont.

Day Centre

Ms. L. Smith, R.N., Cert. Admin. Nurs.

District Nursing Service

Mrs. P. James, R.N.

Hostel

Mrs. J. Curran, R.N. (Retired 2/6/89)

Intensive/Coronary Care Unit

Ms. M. Kuhne, R.N., R.M., Cert. Intens. Nurs.

Matron Arthur House Nursing Home

Mrs. E. Flack, R.N.

Occupational Health & Staff Welfare Nurse

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

Operating Suite

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

Sir Robert Menzies Nursing Home

Mrs. K. Robinson, R.N. (Resigned 2/8/88)

Mrs. L. Mentha, R.N., Dip. F. (Nurs.), F.C.N.A., M.C.N. (NSW),
 (Commented 12/12/88)

Ward 1 - Midwifery

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

Ward 2 - Surgical

Mrs. M. Jobe, R.N.

Ward 3 - Medical

Mrs. M. Lowe, R.N.

Ward 4 - Paediatrics

Miss D. Wickham, R.N., R.M.

Ward 5 - Medical/Surgical

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

Ward 7 - Medical/Surgical

Mrs. J. Amos, R.N. (Retired 3/17/88)

Miss W. Lanyon, R.N., R.M. (Commented 3/10/88)

Administrative Services Division

Director of Administrative Services

Mr. W.G. Knight, B.E., B.H.A., A.F.A. (Commented 16/1/89)

Administrative Officer Associated Institutions

Mr. B.N. Waixel, B.Bus., A.S.A. (Prov. Resigned 7/4/89)

Chief Engineer

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

Computer Systems Officer

Mr. K.M. Loughran, B.Sc., Dip. Comp. Sc. (Commented 15/5/89)

Environmental Services Manager

Mr. M.J. Toone

Finance Manager

Mr. J.M. Airey, B.Bus., A.A.S.A., Q.A., A.C.F.S.

Food Services Manager

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

Human Resources Manager

Mr. D.H. Pinyon, J.P.M.A.I., A.I.L.D.

Staff Turnover and Recruitment 1989

Service Area	Full Time Equivalent	No. of Employees	Terminated Employees	Turnover/Service Area	Recruited Employees
Administrative & Clerical	295.9	37	3	8.1%	3
Hotel & Allied	121.70	174	14	8.0%	14
Medical Officers	9.00	9	-	-	-
Medical Support	59.85	85	5	5.9%	5
Nursing	255.43	410	117	28.5%	114
Total	475.47	715	139	19.4%	136

(Figures as at, or for year ended, 30 June, 1989)



The Ladies' Auxiliary continues to work hard raising funds for the Hospital through raffles, donations and social functions. The Auxiliary's main fundraising activity is the Opportunity Shop which offers donated clothing and goods to the public at affordable prices.

Wimmera Base Hospital Ladies' Auxiliary

This year the Auxiliary donated \$13,400.00 to the Hospital. This money will be used for our current project of furnishing the wards to make them more pleasant for the patients.

Our chief source of income is the Opportunity Shop. Church guilds, social and mothers clubs supply us with a large part of our stock. Donations of clean used clothing and small household items are always welcome. Lately we have had some difficulty filling the shop because many of our members, although still interested in the Auxiliary's aims and activities, find that they are not physically capable of working as hard as they once did. We have an ageing membership and the future of the Auxiliary depends on our ability to attract new younger members.

Very pleasant social functions in the form of house parties added \$1,261 to the funds. These consisted of an afternoon party at Mrs. A. Mayberry's home in November, a coffee morning hosted by Mrs. D. Brooks in April, and a June luncheon at the home of Mrs. K. Dellor. We are very grateful to these hostesses. In June members were most interested to hear a

talk by Mrs. Thompson, the Chief Executive, outlining plans for the Hospital's development. Similar talks will be held two or three times a year to keep us informed about the Hospital's activities.

The co-operation and assistance of the Chief Executive, her secretary, Miss Pickering, and all other staff is greatly appreciated. I wish to thank Mrs. D. Brooks, Secretary, Mrs. Pat Smith, Treasurer, Opportunity Shop helpers and the hard working members who have supported me during my three years in office. To the incoming office-bearers I extend my best wishes that they have a successful and rewarding year.

