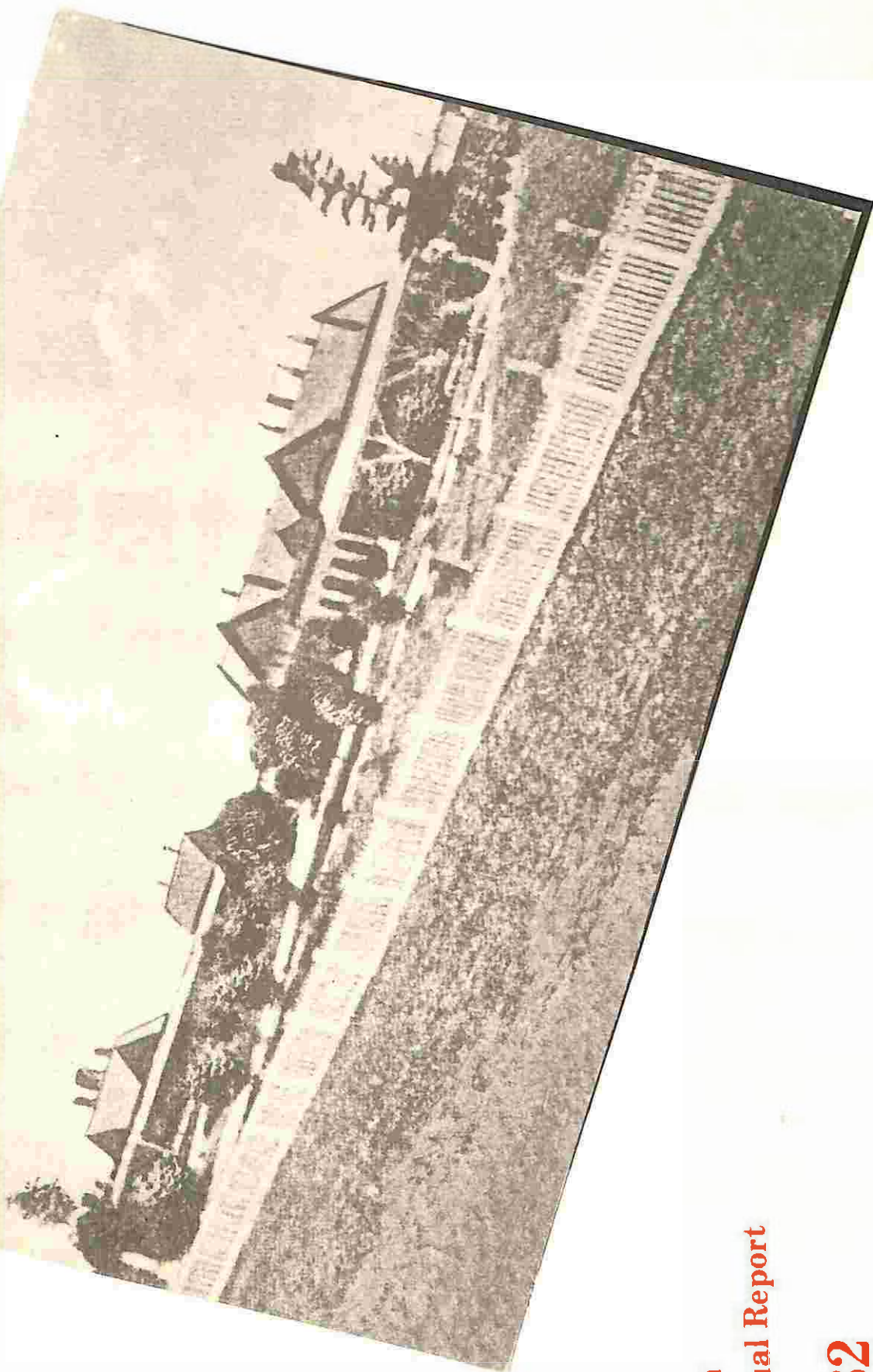


**WIMMERA BASE
HORSHAM
HOSPITAL
VICTORIA**

HORSHAM HOSPITAL



**108th
Annual Report
1982**

THE COVER: An old post card, from the 19th century, shows Horsham Hospital with space for expansion, and a fence to mark the boundary. Today's hospital, covers much of the site and has no fence, showing it wants to be accessible to the community. The hospital, was founded in 1874. The historic theme is to acknowledge the municipal centenary of Horsham in 1982. The hospital has always been a part of the municipality's story.

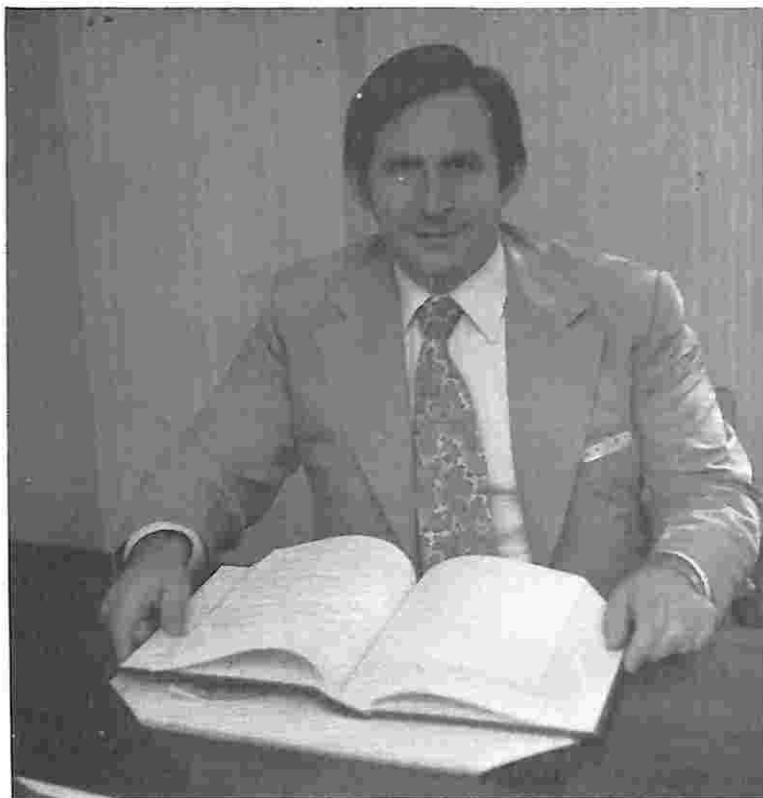
WIMMERA BASE HOSPITAL

108th
Annual Report

1982



GOVERNING BOARD OF MANAGEMENT



Hospital President Dr. Rodney Abud

President:

Dr. R. E. Abud, M.B., B.S., F.R.A.C.P.

Senior Vice-President:

Mr. R. R. Burgess, Ph.C., M.P.S.

Junior Vice-President:

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Mr. L. S. Campbell, B.C.E., Dip.C.E., M.I.E. Aust.,
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Mr. G. B. Heard.

Mr. G. B. Lind.

Mrs. H. M. Mitchell, J.P., M.B.E.

Dr. M. M. O'Brien, M.B., B.S., F.R.A.C.G.P.

Mr. R. W. Shepherd, J.P.

Mr. R. B. Stewart, L.L.B.

Auditor:

Green, Taylor and Greenall
Chartered Accountants.

Solicitors:

Power and Bennett.

Bankers:

Commercial Banking Company of Sydney.

Architects:

R. S. Demaine, Russell, Trundle, Armstrong
and Orton Pty. Ltd.

Manager:

Mr. G. T. J. Henry, B.H.A.(N.S.W.), F.H.A.
(Resigned 15.6.82)

Mr. S. B. Capp, B.Comm.(Melb.), M. Admin.(Mon.),
A.H.A., A.A.S.A.



Hospital Manager Mr. Gary Henry

BOARD OF MANAGEMENT 1981-82

The Board of Management of Wimmera Base Hospital has pleasure in presenting to life governors and supporters of the hospital the 108th annual report and financial statements of accounts for the year ended June 30, 1982.

The year under review has been one in which the board has continued its active role in consolidating and improving the provision of health services to the Wimmera region. The board has been pleased with progress made in the expansion of its domiciliary services and other activities designed to keep people out of hospital and in the comfort and security of their own homes. One of the great challenges of the board is to endeavour to provide as much support as is possible for this trend to continue.

However, the need for the services which hospitals provide will remain and it is the top priority of the board to ensure that the services and facilities appropriate to our base hospital are provided in the most efficient and effective way.

HOSPITAL DEVELOPMENT

The board is most conscious of the need to improve the physical facilities of the hospital to bring these up to the standard expected in these times. It is of extreme concern that the plans for the major rebuilding programme are unable to be implemented due to the shortage of government finance necessary to commence work.

During the year, the board made representations to the Minister of Health on this subject and, as a result of these discussions, a joint working party of Health Commission, hospital executive officers and members of the board, has been established. It is the intention of this working party to clearly define the role which Wimmera Base Hospital has in the Wimmera region and to objectively determine the type and level of services to be provided. The board is disappointed that such a step was necessary, given the volume of work undertaken over previous years in the development of existing plans and specifications.

The board is nevertheless aware of the severe restrictions on the funding for capital works and is enthusiastically participating in the working party so as to have a final document prepared as expeditiously as possible. It is to be hoped that more definitive statements as to the future building programme of the hospital will be presented in the next year's report.

Given the difficulties in providing any capital funds, the board has been delighted with the availability of funds to permit the construction of the Intensive Care Unit. Although this is only a small part of the upgrading and development programme, it is an essential facility for the practice of good medical care. Since the five-bed unit was opened in May, 1982, there has been a constant demand for its services.

It is obvious that the facility was urgently needed and the board acknowledges the contribution made by the State Government in providing funds for its construction. The board also appreciates the significant contributions made for equipping the unit by the William Buckland Foundation, the Ladies Auxiliary and the Horsham Darts Association.

MINOR WORKS

The hospital has again received funding for a number of minor works projects which have included:

- Air-conditioning of operating theatres
- Heating wards 9 and 10
- Evaporative cooling in kitchen
- Replacement of electrical switchboards
- Resurfacing of car park and roads
- Improvements to telephone switchboard
- Pan flusher sanitisers for wards 1, 2 and 3
- A relocatable classroom for the School of Nursing.

MAJOR EQUIPMENT

The major equipment purchased during the year was a computer for the Pathology Department. The capacity of the computer has permitted a number of other departments in the hospital to introduce data processing systems. Patient information, pharmacy, catering and accounting systems are being progressively introduced on to the computer which was financed by a government grant of \$50,000 and pathology funds.

LYNDAL SKEA NURSING SCHOLARSHIP

The board was pleased to participate with the Royal Melbourne Hospital in the establishment of the Lyndal Skea Nursing Scholarship. This scholarship will be awarded annually to enable a trained nurse to attend Royal Melbourne Hospital and work and observe in their oncology ward for a period of two weeks. It was Lyndal's particular wish that this scholarship be established with funds provided by her estate.

