

**Wimmera  
Base  
Hospital**



**106th ANNUAL  
REPORT**



# We Care



District Nursing Service Sister in charge, Sister Pat James, attending Mr. Otto Fechner, aged 95, during her daily visit to him.

# GOVERNING BOARD OF MANAGEMENT



Mr. G. T. J. HENRY,  
B.H.A. (N.S.W.), A.H.A. (Prov.), L.I.B.A., A.A.I.M.  
MANAGER



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

**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.

Miss M. A. R. Smith.

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

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

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

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

**Auditor:**

Green, Taylor & 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.), A.H.A. (Prov.),  
L.I.B.A., A.A.I.M.

**Executive Committee:**

Dr. R. E. Abud.

Mr. R. R. Burgess.

Mr. M. W. Cuddihy.

Mr. G. B. Lind.

Mr. K. H. Lovett.

Miss M. A. R. Smith.

Dr. T. V. Walpole, Chairman,  
Visiting Medical Staff.

Mrs. G. M. Curran, Director of Nursing.

Mr. G. T. J. Henry, Manager.

Dr. M. A. Griffiths, Medical Administrator.

Mr. R. E. J. Maher, Secretary.

# BOARD OF MANAGEMENT REPORT 1979/80

The financial year 1979-1980 was one in which the hospital continued to provide a full range of services, despite the continuing containment of costs forced by the government's policy of zero growth in hospital budgets.

The Board is satisfied that the hospital is providing a valuable service, not only to the local community of Horsham, but to the wider area of the Wimmera, as the specialist hospital for the region.

The following matters are worthy of special comment:

## 1. OPERATING COSTS

The hospital field has completed its third successive year of tight financial control, with funds being available only for the continuation of existing services. Additional services or expansion of existing services may only be undertaken by saving money in other areas. Whilst this government policy has placed additional strain on hospital staff, the Board applauds any policy which will assist in ensuring that the public will get the best value possible for the money spent on health care.

The success of the financial policies of the hospital can be seen in the accompanying statements and once again the Board is pleased to report that this result has been achieved without reducing any services.

## 2. BOARD OF MANAGEMENT

The Board has again been fortunate to have had no changes to its membership during the year, and the stability which this has brought is reflected in the detailed knowledge of the hospital which Board members exhibit at meetings of the Board and its advisory committees.

I would like to express my appreciation to all members of the Board for the contribution they have made to the hospital during the last year.

The Board also wishes to record its congratulations to Mrs. Heather Mitchell O.B.E. who was recognised by Her Majesty the Queen during the year for her contribution to community services.

## 3. VISIT BY MINISTER OF HEALTH

The Board was pleased to receive a visit from the Minister of Health, Mr. W. Borthwick, and the Director of the Hospitals Division of the Health Commission, Dr. D. Race, during the year.

The opportunity was taken to discuss the major rebuilding program of the hospital and the need for the provision of psychiatric services to this region of Victoria.

## 4. COMMISSION OF INQUIRY INTO THE EFFICIENCY AND ADMINISTRATION OF HOSPITALS

This Commission was established in August, 1979, and the Board responded to the request for submissions related to the escalating expenditure on hospitals.

The Board was pleased that the President and Manager were called to give evidence at the Melbourne sitting of the Inquiry, and now awaits the findings and recommendations of the Commissioners.

## 5. MEDICAL SERVICES

The Board continued to improve the services available locally by arranging for specialists in psychiatry, vascular surgery, paediatrics and otolaryngology to visit the hospital on a regular basis.

The introduction of these services will save many people the inconvenience and expense of travelling to Ballarat or Melbourne for specialist advice.

## 6. ACCREDITATION

The hospital was surveyed and accredited by the Australian Council on Hospital Standards in July, 1977 for a period of three years.

During the year under review intensive preparation began for the next survey to take place in July, 1980.

The Board supports the work of the Australian Council on Hospital Standards and believes that by submitting the hospital for survey by the Council, the standard of service provided by the hospital will continue to improve and will keep pace with standards which are recognised as being appropriate to a Base Hospital.

The Board was pleased to learn during the year that the Manager was appointed by the Australian Council on Hospital Standards as an accreditation surveyor.

## 7. NURSE EDUCATION

A great deal of publicity was given during the year to recommendations that nurse training in hospital-based schools should be phased out in favour of nurse training in tertiary colleges.

The Board took the view that, whilst it did not oppose the upgrading of nursing courses and nursing qualifications, a great deal of evaluation of college courses was needed before such a radical change could be supported.

The Board hopes that this hospital's nurse training school will continue to train local girls for many years to come, at the same high standard as in the past.

## 8. BUILDINGS AND EQUIPMENT

Progress has been made towards the major rebuilding programme and final plans and documents are almost completed.

The Health Commission of Victoria is still unable to give any indication of when tenders will be called, because of the shortage of government funds available for major capital works.

Whilst this is disappointing, the Board recognises that there are many demands made on a relatively small allocation of funds, and the Health Commission of Victoria must set priorities as it sees them.

It is hoped that tenders will soon be called for the construction of the Intensive Care Unit, final documentation having been completed.

Major renovations completed during the year included the conversion of the old pathology building into a library and medical records department at a cost of \$10,000, kitchen renovations \$45,000, the extension of evaporative cooling to wards (\$30,000) and the purchase of an emergency generator (\$49,000).

Minor equipment has continued to be replaced and upgraded as it becomes obsolete and approximately \$13,000 was spent on operating theatre equipment during the year.

## 9. VICTORIAN HOSPITALS ASSOCIATION

The Board wishes to record its appreciation to Victorian Hospitals Association for the assistance which the hospital receives from the Association in so many different forms.

Industrial relations advice, bulk buying services and general administrative advice as well as the development of Victorian Hospitals Association as a spokesbody for all public hospitals have made Victorian Hospitals Association a strong and dependable organization. Part of the credit for this development should go to Mr. R. W. Shepherd, who retired as Chairman of Victorian Hospitals Association during the year, after serving in that position for seven years. The hospital has been fortunate to have been represented by Mr. Shepherd on the Honorary Board of the Association and the hospital board pays tribute to the work done by him for all of the public hospitals in the State.

During the year the Manager was also appointed to the Honorary Board of Directors of the Association, making Wimmera Base Hospital the only hospital in the State to have two representatives on the Board.

## 10. FIRE TRAINING PROGRAMME

In the last annual report it was recorded that the lack of training in fire prevention was an area of concern. Regular fire training sessions for all staff, assistance from the Country Fire Authority, the purchase of a range of fire fighting equipment, the completion of a fire water main, and the publishing of a set of

fire procedures have all contributed to hospital staff having a greater awareness of fire and its dangers. During the year there was a fire in the hospital and all are thankful that it was able to be contained by hospital staff without endangering any staff or patients.

## 11. VISITS TO THE HOSPITAL

The Board was pleased to receive visits from the Horsham City Council and Shire Councils of Wimmera, Arapiles and Dunmunkle. The interest shown by local government in the affairs of the hospital is appreciated, as is the co-operation received from local councils.

## 12. STAFF CHANGES

The Board was sorry to receive the resignation of Dr. Geoffrey Leyton who has served the hospital and the Wimmera region as pathologist for over 16 years. In recognition of his service the Board decided to name the new pathology laboratory The Geoffrey B. Leyton Pathology Laboratory and to appoint Dr. Leyton as Consultant Pathologist to the hospital.

Dr. Leyton's expertise and friendly manner will be missed by all, and the Board wishes him a long and happy retirement.

During the year the following resignations of senior staff were received.

Mrs. Robyn Carter, Chief Physiotherapist who was replaced by Miss Mary Toomey; Miss Alison Lee, Chief Speech Pathologist who was replaced by Miss Heather McNicol; Mr. John Kelly, Finance Manager who was replaced by Mr. Michael Delahunty, and Mr. Leo Ryan, Chief Engineer, who was replaced by Mr. Tom Martin.

The Board of Management would like to take this opportunity of thanking all staff members for their continued loyalty and support of the hospital and its work. We recognise the valuable 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  
The Australian Hospitals Association  
Horsham City Council  
Wimmera Mail - Times  
Radio Stations 3WV and 3WM  
All Service Clubs  
Ladies Auxiliary  
Barkuma.

(DR.) R. E. ABUD,  
President.

# THE GRANT IN AID

At its meeting on the 8th February, 1882 the Committee of the Horsham Hospital received advice from the then Under Treasurer (E. S. Symonds) that 800 pounds had been allotted to the Hospital out of the appropriation for Charitable Institutions for the financial year 1881/82. However, the Committee instructed the Secretary to write to the Treasurer to ascertain the reasons why the grant had been reduced. In previous years the Grant had been as high as 1500 pounds.

The meeting in March, 1882 received the following reply from the Acting Under Treasurer:

"I have the honor to . . . inform you in reply that the reduction in the Grant in Aid of the Horsham Hospital is deemed to have been justified having in view (1) the position of the Institution, as disclosed in its annual statement of receipts and expenditure, (the year ended 31st December, 1881 had realised a surplus of 665 pounds 16/- 7d). (2) and the pressing claims of other Institutions upon the limited amount placed at the Treasurer's disposal for Charitable purposes.

"The Treasurer trusts that the Horsham Hospital will be enabled by the exercise of strict economy to keep its expenditure within its income during the current year notwithstanding the reduction of Grant."

Not to be denied it was formally resolved at that meeting that the Government be asked for a further allowance, as the Committee had undertaken the building of a New Female Ward which was urgently required at the time the Contract was entered into, and which was entered into in full reliance that the Government Grant would not be reduced. Subsequently, the Committee received advice from the Treasurer stating that no further votes will be taken on account in the present financial year for expenditure in aid of Charitable Institutions and that the application for an increased grant in aid will be taken into consideration when the amount to be voted for the year 1882/83 is in the course of distribution.

Well, one may ask, what relevance have the events of almost a century ago to do with 1979/80? On closer observation there are similarities. To be more specific, under the present financing arrangements any saving in a financial year are generally deducted from the level of approved expenditure for the subsequent financial year. On the other hand, a hospital which does not perform efficiently relative to its budget suffers no real financial

penalty. These traditional methods of Treasury financing are not conducive to encouraging the efficient use of financial resources. It would seem appropriate, as a reasonable alternative, for Health Authorities to introduce a budgetary procedure which would permit the retention by hospitals of a significant proportion of any operating surplus, such surplus to be available for expenditure by the hospital on approved operational or capital projects or for retention for approved future projects. Of course, under this scheme, any Board of Management of a hospital would have to be prepared to accept accountability for the method in which it utilised such surplus funds.

Turning now to the aspect of "pressing claims" upon the Treasurers financial resources we see that the competition is not restricted to Hospitals and other Health Service Agencies but involves such other public services as Education, Housing, and Public Works to name but a few. The competition intensifies with the advent of the perennial pilgrimage of each authority seeking its fair share of the financial "cake."

The contemporary counterpart to the "exercise of strict economy" is cost containment. Concern has been expressed in both the public and private sectors over the dramatic increase in expenditure in the health care field in recent years with particular emphasis on the hospital setting. It would appear that there is a need for Health Authorities to determine what level of expenditure on health is both realistic and acceptable and to establish budgetary priorities according to clearly defined criteria of need.

