

Large Print

Thursday, May 14, 1981 *60c

Volume 1 Number 1 Horsham Victoria

Wimmera Mail-Times

BIG NEWS IS GOOD NEWS

This is the first edition of a new Wimmera newspaper, to bring regional news to people with sight problems.

The Large Print Wimmera Mail-Times will appear fortnightly, costing 60 cents, and will have only Wimmera news.

The newspaper is the first of its type in Australia. Other large-print publications have national and overseas news.

The Wimmera publication is the result of a suggestion by Base Hospital staff to fill a gap in daily news for the poor.

For names of hospitals and news services, see the 107th Annual Report.

For information on making money and continuing the hospital or district gifts to the public, see the 107th Annual Report.

The Wimmera Mail-Times will produce a summary of each fortnight's events for the large-print edition. The new paper will not have a separate news service and will be unable to handle reports or news items specifically for the large-print issue. This is because of the cost of establishing and running an editorial or news service.

The newspaper will have no advertising, and will be unable to cover production costs with sales. Barkuma's

gifts and money sought from trusts and organisations helping the blind and part-blind will decide the survival of the large-print edition.

The large-print edition will be dated for alternate Thursdays. The reports in each issue will be a summary of the main events of Wimmera-wide interest of the past fortnight. The aim will be to give a broad picture of the two weeks in the region. This means that many items, important to one district, will not appear because their place will be taken by reports affecting or interesting a wider area.

Fraser says welcome

I congratulate the Wimmera Base Hospital and the Wimmera Mail-Times on publishing a large-print newspaper edition.

Both organisations are to be commended for their initiative in producing a special newspaper for people with sight problems.

It is also timely that the Wimmera should be the pace-setter in providing large-print regional news in Australia in the Year of the Disabled.

Malcolm Fraser,
Prime Minister

This newspaper is published by Wimmera Base Hospital, Horsham, for persons with sight handicaps. News reports are from the Wimmera Mail-Times news service. The Horsham-based Barkuma service club handles distribution. Mrs Katherine Rathgeber (053) 82 3809 coordinates circulation and distribution. Published on alternate Thursdays.

WIMMERA BASE HOSPITAL
HORSHAM VICTORIA
107th Annual Report 1981

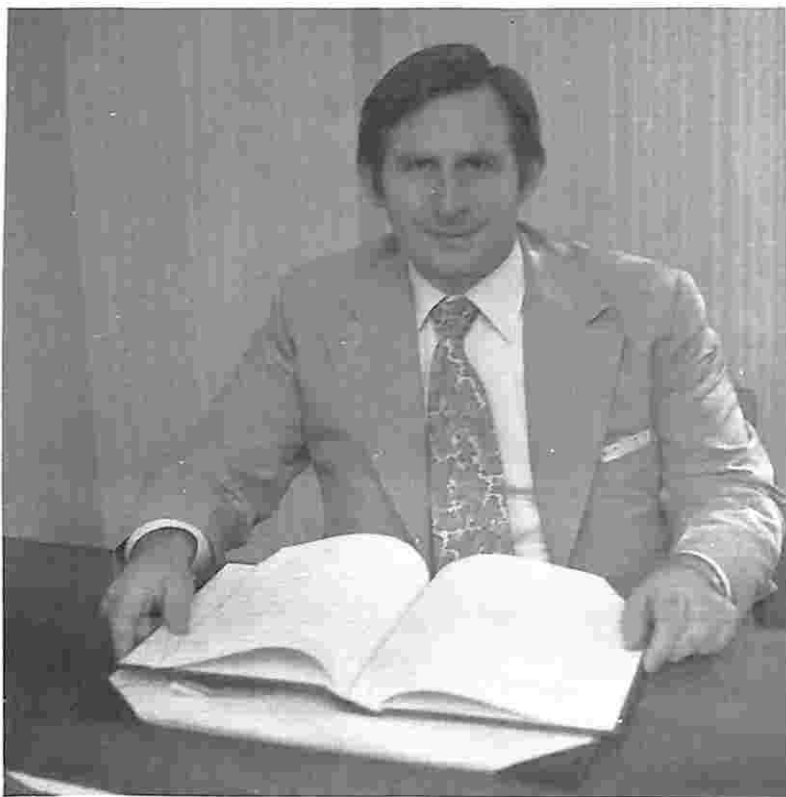


The hospital has maintained and developed its continuing interest in helping the handicapped during the Year of the Disabled. In the picture, regular hospital visitors Mrs. Ellen Beddison, left, and Miss Glenda Hutchinson meet at the Day Centre.

WIMMERA BASE HOSPITAL

107th ANNUAL REPORT 1980-81

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:

Mr. M. W. Cuddihy, M.A. (Leeds), L.A.C.S.T.,
T.P.T.C., M.A.A.S.H.

Immediate Past President:

Mr. D. J. McFarlane.

Honorary Treasurer:

Mr. K. H. Lovett, F.A.S.A., F.I.M.A., L.M.A., J.P.

Board of Management:

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.

Miss M. A. R. Smith, Resigned 2.4.81.

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.



Hospital Manager Mr. Gary Henry

BOARD OF MANAGEMENT

1980/81

The year under review was again one in which the hospital continued to fulfill its role as a base hospital, as well as to improve a number of services, despite the government's continuing policy of zero growth in finance for hospitals.

A number of the highlights of the year are listed below:

OPERATING COSTS

The hospital completed its fourth successive year of cost containment. During these four years, budgets have been virtually frozen with increases being allowed only for wage increases. This has meant that no extra money has been given for the natural increases in service which arise from a changing population and from demands for more sophisticated medical care.

The Board of Management is pleased with the service that the hospital has been able to provide in this difficult financial climate, and is both appreciative and proud of the efforts made by all hospital staff to contain costs. The results of the concerted effort to reduce expenditure can be seen in the accompanying financial statements.

BOARD OF MANAGEMENT

During the year Miss M. A. R. Smith resigned from the board after serving as a member since December 4, 1969. The contribution made by Miss Smith to the work of the board and many of its sub-committees will long be remembered by all who were associated with her. Miss Smith's financial abilities and powers of clear thinking and reason will be sadly missed by the board. Fortunately for the hospital, Miss Smith will retain her link with the Ladies Auxiliary.

The board was pleased to learn that Mr. R. W. Shepherd was appointed as a member of the Victorian Hospitals Industrial Council, the body which represents all public hospitals in industrial matters.

COMMISSION OF INQUIRY INTO THE EFFICIENCY AND ADMINISTRATION OF HOSPITALS

The findings of this Commission were made public early in 1981 and the board noted that the recommendations made to the Federal Government covered many areas which have been of concern to hospital boards for some time. It is hoped that the government will look closely at these recommendations and encourage their implementation in the near future.

ACCREDITATION

In the last report of the board it was noted that the hospital had been surveyed by the Australian Council on Hospital Standards. Since then, the board has learnt that the hospital has again been accredited by the council. In recent times the attainment of this

recognition by the council has been harder to obtain and the board is appreciative of the work done by staff in preparing for the survey as well as of the continuing high-level performance of all staff which resulted in the hospital once again being accredited by the council for a period of three years.

BUILDINGS AND EQUIPMENT

Final plans and documentation were completed for the major rebuilding programme but no assurances can be given with regard to the availability of the government finance necessary to commence work.

In the meantime, work has commenced on the new intensive care unit which, while being an important addition to the hospital, is nevertheless a very small part of the rebuilding and upgrading which is required to bring Wimmera Base Hospital to an acceptable standard for modern medical care.

Major equipment purchased during the year included ultrasound equipment for the X-ray department. This equipment produces an image of any particular organ by sending sound waves into the body and receiving them as they bounce back, working in much the same way as radar. Its major advantage is that it can be used in place of a normal X-ray where those rays may be harmful to the patient. Its principal use is in the examination of pregnant women.

OPENING OF GEOFFREY B. LEYTON PATHOLOGY LABORATORY

The board and all friends of the hospital were pleased to be present at the official opening of the Pathology Laboratory, by Dr. E. Wilder, former Chairman of the Hospitals and Charities Commission.

The naming of the Laboratory after Dr. Geoffrey Leyton, and the presentation to him of a life governor's certificate, were tributes of thanks for his contribution to the health services of the Wimmera over a long period. The hospital has been fortunate to retain Dr. Leyton's services as Consultant Pathologist.

RETIREMENT OF DR. T. V. WALPOLE

The association of Dr. Thomas Walpole with Wimmera Base Hospital ran uninterrupted from 1947 until his retirement in 1981.

Dr. Walpole's contribution to the health services of the Wimmera could not be measured, nor recorded in a report such as this. His concern for, and service to, the people of Horsham were mentioned many times by many people from many sections of our community during the large number of farewell functions he attended prior to his retirement.

The Board of Management of this hospital supports all of the sentiments expressed by all of those people and wishes Tom and Marjorie much happiness in their retirement.

LARGE PRINT WIMMERA MAIL-TIMES

The cover of this report records one of the most innovative achievements of the year. In conjunction with the Wimmera Mail-Times and Barkuma, the hospital began publication of the first large-print regional newspaper in Australia. The aim of the newspaper is to provide a means by which people with sight problems can keep in touch with the world outside their homes, particularly the Wimmera region which is immediately around us.

The board is grateful for the help and advice received from Mr. Allon Lockwood and Mr. Frank Lockwood of the Wimmera Mail-Times, and for the work and financial support of Barkuma, without whom the newspaper would never have been possible.

SOLAR POWER

Recognising the need for energy conservation, and being concerned about the increasing cost to the hospital of oil, the board investigated other means of generating energy.

Plans have been drawn up in conjunction with Vulcan Industries to install a heat-recovery system combined with a number of solar energy collectors.

Such an installation would be the largest solar energy system in Victoria and one of the largest in Australia, and would achieve fuel savings worth \$48,000 in the first year of operation.

It is hoped that government finance will be made available so that the hospital can benefit from these savings and so that Vulcan Industries can use this installation as a basis for promoting the solar energy collectors in other countries.

BOARD OF MANAGEMENT SEMINAR

During the year the board was pleased to co-operate with the Australian Hospital Association and Mayfield Centre in the conduct of a seminar for members of boards of management of hospitals throughout Western Victoria.



The seminar was aimed at assisting board members to gain a better understanding of the health service system and a greater knowledge of the responsibilities of boards to manage hospitals in the most efficient manner possible.