FINANCE

The hospital completed the financial year within its approved operating budget and with a cash surplus of \$242,840.71. The size of the surplus was brought about by a change in accounting policy by the Health Commission which required the hospital to defer the drawing of creditor cheques to the month in which payments would actually be made.

The introduction of cost centre and accrual accounting has been effected satisfactorily and the move to this method of accounting is applauded. Cost pressures on hospital finances have been unrelenting and the ability of the hospital to remain within its budget is encouraging. Wage increases throughout almost the entire field will no doubt ensure that funds remain scarce to maintain existing services and certainly for any expansion of services. We expect the difficult financial climate to remain with us for some time.

AUXILIARIES

The board has once again been gratified by the generous support given to it by its auxiliaries. The Wimmera Base Hospital Ladies Auxiliary has been most active in its fund raising endeavours and the board acknowledges the work and support which is given so enthusiastically to the hospital.

Barkuma has also been a great supporter of the hospital and the board was disappointed that the decision was made to disband the group. Nevertheless, the very tangible contributions which have been made will ensure Barkuma is not forgotten. In particular their wonderful contribution in establishing the Large Print Wimmera Mail-Times will be remembered. The board wishes to sincerely thank the President, Mrs. Kaye Valpied, and all those who have worked for Barkuma since its inception.

BOARD MEMBERS

The board welcomed Mr. Lachlan Campbell to its number during the year. Mr. Campbell has filled the position made vacant by Miss M. Smith who retired from the board in 1981.

STAFF

During the year the board farwelled its Manager, Mr. Gary Henry. Mr. Henry had been Manager of the hospital for 3½ years and contributed significantly to its development over this period. Mr. Henry was most active in promoting the hospital as a regional entity. The board is appreciative of his contribution to the Wimmera health service and wishes him well in his appointment as Deputy Chief Executive Officer at the Royal Women's Hospital.

The board welcomes the appointment of Mr. Stan Capp as the new Manager and looks forward to working together and further developing the hospital service and facilities.

During the year the hospital made several new appointments, and the board would particularly like to mention:

| | |
|--------------------|--------------------------|
| Dr. D. Leembruggen | Visiting Medical Officer |
| Mr. M. Williams | Assistant Manager |
| Mr. S. Schneider | Personnel Manager |
| Mr. G. Mason | Finance Manager |



Intensive care, from the nurses' station with monitoring equipment in the foreground

APPRECIATION

The board wishes to record its appreciation of the many individuals, community organisations and others who are aware of the need for financial and other support to their hospital.

In particular the board appreciates the co-operation of:

The Health Commission of Victoria
The Department of Social Security
The Victorian Hospitals Association Limited
The Australian Hospital Association
Horsham City Council
Wimmera Mail-Times
Radio stations 3WM and 3WV

In conclusion, the board wishes to express its sincere appreciation to those who make the hospital something more than bricks and mortar. Thanks go to the dedicated staff who contribute so conscientiously to make our overall goal of patient care and who make the hospital into the service facility of which we may all be proud.

S. B. Capp
Manager

R. E. Abud
President



WE'RE IN IT FOR HEALTH

In our society there has traditionally been a preoccupation with the curative aspects of health care. The vast majority of health resources are dedicated to hospitals and medical treatments which provide services to cure ill-health with few resources being directed to the area of preventive health and health promotion.

It would of course be fallacious to suggest that nothing has been done in terms of preventing ill-health. Prevention is usually discussed at three levels, and at each level success has been achieved.

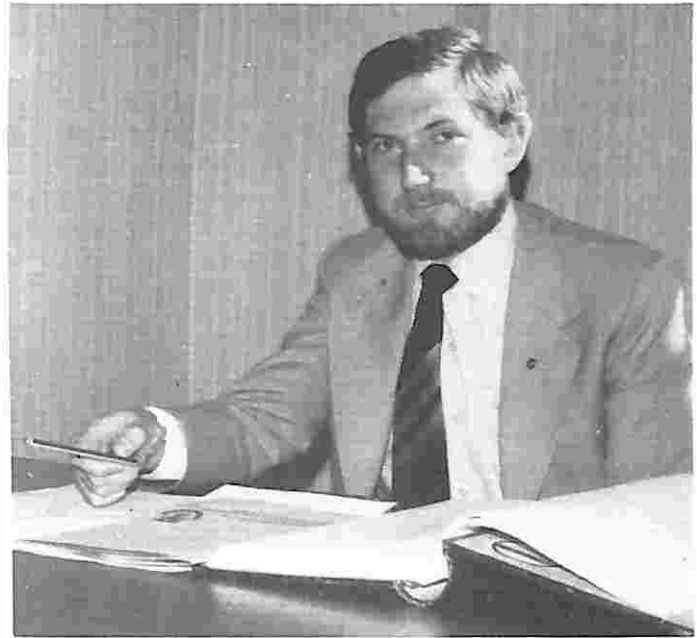
The primary level is concerned with preventing disease occurring and examples include programmes of anti-smoking, diet awareness and sunburn avoidance.

A further area of primary prevention involves public health and sanitation. The infrastructure for this has been well developed over the years and has resulted in a significant reduction in disease and ill-health.

Secondary prevention is concerned with preventing prolonged illness or disability by early diagnosis and effective treatment. Examples include the pap smear in the case of cervical cancer, chest X-rays and the testing of the newborn for phenylketonuria, PKU.

Tertiary prevention involves the prevention of further disability and involves encouraging patients to adjust to new lifestyles and coping with disabilities. These services include physiotherapy, occupational and speech therapy.

The greatest potential advantage appears to be in the area of primary prevention where individuals are capable of generating major savings by fundamental changes to their lifestyle. Governments can and indeed have intervened in the interests of the community to implement primary prevention programmes. The compulsory wearing of seat belts is perhaps the best known example.



Stan Capp took over as manager in June, near the end of the hospital's 1981-82 year.

Given the traditional role of hospitals in the curative aspects of health care, the rationale for hospitals being involved in health promotion activities is as follows:

- Hospitals should respond to the major health problems of society. It is reported that 70 per cent of all deaths in Australia are attributable to heart disease, cancer and other malignant diseases, accidents, suicides and violence. It is argued that a significant percentage of these health problems are receptive to concepts such as health promotion aimed at changes in lifestyle.
- Hospitals are under pressure to reduce costs. Health promotion offers a potential cost effective alternative and is a step towards providing a more appropriate health service.
- Hospital staff and health professionals have great potential to act as an example to the rest of the community.

In the coming years, increasing emphasis will be placed by this hospital on health promotion activities designed to reduce the incidence of ill-health.

As employees in a major industry, we're in it for health, and we will continue to strive for that goal.

Stan Capp
Manager

MEDICAL ADMINISTRATION

Over many years while giving anaesthetics for many surgeons in different parts of the world, I have had the opportunity to reflect on surgical skills.

Each time I give anaesthetics here, I am grateful for the high standard of surgery which is practised at Wimmera Base Hospital. Certainly the people of Horsham are very fortunate and they should know of the thorough pre-operative preparation, the technical excellence and the devoted post-operative care. The high standard occurs through all the disciplines of medicine including the diagnostic support facilities such as pathology and radiology.

It is refreshing for a medical superintendent to be associated with a medical staff which is vitally interested in continuing education. Linked with this is the introduction of new equipment and techniques. For surgery, the colonoscope is increasing the surgical skills; ultrasound which Dr. Wong Shee has used so effectively to unravel diagnostic problems; Dr. Humphries' introduction of computer technology to pathology.

The work performed by visiting consultants from Melbourne, has brought skills to the patients of the Wimmera instead of sending the patients to Melbourne.

The opening of the Intensive Care Unit has meant the concentration of expensive equipment and highly skilled nursing care with its obvious benefits to the patients.

To complement all this is the valuable work contributed by the para-medical teams, physiotherapy, occupational therapy, speech therapy and podiatry. The para-medical teams are a vital part of the care given at the Day Centre. Over the last twelve months there were 5,591 attendances.

The Day Centre had two open days when patients demonstrated craft work. The occupational therapy department developed a garden for the disabled and elderly. It features raised garden beds, potting benches and a shade area for relaxation.

I look forward to another year of working with a friendly devoted, skilled team of people concerned with health of the community.

Max A. Griffith
Medical Administrator

NURSING ADMINISTRATION

In May 1982 the first patient was nursed in the William Buckland Intensive Care Unit. These five beds are the first new acute care beds to be opened in our hospital since 1942. The unit has a relatively high occupancy level and staff are providing high-standard patient care in the new facility with its excellent equipment.

The staff have continued to upgrade their nursing skills and knowledge. This year Peter Davie and Ruth Smith have successfully completed the coronary care course at the Royal Melbourne Hospital.

The nursing service has continued with steps to improve standards of care. Several wards have implemented patient assignment instead of task assignment and an active committee reviews and standardizes policies and procedures.

Staff evaluation has been introduced in order to help identify and reinforce our strengths and to assist in upgrading our skills in areas where we may need to improve.

A new classroom has recently been added to the School of Nursing. This will overcome many of the deficiencies caused by lack of space. Mr. Neville Miller is undertaking full-time study at Lincoln Institute this year, Mrs. Margery Pannan is Acting Principal Nurse Teacher in his absence. Mr. Stephen Ramsdall has resigned from the teaching staff to take up an appointment as Assistant Director of Nursing at the Stawell hospital.

Phase 1 students continue to undertake a period of secondment to Pleasant Creek Training Centre and a reciprocal arrangement has been initiated whereby students undergoing training for their mental deficiency nursing certificate spend a month at Wimmera Base Hospital to gain experience in medical and surgical nursing.

The nurses graduation ceremony was held on March 19, 1982, when guest speaker Dr. Max Griffith, presented an informative and challenging address to the graduates and their guests. Dr. Griffith presented certificates to the following:

| | |
|---------------------------|---------------------------|
| Celina Hendryka Bond | Dallas Calder Keyte |
| Judith Maree Fay | William Leslie Lovell |
| Jillian Margaret O'Reilly | Wendy Kay Krueger |
| Jennifer Anne Block | Gillian Helen Mibus |
| Jennifer Greta Boane | Bernadette Louise O'Brien |
| Margaret Ann Borgelt | Christine Helen Oliver |
| Kaye Lorraine Clarke | Susan Gayle Walsgatt |
| Helen Barbara Fernee | Anne Williams |
| Janenne Estelle Glover | Helen Faye Young |
| Carolyn Joy Guley | Gregory Peter Kent |

The T. F. Ryan Prize was awarded to Margaret Borgelt. Gillian Mibus received the Wimmera Base Hospital Past Trainees Prize, and Kaye Clarke received the Award for Academic Excellence.

In concluding this report, I extend my sincere thanks to the nursing staff for their continued loyalty and contribution. To the Board of Management, medical officers, manager, staff of all departments, members of the auxiliaries and the public, I thank you for your continued assistance and support.

G. M. Curran
Director of Nursing

MEDICAL STAFF

at June 30, 1982

Medical Administrator:

M. A. Griffith, M.B., B.S., D.A.(Melb.), F.F.A.R.A.C.S.

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., M.R.C.R.A.