The phraseology, "shortage of funds" or "when funds become available" has, no doubt, become familiar to many health service administrators and indications are that these terms, or those of similar import, are unlikely to disappear over the next few years. Governments have sounded the warning that financial planning for health services must be undertaken on the assumption of no real growth in resources in the foreseeable future. A disheartening, to say the least, proposition to those who are striving to improve the efficiency and effectiveness of health services. Almost one hundred years has elapsed and we are still endeavouring, might it be added by the exercise of strict economy, to keep our expenditure within our income notwithstanding the likelihood of diminished financial resources.

R. E. J. Maher,  
Assistant Manager.

# GERIATRIC

Facilities apart from acute ward accommodation at Wimmera Base Hospital for elderly and incapacitated patients at present comprise the 50-bed Sir Robert Menzies' Nursing Home, the 21-bed Geriatric Unit and the Day Centre.

The Menzies Home at present has 14 men and 36 women of varying degrees of incapacity of whom 35 are classed as requiring extended care. With the help of Occupational Therapy and Physiotherapy staff every attempt is made to keep these patients happy, active and functional; and whenever possible, to rehabilitate them to less dependent grade of accommodation. Each Sunday a group of singers sing hymns to the patients and during the year groups of school children entertain the patients with dancing and singing. Many Clubs such as C.W.A. and Church Guilds donate hand-made knee rugs and feeders, and the Seventh Day Adventist Guild Ladies hand wash the knee rugs. The Home is grateful to these helpers and also to appreciative relatives who have made cash donations towards new aids of the Unit.

The Geriatric Unit caters for elderly persons who are able to look after themselves to a large extent, and there is much more independence and freedom of activity. However, the facilities of the Hospital are easily available if required.

The Day Centre provides for elderly and incapacitated persons who are living at home either alone or with relatives. It provides a social outlet for these people as well as giving some respite to those who are caring for them. In addition, Physiotherapy, Occupational Therapy, Chiropody and Hairdressing services are provided and incapacitated persons are assisted to retrain themselves for their daily living activities. Outside visits are made to assess home facilities where requested and a

subsidised handyman service is available to make homes safer and easier to live in. Frequent contact is maintained by the Community Liaison Sisters and allied health professional staff.

During the year, the Centre was visited by Stawell Day Centre patients and outings to Mt. Arapiles and the Ballarat Begonia Festival were made from Horsham. There are at present 87 individual patients attending the Day Centre. The daily average is approximately 25 patients and there were also 3000 attendances in the past six months. The Community Liaison Sister made 2,656 patient contacts during the year.

We are grateful to Mrs. Roma Carlson and her talented followers who provided concerts at the Menzies Home and the Day Centre during the year.

Co-ordination of all these activities is by weekly meetings of a Geriatric Assessment Committee comprising medical, nursing, allied health professionals, Community Liaison Sisters and visiting nurses and by monthly meetings of a Geriatric Liaison Committee comprising the same persons together with representatives from Department of Social Security, the City Council, the Lutheran Rest Home and Blind Auxiliaries.

The service is not without its problems, the chief one being to make use of limited accommodation and facilities and the emphasis must always be to maintain elderly people in their own home environment for as long as possible.

SR. J. CURRAN,  
Sister-in-Charge, Geriatric Unit.

SR. J. HANBY,  
Sister-in-Charge, Robert Menzies Nursing Home.  
Sr. L. HOFFMANN,  
Sister-in-Charge, Day Centre.

Sr. T. McILLREE,  
Community Liaison Officer.

Dr. T. WALPOLE,  
Regional Geriatric Medical Officer.



## MEDICAL STAFF

as at 30th June, 1980

### Medical Administrator:

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

### Director of Pathology:

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

### Assistant Director of Pathology:

G. Humphries, M.A., B.M., Ch.B., D.T.M.&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.

### Dental Surgeons:

Dr. J. McCombe, B.D.Sc., L.D.S.

Dr. E. Wolff, M.D.Sc., L.D.S., F.R.A.C.D.S.

## PARA MEDICAL STAFF

as at 30th June, 1980

### Chief Pharmacist:

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

### Chief Radiographer:

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

### Chief Physiotherapist:

Miss M. Toomey, B. App. Sc.(Physiotherapy), M.A.P.A.

### Chief Speech Pathologist:

Miss H. McNicol, B.App.Sc., (Communication Disorders).

### Medical Records Administrator:

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

### Medical Librarian:

Mrs. J. Sheldon.

### Chief Occupational Therapist:

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

### Dietitian:

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

## NURSING STAFF

as at 30th June, 1980

### Director of Nursing:

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

### Deputy Director of Nursing:

Miss S. Steele, Dip. N. Admin., F.C.N.A.

### Assistant Director of Nursing:

Mrs. N. F. Wright.

Mrs. P. Hutchinson.

## NURSE TRAINING SCHOOL

as at 30th June, 1980

### Acting Principal Nurse Educator:

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

### Acting Deputy Nurse Educator:

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

## VISITING MEDICAL STAFF

as at 30th June, 1980

### Physician:

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

### Consulting Staff:

Dr. T. V. Walpole, M.B.E., M.B., B.S., F.R.A.C.G.P.  
(Chairman Visiting Medical Staff).

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

### Consulting Surgeon:

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

### Surgeon:

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

### Vascular Surgeon:

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

### 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.

### Psychiatrist:

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

### Medical Officers:

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

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

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

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

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

J. Jenkinson, M.B., B.S.

### Assistant Medical Officer:

M. E. Lloyd, M.B., B.S.

J. E. Wood, M.B., Ch.B., Dip. Obst. (Auk.)

### Dental Surgeons:

C. W. Pearson, B.D.Sc., L.D.S.

G. Mason, B.D.Sc., L.D.S.

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

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

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



## VISITING MEDICAL OFFICERS REPORT

It has always been the object of the visiting Medical Officers to provide a high standard of treatment with as broad a coverage of the specialities as possible to the people of the Wimmera. While the basis has always been one of general practice there has been a tendency for many years for general practitioners to take an interest in a particular branch of medicine. Surgery has always been a prime specialty, but, as medical practice has developed, Doctors with senior Degrees, not only in Surgery but also in Medicine, Obstetrics & Gynaecology, Anaesthetics, Pathology and Radiology have been added to our numbers.

Specialists in Ophthalmology and Orthopaedic Surgery have been visiting on a regular basis for many years and this year we have been pleased to add Mr. Ian Ferguson (Vascular Diseases), Dr. Ian Jackson (Psychiatry) and Dr. Hugo Gold (Paediatrics) to the list of regular visitors. It is hoped that in the near future the specialty of Ear Nose and Throat medicine will be covered in the same way. We welcome these experts in their various fields and the contribution which their visits make, not only to the people of the Wimmera but also to the Doctors of this area who are kept in touch with the new ideas and trends in medicine which increase like snowballs from year to year.

Within this area Dr. Alan Wood of Rupanyup has been appointed an Assistant Medical Officer in Obstetrics to work in association with Dr. Miller.

In their turn, the Visiting Medical Officers have their responsibility to teach Undergraduates who are regularly attached to practices, recent Graduates in the Hospital appointments, and more senior Graduates at Registrar level, and those seconded under the Family Medicine Program and in Fellowships of the Academy of General Practice.

Caring for the sick is a constant and exacting duty and the way in which Visiting Medical Officers of this area have always accepted their added responsibility for learning and teaching is very gratifying. I am proud to have been associated with them for so many years.

DR. T. V. WALPOLE,  
Chairman Visiting Medical Staff.

## MEDICAL ADMINISTRATION

This year has seen the increase of the Visiting Consultant Service. The hospital is visited by specialists in:

1. Orthopaedics
2. Paediatrics
3. Ophthalmology
4. Otolaryngology
5. Peripheral Vascular Disease
6. Psychiatry

Clinics which are conducted by the visitors have saved patients the tedium of going to Melbourne; in addition the consultants have spoken at the clinical meetings.

The year 1980 saw the secondment of interns from the Royal Melbourne Hospital instead of Preston and Northcote Community Hospital. So far the rotation has proved popular with the interns and our own staff.

All paramedical departments have had a busy year. The region makes big demands on each department, but each department finds regional work a challenge.

I would like to thank all those who contribute to the care of patients; in particular the resident medical staff who so often act as a link between patients, medical and paramedical staff and nursing staff.

MAX A. GRIFFITH,  
Medical Administrator





Special Care Unit

## NURSING ADMINISTRATION

The Nursing Department has completed another successful year with all staff contributing towards our objectives of providing the best possible care for patients and high quality training for our Students of Nursing.

All students are now receiving 1600 hours classroom tuition and those who complete training from 1981 will also undertake the entire practical requirements prescribed in the 1972 Curriculum.

Mrs. Margery Pannan has been awarded an Associate Diploma of Nursing Education following the successful completion of her studies at Armidale College of Advanced Education.

Mrs. Wendy Sleep attended the Royal Melbourne Hospital to undertake a course in Coronary Care Nursing. Mr. Neville Miller and Mrs. Beverley Kilkenny have joined the staff, they are both qualified Nurse Educators. Miss Jan Woolley resigned from the teaching staff, prior to her marriage, after 17 years at Wimmera Base Hospital, spent mostly on the School staff.

Mrs. Enid Natrass resigned from her position as Welfare Sister in July 1979, and Mrs. Joy Anderson has been appointed to replace her.

Preparation for the Accreditation Survey has occupied staff throughout the year, special gratitude is expressed to those who worked so hard to produce the Procedure Manual. Nursing Staff have taken an active part in the Fire Safety and Training and Staff Orientation Programs.

The Nurses' Graduation was held on February 28, 1980; with a Graduation Dinner following the formal ceremony. This proved to be a very popular innovation.

The Guest Speaker was Professor Ross Webster, who presented certificates to the following Nurses:

Debbie Lyn ANDERSON  
Janie Maree FORSTER  
Jennifer Jane GEYER  
Kim Patricia GILLETT  
Glenys Noelene KUHNE  
Katherine Therese LOGAN  
Sue MURRAY  
Florence Jean PAXMAN