Heather Scott, President

Red Cross Library

The year has been a very busy one delivering books and magazines to the patients. Our large print books are in demand by the aged. Prints from our Picture Library are hung in the Nursing Homes and the Day Centre and are changed every three months.

At Christmas we held our usual Christmas party in the Hostel. Red Cross members served the patients afternoon tea and Christmas cake made by Mrs. Lorna Schulz. At Christmas returned servicemen in hospital are always given a gift. These are wrapped and sent from Red Cross Headquarters. During the year a morning coffee party was held in Sir Robert Menzies Nursing Home. The patients from both nursing homes were entertained by music played by Mr. Andy Wood. My grateful thanks go to you Andy. Also during the year sun umbrellas and tablecloths were presented to the nursing homes.

In closing my final report after 35 years service to the Hospital, I would like to say thank you to Miss Crafter; to the many members who have given me help during the years; to the Hospital Executives, the wonderful nursing staff and everybody for their help. Thank you to the many patients I have visited - it has certainly been a very rewarding service and it will live in my memory. And last but not least I would like to welcome my successor, Mrs. Glennys Wood and wish her well for the future.

Mrs. Thelma Cain (Mrs.)

(Red Cross Librarian)

Past Nursing Trainees Association

In 1949 a group of nurses formed the Wimmera Base Hospital Past Trainees Association to "provide amenities for sick ex-trained nurses of any hospital". An annual subscription of 10 shillings and 6 pence was levied. At that time there were no health insurance provisions and the Association performed a voluntary charitable role in assisting sick nurses.

Times have changed. Today the Association brings together nurses trained at the Hospital for reunions and other social activities. Many of the traditions established in these early years still exist. The Committee meets four times each year to organise the Annual General Meeting and Reunion Dinner on the second Saturday in October. Many original members such as Sister McIntyre, Miss R. Courtney and Mrs. A. Norman still regularly attend. The format of the day consists of the Annual General Meeting at 2.00 p.m. followed by hospital tours and afternoon tea. A reunion dinner at a local restaurant concludes the day's activities.

Over 400 invitations are sent out to financial members and recent graduates all over Australia. An open reunion is held every five years (including this year) to which any nurse who has worked at Wimmera Base Hospital is invited to attend the reunion dinner.

From time to time special projects have been undertaken, such as raising money for the nurses' homes or the Sir Robert Menzies Nursing Home. Guest speakers have been invited to the Annual General Meetings or the dinners and more recently themes for reunions have been established, such as inviting past trainees from specific decades to attend. The theme for this year, our 40th (Ruby) Anniversary, was to wear something red.

As Wimmera Base Hospital no longer has a general nurse training school the future membership of the Association needs careful consideration. Recent reunions have attracted 30-40 people but membership criteria will have to be changed if the Association is to remain viable in the longer term.



Engineers - all things over a strictly a trade. It includes gardeners - painters - plumber - tiler - and electrician - all have separate working areas within the department

New Life Governor

Mrs. Veronica Stanway was elected a Life Governor in recognition of her many years dedicated service to the Wimmera Base Hospital Ladies' Auxiliary.

Centenary Governors

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

Life Governors

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

Patient Statistics

	Acute	Nursing Homes		Hostel
		Robert Menzies	Matron Arthur	
Number of Beds.....	100	50	30	21
Admissions.....	4,927	96	63	27
Bed Days.....	22,180	17,021	10,495	7,129
Occupancy %.....	66.8	93.0	95.6	97.4
Average Length of Stay (Days)....	4.5			
Deaths.....	75	24	13	2
Births	363			
Operations	2,726			