Director of Anaesthesia:

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

PARA MEDICAL STAFF

at June 30, 1982

Chief Pharmacist:

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

Chief Radiographer:

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

Chief Physiotherapist:

Miss M. Cassuben, B. App. Sc. (Physio.)

Speech Pathologists:

Miss L. Burgess, B.App.Sc. (Communication Disorders)
Miss S. Pinches, B.App.Sc. (Communication Disorders)

Chief Medical Records Administrator:

Miss C. Lane, Assoc.Dip. (Medical Records
Administration).

Medical Librarian:

Mrs. J. Sheldon, B.A.

Chief Occupational Therapist:

Mrs. J. Jarred, B.App.Sc. (O.T.), M.V.A.O.T.

Dietitian:

Miss K. Vaughan, B.Sc., Dip. Diet.

NURSING STAFF

at June 30, 1982

Director of Nursing:

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

Deputy Director of Nursing:

Mrs. P. Hutchinson

Assistant Director of Nursing:

Mrs. K. Taylor
Mrs. J. Waixel

NURSE TRAINING SCHOOL

at June 30, 1982

Principal Nurse Educator:

Mr. N. G. Miller, Dip. N. Ed. (Lincoln). On study leave.

Acting Principal Nurse Educator:

Mrs. M. I. Pannon, S.R.N., Dip. N. Ed. (Armidale).

Acting Deputy Principal Nurse Educator:

Ms. B. J. Kilkenny, S.R.N., S.C.M., Dip. N.
Ed.(Cumberland).

VISITING MEDICAL STAFF

at June 30, 1982

Consulting Staff:

T. V. Walpole, M.B.E., M.B., B.S., F.R.A.C.G.P.
M. M. O'Brien, M.B., B.S., F.R.A.C.G.P.

Consulting Pathologist:

G. B. Leyton, M.A., M.D., D.C.P., F.R.C.Path.,F.R.C.P.A.

Consulting Surgeon:

E. G. Brownstein, M.B., Ch.B., F.R.C.S.(Edin.),F.R.A.C.S.

Obstetrician and Gynaecologist:

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

Ophthalmologist:

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

Oral Surgeon:

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

Orthopaedic Surgeon:

J. S. Morley, M.B., B.S., F.R.C.S., F.R.A.C.S., L.R.C.P.

Otolaryngologist:

R. L. Thomas, M.B., B.S., F.R.A.C.S., F.R.C.S.

Paediatrician:

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

Physician:

R. E. Abud, M.B., B.S., F.R.A.C.P.

Psychiatrist:

I. V. Jackson, M.B., B.S., D.P.M., M.R.C.Psch.

Surgeon:

G. S. R. Kitchen, 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.

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.G.P.
A. Horwood, M.B., B.S.
J. Jenkinson, M.B., B.S.
D. Leembruggen, M.B., B.S.
M. E. Lloyd, M.B., B.S.
A. McBain, M.B., B.S.
G. A. O'Brien, M.B., B.S., Dip. Obst., R.C.O.G.
R. A. M. Taylor, M.B., B.S. (Lond.), L.M.S.S.A.

Dental Surgeons:

B. Bourke, B.D. Sc., L.D.S.
D. Lye, B.D. Sc., L.D.S.
J. McCombe, B.D. Sc., L.D.S.
G. Mason, B.D. Sc., L.D.S.
M. Monk, B.D.S (Lond.).
C. W. Pearson, B.D. Sc., L.D.S.
E. Wolff, M.D.Sc., L.D.S., F.R.A.C.D.S.

PATHOLOGY

The Hospital's Laboratory

The major event of the year was the arrival in February of our ICL System 25 computer, which was commissioned by the last week of March. After our experience with word processing, the change-over to the computer was almost painless and remarkably few problems were encountered. It soon became apparent that a great burden of tiresome repetitious work was being lifted from everyone and the entire staff rapidly became very enthusiastic.

The system now copes with all reporting and recording of results for the Pathology Department and automatically produces accounts and statements for both Pathology and X-ray. As accounts are paid they too are cleared on a terminal in the Admitting Office.

The computer also produces daily, monthly and annual financial statistical and management reports for Pathology and X-ray.

In the spring we are to install a suite of updated programmes which will improve ease of operation and allow for maximum use of the storage we have available.

Once this is completed, we look forward to the second phase of the computer implementation with the installation of programmes for outpatients and inpatient recording and accounting, pharmacy and catering management.

Within the Pathology Department we now have the capacity to increase our workload considerably without increasing our staff levels. Report production has been speeded up and in many cases clarified, and a tighter check can be kept on the progress of work in hand.

While we have been gearing up to cope with the ever-rising number of pathology requests, the alteration in health funding of September last has led to a mild decrease in our workload, the first recorded for many years. I have little doubt that this will be a short-lived trend, though our load will always be subject to the vagaries of government actions.

We have had no further major equipment acquisitions during the year, but some in house modifications have been made using a small Apple microprocessor to improve output and greatly ease quality control.

One staff member, Jenny Bath, left us to work in Melbourne University, and Jackie Grenfell of Horsham was welcomed in her place. Phil Romain vanished into the Far North for his long-service leave and eventually returned a rich shade of brown, and tinged with nostalgia for tropical climes.

We occasionally hear from even more remote places as Dr. Geoffrey Leyton passes by on his long-awaited trek which, we are glad to hear, he seems to be enjoying very much.



Computer work in the Pathology Department, Graham Exell, a medical scientist, at the keyboard of the new system.

Ross Starr has been instrumental in the formation of a Western Victoria Pathology group which has been holding regular, successful meetings, usually in Hamilton.

The Blood Bank received over 2,000 units of blood from donations given in Horsham and the new organisation in Nhill. We are now profoundly grateful to all of those who gave their blood or their time in this vital major task.

Dr. Max Griffith retired from being almost the sole phlebotomist in Horsham after some four years of service, broken only by his attendance at the ABC concerts!

I should like to acknowledge our debt to him, and to thank the visiting medical officers of the hospital who have agreed to take over.

In all, a happy and productive year for all in the department, and we look forward to next year with enthusiasm.

G. Humphries
Director of Pathology

RADIOLOGY

X-rays and Ultrasound

During the year the department carried out 6,654 X-rays and 545 ultrasound examinations.

Despite the recent development of more advanced and expensive imaging modalities, general radiology is still the most important basic investigation in a wide range of medical and surgical conditions. This is particularly true in the Casualty Department where rapid assessment of badly injured or acutely ill patients is required. The Radiology Department also plays a supportive role in the new Intensive Care Unit where regular X-ray surveillance of patients is necessary.

In the routine work of the department there is considerable emphasis on the investigation of the gastro-intestinal tract. In this field the use of the image intensifier and TV link has greatly improved the accuracy of diagnosis. Pathological lesions are more readily seen and the examinations can be conducted with the least discomfort to the patient. Air contrast studies of the stomach and colon have also helped in the location of small lesions in this region.

The second year of operation of the ultrasound unit has seen its full integration into the work of the department. Patient acceptance of ultrasound has been very good, particularly in obstetrics. The foetal heart beat can be demonstrated to the patient as early as seven weeks gestation. Foetal body and limb movements are also visible long before they become detectable by the mother. The patient can be reassured of the viability and normality of the foetus and obtain confirmation of the period of gestation when this is in doubt. Ultrasound can also detect failed pregnancy, molar degeneration of the placenta and ectopic pregnancy. Further experience in ultrasound of the upper abdomen has led to improved techniques in the display of the liver, bile ducts, gallbladder and pancreas. An increasing number of liver conditions have been demonstrated, ranging from hydatid cysts to tumours.

The continuing success of the ultrasound programme is very pleasing and there is an increasing awareness of what ultrasound can offer. We can look forward to further progress in this field.

L. Wong Shee
Director of Radiology



SOCIAL WELFARE

The Social Welfare Department is located on the fourth floor of the hospital. It consists of myself, Sue Rudolph and Lesley Shipham. Its services are available to staff as well as patients.

Our department offers counselling and support to a large number of people with a variety of problems. Over the past year our case load has included:

- Young people experiencing financial, unemployment and social problems.
- Lone parents facing housing difficulties, financial hardship - advice given about benefits available to them.
- People having marital problems, have been given advice and assistance relating to custody, access and maintenance.
- Single mothers have been seen pre and post nately and counselled in their dilemma as to whether to keep their baby or find adoptive parents, What ever their decision, continuing support has been given.
- Other areas of assistance include:
 - Alcohol and drug abuse
 - Child abuse
 - The terminally ill
 - Family therapy
- We also work with people who are referred by doctors, or people who seek our help of their own volition. Home visits are also made to those who need monitoring after discharge from hospital.

The shortage of nursing home beds remains a problem necessitating the placement of some of our elderly folk in hospitals in surrounding districts, until a bed becomes available in the Sir Robert Menzies Nursing Home. We are grateful to the people who administer these hospitals, as their co-operation allows us to keep our folk in the Wimmera. This arrangement is not ideal but it is unavoidable.

We also offer a hospital bed for periods up to 2 to 3 weeks to elderly folk, thus giving relatives who are looking after them at home, a breathing space.

We hope that during the ensuing year, our department will be in a position to extend our services to more patients within the hospitals and the community.

Joy Anderson
Social Welfare Officer

PHARMACY

Controlling Medication

The original and primary function of the Pharmacy Department is the purchase and manufacture of drugs, medicinal preparations, reagents and associated materials, their compounding when necessary and their safe storage and distribution. A secondary function is to provide advice in regard to drug usage to medical and nursing staff. The pharmacy is also expected to provide services for the dispensing of outpatient prescriptions, and supplies to other departments, eg. X-ray, district nurses, and take part in professional training and education of pharmacists.

Over the past few years, a high priority of this department has been the updating of services to all ward areas. New drug cupboards have been installed in these areas to facilitate this process.

WARD PHARMACY SERVICE

A pharmacy service is now provided to all ward areas, based on the imprest system, whereby all drug supplies are distributed without the need for ordering by requisition by ward staff. All pharmacy staff are involved in working in the wards, with two pharmacists continually in these areas.

The ward pharmacists check drug therapy sheets in relation to availability of prescribed drugs, dosage, and possible drug interactions. Other duties include stock rotation, appropriate drug storage, and supply of drug information when required.

PERSONALISED DISPENSING

This service has been introduced to Menzies Ward and wards 9 and 10 using the Medicar system, and to the Day Centre utilizing dosettes.

STUDENT TRAINING

Leanne Rook completed her training at the end of 1981, resulting in award of Bachelor of Pharmacy. She will be leaving the department at the end of this year. Anne Frazer joined the department at the beginning of 1981 as a trainee and will complete her training at the end of 1982. In addition, two students, Bruce Sutherland and Jane Cameron, will have practical training at the end of this year.

WORKLOAD FIGURES

In the year 1980-81, 64,122 items were issued, in comparison to the current year 1981-82, 73,701. It should be noted that a new format for collection of statistics has been introduced to provide more-meaningful figures, and this has been responsible for some of the increase.