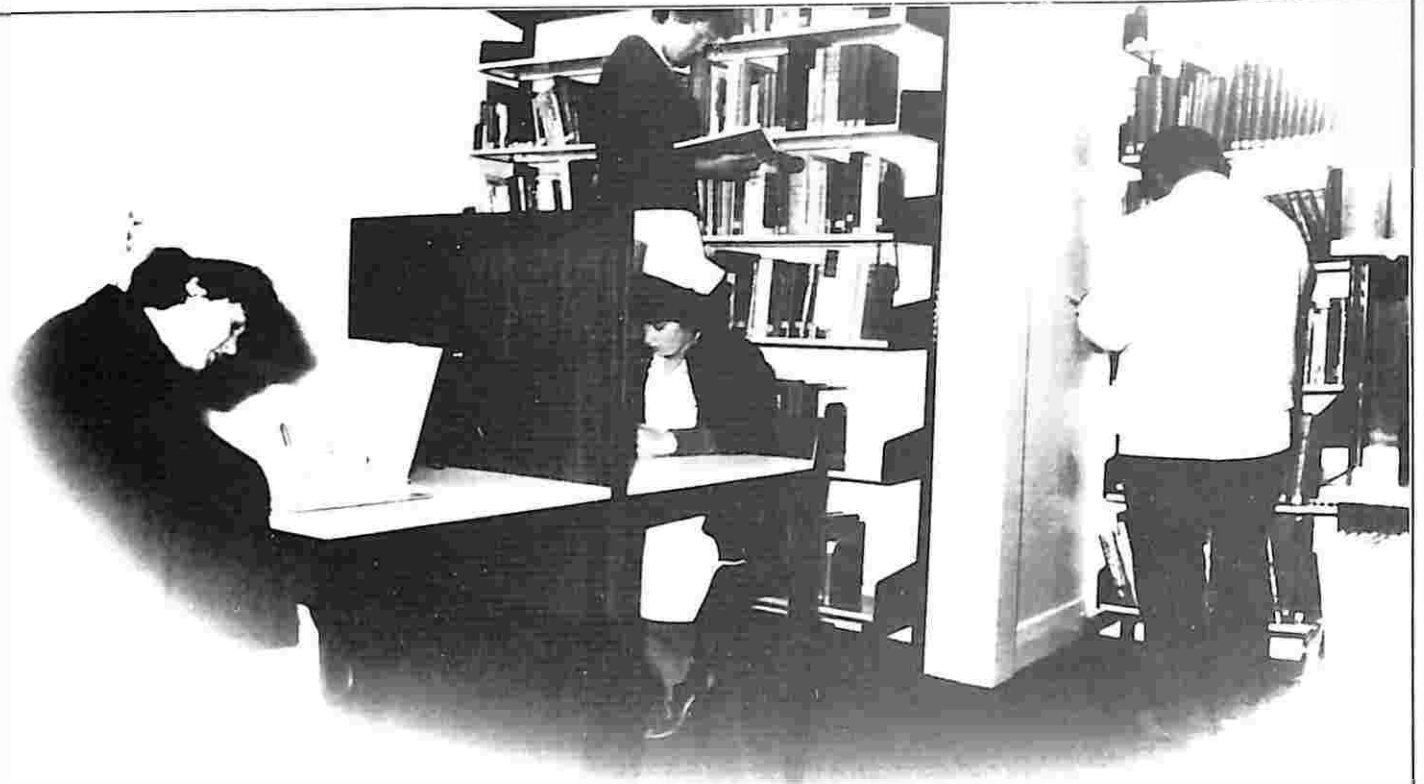
Annette Sue BAULCH  
Jennifer BAULCH (nee Kaufmann)  
Judith Marie CORW  
Lydia Noela DAVIDSON  
Marion Joyce HALL  
Barbara Ellen HATELEY  
Leanne Faye HEAD  
Nanette Maree KENNEDY  
Jennifer Ann LAMPARD  
Heather Jeanette MACDONALD  
Sue McGINTY  
Jo-Anne MARTIN  
Jennifer Lesley NETTELBECK  
Diane Louise WORSLEY  
Julie Ann WORSLEY  
Eleonora Regina GRACAN

Miss Jennifer Geyer was awarded the T. F. Ryan Nursing Prize. Miss Katherine Logan was awarded the Wimmera Base Hospital Past Trainees Award. Mrs. Jean Paxman was awarded the Award for Academic Excellence.

The Board of Management continues to demonstrate its interest in the staff by the generous support it gives to foster interest in continuing education and attendance at Seminars.

To the staff of all departments of the hospital, the Auxiliaries, the public, the Medical Officers, the Manager and all Nursing Staff, I thank you for your loyalty and assistance throughout the year.

G. M. CURRAN,  
Director of Nursing.



## SCHOOL OF NURSING

1979-1980 has been another interesting but busy year. The most significant event was obtaining the Victorian Nursing Councils approval for progressive Assessment of Practical Skills for Phase II students.

Numerous staff changes have made the year even busier, however the effects of the changes on the student body has been kept to a minimum.

At present 62 students are undertaking the Course, and are distributed as follows:

<i>Phase</i>	<i>Commenced Training</i>	<i>Number</i>
Phase I	February 1980	13
Phase II	August 1979	10
Phase IIB	February 1979	11
Phase IIC	August 1978	9
Phase IIC	February 1978	9
Phase III	August 1977	10

TOTAL 62

### CONSESSIONAL INTAKE

Two Registered Psychiatric nurses joined the Phase II student body — one in December 1979, one in June 1980, — to complete their General Nurse Training. As well as receiving knowledge, these students give added expertise and experience to the nursing staff and it is very pleasing to see a continued flow of psychiatric students.

### STUDENT ATTRITION

During this year, attrition has been exceptionally high — 9 students have discontinued their training, for a wide variety of reasons.

## CLINICAL EXPERIENCES

Again two groups of Wimmera Base Hospital students were seconded to Aradale Psychiatric Hospital for experience in Psychiatric Nursing. Our thanks to Aradale for their continued co-operation in this worthwhile experience.

The Public Health experience is continuing to expand with students travelling to Goroke to view the Health Centre and its work. Many other local areas are visited by the students, and we again thank those many people who are involved.

## STATE REGISTRATION EXAMINATION

A total of 26 students attempted the State Registration Examinations — 16 in December 1979 and 10 in June 1980. All students were successful.

## PROGRESSIVE ASSESMENT OF PRACTICAL SKILLS

In September 1979, the Victorian Nursing Council approved our submission for evaluation of Phase ii students Practical Skills in the Clinical situation. The Practical Skills of Phase i students have been evaluated in this way for several years by the School of Nursing staff. However, the assessment now will be undertaken by School, Ward and Administrative staff (Nursing).

The format of the evaluation has been changed considerably. Instead of a Practical Examination in which the student sets up equipment for certain procedures, then answers questions about those procedures, the student will undergo evaluation of specific skills at various stipulated times throughout the 3 year course. These skills included are: Basic Nursing Skills, Aseptic Technique, The Administration of Medication, Management of A Doctor's Clinical Round, and Management of the Ward.

To orientate trained nurses concerned with the change, a most successful series of 4 half day seminars was held in the School of Nursing. This will be repeated until all senior nursing staff have been orientated.

## OTHER ACTIVITIES

The School of Nursing staff has been involved in the Work Experience Programme. Those students interested in nursing are given lessons in bedmaking etc, before being taken to the wards.

We have also been involved in the training of nursing orderlies.

## TEACHING STAFF

Our thanks to a large number of individuals who assist in the education of Wimmera Base Hospital students of nursing. Their expertise and experience does much to enrich the basic nursing. The members of the Nurse Education Advisory Committee must also be thanked for their time and expertise they contribute to Nurse Education.

## STAFF EDUCATION

Mrs. M. Pannan completed the Diploma in Nurse Education course at Armidale College of Advanced Education (N.S.W.). Staff attended seminars and study days both local and in Melbourne.

## STAFF CHANGES

There have been several changes of staff throughout the year. We have been sorry to lose the services of the following:

Miss D. Bird, Miss J. Wooley, Ms. J. Clayton, Mr. T. W. Carran.

New appointments are Mrs. L. Mentha, Mr. N. Miller and Ms. B. Kilkenny. We are fortunate that both Mr. Miller and Ms. Kilkenny hold Diplomas in Nurse Education, which maintains our required level of three qualified Educators.

## CURRENT STAFF

Mrs. M. I. Pannan	Acting Principal Nurse Educator
Mr. N. G. Miller	Acting Deputy Principal
Ms. B. J. Kilkenny	Senior Nurse Educator
Mrs. L. Mentha	Nurse Educator
Mrs. P. Keyte	Clinical Instructor
Mrs. M. Wilksch	Typist/ Clerk
M. I. PANNAN,	
Acting Principal Nurse Educator.	



## DIETETIC DEPARTMENT

Modification of diet plays a significant role in the treatment of many medical conditions. The Dietitian helps people adjust their daily food habits to meet their body's altered capacity to deal with particular nutrients - proteins, fats, carbohydrates, vitamins and minerals. Patients treated include those with conditions such as Diabetes, Gall Bladder Disease, Hypertension, Bowel Disease, Heart Disease and Obesity.

During this year, with the addition of a Dietary Supervisor to the staff, the number of diet kitchen staff has increased to three. Under the guidance of the Dietitian, the Dietary Supervisor constructs daily menus for therapeutic diets and supervises and assists the two dietary Aides in meal preparation. This has enabled the Dietitian to concentrate more closely upon areas of patient instruction and nurse education in diet therapy.

The department has continued its involvement with secondary school students as part of their work experience program. In addition to this, a trainee Dietitian has spent a period of one week working with the department. We anticipate her joining the Hospital staff as a second qualified dietitian during early 1981.

Fortnightly regional services have been maintained to Warracknabeal, Nhill and Stawell Hospitals with the demand for services to the smaller areas of Murtoa, Minyip, Rupanyup, Kaniva, Jeparit and Dimboola becoming increasingly frequent. Approximately thirty five consultations per month are made at the regional hospitals both at inpatient and outpatient levels and a number of patients from these areas are seen as outpatients here in Horsham.

New areas of work within this Hospital are constantly presenting themselves. In addition to regular re-assessment of patients at Diabetic Clinic, plans are being made for the development of nutrition education programs for diabetic children. Regular assistance is being given to patients attending Cardiac Rehabilitation classes conducted by the Physio and Occupational Therapists.

With the services of a second Dietitian within the new year, we are looking forward to expanding further areas of work, one of which is the education of all patients in "normal" healthy diet. With these developments, we hope to expand effectiveness of modified diet as a therapeutic tool within this Hospital and the Wimmera Region.

FAYE M. MITCHELL,  
Chief Dietitian.

## PHARMACY DEPARTMENT

The past year 1979/80 has seen a further progression in the updating of services, and a steady increase in workload.

The number of items issued has increased from 79,601 to 84,799. The issues to the Wimmera Base Hospital have increased marginally, but issues to Regional Hospitals have increased by approximately 20 percent.

In addition to these issues, it has been necessary to pre-pack 22,326 items from bulk packs for Ward use.

The present Pharmacy staffing level is 3 Pharmacists, one part time Pharmacist, and one Pharmacy Technician.

One of the major achievements this year has been the introduction of personalised dispensing into the Sir Robert Menzies Nursing home and Wards 9 and 10, using specially designed drug medication trolleys — approximately 70 patients now have their drugs dispensed in this manner.

The Imprest System to all Wards has been maintained, with stocks of Drugs, Antiseptic Solutions, and Intravenous Solutions being replaced to predetermined levels by Pharmacy Staff.

This system is supported by Ward Pharmacists who regularly check drug treatment sheets for potential drug interactions and correct dosage and also ensure that the prescribed drugs are available.

During the past year, drug stocks held in Wards have been rationalised, with seldom prescribed drugs being removed from Ward cupboards. These have been placed in a Central Drug Cupboard in Ward 1, from where they can be obtained as required when the Pharmacy is closed.

As a result of this meeting, 4 Regional Hospitals have been given approval to employ local Pharmacists in their Hospitals for a 2 hour session per week. This system is presently in operation at Warracknabeal and Nhill Hospitals.

At the present time, drug stocks are obtained by 9 Regional Hospitals on a regular basis. In 1979/80, 23,347 items have been issued.

The Pharmacy Department at Wimmera Base Hospital has continued to provide a twice weekly visit to Dimboola Hospital, and a visit to Jeparit Hospital every 3 weeks.

With the advent of Sessional Services, Regional Hospitals will have the advantage of the use of the wide variety of drugs as stocked at Wimmera Base Hospital, plus the use of the expertise of their local Pharmacist.