Emergency, Paramedical And Support Services

Accident and Emergency	
Attendances	10,923
Allied Health	
Occasions of Service.....	7,991
Audiology	
Occasions of Service.....	1,841
Blood Bank	
Attendances.....	1,696
Community Health	
Attendances.....	1,499
Day Centre	
Occasions of Service.....	32,990
Dental Clinic	
Attendances.....	5,467
Diabetic	
Attendances.....	133
Dietetics	
Occasions of Service.....	2,500
District Nursing	
Attendances (Visits).....	18,031
Family Planning	
Attendances.....	993
Family Services	
Attendances.....	12,110
Hairdresser	
Attendances.....	1,847
Occupational Health	
Attendances.....	1,515
Occupational Therapy	
Occasions of Service.....	11,847
Pathology	
Tests.....	65,696
Pharmacy	
Items Dispensed	161,613
Physiotherapy	
Occasions of Service.....	17,901
Psychologist	
Attendances.....	555
Radiology	
Tests.....	10,108

Speech Pathology

Occasions of Service 8,438

Spinal Clinic

Attendances..... 9

Stomal Therapy

Attendances..... 137

Transport Accident Commission

Attendances..... 139

Group & Educational Activities (see Note 2)

No. of activities..... 9,586

Attendances..... 3,627

Regional Services (see Note 3)

Attendances..... 86,961



The Hospital now carries out the manufacturing of total parenteral nutrition solutions in its Laminar Flow Suite. Patients receive the solution intravenously.

Visiting Special Outpatient Clinics

Chest	
Attendances.....	6
Ear, Nose and Throat	
Attendances.....	601
Geriatrics	
Attendances.....	54
Oncology	
Attendances.....	135
Ophthalmology	
Attendances.....	1,033
Orthopaedic	
Attendances.....	807
Pacemaker	
Attendances.....	94
Professional Visits	
Attendances.....	36
Psychiatry	
Attendances.....	215
Urology	
Attendances.....	344
Vascular Surgery	
Attendances.....	43

NOTES

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.

Occurrences 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 occurrences 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 Home	Totals
Arapiles Shire	64	14	-	78
Ararat City	3	1	-	4
Ararat Shire	1	-	-	1
Avoca Shire	2	2	-	4
Ballarat City	3	-	-	3
Birchip Shire	23	3	-	26
Bungaree Shire	1	-	-	1
Buninyong Shire	1	-	-	1
Creswick Shire	1	-	-	1
Dimboola Shire	335	25	-	360
Donald Shire	23	4	-	27
Dunmunkle Shire	316	38	-	354
Horsham City	2,818	257	6	3,081
Kaniva Shire	72	2	-	74
Karkaroc Shire	78	5	-	83
Kowree Shire	119	18	-	137
Lowan Shire	95	4	-	99
Ripon Shire	-	1	-	1
Stawell Shire	15	1	-	16
Stawell Town	72	7	-	79
Warracknabeal Shire	252	25	-	277
Wimmera Shire	43	6	-	49
Other Vic. Country	60	5	-	65
Melbourne Suburbs	46	1	-	47
Interstate - NSW	14	-	-	14
Interstate - SA	37	-	-	37
Interstate - Other	8	-	-	8
TOTALS	4,502	419	6	4,927

Financial Resources

The Hospital completed the financial year in a position which reflects some concern and dilemma over future directions and service level. Preliminary discussion with Health Department Victoria indicates an over budget result of approximately \$200,000. This deficit is hardly a good foundation to enter into the coming year, which we know will be extremely difficult for the hospital field and the wider community.

It is clear why the adverse result has occurred. We have treated 603 extra inpatients this year without corresponding recognition in our budget allocation. This increased activity level has had a direct flow on to our payments to Visiting Medical Officers (V.M.O.'s). Unlike increases in all other awards, the V.M.O. award is not automatically funded by Health Department Victoria. During the year the V.M.O. award increased by 17% and the Hospital received no additional budget. Compounding this, the drift of patients electing to be treated on a public rather than

private basis under Medicare has continued. When coupled with the record activity levels, these trends have placed a considerable burden on our budget performance.

Inpatients Treated (By Classification)

Classification	1989	%	1988	%
Hospital	3,813	77.4	3,153	73.2
Private	956	19.4	1020	23.6
Special Classes	158	3.2	137	3.2
	4,927	100.0	4,310	100.0

The Board of Management and Hospital Executive are resolved to pursue a more favourable budget and greater recognition of our circumstances and achievements. For the past five years all public hospitals have lived with intense cost pressures on one hand and demands for greater productivity on the other. The challenges we now face within the financial system have never been greater. To balance the conflicting demands for higher levels of service with diminishing real resources is a difficult, complex and sometimes emotive process.