STAFF CHANGES

During the year the hospital has been fortunate to make the following appointments:

Dr. M. F. Brown	Visiting Paediatrician
Mr. S. B. Copp	Assistant Manager
Mr. R. T. Haby	Personnel Manager
Dr. A. Horwood	Visiting Medical Officer
Dr. G. Humphries	Director of Pathology
Mrs. P. D. Hutchinson	Deputy Director of Nursing
Mr. N. G. Miller	Principal Nurse Educator
Mrs. K. Taylor	Assistant Director of Nursing
Mrs. J. I. Waixel	Assistant Director of Nursing

The Board of Management would again like to take this opportunity of thanking all staff members for their continued loyalty and support of the hospital, and to record its appreciation of the contribution made by every member of the staff to the health services provided to this region.

CONCLUSION

The board would like to express its thanks to the following for their assistance during the year:

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 3WV and 3WM
All service clubs
Wimmera Base Hospital Ladies Auxiliary
Barkuma

Dr. R. E. Abud
President

G.T. J. Henry
Manager



WHERE ARE WE GOING?

In recent years hospital boards and administrators have begun to accept that governments will continue to exercise more control over the finances of the health industry. It appears that this will be so, no matter which political party holds office.

Having accepted this as inevitable, boards of management and administrators now have a responsibility to the public to see that governments are well informed before decisions are made which might alter substantially either the services we provide or the public's access to those services.

Equally, governments have an obligation to consult providers of health care. All boards of management would welcome a greater amount of consultation between government and the health care industry before major changes are made.

The Commission of Inquiry into the Efficiency and Administration of Hospitals was welcomed by all hospital administrators, as was the recommendation of the inquiry that governments should develop a comprehensive statement of objectives for the services they propose to develop.

It is disappointing that in adopting the new health insurance arrangements which were announced on April 28, 1981, the government appears to have ignored this important recommendation.

One could be forgiven for believing that the government's main criteria for planning the health services are the costs involved, because there is a glaring absence of a comprehensive national health policy for Australia that is clear to the public, the hospitals and the health professions. Such a policy is of sufficient importance to warrant all political parties coming to an agreement on aims and objectives, even if they cannot agree on methods of payment and other administrative details.

Although we welcome the government's quick response to some of the inquiry recommendations, we hope that it will also examine the rest of the one hundred and forty recommendations with some urgency.

In recent months the government and the media have made a number of allegations about waste and inefficiency in public hospitals. The report of the committee of inquiry appears to be more critical of systems than hospitals but, despite that, governments should remember that they have had control over hospital finances and staff numbers for many years and therefore must accept a share of any blame for inefficiencies which have been identified.

Further, there is grave doubt that the new arrangements will remedy those inefficiencies, because they do not provide any incentive for people to pursue a healthier lifestyle or for hospitals to cut costs.

The view has been expressed that until there is an incentive system, by which hospitals keep a percentage of their savings, governments will never achieve cost containment through budget control.

The fear which arises is that because state governments now have the major financial responsibility for hospitals, they will enforce negative budget constraints more rigorously than in the past. This method of cost control has been proven to discriminate more against the efficient hospital than the inefficient.

It is regretted therefore that the government's new proposals do nothing to establish pilot studies to evaluate some of the incentive systems which operate overseas. This hospital would welcome the opportunity to take part in such a pilot study.

Gary T. J. Henry
Manager



MEDICAL ADMINISTRATION

Geriatric Care

From February 1, 1981 I was appointed Regional Geriatric Medical Officer. May I thank Dr. Tom Walpole for his enthusiasm and care which he directed towards the welfare of the elderly. His experience was always valued at geriatric committee meetings throughout the region. He made it his business to be an effective liaison officer between the base hospital, district hospitals and the Health Commission.

The Robert Menzies Nursing Home accommodates 50 patients of whom 32 are female and 18 male. Of these 50 patients 36 are classified as needing extended care. This gives an indication of the heavy nursing work load.

With generous donations from appreciative relatives an imported Swedish hydraulic bath has been installed. The unit, which cost \$5,000, has been of benefit to patients and staff.

The Menzies Nursing Home devised its own fire evacuation plan. The plan proved highly satisfactory when tested under mock conditions.

The weekly assessment meetings have provided a useful forum for dealing with placement of patients. A large number of problems has been raised. It is a credit to the members of the Geriatric Assessment Committee that solutions have been found for many of the problems.

It is a pity in a hospital of this size that there is no chapel. Holy Communion is celebrated fortnightly by visiting clergy for the patients of the Menzies Nursing Home. The provision of a chapel is highly desirable.

We are grateful for the many individuals and groups who help us in caring for the elderly patients.

Max A. Griffith
Medical Administrator

VISITING MEDICAL OFFICERS

In December, Dr. T. V. Walpole retired after more than thirty years of service to the hospital and the Horsham community. He had been Chairman of Visiting Medical Staff and Regional Geriatric Officer. His departure is a great loss to us all.

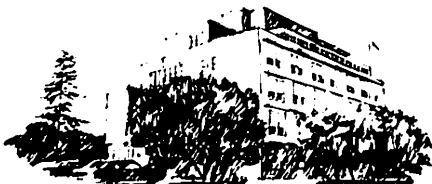
Dr. Geoffrey Leyton retired as Director of Pathology in August. His dedicated work over many years has been of inestimable value. The Pathology Department has been named in his honour. Dr. Graham Humphries has succeeded him as director.

We are pleased to welcome Dr. Mary Brown, paediatrician, and Dr. Jo Horwood, general practitioner, to the medical staff. The visits of specialists from Melbourne to our hospital continues to be very worthwhile for the people of the Wimmera. Ear, nose and throat specialist, Mr. Robert Thomas, is now visiting on a regular basis.

Advances in technology are being utilised in new diagnostic equipment now in use in the hospital, including the fibre optic colonoscope, the ultrasound scanner in the Radiology Department, and the new cardiac monitoring equipment in the Special Care Unit.

The construction of the five-bed William Buckland Intensive Care Unit is currently progressing. It is hoped that this unit will be completed and fully operational within the coming year. This will be a significant step in the forward progress of the hospital, and will be of great benefit in the specialised care of acutely ill patients.

G. S. R. Kitchen
Chairman,
Visiting Medical Staff



NURSING ADMINISTRATION

The nursing staff have continued their efforts to improve and advance the standard of care given to our patients and the training given to our students of nursing, within the limits imposed by the current financial constraints.

The new certificate of accreditation awarded to our hospital reflects the co-operation of all staff throughout all departments, which is necessary to reach the required standards.

Recommendations for the Nursing Division, from the accreditation survey team, request the implementation of new methods of delivery of nursing care. These are designed to inform patients about their illness and to involve them in the planning and provision of the care necessary for their recovery.

Registered nurses are taking advantage of opportunities to undertake post graduate education through off-campus study centres. Presently sisters are studying courses at Deakin University, Royal Melbourne Institute of Technology, Armidale College of Advanced Education and Mitchell College of Advanced Education at Bathurst. Sister Christine Lamenta successfully completed a coronary care nursing course at The Royal Melbourne Hospital.

We look forward to the completion of the new five-bed William Buckland Intensive Care Unit which will provide the environment where staff can better use their expertise to care for our seriously ill patients.

The increase in the number of consultant specialists visiting the hospital has overtaxed the accommodation and out-patients facilities, so the Engineering Department has renovated the former general office to accommodate the clinics.

There have been several changes in senior nursing staff positions during the past year. Mrs. Mary Donovan has retired after being sister-in-charge of the Outpatient-Casualty Department for more than twenty years. We thank her for her contribution to Wimmera Base Hospital and to nursing in Victoria. Mrs. Janis Scarlett has been appointed to take her place. Mrs. Pauline Hutchinson has been appointed to the position of Deputy Director of Nursing to replace Miss Sandra Steele who resigned in April. Mrs. Nola Wright has also resigned. Mrs. Jillianne Waixel and Mrs. Kathleen Taylor have been appointed as Assistant Directors of Nursing.

Mr. Stephen Ramsdall has joined the staff of the School of Nursing.



Nurse Janine Borgelt adjusts a heart monitor in the special-care unit.

Sixteen nurses graduated at the annual nurses graduation ceremony on February 27, 1981, when Mr. Eddie Brownstein was guest speaker. Certificates were presented to the following nurses:

Janine Marie BOTHE
Anne Louise CRONE
Peter DAVIE
Rosalie Yvonne ELTZE
Janine Evelyn HAMMATT
Kerryn Patricia JEFFREYS
Debra Ann KOSCHMANN
Debra Joy McQUEEN
Jennifer Mary JARRED
Margaret Ruth FACCHIN
Robyn Margaret ALLEN
Jill Maree HOPPER
Jennifer Eve HORWOOD
Kirsten McQUEEN
Janet Raelene MOAR
Glenda Elizabeth RUWOLDT

Miss Glenda Ruwoldt was awarded the T. F. Ryan Nursing Prize, Miss Kirsten McQueen the Wimmera Base Hospital Past Trainees Award and Miss Rosalie Eltze received the Award for Academic Excellence.

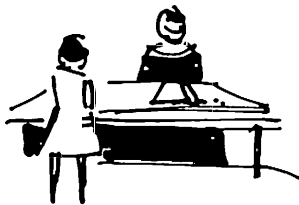
The return of Nursing Administration staff to office accommodation on the ground floor has provided benefits to staff, patients, relatives and visitors, who are now able to contact senior nursing staff without difficulty.

I wish to thank all nursing staff, doctors, staff of all departments, the auxiliaries and the public for their continued interest and support throughout the past year.