IAN R. GERLACH,  
Chief Pharmacist.

# OCCUPATIONAL THERAPY DEPARTMENT

The year 1979-80 has been an active one for the Occupational Therapy Department as it has continued to provide its services at Wimmera Base Hospital and to the Wimmera region. The two major areas of service have been the Rehabilitation services provided by the Occupational Therapists, and the Activities program conducted by the Occupational Therapy Aides and Workshop Supervisor under the direction and supervision of the Therapists. These services are available on medical referral to in-patients in the acute hospital wards, the Geriatric Unit and the Sir Robert Menzies Nursing Home, and to out-patients through the Day Centre, the Occupational Therapy Workshop and/or in their own homes.

Patients treated by the Occupational Therapists are those who have a temporary or permanent disability affecting their ability to live a normal, independent life. The disabilities may be due to physical causes such as strokes, arthritis, heart attacks, or due to psychological causes such as depression. Treatment is usually on a person to person basis, and includes specific therapy to improve function, provision of aids, and home alterations as required.

Activities programs are conducted in the Day Centre, the Geriatric Unit and the Sir Robert Menzies Home. The principal purpose of these programs is to enrich the elderly person's lifestyle by providing him with opportunities appropriate to his needs and interests for pleasure, creativity, productivity and involvement. A range of activities is employed, including mental and physical games, films, music and singing, craft, exercises and outings.

The Occupational Therapy Workshop continues to provide a form of sheltered employment, with printing, woodwork and process work being the basis of the program, supplemented by films, outings, library visits, cooking, gardening, sports and social skills groups. For all who attend, the program offers the opportunity to develop both basic work and social skills.

Services to the region are largely consultative in nature, involving visits to the regional hospitals on request, and regular Study Days for the Activity Supervisors employed by these hospitals.

A valuable service co-ordinated by the Occupational Therapy Department is the Handyman Service which has been in operation for just over twelve months. The service is available to needy, frail or disabled people for jobs such as minor repairs, heavy cleaning and yard maintenance where a specialist is not required. The number of demands made on the service is continually increasing, indicating the need there is in the community for handyman services at a reasonable cost to pensioners. The Handyman also assists with installation of grabrails, and other aids to daily living.

A highlight of the year was the commencement of the "Horsham for the Handicapped" project. Currently all public facilities in Horsham are being surveyed to determine their physical accessibility to disabled people, and the data gained will be collated into an information booklet. We are grateful for the support received from the hospital and from the community thus far, and our particular thanks go to the young people who are assisting us with the survey.

During the past twelve months the Occupational Therapy Department has continued to maintain and develop its contribution to health care, and to the care of the increasing number of elderly people, both within the hospital and in the general community. The present staff of three Occupational Therapists, four Occupational Therapy Aides and one Workshop Supervisor look forward to a further year of continuing and expanding our services.

JILL JARRED,  
Chief Occupational Therapist.

# RADIOLOGY DEPARTMENT

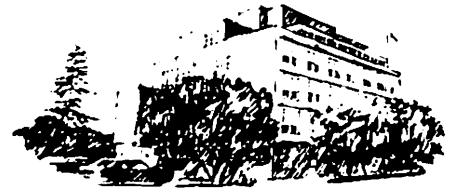
The total number of patients attending the X-ray Department during the year was 6,902, 8% less than the previous year. The visiting service provided by the department to Stawell Hospital increased the workload by a further 1,600 patients.

Jenny Dunlop successfully completed the R.M.I.T. External Course in Diagnostic radiography in December 1979, the first student from Wimmera Base Hospital to achieve this distinction.

During the year serious consideration was given to the development of a Regional Ultrasound Service based at Wimmera Base Hospital. Ultrasound is one of the major advances in medical diagnosis in recent years. It has the advantages of being safe and non-invasive and has now replaced X-rays in the management of obstetrical patients. The scope of Ultrasound is rapidly increasing and it is hoped that the necessary equipment will be forthcoming later this year.

L. WONG SHEE,  
Director of Radiology.

# PATHOLOGY DEPARTMENT



During the year 1979-80 the Department of Pathology continued to expand and the number of specimens received increased from 22,764 to 27,558 which is an increase of more than 20%. Part of the increase was due to the adding of Donald to the area from which the daily car service provided by the laboratory collects specimens, but I think almost equally significant was the presence of many young doctors who have arrived in the area either in training posts or filling vacancies in the country practices. It would seem that young doctors use the diagnostic facilities more than their senior colleagues. This increase in work load shows the wisdom of appointing a second pathologist to the department in the previous year for it would not have been possible to maintain the standard of work in the laboratory or the service given to the area without this addition to the laboratory staff.

In the biochemical section of the department the purchase of a "Centrifichem" has added another semi-automated machine which will save a significant amount of technologist time which is fortunate as the department has added a number of tests including glycosylated haemoglobins and gentamycin assays, to the already large range of chemical estimations previously available.

Also during the year the department commenced a new method of work load recording suggested by the Health Commission of Victoria. It will give a more accurate assessment of the change in volume of work but unfortunately takes an appreciable amount of technologists' time.

It is very gratifying to be able to report that the only staff change during the year had been the addition of Miss Jenny Bath, a hospital Bursary student, who commenced work on February 1st, 1980 in the Bacteriological division which had been relatively understaffed. In all I feel that the Department of Pathology has had a good year.

G.B.LEYTON,  
Director of Pathology.

## SPEECH THERAPY

The Speech Therapists at Wimmera Base treat both children and adults — officially anyone outside school age, or not within the Education Department territory. However, some school-age children are also treated by the hospital therapist, either because of convenience or demand.

Patients are referred by their doctor, as in-patients or outpatients. The majority of our caseload consists of children on an outpatient basis. We also see some adult in-patients and Day Centre patients.

The Speech Therapists here treat various communication disorders, the majority being maturational delays of sound development and language development. Other speech and language disorders can be due to mental retardation, cerebral palsy, cleft palate, minimal brain damage and dysfluency. The majority of these cases would be treated in childhood. Most adults who are treated would be needing speech therapy because of diverse brain damage (resulting from strokes and car accidents, etc.), laryngectomy operations and tumours.

Any of these disorders may result in a level of comprehension and/or expression loss.

Our weekly regional service to Nhill and Dimboola was stopped in November when Julie Gearon, a new graduate from Lincoln Institute commenced full time work at Nhill Hospital. However, services have been maintained to Stawell and Warracknabeal Hospital.

Our therapists also travel to Karkana Centre to treat some of their pupils.

This year we commenced a screening service to the 5 local kindergartens, which revealed some children in need of therapy, who had not previously been referred.

The regional audiologist with the Health Commission of Victoria is continuing to provide the area with a much needed facility, and it is hoped that it will continue on a regular basis.

HEATHER McNICOL,  
Chief Speech Pathologist.

# FINANCE

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

FOR THE YEAR ENDED JUNE 30, 1980

operating account

### RECEIPTS

#### HOSPITAL RECEIPTS

Ordinary Government Grants* .....	\$5,130,000	
Specific Purpose Grants (Collective Buying) .....	10,630	
Works and Services .....	33,138	
Medibank Trust Fund .....	33,144	
Home Nursing Subsidy .....	48,300	
Inpatient Fees .....	834,414	
Non-Inpatient Fees .....	376,282	
Meals and Accommodation .....	78,111	
Meals on Wheels .....	12,128	
Services Provided to Other Institutions		
Administrative Assistance .....	3,528	
Steam .....	5,888	
Other (Drugs, Mortuary Fees) .....	71,006	
Total Hospital Receipts .....		\$6,636,569

#### NURSING HOME RECEIPTS

Government Grant .....	1,300	
Nursing Home Grants .....	557,321	
Pharmaceutical Benefits .....	527	
Patient Fees .....	287,525	
Total Nursing Home .....		\$ 846,673
		\$7,483,242

\*Includes \$45,773 not received, being deduction for prior year surplus.

### PAYMENTS

Salaries and Wages .....	\$5,069,661	
Superannuation .....	58,121	
Payments to Visiting Medical Officers .....	261,022	
Food Supplies .....	240,757	
Medical and Surgical Supplies .....	163,562	
Special Service Departments .....	120,433	
Drug Supplies (including Medical Gases) .....	156,060	
Fuel, Light and Power .....	209,437	
Domestic and Laundry Charges .....	370,140	
Renovations and Additional Works and Services .....	40,382	
Replacement and Additional Equipment and Repairs .....	210,818	
Administrative Expenses .....	340,347	
Ambulance .....	49,044	
Other Payments — Cost Sharing .....	12,286	
		\$7,302,070

Operating Surplus for 1979/80 .....		\$ 181,172
Prior Years' Surplus Brought Forward .....		\$ 12,514
Less Grant not Received .....		\$ (45,773)
Accumulated Surplus .....		\$ 147,913



**WIMMERA BASE HOSPITAL**  
**OPERATING ACCOUNT**  
**SUPPLEMENTARY INFORMATION**

**ASSETS**

Patients' Fees Outstanding

**HOSPITAL**

Motor Accident Board .....	\$ 8,173
Workers' Compensation .....	20,995
Repatriation .....	14,112
Private .....	48,854
Semi Private .....	31,425
Outpatients .....	80,127

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\$203,686

**NURSING HOME**

Patients' Fees .....	\$22,172
Commonwealth Department of Health .....	44,745

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\$ 66,917

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\$270,603

TOTAL FEES OUTSTANDING .....

**OTHER ASSETS**

Stores .....	\$128,442
Debtors (Other) .....	7,585

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\$406,630

**CREDITORS**

**LIABILITIES**

Sundry Trade Creditors .....	\$122,594
Special Purposes Medical .....	13,837

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\$136,431

# WIMMERA BASE HOSPITAL

## STATEMENT OF BALANCES

as at June 30, 1980

	<b>Liabilities</b>	<b>OPERATING FUND</b>	<b>Assets</b>
Bank Overdraft .....		\$352,087	Investments .....
Fund Balance (Cash Proportion) .....		147,913	\$500,000
		\$500,000	\$500,000
		<b>CAPITAL FUND</b>	
Handyman Service .....	\$ 7,348	Cash at Bank .....	\$58,777
Loan Accounts .....	51,777	Investments .....	183,733
Staff Training Fund .....	4,351	Land and Buildings .....	920,229
Provision for Asset Replacement .....	9,043	Plant and Equipment .....	706,459
Fund Balance .....	4,558,373	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. ....	41,733
		Menzies Home .....	851,548
		Pathology Building .....	597,449
		Housing .....	305,223
		\$4,630,892	\$4,630,892
		<b>MAINTENANCE FUND</b>	
Bank Overdraft .....		\$146	Investment .....
Fund Balance .....		54	\$200
		\$200	\$200
		<b>SPECIAL PURPOSES MEDICAL TRUST FUND</b>	
Fund Balance .....	\$211,412	Cash at Bank .....	17,214
		Investments .....	180,361
		Other Debtors — Special Purposes Medical (Pathology) .....	13,837
		\$211,412	\$211,412
		<b>SPECIAL PURPOSES DENTAL FUND</b>	
Fund Balance .....	\$1,893	Cash at Bank .....	\$1,893
		\$1,893	\$1,893
		<b>PATIENTS' TRUST FUND</b>	
Fund Balance .....	\$26,308	Cash at Bank .....	\$26,308
		\$26,308	\$26,308
		<b>FRAIL AGED FUND</b>	
Fund Balance .....	\$69,261	Investment .....	\$61,703
		Cash at Bank .....	7,558
		\$69,261	\$69,261
		<b>RESERVE FUND</b>	
Fund Balance .....	\$1,570	Investment .....	\$1,399
		Cash at Bank .....	171
		\$1,570	\$1,570

STATEMENT OF BALANCES, Continued.