Where the Money Came From

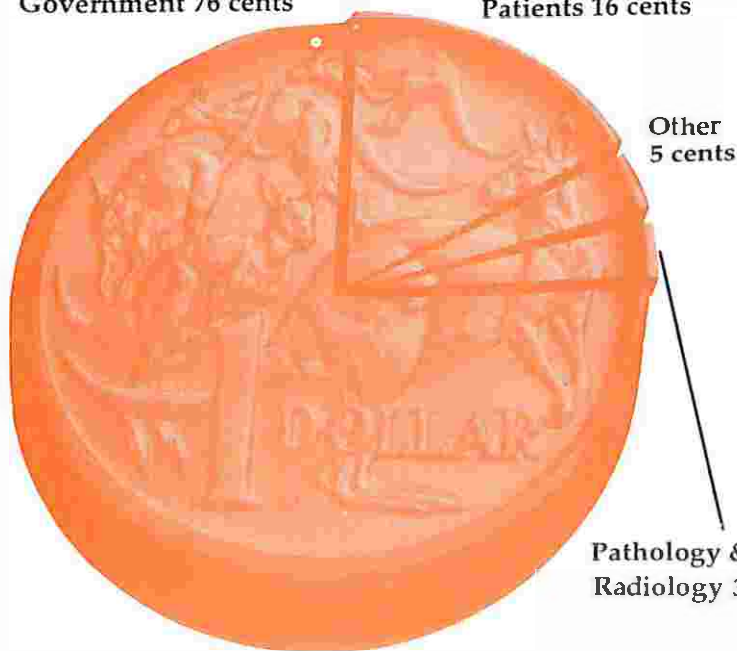
	\$	%
Government	14,106,000	76
Patients	3,008,000	16
Pathology & Radiology	599,000	3
Other	963,000	5
TOTAL	18,676,000	100

Government 76 cents

Patients 16 cents

Other 5 cents

Pathology & Radiology 3 cents



How the Money Was Spent

	\$	%
Salaries & Wages	15,360,000	80
Medical & Surgical	1,288,000	7
Food & Domestic Services	1,106,000	6
Power & Maintenance	857,000	4
Administration	628,000	3
TOTAL	19,239,000	100

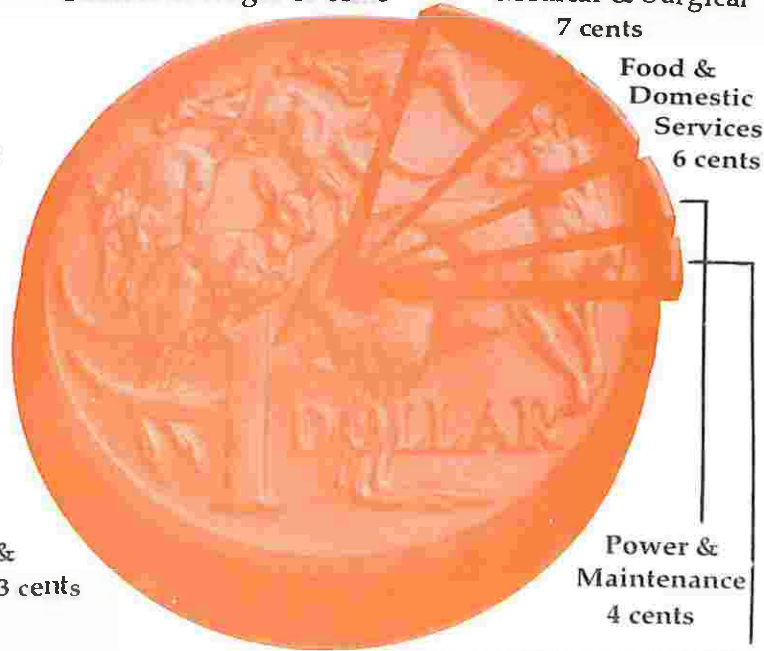
Salaries & Wages 80 cents

Medical & Surgical 7 cents

Food & Domestic Services 6 cents

Power & Maintenance 4 cents

Administration 3 cents



NOTE: These amounts are cash outlays and receipts. They include only those amounts relating to Hospital operations (excluding Jeparit Annexe Hospital and Wimmera Hospitals' Group Linen Service).