The services require constant attention and monitoring, and require a staffing level of five full-time personnel plus one part-time pharmacist.

REGIONAL SERVICES

Drugs and associated supplies are issued to nine regional hospitals. Pharmacists from this department continue to visit Dimboola District Hospital twice each week and Jeparit Hospital every three weeks. Sessional pharmacists provide services to three regional hospitals. Warracknabeal, Nhill and Kaniva, and it is hoped to extend this service to other areas where required.

In the year 1980-82, the department issued 36,411 items and in the current year 1981-82, the total was 35,327 which is a slight decrease.

SUMMARY

The aim of the Pharmacy Department is to provide optimum patient care in the context of a well-controlled drug distribution system, with a wide range of drugs being available. The nature of this service enables cost controls to be under constant surveillance, and wastage kept to an absolute minimum.

In the planning stages, are the institution of a pharmacy committee, and utilization of the computer system located in the Pathology Department to update the large amount of clerical duties which is now required.

Ian Gerlach
Chief Pharmacist

PODIATRY

The podiatry-nee-chiropraxy department has progressed from one day per week to a full-time service, following the arrival of Claire Tynan, bursary student.

Working from the Day Centre, patients seen include those from the Day Centre, Geriatric Department, Sir Robert Menzies, and inpatients. As well as those people treated within the hospital, an outpatients service has commenced, which is available to any member of the public following medical referral. The podiatrist also spends one morning a week working with the District Nursing Service, visiting those patients who would have difficulty visiting the hospital.

One day per week I go on regional visits, alternating Goroke Community Health Centre and Jeparit Hospital. Possibly this regional service will be extended in the future. Hopefully, as people become more aware of the treatment offered by the podiatrist at the hospital, the numbers utilising this service will continue to increase.

Claire Tynan
Podiatrist

OCCUPATIONAL THERAPY

Towards Health Through Activity

The services of the Occupational Therapy Department are concerned with everyday activities of living, and quality of life. People whose lives are affected by illness, accident or ageing are assisted to develop or maintain the skills and abilities which are essential to leading as normal a life as possible.

The occupational therapists work with people who, due to physical or psychological dysfunction, are experiencing difficulties in the areas of self-care, work or leisure. Treatment may involve specific remedial activities to improve the patient's functional abilities, instruction in particular techniques such as joint protection or relaxation, manufacture and fitting of hand splints, prescription of aids to daily living, or advice regarding home alterations. The overall aim is to assist the patient to gain maximum functional independence.

To achieve a safe level of physical independence, many patients require installation of toilet and bathroom aids and minor home repairs or alterations. This work is carried out by the O.T. handyman in close co-operation with the occupational therapists, and enables many people to stay at home who would otherwise need permanent hospitalisation.

Persons who attend the Day Centre or who are resident in the Geriatric Unit and Sir Robert Menzies Nursing Home are encouraged to participate in activities programmes conducted by the occupational therapy aides. A variety of activities is offered, including physical games, quizzes, house music, cooking, handcrafts, films, outings and gardening. A form of sheltered employment is also offered in the O.T. workshop, under supervision of the O.T. workshop supervisor and an occupational therapist, to outpatients whose disabilities prevent their participation in the open workforce.



In a therapeutic garden. Patients Roslyn Ball and Doug Eldridge work at a raised flower bed

The development of a therapeutic garden has been a major project during 1981-1982. An area of the hospital grounds has been set aside, with the aim of creating a pleasant garden environment for patients, where they may sit and relax, entertain visitors, pick flowers, weed or dig, as may be appropriate to their needs at the time. The garden has been designed with input from patients, O.T., engineering and gardening staff. The area now contains raised garden beds, a rotary garden, a rosebed, garden furniture, and an assortment of shrubs and flowering plants. Response to the garden by patients has been positive and many have enjoyed planting bulbs and seedlings, weeding and watering the garden beds and picking the flowers and vegetables.

The Occupational Therapy Department has also been involved in the training of occupational therapy students, in work experience programmes for high school students, and in conducting study days for activity supervisors throughout the Wimmera.

Jill Jarred

Chief Occupational Therapist



PHYSIOTHERAPY

Recovery Through Bodily Development

This year we have acquired a new head of department after the departure of Michelle O'Keefe into private practice. In January three new physiotherapists arrived. They are Peter Bond, Elizabeth Tivey and Jennifer Colbert, who will be with us for two years. With them has come lots of enthusiasm, and several new projects have been instigated since their arrival.

With the carrying out of duties in our outpatients department where sporting injuries and orthopaedic problems are cared for, we have launched a special effort in helping football players particularly, to give the most effective first aid possible after injury and to thus greatly hasten their recovery. This has been achieved by informal talks after training sessions and by having a sports medicine seminar at which we were privileged to have experts in sports medicine and coaches give their advice regarding injuries and their rehabilitation.

Reception of this project has been gratifying and I feel that such an effort should be an ongoing activity by all physiotherapists involved with sportsmen and women.

In the new year it is hoped to have instigated night ante-natal classes thus allowing fathers to attend all classes and so be prepared for and more involved in the 'birthday'. In these classes we hope to have guest speakers such as the nursing mothers association, an infant welfare sister and a local general practitioner with an interest in obstetrics; as well as showing the latest films on ante-natal education.

Leonie Fyffe, with inspiration received while attending the biennial world physiotherapy congress in Stockholm, Sweden, is about to introduce a back-education class where individuals suffering back pain can learn about their problem and how best to avoid recurrence. This class could be used for both hospital staff and patients who have had back pain and been referred for treatment by doctors etc.

Treatments for 1981-82 are as follows:

| | |
|----------------------------------|-------|
| Inpatient treatments | 4,354 |
| Outpatient treatments | 2,838 |
| Day Centre rehabilitation | 772 |
| Exercise classes for the elderly | 4,174 |
| Domiciliary | 170 |
| Robert Menzies Ward | 176 |
| Ante-natal classes | 604 |
| Post-natal classes | 1,111 |
| Dimboola regional | 499 |
| Rainbow regional | 555 |
| Jeparit regional | 278 |

15,531

As well as these duties we have enjoyed playing host to various work experience students from local and surrounding high schools. All participants have claimed it as a worthwhile experience.

On the whole 1981-82 has been an interesting and fulfilling year for this department and thanks go to all members of staff and the community for their ongoing co-operation and support.

Marianne Cassuben
Chief Physiotherapist

DENTAL CLINIC

The Dental Clinic provides a four-day week service treating approximately eighty patients per week.

Dr. Janet McCombe is the senior dental officer in charge of the department with Dr. Eric Wolff, nurse Katrina Parker, Zane Bell dental technician, Aileen Hower receptionist, and Jeff Umbers apprentice dental technician. Jeff is a new staff member and has proved to be a gifted student.

Patients attend from a wide area of the Wimmera, Mallee and Central districts, having been previously assessed by a means test which automatically qualifies people who can present a pensioner health benefit card or a health care card. Dependents of same also qualify for free treatment. Handicapped people, eg. Karkana, are eligible, also geriatric hospital patients. Inpatient emergency treatment is provided.

Our waiting list, although a matter of concern, compares favourably to other clinics serving areas of similar population.

We strive to provide as promptly as possible this much-needed comprehensive dental service to a particular section of the community, previously able to afford emergency treatment only.

Dr. J. McCombe
Senior Dental Officer



SPEECH PATHOLOGY

Helping Communication Problems

During 1981-82, the Speech Pathology Department has continued local and regional service for those with communication problems.

Speech pathologists deal not only with how people talk but also with how they understand others, as well as communication by reading and writing. The majority of our caseload consists of pre-school and early school-age children who may be having difficulty in any of these areas.

As part of our involvement with pre-schoolers, we visit the local and regional kindergartens to observe the children there. This allows us to provide information about speech and language to teachers and parents, and to arrange further assessments in the clinic where necessary.

Our time is also spent with adults who have communication problems as a result of stuttering, a hearing loss, or brain damage following a stroke or car accident.

We have continued a weekly service to the Karkana Centre where pupils need special help with speech disabilities due to intellectual impairment. This requires liaison with teaching staff at the centre, and other visiting therapists involved in the care of these children.

Weekly regional visits to Stawell and Edenhope have continued over the past year. The clinic at Stawell will shortly be relocated to the Stawell hospital which will bring the service to a more central position.

In 1981-1982 there has been a greater awareness in the community of hearing-loss and its effects. We have been fortunate in acquiring a new audiometer which we use to conduct basic hearing tests following a medical referral. Further testing for infants and children is performed in the Speech Pathology Department by a visiting audiologist, Lesley Smith.

Hearing loss has a great effect on one's ability to understand others, and on the maintenance of good speech. For these reasons, speech pathologists play a part in helping the hearing-impaired person cope with his loss. Information about hearing-aids, mechanical aids, the nature of hearing loss and training in lip-reading skills were some of the topics presented to a group of hearing-impaired adults who attended a short aural rehabilitation course in July, 1981. We look forward to running a similar group in August, 1982, as well as to the continuation of our services through the coming year.

Linda Burgess
Sue Pinches
Speech Pathologists

DISTRICT NURSING

What service do we provide?

Professional nursing care. Support to patients and relatives. Offer dignity and quality of life to the patient in his own home. Listens, advises and understands. Stomal therapy and breast prosthesis. Liaises with medical officers, Social Welfare Department and hospital. Co-ordinates our services with all other domiciliary services in our community.

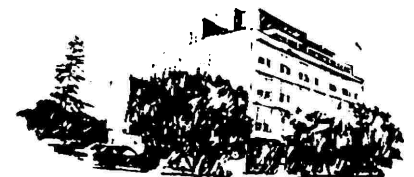
The district nurse cares and provides the above in the home. The need for the provision of this care is rapidly-growing in demand.

The year 1982-83 will see an ever-increasing number of home visits by our service.

Monthly visits for 1981-82

| | |
|-------|-------|
| July | 1,504 |
| Aug | 1,570 |
| Sept | 1,253 |
| Oct | 1,312 |
| Nov | 1,698 |
| Dec | 1,453 |
| Jan | 1,402 |
| Feb | 1,313 |
| March | 1,782 |
| April | 1,671 |
| May | 1,704 |
| June | 1,598 |

Pat James
District Nurse



Adam-Eve is a model patient, or manikin, used in the School of Nursing for student practice. Sister Jenny Ellis of the school staff is showing how to apply a colostomy bag to the abdomen.



SCHOOL OF NURSING

Once again, it is my privilege to present the annual report for the School of Nursing.

During the year, there have been several highlights. Firstly, twenty students of nursing successfully attempted the Victorian Nursing Council registration examination, and are now registered nurses. These students were the first of our students to have full internal assessment of their practical ability. The only external examination that the students sit, is the registration examination at the end of the three-year course.