**T. F. RYAN PRIZE**

Fund Balance .....	\$1,045	Cash at Bank.....	\$345
		Investment .....	700
	<u>\$1,045</u>		<u>\$1,045</u>

**ENDOWMENT FUND**

Fund Balance .....	\$800	Investment .....	\$800
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**MEDICAL AND SURGICAL EQUIPMENT TRUST FUND**

Fund Balance .....	\$10,427	Cash at Bank.....	\$10,427
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**STAFF TRAINING FUND**

Fund Balance .....	\$13,803	Cash at Bank.....	\$9,452
		Sundry Debtor (Capital Fund).....	4,351
	<u>\$13,803</u>		<u>\$13,803</u>

**WIMMERA BASE HOSPITAL  
ANALYSIS OF MAJOR FUND AND BANK ACCOUNTS  
FOR THE YEAR ENDED JUNE 30, 1980**

**CAPITAL FUND ACCOUNT**

Debit		Credit	
Furniture and Fittings.....	\$24	Fund Balance July 1, 1979	\$4,405,166
Housing Loan Repay- ments .....	5,271	Housing Loan Adjust- ments .....	43
Fund Balance June 30, 1980.....	4,558,373	Interest on Investments...	17,493
		Government Grants.....	91,085
		Sundry Receipts.....	25,616
		Donations .....	24,265
	<u>\$4,563,668</u>		<u>\$4,563,668</u>

**CAPITAL BANK ACCOUNT SUMMARY**

Receipts		Payments	
Balance July 1, 1979.....	\$ 40,081	Purchase of Furniture (Menzies Home).....	\$ 24
Home Handyman Ser- vice .....	5,098	Housing Loan Repay- ments .....	5,271
Sundry Income .....	17,602	Capital Works .....	49,899
Interest on Bank Balance .....	982	18 Bowden Street.....	29,000
Interest on Invest- ments .....	16,511	Staff Training Fund.....	11,616
Government Grants.....	91,085	29 Arnott Street.....	47,141
Rent from Hospital Owned Properties .....	14,757	Transfer to Investments...	56,397
Sale of 18 Bowden Street .	31,777	Balance June 30, 1980....	58,777
Donations.....	24,265		
Staff Training Fund.....	15,967		
	<u>\$ 258,125</u>		<u>\$258,125</u>

**SPECIFIC PURPOSES FUND  
MEDICAL TRUST FUND**

Debit		Credit	
Bonuses .....	\$ 30,339	Balance July 1, 1979 .....	\$ 144,677
Pathology Equipment.....	28,740	Interest on Investments ...	16,385
Subscriptions, Journals and Conferences.....	1,830	Interest on Bank Account..	834
Balance June 30, 1980.....	211,411	Sundry Income.....	378
		40% Pathology Receipts.	98,501
		Grants.....	8,708
		Other Debtor — Special Purposes Medical (Pathology) .....	2,837
	<u>\$ 272,320</u>		<u>\$ 272,320</u>

**MEDICAL AND SURGICAL EQUIPMENT  
TRUST FUND**

Medical Equipment.....	\$ 13,905	Balance July 1, 1979 .....	\$ 12,800
Balance June 30, 1980 .....	10,427	Donations .....	11,532
	<u>\$ 24,332</u>		<u>\$ 24,332</u>

**WIMMERA BASE HOSPITAL  
SPECIFIC PURPOSE BANK ACCOUNT SUMMARY  
FOR THE YEAR ENDED JUNE 30, 1980**

**RECEIPTS**

	Special Purposes Medical	Frail Aged	Reserve	Medical Equip. Trust	Total
Balance July 1, 1979 .....	\$ 3,676			\$12,800	\$16,476
Interest on Bank Balance .....	834				834
Interest on Investments .....	16,385	\$7,558	\$171		24,114
Donations .....	50			11,532	11,582
40% of Pathology Receipts .....	98,501				98,501
Grant Transferred from Operating..	8,708				8,708
Medical Reports Supplied .....	329				329
	<u>\$128,483</u>	<u>\$7,558</u>	<u>\$171</u>	<u>\$24,332</u>	<u>\$160,544</u>

**PAYMENTS:**

Medical Equipment .....	\$ 28,740			\$13,905	\$42,645
Subscriptions .....	903				903
Travel Expenses .....	926				926
Bonuses .....	30,339				30,339
Transfer to Investments.....	50,362				50,362
Balance June 30, 1980 .....	17,213	\$7,558	\$171	\$10,427	\$35,369
	<u>\$128,483</u>	<u>\$7,558</u>	<u>\$171</u>	<u>\$24,332</u>	<u>\$160,544</u>

**WIMMERA BASE HOSPITAL**  
**SCHEDULE OF INVESTMENTS AT JUNE 30, 1980**

FUND	Date of Maturity	Interest Rate %	Amount \$	Total \$
Operating .....	On Call	10.8	500,000.00	500,000.00
Capital.....	18/8/80	13.7	19,559.51	
	26/8/80	13.7	153,735.69	
	6/7/80	8.75	10,437.50	183,732.70
Special Purposes Medical .....	26/8/80	13.7	180,361.75	180,361.75
Specific Purpose — Frail Aged .....	26/8/80	13.7	61,703.40	61,703.40
Specific Purpose Reserve .....	26/8/80	13.7	1,398.50	1,398.50
Specific Purpose — T. F. Ryan Prize ..	15/4/84	5.0	700.00	700.00
Maintenance .....	1/9/80	9.0	200.00	200.00
Endowment .....	1/9/80	9.0	100.00	
	1/9/80	9.0	300.00	
	1/7/87	9.25	400.00	800.00
<b>TOTAL INVESTMENTS .....</b>				<b>928,896.35</b>

**COMPARATIVE STATISTICS**  
**HOSPITAL AND NURSING HOME SECTIONS COMBINED**

	1976	1977	1978	1979	1980
Total Inpatient Admissions .....	3,212	3,177	3,114	3,234	2,977
Total Inpatients Treated .....	3,349	3,321	3,251	3,373	3,120
Total Bed Days .....	50,359	47,484	50,361	52,561	51,158
Daily Average Occupancy of Beds	137.6	130.1	127.9	144.0	139.8
Average Stay of Patients (Days)...	15.0	15.0	15.5	15.6	16.4
Total Outpatients Attendances ...	20,175	21,911	23,031	41,570	33,816
Total Outpatient Treatments .....	31,989	28,482	31,057	52,597	46,634
Cost Per Inpatient Day .....	\$68.40	\$86.23	\$100.68	\$99.21	\$95.35
Cost Per Inpatient Treated .....	\$1,020.86	\$1,232.90	\$1,446.29	\$1,666.64	\$1,563.43

**AUDIT REPORT**

We report that we have examined the Accounts of Wimmera Base Hospital and Nursing Home for the year ended 30th June, 1980.

The Accounts comprise Statements of Receipts and Payments for the Operating Account from 1st July, 1979 to 30th June, 1980, and for other funds for the year ended 30th June, 1980, Statement of Balances and Supplementary Information as at 30th June, 1980.

In our opinion, the Statements of Balances and Statements of Receipts and Payments are properly drawn up in accordance with accounting instructions issued by the Health Commission of Victoria so as to give a true and fair view of the cash situation of the institution as at 30th June 1980, and of the Receipts and Payments for the period ended on that date.

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

We have examined the Statement of Supplementary Information and supporting detail as at 30th June, 1980, and in our opinion, it is in accordance with the records of the institution and has been properly prepared so as to give a true and fair view of the values of these items.

**GREEN, TAYLOR & GREENALL,**  
**Chartered Accountants.**

## WIMMERA HOSPITALS GROUP LINEN SERVICE

STATEMENT OF INCOME AND EXPENDITURE  
FOR THE YEAR ENDED 30th JUNE, 1980

### OPERATING ACCOUNT

#### Income

Charges to Participating Institutions .....		\$495,959.61
Collective Buy Subsidy .....		<u>10,570.00</u>
		\$506,529.61

#### Deduct Expenditure

Salaries and Wages .....	\$297,875.39	
Superannuation .....	3,496.30	
Electricity .....	1,296.00	
Linen Replacement .....	109,115.24	
Laundry Materials .....	27,180.59	
Uniforms .....	35.90	
Repair and Maintenance .....	17,513.06	
Motor Vehicle Expenses .....	11,248.94	
Administration .....	5,784.90	
Transfer to Provisions —		
Asset Replacement .....	\$72,000.00	
Long Service Leave .....	<u>6,000.00</u>	<u>78,000.00</u>
		\$551,546.32
	DEFICIT FOR THE YEAR	<u>\$ 45,016.71</u>

### BALANCE SHEET

As at 30th June, 1980

Balance of Funds as at 30th June, 1980 .....		\$51,478.59
Represented by		
<b>CURRENT ASSETS</b>		
Stores (Bulk linen) .....		\$65,500.61
Stores (Laundry materials) .....		2,065.61
Sundry Debtors .....		<u>29,481.22</u>
		\$97,047.44
Less		
<b>CURRENT LIABILITIES</b>		
Bank overdraft .....	\$21,126.93	
Creditors and accrued expenses .....	<u>24,441.92</u>	<u>\$45,568.85</u>
	Net Assets	<u>\$51,478.59</u>

## WIMMERA HOSPITALS GROUP LINEN SERVICE

BALANCE SHEET AS AT 30th JUNE, 1980

### CAPITAL ACCOUNT

#### ASSETS

Capital Bank Account .....		\$56,630.10
Investments .....		55,000.00
Plant and equipment at Cost .....	\$281,045.60	
Less Provision for depreciation .....	<u>161,574.44</u>	
		119,471.16
New Buildings at Cost .....		<u>323,362.52</u>
		<u>\$554,463.78</u>

#### LESS PROVISIONS

Provision for asset replacement .....	\$16,792.28	
Provision for maintenance and repairs .....	6,507.19	
Provision for boiler replacement .....	35,778.00	
Provision for Long Service Leave .....	<u>19,020.96</u>	
		78,098.43
	BALANCE OF FUNDS	<u>\$476,365.35</u>

#### AUDIT REPORT

We report that we have audited the Accounts of Wimmera Hospitals Group Linen Service for the year ended June 30, 1980.

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, 1980, and the results of its operations for the year then ended.

GREEN, TAYLOR & GREENALL,  
Chartered Accountants.

# PHYSIOTHERAPY DEPARTMENT

Services provided by the Physiotherapy Department in the past year have included:

- a. Treatment of Inpatients.
- b. Treatment of Outpatients.
- c. Treatment of Day Centre Patients.
- d. A Domiciliary Service.
- e. Treatment of Sir Robert Menzies Nursing Home patients.
- f. Ante and Post natal classes.
- g. Cardiac Rehabilitation Classes.
- h. Paediatrics — including treatment of children attending the Karkana Centre.
- i. A Regional Service — on a full time basis to Dimboola, Jeparit and Rainbow. — on a part time basis to Minyip. — and on a phone call basis to Murtoa, Rupanyup and Natimuk.
- j. Exercise Class at Day Centre.