Financial Statements 1988/89

Incorporating:- Wimmera Base Hospital, Wimmera Hospitals' Group Linen Service, Jeparit Annexe Hospital,
Revenue and Expense Statement for the Year Ended June 30, 1989

NOTES	HOSPITAL HOMES	NURSING HOMES	LINEN SERVICE	JEPARIT ANNEXE	TOTAL 1988/89	ELIMIN- ATIONS	CONSOL- IDATED	TOTAL 1987/88	CONSOL- IDATED
	\$'000	\$'000	\$'000	\$'000	\$'000	1988/89 \$'000	1988/89 \$'000	\$'000	1987/88 \$'000
Revenue									
2	13,196	1,973		540	15,709		15,709	13,793	13,793
3	195			9	204		204	159	159
4	1,139	2,165		270	3,574		3,574	3,303	3,303
Recoupment from Private Practice									
5	412				412		412	393	393
- Use of Hospital Facilities						(415)	581	1,029	629
6	558		996	43	601		601	337	337
8	2,096	(1,602)		23	517		517	788	788
Total Revenue	17,596	2,536	996	885	22,013	(415)	21,598	19,802	19,402
Operating Expenses									
7	8,667	2,774		442	11,883		11,883	9,444	9,444
7	8,584			301	8,885	(314)	8,571	8,796	8,496
7	290			103	393		393	359	359
7	132				132		132	289	289
7			987		987	(101)	886	969	869
Total Operating Expenses	17,673	2,774	987	846	22,280	(415)	21,865	19,857	19,457
Operating Surplus/(Deficit) before Extraordinary items	(77)	(238)	9	39	(267)	-	(267)	(55)	(55)
9	83	-	362	(32)	413		413	-	-
Surplus/(Deficit) for the year	6	(238)	371	7	146		146	(55)	(55)
Retained Surplus/(Deficit) at beginning of year	(2,622)	-	793	(130)	(1,959)		(1,959)	(2,201)	(2,201)
Transfers from Reserves	-	-	-	-	-		-	272	272
Available for Appropriation	(2,616)	(238)	1,164	(123)	(1,813)		(1,813)	(1,929)	(1,929)
Transfer from Nursing Homes	(238)	238	-	-	-		-	-	-
Total Available for Appropriation	(2,854)	-	1,164	(123)	(1,813)		(1,813)	(1,929)	(1,929)
Transfers to Reserves	167	-	-	22	189		189	(30)	(30)
Retained Surplus at end of year	(2,687)	-	1,164	(101)	(1,624)		(1,624)	(1,959)	(1,959)

Balance Sheet as at June 30, 1989

NOTES	HOSPITAL HOMES	NURSING HOMES	LINEN SERVICE	JEPARIT ANNEXE	TOTAL 1988/89	TOTAL 1987/88	CONSOLIDATED 1988/89	CONSOLIDATED 1987/88
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Equity								
Capital								
Contributed Capital	13,967			882	14,849	14,201	14,849	14,201
Funds Held for Restricted Purposes	154				154	190	154	190
Asset Reserve		31			31	31	31	31
Retained Surplus/(Accumulated Deficit)	(2,687)	1,164		(101)	(1,624)	(1,959)	(1,624)	(1,959)
	11,434	1,195		781	13,410	12,463	13,410	12,463
Current Liabilities								
Bank Overdraft	682	4		37	723	584	723	584
Creditors	750	12		9	771	776	730	732
Accrued Expenses	415	12		21	448	355	448	355
Provision for Employee Entitlements 10	2,270	159		98	2,527	2,189	2,527	2,189
Total Current Liabilities	4,117	187		165	4,469	3,904	4,428	3,860
Non Current Liabilities								
Provision for Employee Entitlements 10	-	13		-	13	12	13	12
Total Non Current Liabilities	-	13		-	13	12	13	12
Total Liabilities	4,117	200		165	4,482	3,916	4,441	3,872
Total Equity Liabilities	15,551	1,395		946	17,892	16,379	17,851	16,335
Current Assets								
Cash at bank and on hand	47			9	56	120	56	120
Patient Fees Receivable	549			22	571	535	571	535
Stores	182	517			699	288	699	288
Prepayments		1			1	-	1	-
Debtors and Accrued Revenue	569	115		43	727	160	686	116
Short Term Investments	717	157		139	1,013	811	1,013	811
Total Current Assets	2,064	790		213	3,067	1,914	3,026	1,870
Non Current Assets								
Land	200				200	200	200	200
Land and Buildings	11,090	323		661	12,074	11,973	12,074	11,973
Plant, Equipment and Fittings	1,860	264		46	2,170	2,006	2,170	2,006
Motor Vehicles	337	18		26	381	286	381	286
Total Non Current Assets	13,487	605		733	14,825	14,465	14,825	14,465
Total Assets	15,551	1,395		946	17,892	16,379	17,851	16,335