G. M. Curran
Director of Nursing

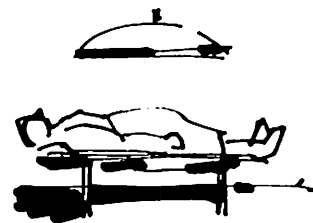
ACTIVITY FOR THE YEAR 1980-81

Admissions



3,319

Major Surgery



438

Minor Surgery



1,214

Births



331

Casualty Attendances



12,662

Day Centre Attendances



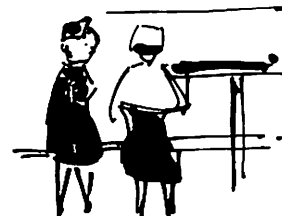
5,520

Dental Clinic Attendances



3,631

District Nursing Visits



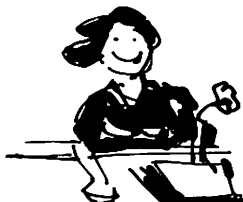
15,708

Community Liaison Visits



943

Social Welfare Consultations



3,330

X-Ray Examinations



7,658

Pathology Tests



34,470

Pharmacy Prescriptions

Outpatients -
Day Centre - Discharge



100,533

Physiotherapy
Attendances



5,006

Occupational Therapy



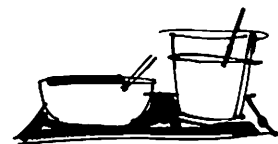
Attendances
15,109

Speech Therapy



Attendances
2,145

Dietetic Services



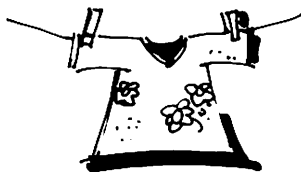
Attendances
2,456

Meals Prepared



374,627

Laundry Output



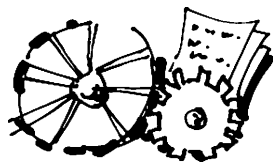
Tonnes
979

Steam Generated



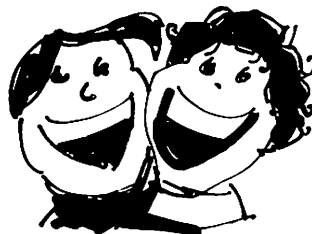
Tonnes
17,045

Engineering Requisitions



2,589

Hairdressing



Attendances
2,164

Chiropody



Attendances
414

MEDICAL STAFF

as at 30 June, 1981

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

as at 30 June, 1981

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:

L. Buller, B.Phty., M.A.P.A.

Speech Pathologists:

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

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 F. Mitchell, B.S.C., Dip.Diet.

NURSING STAFF

as at 30 June, 1981

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

as at June 30, 1981

Principal Nurse Educator:

Mr. N. G. Miller, Dip.N.Ed. (Lincoln).

Deputy Nurse Educator:

Mrs. M. I. Pannan, Dip.N.Ed. (Armidale).

VISITING MEDICAL STAFF

as at 30 June, 1981

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:

H. Gold, M.B., B.S., F.R.A.C.P., M.R.C.P., D.C.H.
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.
J. Jenkinson, 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. Wollff, M.D.Sc., L.D.S., F.R.A.C.D.S.

PATHOLOGY

The Hospital's Laboratory

July 1980 saw the retirement of Dr. Geoffrey Leyton, after seventeen years as director. The presence of his guiding hand during the formative years of Wimmera pathology has indelibly stamped his standards upon the service. These standards are uncompromisingly the highest attainable and bear comparison with any in country Australia.

In honour of Dr. Leyton, at the official opening of the new building by Dr. E. Wilder, on November 23, 1980, the laboratory was renamed the Geoffrey B. Leyton Pathology Laboratory.

A farewell was bidden to Dr. and Mrs. Leyton at the hospital board's annual dinner, on May 29, but since his retirement he has been a keen attender of the hospital's professional meetings, and it is apparent that he will not be lost to us for some considerable time to come.

We sadly also said farewell to two other long-serving colleagues Cheryl Bradshaw and Libby Brennan, both of whom appear to have settled down to motherhood very happily. We wish them both every happiness.

Early this year the department welcomed three new members of staff. Denise Hawke from Adelaide, and Graham and Sue Exell from Traralgon. They are working in haematology and biochemistry, where their contribution is greatly valued.

As in previous years, 1980 saw a further rise in the workload of the laboratory, and 30,000 requests were processed. So far advances in technology have been implemented in the laboratories and have coped well with the increase. Our major problem now is the administrative one of physically producing, distributing, copying and filing reports.

With yet another change in health insurance on the very near horizon, it is apparent that we are in need of a data-handling system of large capacity and with the flexibility to cope with frequent changes. Inevitably, then, we are looking towards computerisation to help us maintain and improve on our current standards.

The first step has been taken in this direction by the purchase of a word processor which will shortly begin producing reports, accounts and records, electronically.

Among other possible changes coming is a fairly major reorganisation of our blood banking. We currently get a marvellous response from donors all over the Wimmera, many of whom travel large distances to give blood when called upon to do so.

The bulk of this blood is used locally, and some is sent to Red Cross in Melbourne for separation into valuable fractions which are then used, both in Melbourne and in country hospitals.

Some fractions, such as platelets and white cells have to be separated very quickly and have a short life before they become ineffective. This means that Wimmera blood cannot reach the Red Cross in time to be used for that purpose.

This obviously places a strain on metropolitan resources which have to supply the whole state, and it seems likely that we may be required in the near future to install the complex machinery necessary to prepare our own fractions.

Finally may I take this opportunity to thank the staff of the laboratory for their dedication and hard work during the year, and all the supporting members of the hospital departments who combine to make our work possible.

G. Humphries
Director

RADIOLOGY

X-rays and Ultrasound

During the year the Radiology Department carried out 7256 X-ray and 402 ultrasound examinations. A further 1205 X-ray examinations were done at Stawell District Hospital.

The most notable event of the year was the arrival of the Toshiba ultrasound scanner in August 1980. Ultrasound is now a well-established diagnostic discipline with widespread applications. It is not harmful to biological tissues and this is particularly advantageous in obstetrics where X-rays now have only a limited use. Ultrasound can provide useful information about early pregnancy and, in many cases, obstetric management is based on this data.

In the first 11 months of operation the quality of the scans, the diagnostic accuracy obtained and the number of patients referred for examination has come up to expectation. It has provided a convenient service to patients in the Wimmera region who previously had to travel to other centres.

Ultrasound is also used in the investigation of the liver, gallbladder, biliary tree and pancreas. In many instances it is complementary to X-ray examinations. It is useful in the elucidation of abdominal mass lesions such as tumours, cysts and aneurysms.

As it is non-invasive the procedure is not demanding on the patient and serial examinations can be carried out with safety.

With regards to the X-ray equipment two changes have been made. The existing Phillips image intensifier and TV chain has been losing its efficiency over the past few years and has been replaced by a new Toshiba unit. This has improved the quality of the screening examinations considerably.

As a further step in reducing the radiation dose to patients, the Kodak Lonex-Ortho G system has been adopted. This employs a special rare earth screen-film combination. The radiographic results have been excellent.

Finally our staff have assisted with the new colonoscopy service which has been initiated by the surgical team.

L. Wong Shee
Director of Radiology

PHARMACY

Controlling Medication

The past year has been a year where the emphasis has been on consolidation of services introduced in the previous year.

These services include complete imprest systems to ward areas, and personalised dispensing to Menzies Ward, and Wards 9 and 10.

In addition, patients to the Day Centre and Palm Lodge have their drugs dispensed using the Dosett, unit dose, method.

The ward pharmacy system entails the checking and replacement of imprest stocks, checking drug treatment sheets for potential drug interactions, and ensuring the necessary drugs are available and correctly stored in the wards.

In the course of these services, ward pharmacists are available to provide any information that may be required.

It is found that these procedures are quite labour-intensive and time consuming. However, the saving in nursing time due to the fact that ordering of drugs is no longer required, and the controlled programme of drug distribution, involving liaison with medical and nursing staff, ensures that patients have access to the most effective drug medication available. At the same time stocks are rotated to maximise resources, and out of date stock returned for credit.

Dispensing services are also provided for out-patients and drugs for patients being discharged.

At the Wimmera Base Hospital, the number of items issued has increased from 61,444 in 1979-80 to 64,122. It has also been necessary to pre-pack 24,169 items from bulk packs for ward use.

During the year, all pharmacists have attended seminars in an effort to keep abreast with current knowledge and trends in hospital pharmacy.

New members to join the staff this year are Mrs. Marion Foster, pharmacist, and Leanne Rook, pharmacy trainee.

REGIONAL SERVICES

It has been in this area that a large increase in workload has occurred; drugs are supplied from Wimmera Base Hospital to nine regional hospitals.

Items issued have increased from 23,347 in 1979-80 to 36,411 in 1980-81.

Pharmacists from this hospital continue to visit Dimboola District Hospital twice weekly, and Jeparit Hospital every three weeks.

Sessional pharmacists provide service to Warracknabeal, Nhill and Kaniva hospitals, and it is planned to extend the advantages of this service to other hospitals where required.

In this current year, it is planned to further maintain and update current services.

It is also envisaged that with the advent of computerisation in 1981-1982, the large amount of time required for clerical work will be drastically reduced, releasing staff to provide extra services that will be needed.

Ian Gerlach
Chief Pharmacist

DENTAL CLINIC

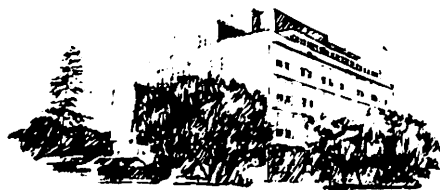
It is very gratifying that the Dental Clinic of Wimmera Base Hospital exceeds the state average, for attendances, dentures and fillings completed per session. The result is due to the co-operative spirit which prevails through the staff of the clinic.

Miss Sandra French resigned this year and her position was taken by Mrs. Katrina Parker. Sandra was the first dental assistant to be appointed.

Mr. Zane Bell graduated in December, 1980 as a dental technician. His results were of a high standard.

The work at the clinic continues to be demanding because of the number of patients requiring treatment and the neglect of oral hygiene in the past.

Janet McCombe
Dental Officer



OCCUPATIONAL THERAPY

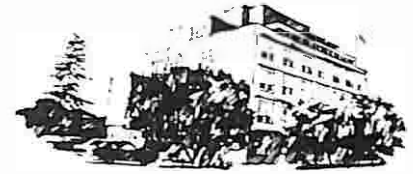
Towards Health Through Activity

The Occupational Therapy Department is concerned with assisting people to develop skills for living following illness or accident, and with improvement in quality of life for the chronically ill, aged or disabled. These services have been available during 1980-1981 to in-patients in the acute wards, Sir Robert Menzies Nursing Home and geriatric unit, and to out-patients through the day centre, occupational therapy workshop and/or in their own homes.

People whose lives have been disrupted temporarily or permanently by such causes as stroke, heart attack, arthritis, fractures, head or spinal injuries, or emotional problems, often need to re-learn skills to cope with the demands of everyday living. This is done under the direction of the occupational therapists on a person-to-person basis, and includes specific therapy to improve function, provision of aids, and advice regarding home alterations as required.