The second highlight was in February when we welcomed the first two students of nursing from Pleasant Creek Training Centre. These students are undertaking a three-year course in mental retardation nursing, and now will spend four weeks at the Wimmera Base Hospital gaining experience in general nursing. Each year we will receive at least six students from Pleasant Creek for this experience.

We received a new manikin during the year, which will enable the students to practise a wider range of nursing procedures in the school than was previously possible.

At present we have a total of 63 students of nursing, being 23 first-year, twenty second-year, and twenty third-year. This includes three concession students. Nine students discontinued their training during the year.

Mrs. P. Keyte and Mrs. L. Mentha are progressing well with their studies through Armidale College of Advanced Education, as part of their course this year. They have each spent one week at another school of nursing, lecturing and observing. Later in 1982 we expect to provide this experience for other nurse educators who are undertaking the Armidale course.

The School of Nursing has continued to supervise the work experience programme in nursing for 23 secondary school students from the Wimmera Mallee region. We hope to see many of these people in the future as students of nursing.

There have been several staff changes throughout the year. Mr. N. Miller commenced study leave in February to undertake a degree course in nursing education at the Lincoln College of Health Sciences. Mr. S. Ramsdall resigned in April to become the Assistant Director of Nursing at the Stawell Hospital. We have welcomed to the staff, Mrs. J. Ellis and Mrs. M. Facchin as unqualified nurse educators.

As part of the educational programme, the students have continued to visit various local health institutions, including Pleasant Creek Training Centre and Aradale Psychiatric Hospital. The students enjoy these visits, and our thanks are extended to the staff and users of these various establishments for the part they play in the programme.

Throughout the year, the School of Nursing has continued to enjoy the support and co-operation of some forty persons who contribute much experience and expertise to the teaching programme. On behalf of the students and staff of the school, I sincerely thank each one for their contribution. Without them, the course would not be so varied, interesting or successful.

The present staff of the school is as follows:

Nurse educators-

| | |
|-----------------|-----------------|
| Mrs. M. Pannan | Mrs. P. Keyte |
| Ms. B. Kilkenny | Mrs. J. Ellis |
| Mrs. L. Mentha | Mrs. M. Facchin |
| Mrs. M. Wilksch | Typist/Clerk |

M. I. Pannan

Acting Principal Nurse Educator

FOOD SERVICES

Good Food, Good Health

In 1673 Samuel Pepys, the Controller of Victualling of the Royal Navy, wrote:

Englishmen and in particular Seamen love their bellies above everything else, and therefore it must be remembered in the management of victualling in the Navy, that to make any abatement from them in quality of their victuals, is to discourage and provoke them in their tenderest part, and will soon render them disgusted with the King's Service than any other hardship that can be put on them.

In our hospital the same principle is adopted by the Food Services Department, in that only the highest standard of meals and service is given to our patients and staff. To ensure this standard is attained, a constant review is carried out in upgrading our efficiency, systems, and equipment. This year two food service surveys have been carried out with patients, and the comments were most favourable, which is a reward for the hard work done by the staff.

Two of our staff retired this year, Mrs. Maria Votta and Mrs. Rose De Franceski who had a total of 33 years' service between them and we wish them well in their retirement. Other staff movements are the Chief Dietitian, Miss Faye Mitchell, who went to Melbourne University, and Miss Kate Vaughan to Royal Hobart Hospital.

There have been no major renovations carried out in the kitchen, and facilities remain limited, but the Minister of Health and senior Health Commission officers have carried out inspections of the facilities.

The department experienced no budgetary problems this year as costs were contained by constant supervision of issues and preparation techniques and calling tenders for all provision requirements.

In conclusion I would like to thank my staff for their loyalty and hard work during the year, and in particular the assistance given to me by Mrs. Barbara Peskett and Mr. Kevin Geyer.

Ronald S. Cox
Food Services Manager



Chef Ken Reichelt prepares a roast for a midday meal



STATISTICS FOR 1981-82

| | 1980-81 | 1981-82 |
|---|-----------|---------|
| Admissions | 3,319 | 3,254 |
| Bed days—Private | 9,656 | 11,315 |
| Special Classes—Motor Accident Board | 390 | 921 |
| —Workers' compensation | 374 | 329 |
| —Repatriation | 1,324 | 1,107 |
| Hospital patients — Standard | 11,837 | 8,857 |
| Insured | 1,567 | 593 |
| Major surgery | 438 | 499 |
| Minor surgery | 1,214 | 1,135 |
| Births—Female and Male | 331 | 327 |
| Meals prepared—Inpatients | 142,205 | 131,221 |
| —Meals on Wheels | 17,555 | 19,640 |
| —Cafeteria | 55,734 | 53,642 |
| —Day Centre | 5,579 | 5,646 |
| —Special Functions | 2,759 | 2,840 |
| Morning and afternoon teas and supper (equivalent to full meals) | 125,130 | 138,053 |
| Dietetic meals prepared | 25,665 | 24,031 |
| Laundry output (tonnes) | 979 | 975 |
| Steam generated (tonnes) | 17,045 | 13,484 |
| Engineering requisitions | 2,589 | 1,901 |
| Fuel oil consumption (litres) | 1,045,889 | 913,000 |
| Dental Clinic attendances | 3,631 | 3,357 |
| Casualty Department attendances | 12,662 | 9,062 |
| Day Centre attendances | 5,520 | 5,576 |
| District Nurse visits | 15,708 | 18,242 |
| Social Welfare/community liaison consultations —not included 1981-82 | 4,273 | 3,279 |
| X-ray examinations | 7,658 | 7,375 |
| Pathology attendances | 22,535 | 19,139 |
| Pharmacy items dispensed—inpatients and outpatients | | 83,788 |
| —Regional | | 31,932 |
| Physiotherapy attendances | 5,006 | 3,193 |
| Group Activities | 5,951 | 5,365 |
| Occupational Therapy treatments | 15,109 | 18,328 |
| Speech Therapy attendances | 2,145 | 2,556 |

In a therapeutic garden. The Chief Occupational Therapist, Mrs. Jill Jarred, with former patient Mr. Pat Ahern, who helped develop the special garden



MEDICAL RECORDS

During the past twelve months the Medical Record Department has continued to provide medical record services to the Wimmera Base Hospital and eleven regional hospitals.

At present the Medical Record Department houses over 19,500 histories which date back to April, 1971. Each of these must be sorted into sequence, have summaries dictated and typed, be coded for all disease entities and operations and then filed so that they may be accessed readily. The clerical staff of the Medical Record Department is responsible for these histories. Due to a baby boom in this department, the past year has seen a complete change in clerical staff. Simone Kosch commenced work as a medical typist in April, 1982. Leanne Williams joined our staff three weeks later as a medical record clerk.

The Medical Record Department is also involved in producing and balancing statistical information for other hospital departments and outside organizations such as the Anti-Cancer Council. The Cancer Act of 1958 was amended during the last financial year making cancer a notifiable disease as of December 1, 1981. The Medical Record Department is responsible for the notification of all cancer cases to the Anti-Cancer Council in Melbourne.

In addition to work at the Wimmera Base Hospital, the Medical Record Department has regional duties which encompass one of the largest regions in Victoria.

The statewide collection of morbidity data means that regular visits to Kaniva, Nhill, Dimboola, Jeparit, Minyip, Murtoa, Rupanyup, Donald, St. Arnaud and Edenhope hospitals must be maintained. The addition of a second medical record administrator, Jenni Gullan, to our staff has enabled this regional service to be expanded. We are now able to provide an advisory service for these hospitals in order to help with any problems they may be experiencing with medical records, Health Commission statistical returns or any statistical analysis.

In addition to this, the past year has seen the establishment of a cancer register for every hospital in the region. This was done in order to fulfil the requirements of the Cancer Act amendments. It is the responsibility of the regional medical record administrator to maintain and update these registers.

It is hoped that the coming financial year will see the expansion of services offered by the Medical Record Department within the Wimmera Base Hospital.

Catherine Lane
Chief Medical Record Administrator



BUSINESS ADMINISTRATION

The past year has seen a period of increased challenges to the finance department.

Hospitals are being placed under pressure by governments, federal and state, to justify the need for services to be provided to the community. This pressure is best and most easily applied through financial constraints on hospital spending. Hospitals are faced with the necessity to analyse the benefits of providing a service to the community against the costs involved. This rationalization of services has required a greater volume and improved quality of financial information to be provided to management and the Health Commission.

A major part of this programme has been the introduction of functional cost centre accrual accounting, which enables the Health Commission to compare the costs of providing a service in one hospital with the same service provided in a similar hospital in another part of the state. This new method of accounting will assist highlighting any possible inefficiencies in the hospital field.

September 1, 1981, saw the introduction of new charging arrangements for hospitals. This occurred due to pressure being applied by the Federal Government for hospitals to generate a greater percentage of their own revenue. Hospitals are now in the position of placing more emphasis on revenue collection, thereby necessitating the employment of a debtors clerk, Mrs. Colleen Harris, and an out-patients clerk, Mrs. Lyn McIntyre.

The quality of staff in the Finance Department has enabled us to keep abreast of new changes in the field. The policy of employing young and enthusiastic staff has continued with Philip O'Connor, Alison Fitzgerald and Stephen Bell being appointed in the last year. Unfortunately for our department, Michael Delahunty was appointed to the position of manager at Stowell and District Hospital. This promotion is a true reflection of Michael's input into the hospital field. Congratulations and thanks go to him from all the department staff.

The coming year will be one where change will continue and we can only look at the continued development of hospital accounting procedures with optimism.

Gary Mason
Finance Manager



ENGINEERING

The major project carried out during the past twelve months was the building of the five-bed intensive care unit. Air-conditioning for the unit is supplied from a newly-constructed plant room adjacent to the new ward. Fresh air is drawn from an outside grille and is filtered before it is supplied to the air-conditioning unit. Supply air in the air-conditioning unit is chilled by the air-conditioning chilled water cooling coil or heated by each zone steam-heating coil to the required temperature. This is controlled by a room temperature sensor. Conditioned supply air is re-filtered, before it is delivered and distributed through each zone-supply air duct and ceiling-mounted diffusion to the areas to be air conditioned.

The temperature of the supply air for the coronary burns room can be reheated by a bank of electric duct heaters to the required temperature, and is controlled by a separate room sensor.

Chilled water for the air-conditioning unit chilled water cooling coil is supplied by an Email chiller unit equipped with three hermetically-sealed compressors. The total capacity of the compressors is 62 kilowatts.

Under the minor works programme, new pan washer/sterilizers were purchased and installed in wards one, two and three. The work areas were renovated and new cupboards for these rooms were manufactured in the workshops.

To provide an area for new-born infants requiring special care, the nursery on ward one was enlarged and completely renovated. This entailed the removal of one wall to provide the extra space required. To keep the floor space clear of equipment, phototherapy lights of a new design were manufactured in the workshops and mounted on the wall. These lights can be raised or lowered.

As well as these special projects, the day-to-day maintenance of the hospital accounted for 2,141 works requisitions being completed.