Consolidated Statement of Changes in Equity for the Year Ended June 30, 1989

	CONTRIBUTED CAPITAL	FUNDS HELD FOR RESTRICTED PURPOSES	ASSET RESERVE	RETAINED SURPLUS/ ACCUM. DEFICIT	CONSOLIDATED TOTAL 1988/89
NOTES	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at beginning of the year	14,201	190	31	(1,959)	12,463
Surplus/(Deficit) for the year				146	146
Capital Contribution	602				602
Capital Grant	199				199
Capital Donation	(153)	(36)		189	
Transfers to Reserves					
	14,849	154	31	(1,624)	13,410
Balance at end of the year					

Statement of Sources and Application of Funds for the Year Ended June 30, 1989

	NOTES	TOTAL 1988/89 \$'000	CONSOLIDATED 1988/89 \$'000
Sources of Funds			
Funds from Operations			
Inflow of Funds from Operations	15	22,013	21,598
Less Outflow of Funds from Operations		21,154	20,739
Net Funds from Operations		859	859
Contributed Equity			
Capital Grants		602	602
Special Purposes Medical Donations	16	199	199
Reduction in Assets			
Current Assets			
Cash at bank and on hand		64	64
Increase in Liabilities			
Bank Overdraft		139	139
Employee Entitlements		105	105
Accrued Expenses		93	93
Total Sources of Funds		2,061	2,061
Application of Funds			
Increase in Assets			
Current Assets			
Patient Fees		49	49
Stores		411	411
Debtors and Accrued Income		567	570
Investment		202	202
Prepayments		1	1
Non Current Assets			
Land and Buildings		101	101
Plant, Equipment and Fittings		480	480
Motor Vehicles		81	81
Decrease in Liabilities		5	2
Non Current Liabilities			
Payment of Employee Entitlements		164	164
		2,061	2,061

Notes to and Forming Part of the Financial Statements for the Year Ended June 30, 1989

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. Accrual Basis

In accordance with the Regulations, the accrual basis of accounting has been used with revenues and expenses recognised as they are incurred, and brought to account in the period to which they relate.

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. The exception to this is buildings which are recorded at 1987 municipal rating values. Comparatively recent building additions and asset capitalisations (ie. in the last ten years) continue to be based on the historical cost convention. Land is separated and has a 1987 municipal rating value assigned.

3. Rounding off

As total assets are greater than \$10 million amounts are rounded off to the nearest \$1,000.

4. Investments

Investments are valued at cost. Interest revenue from investments is brought to account as it is earned.

5. Depreciation

Fixed assets with value in excess of \$1,000 are brought to account and depreciation has been provided over their estimated useful lives using the straight-line method. No depreciation has been charged on buildings. This represents a departure from Australian Accounting Standards AAS4, Depreciation of Non-Current Assets, which states that fixed assets are to be depreciated over their estimated useful life. The effect of this departure on the accounts has not been calculated.

6. Stores

Inventories are stated in the Balance Sheet at cost price, which is consistent with prior years. Stores now include stocks on issue which has substantially increased the value shown. This has been treated as an extraordinary item. Linen Stores - Reserve linen is valued at cost. Linen on issue has been Brought to account for the first time in 1988/89 and is valued at 50% of replacement cost.