Treatment is only carried out on a Doctor's referral.

The number of treatments carried out over the past twelve months are as follows:

Inpatients	8863
Outpatients	6741
Day Centre	1398
Domiciliary	425
Sir Robert Menzies Nursing Home	1587
Ante Natal	611
Post Natal	825
Cardiac Rehabilitation	80
Dimboola	1416
Jeparit	772
Rainbow	946
Exercise Classes	4179
<b>Total Treatments</b>	<b>27,843</b>

As well as the above listed areas of work, the Physiotherapy Department has been involved in a number of projects this year.

Briefly these are:

1. The establishment of a Wimmera Physiotherapy Group, to provide a means of continuing education for Physiotherapists in the Wimmera region.
2. Continuing to hold Ante Natal Film & discussion nights for expectant patients.
3. Participation in seminars and study days in Melbourne.
4. Supervising second year Physiotherapy students gaining work experience during their summer break.
5. Participating in the Work Experience Program for local High School students.

MARY TOOMEY,  
Chief Physiotherapist.





## MEDICAL RECORD DEPARTMENT

The 1979-80 financial year was one of great activity for the Medical Record Department. One major occurrence was the relocation of the department. Two days of intense activity from all staff members accompanied the shift from the old department to our new location in the old Pathology building. This move took place in October, 1979 and we are now firmly established in our new position.

The statewide collection of morbidity statistics for acute bed hospitals has increased the regional duties of the department. This collection enables the Bureau of Census and Statistics to have detailed statistics relating to the type and nature of diseases and operations occurring in these hospitals.

In order for these statistics to be collected efficiently a uniform medical record system must first be established. A great deal of the past year has been spent in establishing this record system throughout the Wimmera region.

As a result of this Nhill, St. Arnaud, Donald, Dimboola, Edenhope and Warracknabeal hospitals are now linked to Monash Computer Centre via telex and computer in order to transmit morbidity information.

Regular visits are now maintained to these centres. It is hoped that Kaniva, Minyip, Murtoa, Jeparit and Rupanyup hospitals will be likewise linked in the near future.

This past year has also seen the updating of our own disease and operation indices. We are now able to supply information relating to diseases and operations that have arisen within the hospital in the years up to and including 1979.

It is hoped that in the future we will be able to expand the services of the Medical Record Department so that it is more just a storage area for medical records. We wish to establish this department as a central information collection and distribution area which will be utilised by other hospital departments and health professionals.

CATHERINE LANE,  
Chief Medical Record Administrator.

## DISTRICT NURSING

District Nursing is a public health service provided by Wimmera Base Hospital aimed at maintaining a person, with dignity and in their own home, as long as possible. People prefer to live in their home environment rather than in an institution, and with the enormous cost of maintaining patients in hospital, any reduction in the use of hospital services must have an impact on both finances and the well being of patients. To achieve this, and total home care, team involvement is essential. The domiciliary team and its services consists of medical practitioners, welfare worker, liaison officer, physiotherapist, registered nurses, meals on wheels, home help, handyman service, linen service, occupational therapists and the Day Centre.

Our greatest achievement this year was the introduction of a 13 hour shift from 8 a.m. to 9 p.m., to ensure that the service could provide for the needs of all in our community. Patients requiring twice daily insulins, dressings needing attention up to four times each day, terminally ill patients often needing frequent analgesia, especially on settling at night, are just a few reasons I feel this extension has been of great necessity.

Personal professional contact, liaison with medical practitioners, dressings, injections, supportive care and assistance with hygiene are just a few of the services we are called on to administer, whilst breast prostheses and stomal therapy have recently been incorporated into our service.

It has been pleasing to see a greater awareness of our community towards public health. St. Brigids' College organized a group of Form 4 students to visit the lonely and handicapped in our community. They visited the lonely, read to the blind, chopped wood, did shopping, and I am sure learnt to appreciate the community need for involvement with these often forgotten people.

Our thanks to the City of Horsham Lions Club for financing the purchase of a glucose meter for our service for monitoring blood glucose levels of our diabetics.

During this past year our small staff of 3 full time and one part time sister have made 13,000 visits, an increase of 5,000 visits on last year. With a staff increase of only 16 hours per week, I must thank my staff for their wonderful co-operation and efficiency.

PAT JAMES,  
Charge Sister.

# SOCIAL WELFARE

Just as the world about us is changing, so is the thinking on nursing care changing. Where there is change there has to be re-education and so we in the community will have to alter our thinking to allow the change to be implemented. A recent survey by the Victorian Council on the Ageing revealed that elderly people living in smaller towns fare better than their counterparts in the cities. The survey showed that a large majority of these people had close relatives living in the area and had at least one child nearby; most had a daily contact with their family. Elderly people have a strong sense of "belonging" in a small town community and, because of the smaller population, find themselves needed to assist in auxiliary organizations for local bodies such as Ambulance, Fire Brigade, Football Teams, etc. Dr. K. Dempsey, who conducted the survey, said that in a very practical way these people serve as community integrators.

Once it was taken for granted that the elderly in the community ended their days in Hospital. New thinking is that with the aid of community support groups such as Home Help, Meals on Wheels, and the Hospital based District Nursing and Day Centre nursing, patients are kept in their own homes until physical or mental frailty causes them to become nursing care patients. The use of these supports, together with the acceptance of responsibility by families, allows patients to thus maintain their place in the community.

Despite the formal mechanisms of various local and government support groups, the adequacy of an individual's network of relatives and friends governed the quality of the emotional and material support given to older people. The survey revealed that individuals who were neglected by their family and had slipped through the net of community support were often very old and in poor health.

The role of Welfare Officer merges with all areas of the Hospital as social problems do not confine themselves to any particular illness, age or socio-economic group. So it can be seen that liaison with the community support groups and outside government agencies is important to ensure the best possible care for the patient.

A recent innovation is the use of Mrs. Lorna Hanley and her band of helpers who visit patients without family or friends in the area; these ladies write letters and do washing and other small jobs for the patients. To this band I would offer my thanks for their support.

JOY ANDERSON,  
Social Welfare Officer

# STATISTICS 1979 - 1980

Admissions	3,243
Bed Days - Private	11,790
- Hospital	14,363
- Nursing Home	25,303
Major Surgery	502
Minor Surgery	1,145
Births	288
Outpatient Department Attendances	12,145
Day Centre Attendances- IP & OP	5,361
Dental Clinic Attendances	2,585
District Nurse Visits	12,191
Social Welfare / Community Liaison	
Consultations - IP & OP	2,858
X-Ray Examinations - IP	2,145
- OP	5,335
Pathology - Total Specimens Received	27,592
(% of total specimens received) - OP	31.93
- Other Horsham	23.61
- Regional	44.46
Pharmacy Items Dispensed - IP	56,265
- OP	5,371
Physiotherapy Treatments - IP	10,423
- OP	8,274
- Regional	3,134
- Domiciliary	404
- Group Activities	4,801
Occupational Therapy Treatments - IP	10,870
(Includes Day Centre and - OP	7,990
Workshop Groups) - Regional	51
Speech Therapy Treatments - IP	297
- OP	1,495
- Regional	692
Meals Prepared- IP	148,140
- Meals on Wheels	17,772
- Day Centre	5,880
- Cafeteria	51,335
Morning and Afternoon Teas and Suppers (Equivalent to full meals)	131,058
Special Functions	2,644
Laundry Output (Kilograms)	892,031
Steam Generated (Tonnes)	18,993
Engineering Requisitions	2,633
Fuel Oil Consumption (Litres)	1,031,453





Computer Operator at work

## ADMINISTRATION STAFF

as at 30th June, 1980

### ASSISTANT MANAGER:

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

### DEPARTMENTAL MANAGERS:

Finance —

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

Personnel and Training

Mr. J. D. Lawrence, M.A.I.P.M.

Food Services -

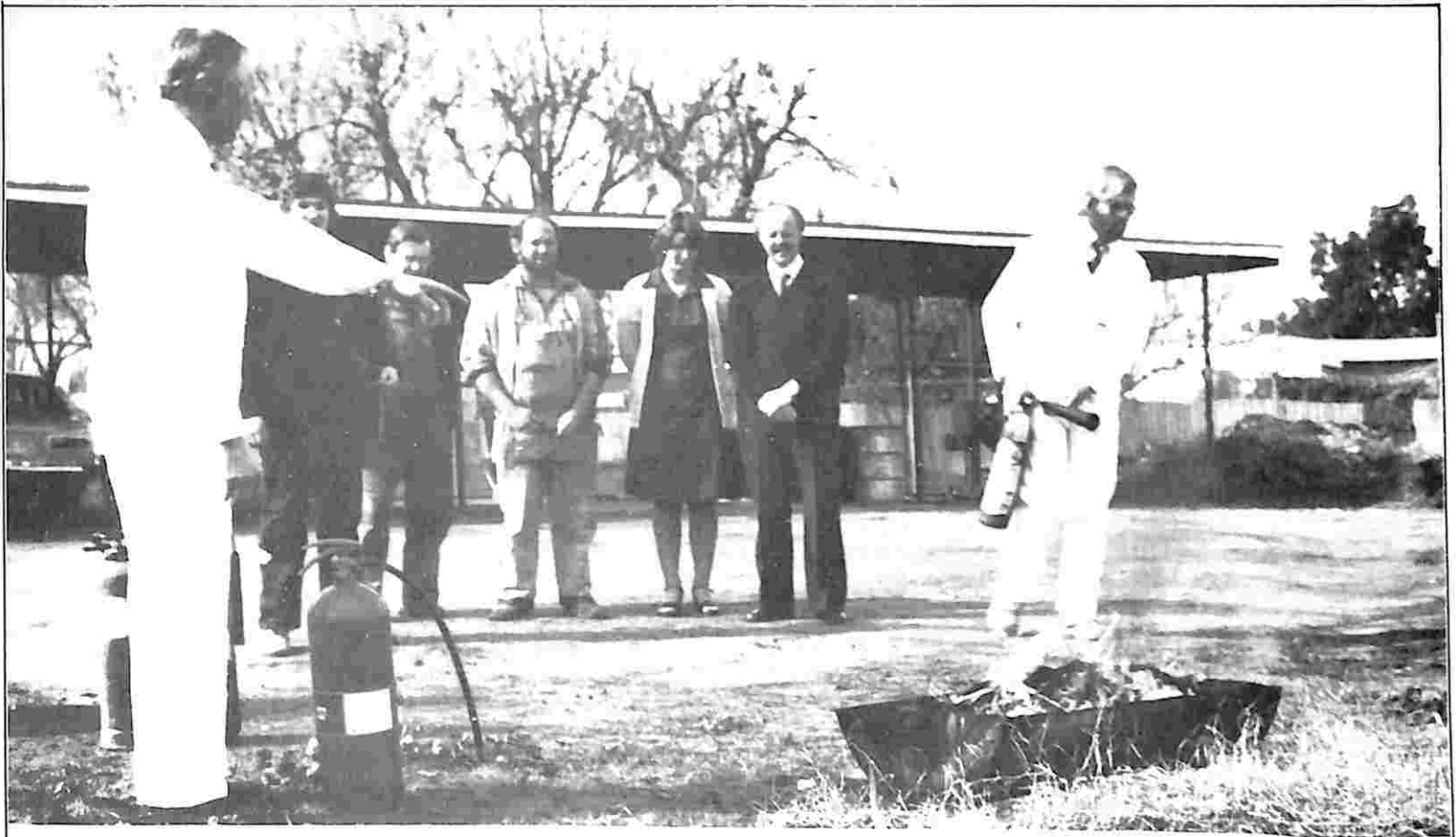
Mr. R. S. Cox, A.F.C.I.A.