T. Martin
Chief Engineer

Like other schools, the School of Nursing has a relocatable classroom, the first building of its type for the hospital, ending use of the recreation hall for lectures

HOSPITAL LIBRARY

The number of new books added to the library in the past year was fewer than in the preceding year but five new periodical subscriptions started, bringing our total of current journal holdings to 62. Information in the health and medical sciences is produced at such a rapidly-expanding rate that expenditure of library funds on journals arriving at short intervals may be more sensible, in a small library, than buying a number of expensive books which all too soon become out of date.

Books can often be borrowed from larger libraries for several weeks at no charge apart from postage. In the last year a book was received on loan for a staff member or visiting doctor approximately every ten days. Many more than this number of articles from journals not taken in our library were requested by borrowers. More than twenty individuals used this service.

Nearly thirty people are on the distribution list of the Current Awareness Bulletin, put out nine or ten times a year by the staff of the John Lindell Library at the Health Commission of Victoria. This lists a selection of articles from more than 400 journals in the Library, under 35 subject headings. An average of eighty articles requested from each bulletin through our library.

As our own journal holdings increase, more space is needed to house them and extra shelving will be installed before the end of this year. It is hoped that subscriptions to a medical and a nursing index will enable even more use to be made of these journals in the future.

Judy Sheldon
Librarian

PERSONNEL AND TRAINING

Helping People at Work

Personnel and training work covers the human side of an enterprise which functions for the care of people.

This annual report consists of many reports written by an enormous variety of professional people about the care of people in a widespread community, for all interested readers. The report therefore indicates on interdependence of all personnel associated with Wimmera Base Hospital, on interdependence which is facilitated by the personnel department at the hospital.

AWARDS

A primary responsibility of this department is the administration of the payroll system. The wages bill at the hospital for the previous twelve months was almost three-quarters of the hospital's total expenditure. Almost 600 people employed by the hospital account for this wages bill.

The day-to-day processing is simplified by an on-line computing service provided by Health Computing Services in Melbourne. However the personnel employed by the hospital are employed under 24 different awards. This number of awards represents a variety of personnel entitlements and conditions which the hospital meticulously and fairly implements.

SELECTION AND RECRUITMENT

Before any staff member is employed under a specific award in a position with an accompanying job description, the new staff member must obviously have been successful in the selection process.

A total of forty positions was advertised and filled in the past twelve months. The personnel department,

with the relevant area head, assisted in the selection of almost all the personnel to fill the advertised vacancies. A thorough selection process practised at the hospital where cognisance of specific job functions, supervisory personnel and working peers is taken, has resulted in, and will continue to result in, a high quality of professional staff employed at the hospital. The hospital itself initiates and completes all selection of personnel, but for some vacancies uses the expertise of the Commonwealth Employment Service to assist in this task.

VOLUNTEER PERSONNEL

Wimmera Base Hospital is highly appreciative of the many hours of volunteer work which is performed by a variety of community groups and service clubs. All hospital personnel welcome this volunteer contribution as it can only lead to providing a better health service for the community at large. The Personnel Department has, when necessary, assisted in directing volunteer helpers to different hospital related groups.

STAFF ADVANCEMENT

With the current technology and knowledge explosion, Wimmera Base Hospital has attempted to exploit the situation for the ultimate benefit to patients. The Personnel Department has played a role in planning and co-ordinating on-the-job training programmes. It has also assisted in providing contacts and organizing for staff to attend training programmes at conference centres in and away from the hospital. These short-term programmes are not the only training programmes that have been undertaken by many employees of the hospital.



One hospital, many departments. Base Bulletin helps bring them together. Left to right, with the Bulletin: Student nurse Sharon Swaby, assistant manager Murray Williams, domestic Heather Gardner, painter Terry Hutchinson and food services apprentice Renzo Panozzo

Through its own knowledge dissemination procedures, in the form of internal periodical circulation, staff are assisted in maintaining an up-to-date knowledge of skills in their specific areas. As well as this form of ongoing study, a number of staff have completed, or are currently undertaking, certificate, diploma, degree or post-graduate studies in related fields.

The Personnel Department has also assisted in maintaining an exchange programme from one type of job to a related but distinctly different type of job within the hospital. This has benefited employees of the hospital in that they have increased their job skills through performing an increased variety of tasks. It has benefited the hospital in that an appreciation of other employees' tasks has been gained as well as the obvious motivation benefits. Both these benefits to the hospital make a contribution to the high quality of health care at the hospital.

NEWS SHEET

While its purpose will remain the same, a new format and schedule for the Base Bulletin will be introduced in the next financial year. The Bulletin will be published each month and will have four pages, one large sheet, folded. It is circulated to provide an informal forum for employees and friends. Such a bulletin has obvious communication benefits as well as intangible benefits to all those associated in any way with the hospital. The Personnel Department is responsible for this bulletin and it is hoped that the benefits of the bulletin are maintained in the future.

It has been the intention of this personnel report for 1981-82 to highlight the labour-intensive nature of health care at Wimmera Base Hospital. It has been, and will continue to be the Personnel Department's objective to facilitate the harmonious functioning of personnel at the hospital.

S. M. Schneider
Personnel and Training Manager

ADMINISTRATION STAFF

at June 30, 1982

DEPARTMENTAL MANAGERS:

Finance:

Mr. G. R. Mason, B. Bus. Stud., A.S.A.

Personnel and Training:

Mr. S. Schneider, B. Sc., Dip., Ed., B. Ed. (Admin.)

Food Services:

Mr. R. S. Cox, A.F.C.I.A., M.I.H.C.

General Services:

Mr. B. Waixel

Chief Engineer:

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

Administrative Officer:

Mr. P. J. Aitchison



RED CROSS LIBRARY

It is my pleasure to present the annual report of the Red Cross Library situated on fourth floor in the hospital building.

We have a very large and interesting library including small and large print books. These large print books are very much appreciated by the many aged patients. During the year we sent a box of books donated to us to Red Cross headquarters where the members clean and strengthen the books for Red Cross libraries in hospitals and nursing homes.

They are replaced, covered with see-through plastic. The members also carry out many other activities helpful to our library services. We also sent several boxes to be exchanged.

Our picture library in the Sir Robert Menzies Nursing Home is much admired and enjoyed by the many patients and visitors.

In February we added another very interesting picture library to the hospital Day Centre where we hung three prints. This was very much appreciated. These prints are changed every three months. We now visit the Day Centre every Wednesday during our other visits with our library service.

During the year we give birthday gifts to the elderly patients in the Geriatric Unit; these we buy from a stall at our meetings.

At Christmas we held our usual Christmas party at the Geriatric Unit where the patients were entertained, given a Christmas gift and afternoon tea served by the Red Cross unit members.

Our thanks go to Miss Mavis Muller and her brother Harry for entertaining the patients. RSL members also receive gifts. These are wrapped and sent from Red Cross headquarters. Our service at the hospital helps in many ways. Red Cross certainly gives a lot of pleasure through helping others, and to see the happiness they gain from our visits and assistance is very rewarding. In closing my report I would like to thank Mr. Henry for help during the year. To my assistant, Miss Crafter, for her help at all times. To Matron, sisters and nursing staff for kindness and co-operation. To Miss Maureen White, director of hospital services, also for her help and advice, and to all others concerned as this certainly makes our library service a very happy and rewarding one.

Thelma Cain
Librarian

GENERAL SERVICES

WIMMERA HOSPITALS' GROUP LINEN SERVICE

During the past twelve months, the average weekly output from the Wimmera Hospitals' Group Linen Service was 18.9 tonnes, with production being maintained at its usual high standard.

Objectives which were achieved this year were:

- Financial reporting - a more accurate cost of all expenses was achieved, asset registers and depreciation schedules firmly established. This meant that costs could be allocated correctly, thus enabling greater analysis of production costs.
- Computerized invoices/statements were introduced following the purchase of a Superbrain computer. Further development of the programmes will enable greater information to be available to all institutions regarding cost, usage and control.
- The introduction of Warracknabeal and Stawell hospitals to the automatic linen count and control system has been an instant success. However it was envisaged that further hospitals would be introduced to the system by June 30, 1982. A concerted effort will have to be made to ensure that this objective is met in 1982-83.

A linen services procedure book was another objective which was not attained this year but plans are currently being made for its implementation. The purchase of a 50 kilogram washer enabling the processing of personal linen has been most advantageous. Personal linen can be processed efficiently and quickly, and processing releases the larger washer to cope with any increase in demand.

Also the purchase of a diesel laundry truck has been an advantage. Smooth running and less maintenance, with a saving of \$4,500 estimated next financial year on fuel costs alone, are another benefit.

Maximum hygiene and infection control are very important in a laundry and the enthusiastic efforts, the consciousness of its importance and implementation in all areas speaks in itself for the staff in the laundry. A special kind of people whom we all appreciate greatly.

HOUSEKEEPING

In a recent training film the speaker emphasized that next to nursing, the most important part of the hospital is the domestic department.

The degree of cleanliness in a hospital has to be maintained at a high standard to reduce the risk of cross-infection and to provide a happy and healthy environment, for both patients and staff to live and work.



A washed sheet is expertly flipped to be taken up by an ironing machine in the laundry. Katherine Cornell is working at the far end.

The commitment of the staff at Wimmera Base Hospital has ensured that all areas are maintained cleanly and hygienically. To facilitate our cleaning procedures we have:

- Upgraded the quality control system with regular inspections of all areas. These have been accepted very well by all staff, who gain contact with the General Services Manager and supervisors, discuss problems and exchange ideas and comments on their areas.
- Introduced a staff training programme. This has been a great success. Training in high risk areas and infectious room cleaning has been completed and we will develop our training programme for all aspects of cleaning in the future.

The environment of our hospital is a credit to all personnel and I wish to commend the staff of the Domestic Services Department for their efforts throughout the year.

B. N. Waixel
General Services Manager

BARKUMA



After much discussion, it was decided on May 25, 1982, that Barkuma would disband. Our membership had declined to ten active members, which made organising and catering extremely difficult. We felt that if we could not maintain the high standards set over the past eight years, we should not carry on.

The Large Print Wimmera Mail-Times will continue, with the accounting and distribution being taken over by Wimmera Base Hospital. A cheque for \$10,800 was handed to the hospital for the financing of this venture and other hospital projects. This cheque was the result of many successful activities including our calendar, Wimmera '82', and a film night.

On behalf of all Barkuma members, I would like to say that it has been our pleasure and privilege to serve the Wimmera Base Hospital in our small way over the past eight years.

Kaye Valpied
President

LADIES AUXILIARY

This has been another very successful and rewarding year, resulting in \$11,084.56 being given to the hospital. The Opportunity Shop continues to increase its sales and a record \$8,655.51 was raised this year.

This would not have been possible without the support of individual donors, church guilds and district ladies' clubs. They stock the shop throughout the year. There is also the very energetic committee. My sincere thanks to you all.

The weekly raffles are still popular with the public, and raised \$1,259.56. House parties were all very well attended and we extend thanks to those people who so kindly lent their homes for functions.