7. Employee Entitlements

Long Service Leave - Hospital

Provision for long service leave in the 1988/89 Statements is made on a pro-rata basis for all employees who have completed ten or more years service. The entitlement becomes payable upon completion of ten years service, and is classified as a current liability in the Balance Sheet.

Long Service Leave - Linen Service

Provision is made on a pro-rata basis for all employees who have completed five or more years service. Service between five and ten years is classified as a non current liability.

Annual Leave

A provision for annual leave is made for all employees based on the Hospital's accrued liability for annual leave at June 30, 1989. This provision is included under current liabilities.

Accrued Days Off

Employees working a 38 hour week are entitled to take one day off each four weeks. A provision is made for accrued days not yet taken by eligible employees.

Superannuation

The Hospital contributes to the Hospitals Superannuation Fund. As part of the employment package, employees, whether full time, part time or casual, are members of the Fund and participate in the Basic Benefit. As well as the Basic Benefit, the Fund provides a contributory benefit.

8. Nursing Homes

The Matron Arthur House and Tullyvea nursing homes are controlled by a 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 agency, with shared resources and facilities, its operations have been included for accountability purposes.

9. Changes in Reporting Requirements

During the 1988/89 year, the Hospital was declared a public body under the Annual Reporting Act 1983. This necessitated significant alterations to the presentation of the financial statements pursuant to the Annual Reporting (Contributed Income Sector) Regulations 1988 as amended.

Where possible, comparative figures have been amended accordingly. Comparative figures do not include income and expenditure within the capital fund.

Note 2: Government Grants

	1988/89 \$'000	1987/88 \$'000
H.D.V. Ordinary Grants	15,050	13,049
H.D.V. Other Grants	-	305
	- WorkCare	164
	- Visiting Nursing Service	39
	- Pharmaceutical Benefits	118
Other Grants	140	76
	- Program for Disabled	42
	- Employment Schemes	
	- Specific Grants	
	15,709	13,793
Grants for Capital Purposes	473	
Grants for Minor Works	129	
	602	

Note 3: Costs Met by Health Department Victoria

The Health Department Victoria makes certain direct 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:-

	1988/89 \$'000	1987/88 \$'000
WorkCare Threshold Insurance	27	22
Industrial Special Risk Insurance	17	9
Industrial Relations Service	5	5
Public Risk Insurance	102	88
Health Computing Service Charges	33	35
Auditor General	20	-
	204	159

Note 4: Patient Fees

	PATIENT FEES RAISED		PATIENT FEES RECEIVABLE	
	1.7.88 to 30.6.89 \$'000	1.7.87 to 30.6.88 \$'000	as at 30.6.89 \$'000	as at 30.6.88 \$'000
Inpatients	879	899	174	191
Outpatients	61	33	17	20
Radiology	217	212	76	68
Nursing Home	2,417	2,159	216	191
	3,574	3,303	483	470
Private Practice			123	87
			606	557
Less: Provision for Doubtful Debt			35	22
Net Patient Fees Receivable			571	535

Note 5: Linen Services

	1988/89 \$'000	1987/88 \$'000
Revenue		
Service Charges	952	964
Interest	24	49
Sundry	20	16
Total	996	1,029
Operating Costs		
Laundry and Linen	738	738
Manufacture and Mending	38	34
Transport	79	75
Administration	132	122
Total	987	969

Note 6: Other Revenue

	1988/89 \$'000	1987/88 \$'000
Meals and Accommodation	115	95
Meals on Wheels	38	36
Rent	22	23
Interest	94	31
Gain on Sale	25	-
Donations	99	20
Sundry	208	132
Total	601	337

Note 7: Operating Expenses

In accordance with regulation 29(2)(b) the following items are included in operating expenditure:-

	1988/89 \$'000
Depreciation	361
Bad debts written off - Inpatients	1
Doubtful debts set aside	14
Auditor General	20

Note 8: Abnormal Items

	1988/89 \$'000
Prior Year adjustment for underpayment of grants 1987/88	449
Minor Prior Year adjustment	68
Total	517