General Services -

Mr. P. Aitchison.

Chief Engineer-

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



Fire Drill training in progress

## PERSONNEL AND TRAINING

### PERFORMANCE EVALUATION

The moment the hospital begins to apply human resources to achieve its objective, the process of evaluation commences. Evaluation is a natural extension of person perception — the process by which we view, measure and assess other people as we come into contact with them.

This process, whether on a structured or informal basis, is an ever present, ongoing phenomenon within any organisation, just as the process of making judgements of others is an ever present phenomenon within our social system.

Our judgements of other people are a good deal more complex than our judgements of inanimate objects, and liable to inaccuracy because of the subjective processes of attitudes, feelings, desires and prejudices. Judgements are further distorted by personal and situational influences, particularly in an informal, unstructured and unplanned evaluation process.

As any evaluation process will occur of its own accord, it must be decided whether a formal or informal method of assessment is best for an organization. The advantage of a formal assessment system is that it has face validity — of seeming to be fair and objective. If

objective, it provides management with more detailed and accurate information regarding employee performance, is seen to be fairer than informal systems, and, if properly conducted, encourages employees to develop strengths and eliminate weaknesses. Most importantly, it lets the employee know where he stands.

Very few Victorian Hospitals have formal staff assessment programs. Perhaps this is due to doubts concerning progressive personnel practices, a lack of staff to implement a program or concerns regarding staff attitudes. Wimmera Base Hospital instituted this innovative program in the General Division in 1976, and in some areas, is paralleled with a management by objectives program. Whilst this is functioning with varied success, it nevertheless encourages employees to improve the functioning of the Hospital, particularly with respect to new systems and the introduction of improved technology, rather than maintaining the status quo.

Objective formal evaluation of student nurses in their clinical training is now also playing a vital role in the cumulative assessment of students' progress. Some professional organizations are also becoming more positive in their attitudes to peer review, and it is quite clear that formal assessment programs will have a major impact on staff employed in health care institutions, particularly as human resource expenditure becomes more closely influenced by governmental controls.

## ACCREDITATION

The Accreditation Survey in July, 1980 by the Australian Council on Hospital Standards, voluntarily requested by the Hospital to monitor a variety of established performance standards, was a major impetus in completing a number of progressive personnel matters.



A structured eight hour Induction Program covering an extensive tour of the Hospital, safety, hygiene, staff conditions and fire training commenced last year, and is regularly conducted for all new staff every two months. Personnel policies were critically reviewed and a number of additional policies were issued for the guidance of Department Heads. A major task was the completion of job descriptions for every employee. The staff information booklet was completely revised and issued in an up to date and easy to comprehend manner.

The preparation for the survey was very worthwhile in terms of self evaluation and analysis of existing personnel programs, and has provoked a number of proposals for the future.

## FIRE PREVENTION AND STAFF TRAINING

Twelve months ago, very few staff were aware of this Fire Triangle. Concerns were raised that the lack of training, poor preparedness for evacuation, and general awareness of the dangers of fire would contribute to a major disaster if a fire did occur in the Hospital.

Comprehensive theoretical and, most importantly, practical training in the use of extinguishers and live hose reels has now been completed, and new Fire Orders instituting Fire Wardens have been issued. A detailed Fire Procedure booklet has also been issued to all staff.

Whilst additional evacuation training is yet to be commenced, the improvement in fire prevention facilities, staff awareness and confidence in fire prevention has been most pleasing, and has been successfully tested with both a fire drill and a minor fire that occurred in an Engineering Service building. The Country Fire Authority monitored the fire drill and were impressed with the efficient action and knowledge of fire procedures by most staff.

As a Regional Service, fire training has also been extended for staff in other Hospitals in the Wimmera Region.

The Hospital cannot allow staff to become apathetic with respect to fire training, and programs planned for the ensuing twelve months will build on the base provided to date, and ensure that all staff are fully aware and competent in their duties if a fire were to occur.

JOHN LAWRENCE,  
Personnel and Training Manager.

## BUSINESS ADMINISTRATION DEPARTMENT

The financial year ended June 30, 1980, saw the completion of the first year in which all accounting information was computerized. This included the Base Hospital's operating expenditure and receipts and all Specific Purpose funds. In addition the Associated Hospitals, Annexe Hospitals and Wimmera Hospitals' Group Linen accounts were fully computerized.

The computerization of accounting data has proven to be of great assistance in analysing receipts and payments and supplying speedier and more accurate accounting information to Management and the Health Commission.

To facilitate the sending of data to Health Computing Services at Monash University, the Hospital received a grant from the Health Commission to purchase a remote data entry terminal developed by TAB products of Australia. This system was installed in July, 1979.

This system of sending data has offered many advantages over the previous system: Firstly it allowed for two programs to run concurrently and because it is a dual entry system operating from two independent stations, it eliminates the possibility of a complete breakdown of the system. Because the TAB system stores information on diskette rather than tape, it eliminates the parity faults which the hospital previously experienced.

The change from a manual accounting system to a computerized accounting system has progressed rapidly in the last 18 months — an offshoot from this necessity has been the upgrading in the qualifications of the staff employed in the Business Administration area. Of the 5 people administering the accounting system, 3 have tertiary qualifications while the remaining 2 are studying for degrees by correspondence. Eighteen months ago only one person in the department had tertiary qualifications.

Staff in the areas of admitting and reception continue to maintain high standards of public relations in this "first contact" area of the Hospital, which is appreciated greatly by the Management of the Hospital.

M. B. DELAHUNTY,  
Finance Manager.

## ENGINEERING DEPARTMENT

During the past twelve months several major projects have been completed. First and foremost was the completion of the ring Fire Main which included the installation of live Hose Reels throughout the Hospital to replace the redundant canvas types. A diesel pump has also been installed and starts up automatically if there is a fire alarm and boosts the Fire Main pressure up to 800 KPS. This installation has vastly improved the Hospitals' fire fighting capabilities.

The old Pathology building was gutted and completely renovated and divided into two separate areas. This building now houses the Medical Records Department and also the Medical Library.

The installation of new bed lights and a nurses call system in Ward 5 has been completed. This project entailed the installation of a new switchboard and complete rewiring of the Ward. The new switchboard services Wards 5 and 7 and adjoining rooms.

A major asset to the Hospital was the installation of a new 220KVA Caterpillar emergency generator. This unit is fully automatic and in the event of a power failure it will start up 10 seconds after the failure occurred and supply emergency power throughout the Hospital. This unit is large enough to supply power to the entire Hospital and approximately 40% of the laundry. The Theatres surgical lighting and the delivery ward lights will remain on the 32 volt battery supply which will ensure no interruption to lighting in these areas between a power failure and start up of the generator.

The piped medical gas system has been extended and now includes such areas as Sir Robert Menzies' Nursing Home, together with Wards, 4, 5, 7, and 8.

Not all projects were straight-forward, which we found out when we started renovating the kitchen. The problem here was to carry out the renovation work without interrupting the supply of meals to patients and live-in staff. To overcome this problem, maintenance staff worked on a shift basis and with the full co-operation of the kitchen staff, the project was successfully completed.

The maintenance department has a total of 6 apprentices in the various trades. To ensure that they gain all round experience in their respective trades, the apprentices are seconded out to local contractors to obtain experience work not carried out by Hospital tradesmen.

TOM MARTIN,  
Chief Engineer.

# FOOD SERVICES DEPARTMENT

The department has been involved in various activities and projects during the year, with most important being the renovations to all food preparation and storage areas.

As it was not viable economically to construct new temporary preparations and storage facilities, the existing ones had to be utilized. To overcome this difficulty, it was necessary to use half of the staff cafeteria for food distribution, which meant reduced services to the staff, but full meals were provided to all live-in personnel. In the kitchen, areas were partitioned off, and when these sections of flooring were completed, equipment was transferred accordingly.

The work carried out was as follows:

1. Complete new tile floor throughout.
2. Relining and new shelving of all cool room and freezer.
3. Converting the ready-use store to another coolroom.
4. Converting the covered in verandah to a store room.
5. Replace all wall tiles with stainless steel.
6. Repainting of entire kitchen area.
7. Overhaul of all steam equipment.
8. Renew surfaces of all benches.

The renovations took six months, and staff had to work under extremely difficult conditions during this period. I wish to express my deep gratitude to my staff for the cheerful, helpful and efficient manner in which they carried out their duties during this period. Thank you also to the Chief Engineer, and his staff, for their co-operation and the first class work that was carried out on the project, it is a credit to them.

Accreditation was another feature of our year, and the staff worked hard to hopefully have achieved a successful survey.

Staff training continued throughout the year, with senior staff attending courses at Mayfield Training Centre in Melbourne, and Bendigo College of Advanced Education.

Foodservice Surveys were continued to monitor patients comments, and they proved very successful. One of these was conducted during kitchen renovations.

We are very conscious of the continued need to upgrade foodservices for patients and staff, and it is anticipated that a new selection of menus will be introduced in the forthcoming year.

Although we have just completed kitchen renovations, plans for much larger, modern, and efficient facilities have now been completed, and this proposal is part of stage one of the Hospital's rebuilding programme. It is hoped that this project becomes a reality, as the present facilities are inadequate for the increased work load that is being generated.

RONALD S. COX,  
Food Services Manager.

# GENERAL SERVICES DEPARTMENT

## HOUSEKEEPING SERVICES

Cleaning procedures play a vital role in achieving a high standard of hygiene in the hospital. A well cleaned and maintained hospital is much more likely to be free from incidence of patients acquiring an infection whilst in hospital. Infections are caused by microbes, such as bacteria or viruses, and it is important that the cleaning techniques used in the hospital either reduce or control the microbes which live within the hospital environment.

The general cleanliness of the hospital is an important contribution to the prevention of any infection. This is why Wimmera Base Hospital has a clearly defined cleaning policy that places emphasis on the control of microbes within the hospital environment.

During the year the hospital published a booklet, "A Guide to Hospital Cleaning". This book is used for the training of all housekeeping staff in the techniques of hospital cleaning. It also helps to ensure that cleaning procedures used in the hospital are uniform and clearly defined.

When cleaning the hospital, care is taken to avoid bringing microbes into contact with patients. Dust is loaded with microbes and cleaning tools which raise dust must not be used; brooms and feather dusters have no place within the hospital. Dust on the floor should be collected and kept at floor level. Vacuum cleaners are best for dust collection where they are fitted with filters to prevent the microbes being spread back into the room through the blast of exhaust air.

Tools used for wet cleaning such as mops and dusters also need special care as microbes multiply rapidly in water. One microbe can multiply to several million overnight. Mop heads and dusters are returned to the laundry each day for washing at a high temperature and clean ones issued for use during the next day.

It is important to remember that no cleaning tool will continue to be hygienic if it is in the hands of careless people. There is no magical disinfectant which will make dirt safe. There are however, tools and cleaning materials which, if used carefully, will keep hospitals clean and not add to the number of hospital acquired infections.