Activities programmes have continued in the day centre, geriatric unit, and Sir Robert Menzies Nursing Home. These programmes are conducted by occupational therapy aides, and include intellectual and physical games, exercises, music, outings, films and handcrafts. Their aim is to enrich the elderly person's lifestyle, and to maintain his abilities and interests for as long as possible, by assisting to meet his physical, intellectual, emotional and social needs.

The occupational therapy workshop provides employment, activity and socialisation for persons unable to be assimilated into the open workforce. The programme, conducted by an occupational therapist and O.T. workshop supervisor, is geared towards development of work and social skills. Highlight of the year was a bike-a-thon held to raise funds for the Wimmera Waal Factory, which many of the current O.T. workshop clients will attend.



A service in great demand during the past year has been the handyman service. The handyman has carried out minor repairs, heavy cleaning and yard maintenance, and has manufactured and installed aids such as grabrails, bath seats and ramps. This latter function is carried out in co-operation with the occupational therapists, and has enabled many needy, frail, disabled and/or aged to remain safely and independently in their homes.

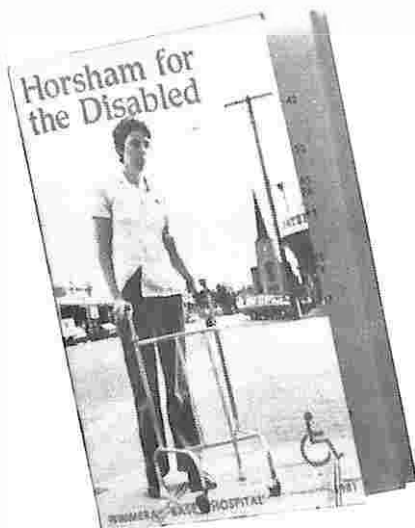
Service to the region has involved visits to the regional hospitals on request, follow-up of patients discharged from Wimmera Base Hospital, and regular study days for the activity supervisors employed by these hospitals.

A bi-monthly group for people with multiple sclerosis and their families commenced during 1981. The group is co-ordinated by an occupational therapist, and offers support and education.

The year has also seen continuation of the project 'Horsham for the Disabled', with public buildings in Horsham being surveyed regarding their accessibility to disabled persons. This information has now been collated, and produced in the form of a pocket-size booklet, available free of charge to disabled people and those concerned with disabled people.

The year 1980-1981 has been busy and rewarding for the staff of the Occupational Therapy Department, and we look forward to continuing our services in the coming year.

Jill Jarred
Chief Occupational Therapist



STATISTICS FOR 1980-81

1979-80		1980-81
3,243	Admissions	3,319
10,726	Bed days—Private	9,656
505	Special classes—Motor Accident Board	390
354	—Workers' compensation	374
960	—Repatriation	1,324
11,506	Hospital patients — Standard	11,837
1,804	Insured	1,567
502	Major surgery	438
1,145	Minor surgery	1,214
140	Births—Female	161
148	—Male	170
148,140	Meals prepared—Inpatients	142,205
17,722	—Meals on Wheels	17,555
55,781	—Cafeteria	55,734
5,880	—Day Centre	5,579
2,644	—Special Functions	2,759
131,058	Morning and afternoon teas and supper (equivalent to full meals)	125,130
21,314	Dietetic meals prepared	25,665
892	Laundry output (Tonnes)	979
18,993	Steam generated (Tonnes)	17,045
2,633	Engineering requisitions	2,589
1,031,453	Fuel oil consumption (Litres)	1,045,889
2,585	Dental Clinic attendances	3,631
12,145	Casualty Department attendances	12,662
5,361	Day Centre attendances	5,520
12,191	District Nurse visits	15,708
2,858	Social Welfare/community liaison consultations	4,273
7,480	X-ray examinations	7,658
27,592	Pathology tests	34,470
61,444	pharmacy items dispensed—In-patients and out-patients	64,122
23,347	—Regional	36,411
10,423	Physiotherapy treatments—In-patients	6,976
8,274	—Out-patients	6,517
3,134	—Regional	2,360
404	—Domiciliary	1,430
4,801	—Group activities	5,951
18,911	Occupational Therapy treatments	15,109
2,484	Speech Therapy attendances	2,145

FINANCE

CONSOLIDATED STATEMENT OF RECEIPTS AND PAYMENTS FOR HOSPITAL AND NURSING HOME SECTIONS

FOR THE YEAR ENDED JUNE 30, 1981

1979/80	OPERATING ACCOUNT	1980/81
	RECEIPTS	
	HOSPITAL RECEIPTS	
5,130,000	Ordinary Government Grants	5,770,000
10,630	Specific Purpose Grants (Collective Buying)	28,220
33,138	Works and Services	83,685
33,144	Medibank Trust Fund	83,685
48,300	Home Nursing Subsidy	52,120
834,414	Inpatient Fees	738,366
376,282	Non-Inpatient Fees	410,016
78,111	Meals and Accommodation	71,382
12,128	Meals on Wheels	26,000
	Services Provided to other Institutions	
3,528	Administrative Assistance	4,884
5,888	Steam	2,772
71,006	Other Revenue and Recoveries	69,722
<u>6,636,569</u>	Total Hospital Receipts	<u>\$7,340,852</u>
	NURSING HOME RECEIPTS	
1,300	Government Grant	—
557,321	Nursing Home Grants	613,723
527	Pharmaceutical Benefits	29,938
287,525	Patient Fees	286,242
<u>846,673</u>	Total Nursing Home Receipts	<u>\$ 929,903</u>
<u>7,483,242</u>	Combined Total	<u>\$8,270,755</u>
	PAYMENTS	
5,069,661	Salaries and Wages	5,784,724
58,121	Superannuation	62,902
261,022	Payments to Visiting Medical Officers	285,971
240,757	Food Supplies	247,847
163,562	Medical and Surgical Supplies	154,237
120,433	Special Service Departments	127,348
156,060	Drug Supplies (Including Medical Gases)	175,043
209,437	Fuel, Light and Power	266,679
370,140	Domestic and Laundry Charges	388,214
40,382	Renovations and Additional Works and Services	54,373
25,900	Replacement and Additional Equipment	112,997
184,918	Repairs and Maintenance	181,917
340,347	Administrative Expenses	342,783
49,044	Ambulance	52,695
12,286	Other Payments — Cost Sharing	43,614
<u>7,302,070</u>		<u>\$8,281,344</u>
181,172	Operating Surplus (Deficit)	(10,589)
12,514	Prior Years' Surplus Brought Forward	147,913
(45,773)	Less Grant not Received	(181,171)
<u>\$147,913</u>	Accumulated Surplus (Deficit)	<u>\$ (43,847)</u>

WIMMERA BASE HOSPITAL

OPERATING ACCOUNT
SUPPLEMENTARY INFORMATION

ASSETS

HOSPITAL

Patients' Fees Outstanding		
Motor Accident Board	7,862	
Workers' Compensation	36,322	
Repatriation	12,971	
Private	55,911	
Semi Private	13,850	
Outpatients	<u>95,877</u>	222,793

NURSING HOME

Patients' Fees	27,676	
Commonwealth Department of Health	<u>55,220</u>	82,896

OTHER ASSETS

Stores		111,627
Debtors (Other)		22,256
		<u>\$439,572</u>

LIABILITIES

Sundry Trade Creditors		140,656
Special Purpose Medical		19,512
		<u>\$160,168</u>

WIMMERA BASE HOSPITAL

STATEMENT OF BALANCES

as at June 30, 1981

OPERATING FUND

Liabilities		Assets	
Bank Overdraft.....	43,847	Fund Balance	43,847
	<u>43,847</u>	(Cash Proportion)	<u>43,847</u>

CAPITAL FUND

Handyman Service	14,007	Cash at Bank	131,407
Loan Accounts	41,299	Investments	201,229
Tenants Bonds	200	Land and Buildings	990,958
Fund Balance..	4,926,153	Plant and Equipment.....	793,730
		Boiler House	137,919
		Service Buildings.....	39,639
		Sub-Station.....	28,502
		Water Treatment Plant	84,437
		Day Hospital	410,156
		Staff Amenities	265,088
		P.A.B.X. System	41,733
		Menzies Home	851,548
		Pathology Building	597,449
		Housing	366,812
		Assets under Construction.....	41,052
		(Intensive Care)	
	<u>\$4,981,659</u>		<u>\$4,981,659</u>

SPECIAL PURPOSES MEDICAL TRUST FUND

Fund Balance.....	242,266	Cash at Bank.....	20,694
		Investments.....	138,842
		Motor Vehicles at Cost	32,995
		Other Debtors	19,512
		(Special Purposes Medical Pathology)	
		Ultrasound Loan Account.....	30,223
	<u>\$242,266</u>		<u>\$242,266</u>

SPECIAL PURPOSES DENTAL FUND

Fund Balance.....	<u>\$ 3,208</u>	Cash at Bank	<u>\$ 3,208</u>
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PATIENTS' TRUST FUND

Fund Balance.....	<u>\$16,531</u>	Cash at Bank	<u>\$ 16,531</u>
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FRAIL AGED FUND

Fund Balance.....	75,379	Cash at Bank	3,676
		Investments	71,703
	<u>\$75,379</u>		<u>\$75,379</u>

RESERVE FUND

Fund Balance.....	1,703	Cash at Bank.....	304
		Investments.....	1,399
	<u>\$1,703</u>		<u>\$1,703</u>

T. F. RYAN PRIZE

Fund Balance.....	1,108	Cash at Bank.....	408
		Investment.....	700
	<u>\$1,108</u>		<u>\$1,108</u>

ENDOWMENT FUND

Fund Balance.....	<u>\$800</u>	Investment.....	<u>\$800</u>
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STAFF TRAINING FUND

Fund Balance.....	<u>\$20,199</u>	Cash at Bank.....	<u>\$20,199</u>
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MEDICAL AND SURGICAL EQUIPMENT TRUST FUND

Fund Balance.....	38,762	Cash at Bank.....	23,762
		Investment.....	15,000
	<u>\$38,762</u>		<u>\$38,762</u>

**WIMMERA BASE HOSPITAL
ANALYSIS OF MAJOR FUND AND BANK ACCOUNTS
FOR THE YEAR ENDED JUNE 30, 1981
CAPITAL FUND ACCOUNT**

Debit		Credit	
Sale of Paintings.....	182	Fund Balance July 1, 1980.....	4,558,373
Refunds.....	240	Housing Loan Adjustments.....	4,720
Fund Balance June 30, 1981.....	4,926,153	Interest on Investments.....	54,929
		Government Grants.....	121,829
		Minor Works Projects 80/81.....	157,999
		Donations.....	11,150
		Sundry Receipts.....	17,575
	<u>\$4,926,575</u>		<u>\$4,926,575</u>