The annual garden party was held in the hospital grounds, and the Horsham Pipe Band provided entertainment for both guests and patients. We are also grateful to the Apex club for assisting us that day.

To the Mail-Times and local radio stations for publicity, donors of gifts for raffles and prizes, hospital staff from the various departments for their assistance during the year and Mr. Capp for auditing our books, we are most grateful.

I thank all members for their generous help and support and to the incoming office-bearers my best wishes for a very successful year.

With the completion of the Intensive Care Unit we are now working to provide furnishings and extras for the proposed additional frail aged ward, and look forward to your continued support.

Betty Smith
President

FINANCE

CONSOLIDATED STATEMENT OF REVENUE AND EXPENDITURE FOR HOSPITAL AND NURSING HOME SECTIONS FOR THE YEAR ENDED JUNE 30, 1982

OPERATING ACCOUNT

| Revenue | 1981 (Cash) | 1982 (Accrual) |
|---|----------------|-------------------|
| Hospital Revenue | | |
| Government Grants | \$6,017,710 | \$6,895,923 (1) |
| Inpatient Fees | 738,366 | 1,159,169 (2) |
| Non Inpatient Fees | 410,016 | 486,545 |
| Meals and Accommodation | 71,382 | 86,324 |
| Meals on Wheels | 26,000 | 20,618 |
| Services Provided to Other Institutions | | |
| Administrative Assistance | 4,884 | |
| Steam | 2,772 | |
| Other Revenue and Recoveries | 69,722 | 23,511 (3) |
| | \$7,340,852 | \$8,672,090 |
| Nursing Home Revenue | | |
| Government Grants | 643,661 | 864,928 (4) |
| Patient Fees | 286,242 | 289,107 |
| | 929,903 | 1,154,035 |
| Combined Total | \$8,270,755 | \$9,826,125 |
| Deficit for year | 10,589 | |
| | \$8,281,344 | \$9,826,125 |
| Expenditure | | |
| Salaries and Wages | 5,784,724 | 6,805,355 |
| Payments to Visiting Medical Officers | 285,971 | 168,246 |
| Superannuation | 62,902 | 68,250 |
| Food Supplies | 247,847 | 278,369 |
| Medical and Surgical Supplies | 154,237 | 163,506 |
| Special Services Departments | 127,348 | 135,732 |
| Drug Supplies (Including Medical Gases) | 175,043 | 153,892 |
| Fuel, Light and Power | 266,679 | 292,236 |
| Domestic and Laundry Charges | 388,214 | 457,441 |
| Renovations and Equipment | 167,370 | 162,913 |
| Repairs and Maintenance | 181,917 | 147,179 |
| Administrative Expenses | 342,783 | 324,368 |
| Other Expenses | 96,309 | 299,698 (5) |
| | 8,281,344 | 9,457,185 |
| Surplus for year | \$8,281,344 | 368,940 |
| | \$8,281,344 | \$9,826,125 |

OPERATING FUND

| | |
|---|-------------|
| Accumulated Surplus (Deficit) as at 1st July, 1981 | 395,726 |
| Add Prior Years Grant Deficit/Surplus | 10,589 |
| Surplus for Year | 368,940 |
| Less Funds Applied to Reduce Accumulated Surplus | 620,247 (6) |
| Accumulated Surplus as at 30th June, 1982 | \$155,008 |

**WIMMERA BASE HOSPITAL
BALANCE SHEET AS AT JUNE 30, 1982**

OPERATING FUND

| Assets | 1981 | 1982 |
|---|------------------|--------------------|
| Advance Accounts and Cash on Hand | \$16,470 | \$16,470 |
| Investments, Short Term Secured | — | 489,000 |
| Debtors —Patient | 305,689 | 364,461 (7) |
| —Other | 22,256 | 100,456 |
| Stores | 111,627 | 133,039 |
| | <u>\$456,042</u> | <u>\$1,103,426</u> |
| | <u>\$456,042</u> | <u>\$1,103,426</u> |
| Liabilities | | |
| Bank Overdraft | 60,317 | 344,459 |
| Accrued Salaries and Wages | — | 26,220 |
| Creditors | — | 303,251 |
| Provision for Long Service Leave | — | 265,768 |
| Accrued Annual Leave | — | 8,720 |
| Fund | | |
| Fund Surplus | 395,725 | 155,008 |
| | <u>\$456,042</u> | <u>\$1,103,426</u> |
| | <u>\$456,042</u> | <u>\$1,103,426</u> |

STATEMENT OF BALANCES AS AT JUNE 30, 1982

CAPITAL FUND

| Assets | | Liabilities | |
|---------------------------|--------------------|------------------------|--------------------|
| Cash at Bank | 39,453 | Handyman Service | 19,073 |
| Land and Buildings | 3,972,093 | Loan Accounts | 30,242 |
| Plant and Equipment | 1,086,321 | Tenant Bonds | 200 |
| | | Fund Balance | 5,048,352 |
| | <u>\$5,097,867</u> | | <u>\$5,097,867</u> |
| | <u>\$5,097,867</u> | | <u>\$5,097,867</u> |

(Contingent liability: Architect and Consultant fees have been charged. The extent of the hospital's liability is not yet determined).

SPECIAL PURPOSES MEDICAL TRUST FUND

| | | | |
|--------------------------------------|------------------|--------------------|------------------|
| Cash at Bank | 63,099 | Fund Balance | 396,073 |
| Investments | 250,000 | | |
| Centrifichem | 20,000 | | |
| Motor Vehicles at Cost | 32,995 | | |
| Other Debtors | 21,931 | | |
| (Special Purposes Medical Pathology) | | | |
| Ultrasound Loan Account | 8,048 | | |
| | <u>\$396,073</u> | | <u>\$396,073</u> |
| | <u>\$396,073</u> | | <u>\$396,073</u> |

SPECIFIC PURPOSES

| | | | |
|--------------------|------------------|--------------------|------------------|
| Cash at Bank | 43,878 | Fund Balance | 144,578 (8) |
| Investments | 100,700 | | |
| | <u>\$144,578</u> | | <u>\$144,578</u> |
| | <u>\$144,578</u> | | <u>\$144,578</u> |

NOTES ON FINANCIAL STATEMENTS

NOTES TO AND FORMING PART OF THE ACCOUNTS

(1) Government Grants

| | |
|---|--------------------|
| Grants Received were: | |
| Ordinary | \$6,602,000 |
| Specific Purpose Grants (Collective Buying) | 21,000 |
| Works and Services | 5,473 |
| Medibank Trust Fund | 5,475 |
| Home Nursing Subsidy | 25,520 |
| Costs met by Health Commission | 143,322 |
| Employment Grant | 37,570 |
| Other | 55,563 |
| | <u>\$6,895,923</u> |

(3) Other Revenue and Recoveries

| | |
|------------------------------------|------------------|
| Sale of Surplus Goods | 994 |
| Mortuary fees | 302 |
| Chiroprody | 86 |
| Refund of Salaries and Wages | 16,040 |
| Sundry | 6,089 |
| | <u>\$ 23,511</u> |

(5) Other Expenses

| | |
|--------------------------------------|-------------------|
| Ambulance | 67,881 |
| Consultant Fees | 38,192 |
| Annual Leave Overdue | 8,720 |
| Doubtful Debts | 7,979 |
| Costs met by Health Commission | 143,322 |
| Employment S Y ET P | 19,497 |
| Other | 14,107 |
| | <u>\$ 299,698</u> |

(2) Inpatient Fees

| | |
|----------------------------|--------------------|
| Private | 911,460 |
| Motor Accident Board | 123,493 |
| Workers Compensation | 43,270 |
| Repatriation | 80,946 |
| | <u>\$1,159,169</u> |

(4) Nursing Home Revenue Government Grants

| | |
|-------------------------------|-------------------|
| Grants received were: | |
| Ordinary | 44,000 |
| Department of Health | 790,934 |
| Pharmaceutical Benefits | 29,994 |
| | <u>\$ 864,928</u> |

(6) Applied to Balance of Funds

| | |
|---|------------------|
| Prior year adjustments | |
| Accrued Salaries and Wages | 255,907 |
| Doubtful Debts | 4,661 |
| Creditors | 109,597 |
| Long Service Leave | 282,256 |
| | <u>652,421</u> |
| Less Sundry Debtors | 32,174 |
| Funds applied to reduce accumulated surplus | <u>\$620,247</u> |

(7) Debtors

Inpatients

| | | |
|---|---------|----------------|
| Private | 117,156 | |
| Motor Accident Board | 37,522 | |
| Workers Compensation | 11,326 | |
| Repatriation | (2,574) | 163,430 |
| Less Provision for Doubtful Debts | | 4,455 |
| | | <u>158,975</u> |

Outpatients

| | | |
|---|-----------|---------|
| General | 117,958 ★ | |
| Less Provision for Doubtful Debts | 7,958 | 110,000 |
| Motor Accident Board | 3,170 | |
| Less Provision for Doubtful Debts | 227 | 2,943 |

Workers Compensation

Nursing Home

| | | |
|---|--------|--------|
| Patient Fees | 18,851 | |
| Commonwealth Department of Health | 67,300 | 86,151 |

★ Includes Special Purposes Debtors

\$364,461

(8) SPECIFIC PURPOSE FUNDS

SPECIFIC PURPOSE FUNDS AT JUNE 30, 1982

| | |
|---|------------------|
| Medical and Surgical Equipment Fund | \$17,140 |
| Frail Aged Fund | 94,926 |
| Reserve Fund | 1,974 |
| T. F. Ryan Prize | 1,158 |
| Special Purpose Dental Fund | 3,460 |
| Patients Trust Fund | 201 |
| Staff Training | 25,719 |
| | <u>\$144,578</u> |

**WIMMERA BASE HOSPITAL
ANALYSIS OF MAJOR BANK ACCOUNTS
FOR THE YEAR ENDED JUNE 30, 1982**

CAPITAL BANK ACCOUNT SUMMARY

| Receipts | | Payments | |
|---------------------------------|------------------|-------------------------------|------------------|
| Balance July 1st 1981 | 131,407 | Land and Buildings | 420,449 |
| Interest Received | 60,096 | Balance 30th June, 1982 | 39,453 |
| Rent | 12,781 | | |
| Transfer from Investments | 201,229 | | |
| Donations | 13,701 | | |
| Sundry Receipts | 11,583 | | |
| Government Grants | 29,105 | | |
| | <u>\$459,902</u> | | <u>\$459,902</u> |
| | <u>\$459,902</u> | | <u>\$459,902</u> |

SPECIAL PURPOSES MEDICAL BANK ACCOUNT SUMMARY

| Receipts | | Payments | |
|----------------------------------|------------------|---------------------------------|------------------|
| Balance July 1st 1981 | 20,694 | Equipment | 97,637 |
| Interest Received | 30,945 | Private Practice Expenses | 26,250 |
| Ultrasound Receipts 29,443 | | Ultrasound Loan Account | 11,506 |
| Ultrasound Interest 4,239 | 33,682 | Transfer to Investments | 111,158 |
| Private Practice Income | 224,329 | Balance June 30th, 1982 | 63,099 |
| | <u>\$309,650</u> | | <u>\$309,650</u> |
| | <u>\$309,650</u> | | <u>\$309,650</u> |

SPECIFIC PURPOSES BANK ACCOUNT SUMMARY

| Receipts | | Payments | |
|---------------------------------|------------------|-------------------------------|------------------|
| Balance July 1st, 1981 | 51,150 | Equipment | 43,369 |
| Interest Received | 20,434 | Transfer to Investments | 26,899 |
| Donations | 22,341 | Balance June 30th, 1982 | 43,215 |
| Transfer from Investments | 15,000 | | |
| Other | 4,558 | | |
| | <u>\$113,483</u> | | <u>\$113,483</u> |
| | <u>\$113,483</u> | | <u>\$113,483</u> |

AUDITORS' REPORT

We report that we have examined the accounts of the Wimmera Base Hospital and Sir Robert Menzies Nursing Home for the year ended 30th June, 1982.