Note 9: Extraordinary Items

The following extraordinary items have been brought to account:-

	1988/89 \$'000
Recognition of 90 Baillie Street for the first time	64
Recognition of inventory held in wards	381
Jeparit write off of furniture and fittings	(32)
	413

Note 10: Provisions for Employee Entitlements

	CURRENT \$'000	NON-CURRENT \$'000	TOTAL 1988/89 \$'000	TOTAL 1987/88 \$'000
Long service leave	1,051	13	1,064	869
Annual leave	1,408		1,408	1,260
Accrued day off	68		68	72
	2,527	13	2,540	2,201

Note 11: Stores

	1988/89 \$'000	1987/88 \$'000
Pharmaceutical	84	75
Catering supplies	14	12
Housekeeping supplies	13	7
Medical and surgical lines	49	49
Engineering stores	2	1
Ward issues	20	-
Linen - Reserve	155	144
- Issued	362	-
	699	288

Note 12: Debtors and Accrued Revenue

	Less than 1 year 1988/89 \$'000	Less than 1 year 1987/88 \$'000
Other debtors	236	116
Accrued revenue	491	-
	727	116

Note 13: Investments – Current

	Capital Fund \$'000	Specific Purposes Fund \$'000	Linen Service \$'000	Jeparit Annexe \$'000	Total 1988/89 \$'000	Total 1987/88 \$'000
Term Deposit	551	166	157	139	1,013	811

Note 14: Non Current Assets

	Cost or Valuation 30-6-89 \$'000	Depreciation for 1988/89 \$'000	Accumulated Depreciation \$'000	Net Assets at 30-6-89 \$'000	Net Assets at 30-6-88 \$'000
Land	200			200	200
Land and Buildings	12,074			12,074	11,973
Plant and Equipment	3,775	310	1,605	2,170	2,006
Motor Vehicles	447	51	66	381	286
	<u>16,496</u>	<u>361</u>	<u>1,671</u>	<u>14,825</u>	<u>14,465</u>

Note 15: Reconciliation of Net Surplus (Deficit) with Funds from Operations

	1988/89 \$'000
Net Surplus/(Deficit) for year	146
Add - Non Cash items	
Doubtful debts	14
Depreciation	361
Employee entitlements	338
Net Funds from Operations	<u>859</u>

Note 16: Special Purpose Medical Donations

The Special Purpose Medical Trust purchases assets for Hospital use. The ownership of these assets is then vested with the Hospital.

Note 17: Contingent Liabilities

At balance date the Hospital is aware of a pending backpayment to Visiting Medical Officers. The extent of the payment has yet to be determined.

Note 18: Internal Transactions

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

	Hospital \$'000	Nursing Homes \$'000	Linen Service \$'000	Jeparit Annexe \$'000	Total \$'000
Linen Purchases/Sales	242	159	(415)	14	-
Energy	(122)		122		-
Salary Change	14		(21)	7	-
Drugs	(9)		-	9	-
Stores	(8)		-	8	-
	<u>117</u>	<u>159</u>	<u>(314)</u>	<u>38</u>	<u>-</u>

The consolidated balance sheet totals for creditors and debtors has been adjusted by \$41,000 to negate amounts outstanding between entities.

Note 19: Capital Commitments

There are no capital commitments at balance date.

Note 20: Inpatient Debtors Outstanding

	Under 30 Days \$'000	31-60 Days \$'000	61-90 Days \$'000	Over 90 Days \$'000	Total 1989 \$'000	Total 1988 \$'000
Private Inpatients	55	14	5	7	81	79
T.A.C. Inpatients	4	4		12	20	36
D.V.A. Inpatients	10	13	17	11	51	47
WorkCare	6	2		14	22	29
	75	33	22	44	174	191

Nursing Home Debtors	Under 30 Days \$'000	Total 1989 \$'000	Total 1988 \$'000
Fees	216	216	191

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 1988-89 financial year and the financial position of the Hospital as at 30th June, 1989.

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)	Mrs. I. H. Thompson	Chief Executive
(Signed)	Mr. J. M. Airey	Principal Accounting Officer

Dated the Seventh Day of September, 1989

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
Muhnckel, 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 1988/189 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.

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