CAPITAL BANK ACCOUNT SUMMARY

Receipts		Payments	
Balance July 1, 1980.....	58,777	Purchase of Land & Buildings.....	108,398
Interest on Investments.....	54,929	Staff Training Fund.....	2,788
Donations.....	11,150	Transfer to Investments.....	17,496
Rent from Properties.....	11,768	Purchase of Equipment.....	9,042
Government Grants.....	121,829	Refunds.....	240
Home Handyman Service.....	6,658	Transfer to Staff Training Fund.....	10,749
Tenants Bond.....	200	Balance June 30, 1981.....	131,407
Staff Training Grant.....	9,186		
Sundry Income.....	5,623		
	<u>\$280,120</u>		<u>\$280,120</u>

SPECIAL PURPOSES MEDICAL TRUST FUND

Debit		Credit	
Private Practice Expenses.....	36,173	Balance July 1, 1981	211,411
Prior Year Adjustment	1,416	Interest on Investments	15,950
Equipment.....	81,772	Private Practice Income	128,591
Balance June 30, 1981.....	242,266	Other Debtor — Special Purposes	
		Medical	
		(Pathology).....	5,675
	<u>\$361,627</u>		<u>\$361,627</u>

SPECIAL PURPOSES MEDICAL BANK ACCOUNT SUMMARY

RECEIPTS		PAYMENTS	
Balance July 1, 1980	17,213	Private Practice Expenses.....	68,235
Interest on Investments	15,950	Ultrasound Loan Account.....	43,497
		Travel Expenses	933
Private Practice Income	141,865	Equipment.....	81,772
Transfer from Investments.....	41,519	Prior Year Adjustment	1,416
		Balance June 30, 1981.....	20,694
	<u>\$216,547</u>		<u>\$216,547</u>

WIMMERA BASE HOSPITAL

**SPECIFIC PURPOSES BANK ACCOUNT SUMMARY
FOR THE YEAR ENDED JUNE 30, 1981**

RECEIPTS	Medical Equipment Trust	Dental	Frail Aged	Reserve	Training	Total
Balance July 1, 1980	10,427	1,893	7,558	171	9,451	29,500
Transfer from Capital					4,350	4,350
Donations	25,226					25,226
Government Grants.....	13,905				8,244	22,149
Interest on Bank Balance		68			942	1,010
Interest on Investments	349		6,118	133		6,600
Prosthetic Dental Work		6,236				6,236
	<u>\$49,907</u>	<u>\$8,197</u>	<u>\$13,676</u>	<u>\$304</u>	<u>\$22,987</u>	<u>\$95,071</u>
PAYMENTS						
Transfer to Investments.....	15,000		10,000			25,000
80% Dental Receipts.....		4,989				4,989
Equipment	11,145				2,770	13,915
Books & Journals					18	18
Balance June 30, 1981	23,762	3,208	3,676	304	20,199	51,149
	<u>\$49,907</u>	<u>\$8,197</u>	<u>\$13,676</u>	<u>\$304</u>	<u>\$22,987</u>	<u>\$95,071</u>

WIMMERA BASE HOSPITAL

SCHEDULE OF INVESTMENTS AT JUNE 30, 1981

FUND	Date of Maturity	Interest %	Amount \$	Total \$
Capital	7/ 7/81	15.75	15,687.09	
	6/ 7/81	16.05	96,048.84	
	1/10/81	16.55	<u>89,493.49</u>	201,229.42
Special Purposes Medical	7/ 7/81	15.75	38,842.31	
	1/10/81	16.55	<u>100,000.00</u>	138,842.31
Frail Aged	1/10/81	16.55	71,703.40	71,703.40
T. F. Ryan Prize	15/ 4/84	5.0	700.00	700.00
Reserve	1/10/81	16.55	1,398.50	1,398.50
Endowment	1/10/87	9.0	400.00	
	1/ 9/84	10.0	300.00	
	1/ 9/84	10.0	<u>100.00</u>	800.00
Medical & Surgical Trust Fund	1/10/81	16.55	15,000.00	15,000.00
TOTAL INVESTMENTS				<u><u>429,673.63</u></u>

COMPARATIVE STATISTICS

HOSPITAL AND NURSING HOME SECTIONS COMBINED

	1977	1978	1979	1980	1981
Total Inpatient Admissions	3,177	3,114	3,234	2,977	3,028
Total Inpatients Treated	3,321	3,251	3,373	3,120	3,177
Total Bed Days	47,484	50,361	52,561	51,158	50,005
Daily Average Occupancy of Beds ...	130.1	127.9	144.0	139.8	137.0
Average Stay of Patients (Days)	15.0	15.5	15.6	16.4	15.7
Total Outpatients Attendances	21,911	23,031	41,570	33,816	38,356
Total Outpatients Treatments	28,482	31,057	52,597	46,634	65,219
Cost Per Inpatient Day	\$86.23	\$100.68	\$99.21	\$95.35	\$108.72
Cost Per Inpatient Treated	\$1,232.90	\$1,446.29	\$1,666.64	\$1,563.43	\$1,711.29

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. The adoption of this policy necessitates a departure from normally accepted accounting principles in that:
- (i) Statements of receipts and payments are prepared on a cash basis with no recognition of income earned and not received, nor of expenses incurred but not paid.
 - (ii) 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.
 - (iii) No provision has been made for long service, sick or annual leave which has accrued and may be payable in the future.
 - (iv) No provision has been made for doubtful debts. When debts are written off, they will not be recognised in the accounts other than in the statement of debtors.
 - (v) 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 from 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 held in the General Store and Pharmacy. Stocks on hand are valued at latest purchase price which is consistent with prior years.
Variation in stock levels has not been brought to account in the year's operating result.

AUDITORS' REPORT

We report that we have examined the accounts and statement of accounting policies of Wimmera Base Hospital and Nursing Home for the year ended 30th June, 1981.

The accounts comprise statements of Cash Receipts and Cash Payments for the Operating Account, Capital Account and Operating Fund for the year ended 30th June, 1981 and Statement of Assets and Liabilities for the Operating Fund and the Capital, Specific Purpose and Endowment Funds (including notes thereto) at 30th June, 1981.

In our opinion, the accounts which have been prepared in accordance with the stated accounting policies, are properly drawn up from the accounting records so as to give a true and fair view of the state of affairs of the hospital at 30th June, 1981, and of the results of its operations for the year then ended.

The accounting and other records examined by us have been properly maintained.

GREEN, TAYLOR AND GREENALL,
Chartered Accountants.

WIMMERA HOSPITALS GROUP LINEN SERVICE

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED JUNE 30, 1981

INCOME

Charges to Participating Institutions	603,231
Collective Buy Subsidy	21,220
Refund on Salaries and Wages & Miscellaneous Income	5,194
Interest on Investment	8,299

DEDUCT EXPENDITURE

	\$637,944
Salaries and Wages	366,030
Superannuation	6,098
Electricity	1,296
Linen Replacement	71,331
Laundry Material	18,237
Cleaning Supplies	809
Outside Linen Service	174
Uniforms	2,059
Repairs and Maintenance	21,619
Motor Vehicle Expenses	22,134
Administration	7,293
Transfer to Provisions—	
Asset Replacement	72,000
Long Service Leave	6,000
	78,000
	595,080
SURPLUS FOR THE YEAR	\$42,864

STATEMENT OF ASSETS AND LIABILITIES

Balance of Funds as at 30th June, 1981	570,707
Represented by —	
CURRENT ASSETS	
Short Term Investments	87,894
Stores (Bulk Linen)	109,887
Stores (Laundry Materials)	5,293
Sundry Debtors	50,907
Plant and Equipment at Cost	333,753
Less Depreciation Provision	220,874
	112,879
New Buildings at Cost	323,362
	\$690,222
Less	
CURRENT LIABILITIES	
Bank Overdraft	11,143
Provision for Long Service Leave	21,171
Asset Replacement Reserve	71,778
Creditors and Accrued Expenses	15,423
	119,515
BALANCE OF FUNDS	\$570,707

AUDIT REPORT

We report that we have audited the Accounts of Wimmera Hospitals Group Linen Service for the year ended June 30, 1981.

In our opinion, the above statements are drawn up so as to give a true and fair view of the financial position of the Wimmera Hospitals Group Linen Service as at June 30, 1981, and the results of its operations for the year then ended.

GREEN, TAYLOR AND GREENALL,
Chartered Accountants.

OUR NEXT MAJOR DEVELOPMENT



The William Buckland Intensive Care Unit will be ready for its first patients next year. The unit will be the first of its type in the Wimmera, replacing the hospital's special-care ward. In the top picture Manager Gary Henry, left, and Chief Engineer Tom Martin look at the first of the interior fittings, ducts for air-conditioning. In the other picture, Mr. Martin points to the first-floor shell of the new unit.

PHYSIOTHERAPY

Recovery Through Bodily Development

The Physiotherapy Department is a busy department involved in many different areas of patient care.

Outpatients are treated by doctors' referrals and common conditions seen include neck and back problems, sports injuries, arthritic problems and orthopaedic conditions as well as some respiratory function testing.

The inpatient therapist treats medical and surgical patients mainly in the wards and in the special care unit. Rehabilitation patients, who largely consist of stroke patients or those who have suffered spinal or head injuries, or amputee and orthopaedic patients, are seen by a therapist and the aides in the physiotherapy room at the day centre daily.

As well, we run continuing ante and post-natal programmes with regular film and discussion nights involving the fathers-to-be. Other special groups we are involved with include the multiple sclerosis and diabetic special groups, where related health care professionals come together as a team to strive for optimum patient care.

Our work away from the Base includes weekly visits to treat children at Korkono, the handicapped children's centre, and domiciliary visits to selected patients in their own homes; we also run a regional inpatient and outpatient service to Dimboola, Jeparit and Rainbow hospitals, four days a week.

The department is staffed with five full-time physiotherapists, one full-time aide, one part-time aide and a receptionist.

Chief physiotherapist, Lyn Buller, with new arrivals Marianne Cassuben and Leonie Fyffe come from Queensland. Another new face, Michele O'Keeffe, shifted here recently with her husband and family from New South Wales.

Dina Selman has almost completed her two-year bonded term with the hospital after receiving bursary assistance as a Victorian student, and there are currently two more bursary students due to graduate at the end of 1981 under the same scheme.