Our examination included auditing procedures and tests of the records which we considered necessary in the circumstances.

In preparing the financial statements, the hospital has not provided for depreciation of buildings and plant and equipment (refer to accounting policies). This is a departure from a statement of accounting standards issued by the Institute of Chartered Accountants in Australia and the Australian Society of Accountants.

Subject to the above, in our opinion, the accounts are properly drawn up in accordance with the requirements of the Health Commission of Victoria so as to give a true and fair view of the institution's financial affairs as at 30th June, 1982 and of the results of its operations for the year ended on that date.

The accounting and other records examined by us have been properly maintained in accordance with the provisions of the Health Commission of Victoria's Cost Centre Accounting and Budgeting Systems Procedures Manual.

GREEN, TAYLOR AND GREENALL
Chartered Accountants

**WIMMERA HOSPITALS' GROUP LINEN SERVICE
REVENUE STATEMENT**

FOR THE YEAR ENDED JUNE 30, 1982

| | | |
|---|---------|-------------------|
| Income | | |
| Charges to Participating Institutions | | \$608,235 |
| Direct Expenses | | |
| Production Salaries and Wages | 280,971 | |
| Bedding and Linen Replacement | 82,315 | |
| Laundry Materials | 18,772 | |
| Steam | 9,600 | |
| Electricity | 14,400 | |
| Repairs and Maintenance Salaries and Wages | 17,212 | |
| Repairs and Maintenance Expenses | 20,783 | |
| Cleaning Salaries and Wages | 14,133 | |
| Cleaning Supplies | 1,738 | |
| Outside Linen Services | 1,251 | |
| Uniforms | 1,168 | |
| Depreciation | 40,676 | |
| Asset Replacement | 36,000 | |
| Sale of Asset-Loss | 1,551 | 540,570 |
| Gross Operating Margin | | <u>\$67,665</u> |
| Distribution Expenses | | |
| Salaries and Wages | 18,577 | |
| Motor Vehicle Expenses | 18,535 | |
| Depreciation | 1,375 | |
| Administrative Expenses | | |
| Salaries and Wages | 49,111 | |
| Long Service Leave | 14,657 | |
| Superannuation | 7,169 | |
| Other Administration Expenses | 6,395 | |
| Depreciation | 1,500 | 117,319 |
| Net Operating Margin Surplus/(Deficit) | | <u>\$(49,654)</u> |
| Non Operating Income | | 33,886 |
| Net Operating Result Surplus/(Deficit) | | <u>\$(15,768)</u> |

**BALANCE SHEET
ASAT JUNE 30, 1982**

ASSETS

| | | |
|-----------------------------------|------------------|------------------|
| Current | 1981 | 1982 |
| Investments | \$87,894 | \$75,000 |
| Stores (Bulk Linen) | 109,887 | 135,465 |
| Stores (Laundry Material) | 5,293 | 10,184 |
| Sundry Debtors | 50,907 | 64,679 |
| | <u>\$253,981</u> | <u>\$285,328</u> |
| Fixed | | |
| Plant and Equipment | 333,753 | 336,016 |
| Less Depreciation provision | 220,874 | 223,455 |
| | <u>\$112,879</u> | <u>\$112,561</u> |
| Building at Cost | 323,363 | 323,363 |
| | <u>\$436,242</u> | <u>\$435,924</u> |
| Total Assets | <u>\$690,223</u> | <u>\$721,252</u> |

LIABILITIES

| | | |
|--|-----------------|------------------|
| Current | | |
| Bank Overdraft | 11,143 | 771 |
| Provision for Long Service Leave | 21,171 | 65,766 |
| Accrued Expenses | 15,423 | 14,623 |
| Asset Replacement Reserve | | 36,000 |
| | <u>\$47,737</u> | <u>\$117,160</u> |

CAPITAL

| | | |
|-------------------------------------|------------------|------------------|
| Laundry Capital | 527,843 | 570,707 |
| Prior Year Adjustment L.S.L. | | (41,769) |
| Surplus (Deficit) for year | 42,864 | (15,768) |
| Asset Replacement Reserve | 71,779 | 90,922 |
| | <u>\$642,486</u> | <u>\$604,092</u> |
| Total Liabilities and Capital | <u>\$690,223</u> | <u>\$721,252</u> |

WIMMERA HOSPITALS GROUP LINEN SERVICE AUDITORS' REPORT

We report that we have examined the accounts of the Wimmera Hospitals Group Linen Service for the year ended 30th June, 1982.

Our examination included such auditing procedures and tests of the records which we considered necessary in the circumstances.

In preparing the financial statements the organisation has not provided for depreciation of buildings. This is a departure from the statement of accounting standards issued by the Institute of Chartered Accountants in Australia and the Australian Society of Accountants.

Subject to the above, in our opinion, the accounts are properly drawn up so as to give a true and fair view of the organisation's financial affairs as at 30th June, 1982 and of the results of its operations for the year ended on that date.

GREEN, TAYLOR AND GREENALL
Chartered Accountants



STATEMENT OF ACCOUNTING POLICIES

The accounting policies of the hospital are as follows:

- (a) The accounts of the hospital are prepared and published in accordance with the requirements of the Health Commission of Victoria and normally accepted accounting principles with exceptions being:
 - (i) No provision has been made for the depreciation or revaluation of fixed assets. Fixed assets are recorded in the Capital and Specific Purpose Fund at cost.
 - (ii) The financial statements have been prepared on the basis of the historical cost convention, with the exception of investments which are valued in accordance with Note (b).
- (b) Investments
It is the hospital's policy to hold investment securities until maturity and consequently no provision for diminution to market value is required.
- (c) Income and Investments
 - (i) Income from Capital investments has been credited directly to the Capital account.
 - (ii) Income from investment of Endowment and Specific Purpose funds has been credited directly to the relevant trust fund.
 - (iii) Income from short term investment of Operating funds has been credited directly to the Capital account.
 - (iv) Income from investments has not been brought to account in determining the year's operating result. This is consistent with prior years.
- (d) Stock on Hand
Stocks on hand include all stores in the General Stores and Pharmacy. Stocks on hand are valued at latest purchase price, which is consistent with prior years.
- (e) The accounts of the hospital have been prepared on the basis of accrual accounting. Provisions have been made for long service leave, and annual leave accrued which may be payable in future and doubtful debts.

LIFE GOVERNORS

ANDERSON, Mrs. A.
 AUMANN, Mr. R. E.
 BEYNON, Mr. J. H.
 BOEHM, Mrs. G. E.
 BRIDGE, Dr. A. L.
 BROWNBILL, Mrs. K.
 BUTLER, Mr. L. H.
 CAIN, Mrs. T.
 CARTER, Mrs. V. A.
 CATHCART, Miss. R.
 CATHCART, Miss D.
 CORNER, Mrs. P.
 COURTNEY, Miss A. R.
 CRAIG, Miss M. E.
 DRAFFIN, Mr. I.
 GARTH, Mr. D. J.
 GILL, Mr. W.

HANNA, Mr. W. T.
 HARDINGHAM, Mrs. M.
 HARFIELD, Mrs. D.
 HEALEY, Miss N.
 HOPKINS, Miss E. V.
 JOHNS, Mr. A. A.
 KROKER, Mrs. C. O.
 LEITH, Mr. C.
 LEIVESLEY, Mr. A. G.
 LEYTON, Dr. G. B.
 LOVETT, Mr. K. H.
 McFARLANE, Mr. D.
 McINTYRE, Miss V. C.
 MONTGOMERY, Mrs. L.
 MOORE, Mr. L. G.
 O'BRIEN, Dr. M. M.
 O'CONNOR, Mr. K. J.
 PASCALL, Mrs. L. G.

PHILLIPS, Mr. A. W.
 PIETSCH, Mr. E. B.
 POWELL, Mrs. J.
 REID, Mr. L. E.
 ROBERTSON, Mr. P.
 RUSSELL, Mrs. E. W.
 RUSSELL, Mr. M. S.
 SCHULTZ, Mr. F. P.
 SCHURMANN, Miss N. J.
 SHEPHERD, Mr. R. W.
 SMITH, Miss M. A. R.
 STEWART, Mrs. R. V.
 STENHOUSE, Miss L.
 TIPPETT, Mrs. A. M.
 TROETH, Mr. P.
 WALPOLE, Dr. T. V.
 WEBSTER, Prof. R. W.
 WIK, Mrs. W. M.

CENTENARY GOVERNORS

BETHELL, Mr. R.
 BROWNSTEIN, Mr. E. G.
 CHISHOLM, Mr. G.
 COUTTS, Mr. P. A.
 CRELLIN, Mrs. E.
 CUDDIHY, Mr. M. W.
 EDWARDS, Mr. R. G.
 ELDRIDGE, Mr. E.
 FINCH, Mr. A.
 FRANCIS, Mr. S.
 GRANT, Mr. R. G.
 HEARD, Mr. G. B.
 HILL, Mrs. D.
 JENKINSON, Mr. C.
 JOHN, Mr. M. D.
 LIND, Mr. G. B.
 MATUSCHKA, Mr. E.
 MOORE, Mr. L. G.
 MUHLNICKEL, Mr. V. F.
 O'BRIEN, Dr. M. M.
 PATTERSON, Mr. R.
 RODDA, Mrs. H.
 ROGERS, Mr. B.
 SMITH, Miss M. A. R.
 TAYLOR, Mr. M. H.
 VAN DYK, Mr. J. A.

Phil Troeth began collecting for the annual Wimmera-Mallee radio hospitals appeal about thirty years ago. He won many awards as the leading collector, until there was no way to thank him apart from a life governorship of the base hospital. The award was presented on radio, a departure from the practice of presentation at a hospital meeting. The picture shows Mr Troeth, with Dr Rodney Abud. At right is Radio 3WM manager Mr Ian Toul. At the left is appeal chairman Mr Dennis Witmitz. Photograph, courtesy Wimmera Mail-Times





The title page of the report shows the entrance to most hospital departments. Here is the other side of the entrance as visitors leave to return to the hospital's community