Lyn Spencer, our part-time aide, returned to us from Minyip Hospital during May last year and was the Wimmera Base's first physiotherapist aide in July 1976.

Marion Seater joined our ranks in April 1981 as our full-time aide; she initially joined the hospital in 1963 to do her general nurses' training.

Elizabeth Garth, nee Schneider, our receptionist, also handles the typing and other paper work of the

department, including the following patient treatment numbers for the 1980-81 financial Year.

Inpatients	6,976
Outpatients	4,876
Day centre	1,202
Exercise Class	4,304
Domiciliary	195
Sir Robert Menzies Nursing Home	1,641
Ante-natal	805
Post-natal	842
Cardiac rehabilitation	33
Dimboola	1,349
Jeparit	460
Rainbow	551
	<hr/>
	23,234

Education is also an important area of involvement in our department. Physiotherapy lectures to student nurses are given by the chief physiotherapist several times throughout the year, and all department members are involved in the supervision of work experience students from the surrounding schools from time to time.

As well, continuing physiotherapy in-service education is being successfully provided by the Wimmera Physiotherapy Group, a sub-group of the Australian Physiotherapy Association formed in May 1980. Mary Starr, a former chief physiotherapist, is president. This group enables therapists from the Wimmera Base Hospital and other regional areas to keep up with the changes in medical and paramedical fields by way of discussion nights during monthly meetings and occasional weekend seminars.

The coming year promises to be one of change and we look forward to its challenges.

Lyn Buller
Chief Physiotherapist



Physiotherapist Marianne Cassuben with a patient using a machine to exercise muscles.

SPEECH PATHOLOGY

Helping Communication Problems

The Speech Pathology Department has undergone several changes during 1980-81.

Both Heather McNicol and Sandra Stein, the previous speech pathologists have left the department to be replaced by two bursary students, Linda Burgess and Susan Pinches.

The location of the department has also been changed in a move from number 92 to number 90 Baillie Street. This location is used primarily for seeing children, whilst the speech pathology room in the Day Centre is devoted to treatment of adult patients.

The speech pathologists' role involves treatment of a wide range of communication disorders. The majority of our caseload is comprised of pre-school and early school-age children who have difficulty expressing themselves clearly, due to slow speech development. We have continued weekly visits to the Karkana centre in order to help those children who have speech problems as a result of intellectual impairment.

Speech disabilities can also result from damage to the brain, whether it be following a car accident or a stroke. These patients are often frustrated when they suddenly have difficulty making themselves understood by their family and friends.

The department also offers hearing tests for children and adults, following medical referral. Patients with a hearing loss may find that understanding others becomes difficult, and speech pathologists can offer advice about hearing-aids, mechanical aids such as telephone attachments, and help for the family members.

We have continued our weekly regional visit to Stawell, and in 1981 commenced a similar service to Edenhope. A temporary service is also being provided to Nhill Hospital, until a full-time therapist can be employed there.

As members of the team of health workers, the speech pathologists look forward to the continuation and development of these services in 1981-82.

Linda Burgess
Sue Pinches
Speech Pathologists



Speech pathologist Sue Pinches works with a young patient.

SOCIAL WELFARE

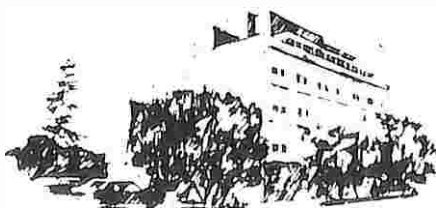
The Social Welfare Department now has a staff of two and, although our work remains essentially within the hospital, the extra staff member has afforded us more time for community involvement.

The part of our work which causes the greatest problem is the placement of the elderly nursing care patient.

This of course is not peculiar to this hospital, the Wimmera, the state or even Australia, but is indeed a worldwide problem. All those who work in this field experience similar frustrations. To do the best we can for the most people with the limited resources available is our task.

It would seem that as well as further research into the needs of our nursing care patients, plus the continued care and support of families, we need the sympathetic ear of governments, to help provide the care our elderly residents deserve.

Joy Anderson
Social Welfare Officer



SCHOOL OF NURSING

In one particular aspect the School of Nursing has achieved a level of greater stability in the past year, and that is in relation to staff. With the arrival of Stephen Ramsdall, from South Australia, the teaching staff now totals six, which is the ratio recommended for our student members. Of the six teachers, three are already qualified, and the others are in the process of attaining their diplomas. When these persons, P. Keyte, L. Mentha and S. Ramsdall, have completed their courses the school will be among the minority in Victoria that has all its staff made up of qualified teachers.

When considering an annual report, one generally looks for outstanding or new developments, and then sets out to enumerate such developments. With the School of Nursing, there have not been any prominent factors during the past year, and while advances have taken place in various ways, there is a relative stability within this area.

Among the significant achievements of the past year is the pleasing fact that all the finalist students who have sat for state registration have passed the required examinations. While we are pleased to note that some of these graduates are now an important part of our nursing staff, it is also important to note that others have since left this hospital and are working efficiently and effectively in other hospitals. In their nursing they are utilising the knowledge and experience they have gained during their training at Wimmera Base Hospital, thus fulfilling one of the major aims of the School of Nursing, that is, the development of the graduate nurse who is capable of administering comprehensive nursing care, wherever, and to whoever, it may be.

The progressive cumulative assessment of students of nursing has now been implemented. This is a method of practical evaluation, whereby there is assessment of students in various components of nursing skills - in the clinical area, the ward. By using this method, the impractical and artificial form of practical examination, at the end of first and third years, now becomes redundant, and the evaluation is done in a real situation.

The next group of finalists, group 279, will be the first group to have been fully assessed by this method. Such evaluation can only result in a reduction of anxiety in the nurse, and a more realistic assessment of the nursing capabilities.

During the year many of the community facilities have been involved with our nursing programme, including Palm Lodge, Karkana day centre, infant welfare centres, the public health surveyor, Goroke Community Health Centre, Aradale Psychiatric Centre, Pleasant Creek Training Centre, the State Emergency Services, the Royal Victorian Institute for the Blind, Wimmera District Ambulance Service, and the Horsham Education Centre. Through the services and expertise provided by these facilities, the students of nursing have been able to gain knowledge and experience that otherwise may not be possible.

Without the assistance of the personnel of these areas, and the many other medical and paramedical personnel who assist in the programme, our education of students of nursing could not be possible or effective. Our thoughts and gratitude can only be expressed in a simple but sincere 'thank you all'.

Neville Miller
Principal Nurse Educator

MEDICAL RECORDS

The 1980-81 financial year has been an active 12 months for the Medical Record Department.

One major task which was completed during this time was the establishment of a uniform medical record system throughout the Wimmera region. Regional duties have expanded to encompass one of the largest regions in the state. A unit record system has now been established at Kaniva, Nhill, Dimboola, Jeparit, Minyip, Murtoa, Rupanyup, Donald, St. Arnaud and Edenhope hospitals.

The statewide collection of morbidity statistics means that regular visits to these centres must be maintained in order to ensure the accurate collection of detailed statistics relating to the type and nature of diseases and operations occurring in these hospitals. The information collected is then transmitted, in coded format, to the Health Computing Services and then relayed, still in coded format, to the Australian Bureau of Statistics.

In addition to the expansion of regional duties, medical record department work at Wimmera Base Hospital has increased.

At present the Medical Record Department houses over 18,000 inpatient histories. Each of these must be sorted into sequence, have summaries dictated and typed, be coded for all diseases and operations and then filed.

As well as this day-to-day work the Medical Record Department is involved in producing and balancing statistical information for other hospital departments and outside organisations such as the Road Trauma Committee and the Anti-Cancer Council.

Another development of the past year was the production of disease and operation indices on microfiche. This eliminated the need for bulky and awkward indices. As a result of this, all disease and operation indices since 1974 are contained in one narrow folder. This has proven to be both space and time-saving.

With the expected addition of a second medical record administrator before the end of this year we are looking forward to expanding further areas of work and thereby increase the effectiveness of the Medical Record Department within this hospital and the Wimmera region.

Catherine Lane
Chief Medical Record Administrator

RED CROSS LIBRARY

We have recently had our library moved from 92 Baillie Street to fourth floor in the hospital building. This has made our library work much easier as crossing the road with our trolley was not very successful.

During the year we had a box of used books donated to us, these we sent to headquarters and had them bound and re-covered. Our paperback section has been made more attractive with very bright covers. This work is all done by voluntary workers.

Our library consists of many interesting books. Also included are about 60 large-prints which are in great demand and much appreciated by the aged patients.

Our picture library is still carried on in the Sir Robert Menzies Nursing Home. These prints are changed often.

During the year we have our Christmas party at the Geriatric Ward where the patients are entertained and given a Christmas gift. Afternoon tea is served by the Red Cross unit members. Our thanks go to Mr. Don Amos for entertaining them. R.S.L. gifts are wrapped and sent from Red Cross headquarters.

Our service at the hospital helps in many other 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.

I would like to thank Mr. Henry for help and any advice we needed during the year. Thanks to my assistant, Miss Crafter, for her help at all times, and to matron, sisters and nursing staff for kindness and co-operation and to all others concerned. This certainly makes our library work a very happy and rewarding one.

Thelma Cain
Librarian



DISTRICT NURSING

The year 1980-81 has again seen a continued growth of the District Nursing Service provided by Wimmera Base Hospital with house visits almost totalling 20,000.

With an ever-increasing shortage of nursing home beds and a growing possibility of our frail aged and infirm being separated by many miles from their loved ones to gain nursing home accommodation, every effort must be given to provide the people with the support and nursing care they require to remain in their own homes. The service also enables people to be discharged from hospital when they still require regular dressings to wounds.

Public awareness of community health services is growing and as this grows so does our service.

Many elderly people removed from their home and familiar environment and surroundings become disorientated and difficult to manage. Hence the old saying 'too old to transplant'. So why transplant them into unfamiliar surroundings if this can possibly be avoided? After all 'one's home is his haven'.

Sr. Ramsdall, a member of our staff, has recently completed a stomaltherapy course at Mayfield Centre in Melbourne. The acquisition of a stomal therapist will be of great benefit to many patients.

In this, the Year of the Disabled, it is most inspiring to see how some of our disabled cope in the community with support and nursing care. Immediately several patients spring to mind who are outstanding examples of living alone with great disabilities; coping with their individual disabilities beyond everyone's expectations these people can still smile, thank God for their abilities, and guard their limited independence with great pride. One is privileged to know and work with these people.

I am sure 1981-82 will see our service growing yet again, and I am sure I will gain as much pleasure and satisfaction working with these people in our community.

Pat James
Sister in Charge

FOOD SERVICES

Food and Nutrition

Good Food, Good Health

Food Services Department objectives this year were concentrated on the upgrading and expansion of services. This has been achieved, and successfully because of staff involvement in the planning process.

One of the significant projects carried out was that of providing a new range of menus for patients and staff. To implement new menus, much planning and research is involved, and the following factors are considered:

- Cost structure
- Budget allocation
- Nutrition balance
- Variety
- Availability of provisions
- Practicability of preparation and distribution
- Availability of equipment
- Staff expertise

The senior dietitian is involved in areas of nutrition and the planning of special therapeutic diets from the menu. To have a dual-purpose menu saves costs and labour.

Food service surveys are continually being conducted, giving a guide to patient acceptance of new ideas incorporated in meals.

The meals on wheels service has been extended to cover weekends. This has proved very popular.

A regional advisory service is provided for the smaller hospitals, and this service includes:

- Menu planning
- Staff training
- Kitchen planning
- Cost control

This service has been well utilised.

Meals attractively presented and well prepared are a vital element for the well-being of a patient. The Food Services Department staff are most conscious of this need and endeavour to apply the highest standards at all times, so I would like to thank them for their efforts during the past year.

Ronald S. Cox
Food Services Manager

NUTRITION

In February of this year, Kate Vaughan joined our Nutrition Department as a second qualified dietitian. This has enabled us to extend our activities from within the hospital situation, where food intake is used as a form of treatment, to include the community at large, where good food habits promote continuing health.

The dietitians are contributing regularly to the nutrition components of domestic science, human development and physical education courses of the regional schools. We have also been called upon to give advice about suitable foods for school canteen lunch services. Several secondary school students have spent periods of one week in our department as part of their work experience programme.

Within the hospital itself, the major emphasis has been to improve established services and to expand these into some new areas of work.

The department provides special diet meals and counselling to in-patients and out-patients, Day Centre visitors and people receiving meals-on-wheels to help them adjust their daily food habits to meet their health needs.

Our dietary supervisor and aides attended a seminar to increase their understanding of specialised diets and to stimulate their interest in the preparation and attractive presentation of patient meals. Food service personnel and nursing staff from our regional hospitals also attended. Fortnightly visits to these hospitals have been maintained.

Our nurse education programme has been revised to give a more comprehensive cover of the role of diet in the treatment of diseases and some very practical experience in applying this theory to patient care.

The education of diabetic patients in the understanding and management of their disorder continues to be a major area of work.

An afternoon programme for diabetic children and their families was held during November, featuring a nurse educator from the Victorian Diabetes Foundation.

On-going adult educational programmes are planned monthly within the sphere of the Horsham and District Diabetic Group.

An exciting development in our treatment of diabetic patients has been the introduction of portable machines, used by patients themselves to measure their blood sugar levels regularly. These have enabled us to establish the food needs of many diabetics very accurately.

The benefits of good food habits to the health of both mother and child are now being discussed at ante-natal classes. This is a developing area of work which we anticipate extending to include healthy eating after birth and whilst breast feeding.

Our plans for the education of all patients in 'normal' healthy diet are well established. This next year should see the introduction of this new programme and a dietary resource manual for use within all of our regional hospitals.

Faye M. Mitchell
Senior Dietitian

BUSINESS ADMINISTRATION

During the past year the Business Administration Department was relocated from the main building to 92 Baillie Street, the house opposite the main entrance.

This relocation has afforded the Administration Department many advantages, the main one being the fact that the Personnel and Payroll Department could be located under the same roof as the Administration Department. Another advantage has been the extra space gained, with no more than two people now in any one office.

The relocation exercise was a major undertaking by the hospital. It was only able to proceed with a minimum of disruption due to the co-operation of staff affected, the support of para-medical personnel and members of the engineering department.

It was during the past financial year that all department heads in the hospital were provided with a monthly expenditure versus budget report for their own department. This proved to be a positive improvement and one of the main reasons why the total hospital expenditure for the financial year just ended was significantly within its Health Commission approved expenditure budget.

It is pleasing this year to report that staff changes have been minimal. Mr. Tony Arrigo, who was appointed to the position of accountant in July 1980, accepted the position of Finance Manager at the Royal Victorian Eye and Ear Hospital in June 1981. Mr. Gary Mason who was assistant accountant was promoted to accountant. Two new staff members, appointed during the year were Miss Susan Woodward and Mr. Wayne Krause.

The next twelve months will be the most challenging the Business Administration Department has faced. All hospitals are now required to report their financial position on an accrual basis in addition to cash reporting that has been in operation for the past six years. Functional cost centre accounting is being implemented and new health charging arrangements commence on September 1, 1981.

With the quality of our department staff, the hospital is well equipped to handle these new challenges.

Michael Delahunty
Finance Manager



Miss Sue Woodward at work in the Accounting Department which moved with business Administration to a house opposite the Hospital's main block.

ADMINISTRATION STAFF

as at June 30, 1981

ASSISTANT MANAGER:

Mr. R. E. J. Maher, B.H.A., (N.S.W.); A.H.A. (Prov.)
Resigned 19.6.1981

Mr. S. B. Capp, B. Comm. (Melb.), A.A.S.A.

DEPARTMENTAL MANAGERS:

Finance

Mr. M. B. Delahunty, B. Ec., A.S.A.

Personnel and Training

Mr. J. D. Lawrence, M.A.I.P.M., Resigned 8.5.1981
Appointed 1.10.1980

Mr. R. T. Haby.

Food Services

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

General Services

Mr. P. Aitchison.

Chief Engineer

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

PERSONNEL AND TRAINING

Helping People at Work

STAFF RECRUITMENT AND SELECTION

The Wimmera Base Hospital is the largest employer in the Wimmera region with approximately 600 full time and part time staff, and the career opportunities it offers are widespread.

During the past year some 30 semi-professional positions were advertised and filled locally. The average number of applications received for each position was 35, a competitive figure attributable to the region's high unemployment rate. The quantity and quality of applicants has made staff recruitment and selection a difficult task. However, in the final analysis the hospital has reaped the benefit.

The hospital participated enthusiastically in the work experience programme conducted by the various secondary schools in the Wimmera region. Over 100 students were placed in work experience in the hospital during the year.

STAFF INDUCTION PROGRAMME

Early in the year, a clear need was established for the personnel department to participate in the integration of the individual employee into the hospital through the induction process.

The objective of induction is to help the newcomer to adjust as quickly as possible to the new social and working environment, in order to achieve maximum working efficiency in the shortest possible time. Staff induction programmes have been held bi-monthly during the past year and approximately 100 staff have participated in the scheme. Areas which are identified at the induction programme include:

- History of the hospital and its different functions
- Hospital in relation to the community
- Health and safety, fire precautions, security
- Personnel matters, including disciplinary procedures
- Geographical orientation

The general induction programme is intended to supplement the information given within individual departments by heads of department, and most employees attending have been at the hospital for four to six weeks.

FIRE PREVENTION AND STAFF TRAINING

As a continuation of the comprehensive theoretical and practical fire training sessions that were held in the preceding year, all hospital staff participated in an evacuation course which included an explanation of the hospital's evacuation procedures and various simulated practical exercises. This course proved to be most pleasing and has been successfully tested in some ward areas of the hospital.

Now that the first phase of the hospital's formal fire training programme has been completed, follow-up sessions are being planned to ensure that staff do not become apathetic with respect to the dangers of fire. A series of fire training programmes can only add to the staff's awareness and competence in their duties in the event of fire.

PARAMEDICAL BURSARIES

Due to the difficulty in attracting paramedical personnel to hospitals in country Victoria, the hospital provides bursaries to financially assist interested students in the state of Victoria to induce them to be employed at the hospital at the completion of their studies.

The hospital currently holds bursary contracts with eighteen students covering all paramedical fields. The system not only provides financial assistance and employment security for the bursary holders, but also a constant flow of paramedical staff which normally would be difficult to attract to the hospital.

IMMEDIATE OBJECTIVES

- An important task of the personnel and payroll department for the ensuing year will be the establishment of a staff and labour budget. As approximately 75 per cent of the hospital's total expenditure relates to salaries and wages, the new budget system will provide a much-needed tool for management to measure labour utilisation and efficiency.

- There is a definite need to continue a systematic approach to staff training and development. New awareness training courses are in the process of being constructed, and these will include hygiene training for food handling and domestic staff, supervision courses for staff with supervisory responsibilities, and middle management courses that cover such topics as leadership, discipline, confrontation, interviewing skills and motivation.

The above activities will provide a framework in which to enhance the development of individuals in a dynamic and constantly changing organisation.

Ross Haby
Personnel and Training Manager

GENERAL SERVICES

WIMMERA HOSPITALS' GROUP

LINEN SERVICE

During the past twelve months Wimmera Hospitals' Group Linen Service has installed some new items of equipment. A 50-kilogram tumble dryer was purchased to increase the laundry's drying capacity to 150 kilograms, thus reducing the backlog of wet linen awaiting processing through the dryers. Staff employed in the folding area were spending approximately 24 hours per day hand folding 4000 items of linen. In order to reduce the amount of time spent on this task, a small items folder was purchased.

With the ever-increasing cost of new linen an area of major concern has been the amount of money spent on linen replacement. To monitor linen stocks within the participating institutions the linen service is installing a linen count system in the sorting area. This system will enable more efficient use of the linen in circulation and thus reduce the amount of money spent on linen replacement each year.

The linen service completed the financial year with an average weekly output of 18.8 tonnes, an increase of 1.2 tonnes from the previous financial year.

The surveyors from the Australian Council on Hospital Standards in their report on the accreditation survey made the following comments on the Group Linen Service.

The laundry is an impressive and smoothly running facility. Staff were enthusiastic of their service, conscious of its importance and familiar with procedures and safety requirements.

HOUSEKEEPING

A hospital must be clean to a degree well in excess of the standards required in other types of buildings that regularly accommodate people. A hospital is populated by patients who, whether they are young or old, are influenced by:

- Spread of infection from one patient or area to another.
 - The attractiveness of their surroundings.
 - The appearance and manners of staff.
 - Other factors, which may affect their immediate comfort and morale.
- It is therefore important to have a clean and well-maintained hospital not only to reduce the risk of cross-infection but also to provide a happy and healthy environment, for both patients and staff to live and work in.

For so long the activity of cleaning or domestic services has been looked on as a menial task. Its true importance within the hospital is not always recognised.

The Australian Council on Hospital Standards recognised the importance of a clean and well-maintained hospital when in its report, it made the comment on the housekeeping department: 'The housekeeping departments are to be commended for their effectiveness in keeping all areas in a clean and well-maintained condition.'

Peter Aitchison
General Services Manager



HOSPITAL LIBRARY

This year has been a period of consolidation for our Hospital Library.

A number of the 113 new books acquired were revised editions of nursing and medical texts already in the library but needing to be updated. Subscriptions to three new journal titles commenced, all in the nursing field.

As money for new material becomes more difficult to obtain, it is expected that co-operation between libraries to make best use of resources must increase. This will make more demands on existing materials and on library staff.

This trend is already becoming noticeable in our library, with more telephone enquiries and visits to the library from local students as well as from our own staff and others in the health field.

As liaison increases it may become necessary for hospital and medical libraries to specialise in order to avoid duplication with other collections in the region. For this reason it is essential for library staff to keep in frequent contact with other institutions so that their resources can be shared and readily available.

Changes in the organisation of libraries are becoming more evident with the introduction of computers and through our co-operation with larger city libraries, their resources are accessible to an increasing number of users in our region. Many of these users are involved in studying for higher qualifications. This has generated extra library work not only in obtaining information through the inter-library loan service, but also in organising the ordering and distribution of textbooks for nursing and other staff.

This has been a busy year and the variety of tasks concerned with keeping the library running reasonably smoothly has made it a very interesting

Judith Sheldon
Librarian

ENGINEERING

In these days of rising costs, engineers have to look at ways and means of reducing costs wherever possible. One project undertaken with this in mind was the installation of a bulk liquid oxygen supply to all hospital wards. To be effective, oxygen outlets were installed at each bed, eliminating the use of cylinders in all ward areas. The storage vessel has a maximum capacity 3,000 litres which is equivalent to four months usage throughout the hospital, and is filled at three-monthly intervals by road tanker.

Other areas investigated were those using steam. By streamlining the hospital heating system for instance a significant reduction in steam usage was achieved with the consequent reduction in fuel oil used.

Many other energy-using areas of the hospital are under investigation, one example being the use of solar heaters to supply the Central Linen Service. It has been established that solar units can supply all the hot water requirements for the Central Linen Service which would mean an annual saving of \$48,000 in fuel oil. This is the type of energy conservation method we hope to introduce.

The major headache faced by the department during the past 12 months was the scarcity of overseas fuel oil whereby we had no alternative but to use locally produced Bass Strait oil. Due to the difference in quality of the two oils we managed to produce great clouds of black smoke much to the discomfort of residents in the vicinity of the hospital and for this we sincerely apologise. The Engineering Department's function is to provide comfort for our patients and provide efficient services throughout the hospital complex, but we must also live in harmony with our neighbours. After many trials we have now found a combination which produces good combustion without the smoke.

Due to the increase in work in the laundry, which created a greater demand on the water supply, it was necessary to increase the water filtration plant. This entailed extending the filtration plant area to facilitate the installation of two extra 5,000 gallon capacity tanks. The filtration plant now has a total capacity of 20,000 gallons.

The computerised preventive-maintenance system is now in full swing and proving to be an invaluable friend. It is very easy to miss items that need servicing or checking in a complex such as the hospital but the computer can be likened to a nagging wife who won't let up until the job is done.

In conclusion I would like to congratulate the maintenance staff for the high standard of workmanship they have displayed throughout the year.

Tom Martin
Chief Engineer



The hospital is piping oxygen to all wards. In the top picture, fitter Bob Smith drills for a new pipe. In the lower picture, another side of the Engineering Department, gardener Graham Jennings pruning shrubs in the hospital grounds.



BARKUMA

The Hospital's Service Club

The past year has been a time of changes for Barkuma.

The production and sale of our very successful calendar 'Wimmera 81', with other 1980 fund-raising activities resulted in a splendid sum being raised.

After meeting with the hospital Manager, Mr. Gary Henry, in November 1980, it was decided that Barkuma would become more involved with community health care projects being organised by the hospital rather than simply handing over a cheque.

Our project was to be the financing, accounting and distribution of a large print version of the Wimmera Mail-Times. It was to be called 'Large Print Wimmera Mail-Times', and would be published fortnightly by the hospital and printed by the Wimmera Mail-Times. The first issue was released on May 14, 1981 and launched amid much excitement at a civic reception on the evening of May 13. Obviously to support this venture financially we must continue our fund-raising activities.

- Our calendar, 'Wimmera 82' has been printed and will be sold later in the year.
- A superb tapestry donated to us will be our special effort for 1981.
- A film and supper night will be held at the H.E.C. theatre in September.

I have been very ably supported by a small but enthusiastic group of members. We continue to meet monthly at the homes of members, with extra committee meetings being held at various times. My very sincere thanks must go to Katherine Rathgeber for her untiring work on the newspaper and also to those members who head the special committees. My final thank-you is to my efficient secretary, Janine Hallam.

Kaye Valpied
President

LADIES AUXILIARY

This has been another very successful year for the auxiliary, resulting in \$10,521 being given to the hospital.

The Opportunity Shop continues to be supported by both donors and patrons, and this year has raised a record \$6,719. We are extremely grateful to the Shop Committee for their tireless work each week, and also the church guilds, and district ladies clubs for their donations of goods.

Our social functions for the year were a coffee party at the house of Mrs. Brownstein, a garden luncheon at 'Como' the house of Mr. and Mrs. E. Jackman, and a very successful casserole luncheon with fashions in paper. We were very grateful to Mr. Greg Block for his work and organisation of this parade.

The weekly raffles conducted at the kiosk are still well supported and this year raised \$1,521.

I would like to thank all members and donors for their support during the year.

B. Smith
President

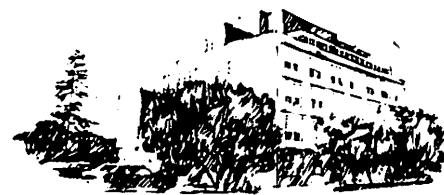
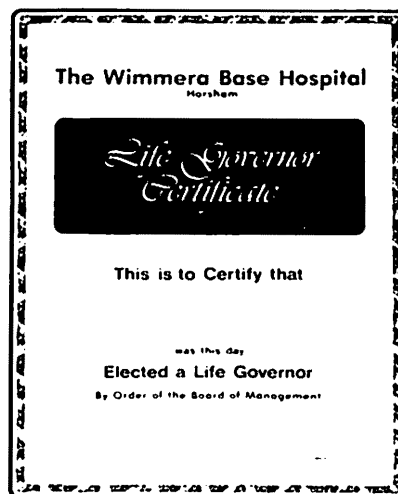
LIFE GOVERNORS

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.
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.
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. I. G.
MÜHLNICKEL, 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.



DONATIONS

Abud, Dr. R. E.
Alcoholics Anonymous
Hospital Group
Allen, Doreen
Al Anon
Ampt, Miss L.
Anonymous
Anonymous
Anonymous
Atkins, Mr. and Mrs. H.
Australian Paper Manufacturers Ltd.

Beckett, E. M.
Bennett, B. W. and W. L.
Berry, Miss Anne
Brown, Dr. M. F.
Brownstein, Mr. E. G.
Buckler, J. P. and A. L.
Burgess, Mr. and Mrs. R.

Catholic Womens League
R. C. Cabaret Ball Committee
Chequer, Mr. and Mrs. C.
City of Horsham
Clark, A. R.
Clerk of Courts
Commercial Hotel Disco
Crase, Mrs. Olive
Cuddihy, Mr. M. W.
Curran, Mrs. G.

Donald Slimmers Guild
Dooen Ladies Guild

Ellery, A. J. and A. F.

Ferguson, Dr. I. A.
Filip, V.
Foord, Dr. C. H.
Freeman, Mrs. A. S.

Greenall, D. T.
Griffith, Dr. M. A.

Haslau, Dr. P. and Mrs. R. M.
Haustorfer, Mr. Paul
Heard, Mr. G. B.
Horsham High School Social
Committee
Horsham Welfare and Liaison
Group

Horsham Branch of Business and
Professional Womens Club
Hunt, R.H.
Humphries, Dr. G.

Jenkinson, Dr. J.

Kemp, Mr. E. O.

Ladies Auxiliary
Lane, Miss M.

Lord Mayors Fund
Lovett, Mr. K. H.

McLean, Miss H.
McFarlane, Mr. D.
McLean, Miss N.
McLean, Miss V.
McKenzie, Lillian

Maddern, Charlotte Estate of
Maddern, Mr. S. R.
Mangan, Dr. G.
Miller, Dr. E. T.
Mitchell, H. M. and L. C.
Morgan, H. W. and G. M.
Muller, R. C. and E. L.

Nicholson, R. F.
Nixon, F. W. and A. E.

O'Brien, Dr. M.
Oliver, Mr. A.

Pascall, Mrs. L.
Peden, Mrs. J.
Pethard Tarax Charitable Trust
Poon, Kevin
Power, Mrs.

Rahley, Mr. and Mrs.

Sanders, Dianne
Sanders, Mr. and Mrs. H. J.
Seventh Day Adventist Church
Shepherd, Mr. R. W.
Smith, M. A. R.
Smith, Mrs. I.
Smith, Mr. Peter
Smith, Mr. and Mrs. Stan
Stanieri, F. and S. J.
Stewart, R. B.
Stewart, Ruby V.
Sun News Pictorial

Taylor, Dr. R. and E.
The Truby and Florence Williams
Charitable Trust
Thomas, Mr. R. L. and G. R.
Troeth, P. (Tin Collection)
Timms, Mrs. E.

Visser, Joan

Wells, D. and J. R.
Wersching, G. A.
3 WM Radio Appeal
W. C. F. Thomas Trust

Ziersch, Mrs. P.

SPECIAL PURPOSES MEDICAL and EQUIPMENT TRUST

Anonymous
Coller Custodian Corporation
Cooper, Cardine R. Estate of
Digly-Collins, Mrs. D.
Horsham East Rotary Club
Ladies Auxiliary
Raggatt, Murray





Goodbye to a patient from Senior Nursing Staff members at the hospital entrance from Mrs. Pauline Hutchinson, left, and Mrs. Joanne Yarwood.