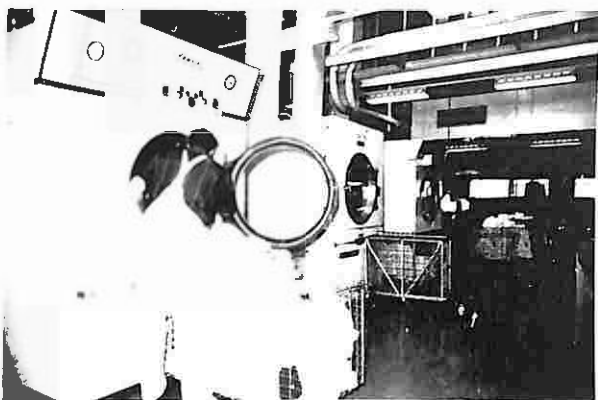
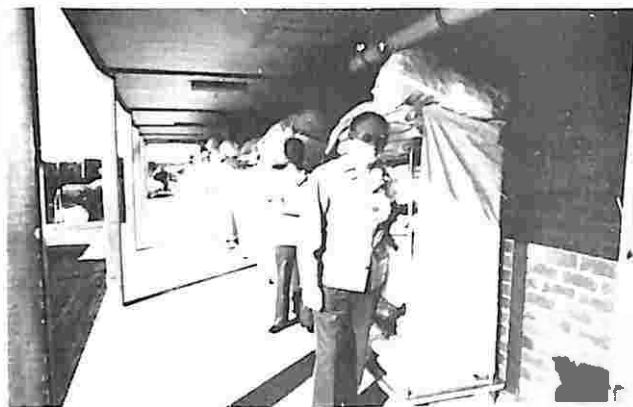




## WIMMERA HOSPITALS GROUP LINEN SERVICE

The Laundry completed the financial year with a weekly output of 17.6 tons, an increase of 1.5 tons. This increase helped the Linen Service maintain its charge rate of 56 cents per kilogram.

During the year, Warracknabeal commenced using our Imprest Linen Supply System. This has provided Warracknabeal with a better, more efficient service, giving the Laundry greater control over linen stock and providing the hospital with cost savings.



## PURCHASING AND SUPPLY DEPARTMENT

The Hospital has introduced a new Purchasing and Stock Control System. The system provides a more efficient and effective purchasing and supply service to all departments, it ensures control, and provides more meaningful reports of the financial activities of individual departments and the hospital.

For the purchasing and supply departments of the hospital, the system has many advantages. It ensures that purchases are now only made when they are authorized by the department head. This gives more control over purchases and therefore more control over the use of funds. No longer can people go down the street and buy goods and then book it to the Hospital; it eliminates unauthorized purchases. The new stock card system creates an efficient ordering system. In general it provides greater control of stores items, resulting in their more efficient use and giving the Hospital greater cost savings.

PETER AITCHISON,  
General Services Manager.

# BARKUMA

I have much pleasure in presenting the Annual Report for Barkuma for 1979-80.

The year has been a most successful one for Barkuma. Our meetings have been held as either dinner meetings at various venues or supper meetings in members homes. Functions for the past year have been:

- Expose: A fashion parade with a big help from Audene's Boutique and Disco hair styles by Finnegan's Salon.
- A successful dinner dance where we covered our costs for the evening held at the Golf Club.
- "Let Christmas go to your Head" — An evening providing hair demonstrations by John Finnegan. A selection of hand made Christmas decorations were available for purchase as well.
- Annual General Meeting — A dinner and social evening for members.
- Square Dance — Barkuma members and their friends learnt the basic steps to Square dancing.
- Greek Night — Traditional Greek food and dancing for 120 guests.
- Gown of the Year — We were pleased to be the first country venue for the presentation of the 1980 Gown of the Year.

With the launching of our Wimmera Calendar in September our Barkuma year closes. It has been a very busy year for all members. Each function has had a very enthusiastic Committee behind it and my thanks go to all these committees.

(MRS.) DEBORAH ANDERSON,  
President.

## HOSPITAL LIBRARY

Late in 1979 the Hospital Library moved into more spacious quarters and now, with the addition of modern shelving and comfortable seating, provides a bright and pleasant area for reading, working or just browsing.

The additional space allowed over 100 books and several nursing journals, formerly housed in the School of Nursing, to be incorporated with the medical and administrative collection.

New books added to the Library in 1979-80 totalled 155 and 6 new journals were also added, making a total of 55 current subscriptions.

The reference service continues to grow, mainly through the regional service provided by the John Lindell Library at the Health Commission. In the twelve month period, July 1979 to June 1980, 1345 photocopies of articles listed in the Current Awareness Bulletin, put out monthly by the John Lindell Library, were requested by various members of the hospital staff. Also 41 books from the same bulletin were borrowed.

As well, there were 75 book loans and journal articles requested from various other libraries. Photocopies of many articles from journals held in our own library were made for staff members and for other health workers in various parts of Western Victoria.

Book and journal loans and telephone enquiries have also increased since the Library moved to larger premises and it is anticipated that reader services will continue to grow in the future.

J. SHELDON  
Librarian.

# RED CROSS LIBRARY

It is my pleasure to present the annual report of the Red Cross Library situated at the Wimmera Base Hospital. In the absence of the Librarian Mrs. Cain through illness, accompanied by Red Cross Branch Members we have carried on the Library work.

We have had a busy year distributing books to the many patients. Our Library consists of many interesting books including large print, these are in great demand by the aged patients. Our Library takes in Warracknabeal and Dimboola Hospitals. Books from these Libraries are exchanged from Horsham. Our Picture Library in the "Sir Robert Menzies' Nursing Home" are changed every three months.

During the year we give "Birthday Gifts" to the aged patients and at "Christmas" we hold our usual party at the Geriatric Wards each one receiving a gift, a musical afternoon and afternoon tea served by the Branch Members. R.S.L. patients also receive gifts, these are wrapped and sent from Headquarters. Our service at the Hospital helps in many ways.

In closing my report I would like to thank Mr. Henry for his help and any advice we needed. I would also pay tribute to Matron, Sisters and Nursing Staff for kindness and Co-operation and to all others concerned who have helped us in any way as this certainly makes our Library work at the Hospital a very happy and rewarding one.

MISS M. CRAFTER,  
(Helper).



## LADIES AUXILIARY REPORT

This has been another successful and rewarding year for the Auxiliary, resulting in \$8693.42 being given to the hospital.

The Opportunity Shop continues to be well patronised, and this year has raised more than \$5000.00. We are grateful to the Guilds and Organisations who stock the shop during the year, also a very hard working Shop Committee for their efforts.

Our Social functions for the year were:

Sherry Party at the home of Mr and Mrs W. Gill,

Coffee Party at the home of Mrs L. Pascall.

Garden Luncheon at "Como" the home of Mr and Mrs E. Jackman,

Sherry Party at the home of Mr and Mrs A. Hurley.

We thank these people most sincerely, also Mr Cox and Food Services Staff and other departments for their assistance in organising these functions.

The weekly raffles conducted at the kiosk are still supported and raised \$1893.00 this year. Our thanks to the many people who donated articles for the monthly raffle.

We express our thanks to the people of Horsham and district for their support, and we will continue to raise funds for the furnishings and equipment for the Intensive Care Unit of the Hospital.

(Mrs) Betty 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.  
CHARLES, Mrs. N.  
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.  
ISBEL, Miss J. E.  
JOHNS, Mr. A. A.  
KROKER, Mrs. C. O.  
LEITH, Mr. C.  
LEIVESLEY, Mr. A. G.  
LOVETT, Mr. K. H.  
McCAULEY, Mr. A.  
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.  
RANDALL, Mr. H. 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. (M.B.E.)  
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.  
MUHLNICKEL, Mr. V. F.  
O'BRIEN, Dr. M. M.  
PATTERSON, Mr. R.  
RODDA, Mrs. H.  
ROGERS, Mr. B.  
SMITH, Miss M. A. R.  
TAYLOR, Mr. M. H.  
VAN DYK, Mr. J. A.



# CONTRIBUTORS' LIST

A					
R. J. Alcock Estate		\$ 400.00	Mrs. McFarlane		5.00
C. F. & M. C. Altmann		20.00	Mr. McIntosh		5.00
Anonymous		25.00	V. McLean		67.00
Anonymous		500.00	Mrs. McNeil		5.00
J. Atkins		20.00	M		
H. E. August		10.00	W. May		30.00
B			Miss Meek		100.00
Barkuma		3,000.00	O. Meyer		10.00
E. M. Beckett		6.00	H. Mitchell		10.00
R. & W. Bennett		10.00	M. Muhlnickel		400.00
Estate S. D. Blyth		7,937.57	Murra Warra Ladies Club		100.00
C. J. Brown		60.00	N		
3rd Horsham Brownie Guides		20.00	J. Nettlebeck		2.00
A. L. Buckler		30.00	F. A. Nixon		10.00
C			V. S. Northfield		50.00
Estate Frances Caldwell		1,104.55	P		
Catholic Ball Committee		50.00	L. G. Pascall		5.00
City of Horsham		100.00	J. & P. Pearson		5.00
S. Colley		3.00	Mrs. E. Peters		100.00
Country Style Chickens		20.00	Pethard Tarax Charitable Trust		300.00
A. R. Courtney		5.00	Pimpinio Uniting Church		50.00
B. Crick		10.00	Ian Potter Foundation		1,300.00
D			W. Puls		25.00
Dooen Ladies Guild		19.00	R		
A. & C. Duffield		5.00	Mr. & Mrs. Rahley		2.00
Mrs. Dumesny		5.00	M. W. Rassatt		32.00
F			Rotary Club of Horsham		100.00
H. Faux		20.00	F. Rushbrook		5.00
V. Filip		10.00	Mr. Rushbrook		20.00
A. S. Freeman		600.00	S		
Freijah Bros.		100.00	H. G. Semmler		25.00
G			Seventh Day Adventist Church		24.60
S. Garvin		100.00	The O. C. Schumacher Estate		800.00
E. F. Gerlach		20.00	T. Simmons		10.00
H			F. M. Smith		35.00
P. Hausterforer		10.00	M. Smith		50.00
Horsham Basketball Association		20.00	State Treasury Race Meeting Fund		100.00
Horsham Cycle Club		20.00	Reg Stevens		5.00
Horsham High School Form 3A4		58.00	R. V. Stewart		10.00
Horsham Netball Association		40.00	Sun News Pictorial		400.00
Horsham Old Time Dance Club		125.00	T		
Horsham Softball Association		30.00	W. C. F. Thomas Trust		400.00
K			E. Timms		10.00
R. A. Keam		25.00	A. Townsend		10.00
E. O. Kemp		45.00	V		
D. J. Kenshole		10.00	G. Vanderwaal		2.00
L			W		
Miss Lane		70.00	Wattle Masonic Lodge		22.00
J. Lawrence		10.00	W. B. H. Ladies Auxiliary		3,453.40
Lord Mayors Fund		20.00	I. Ward & Family		6.00
T. Lovitt		5.00	H. Webb		2.00
Lutheran Rest Home		28.00	W. A. Wik		500.00
Mc			Mr. J. Wik		20.00
S. McDonald		10.00	N. Willis		5.00
			W. D. & H. O. Willis		100.00
			Wimmera Trotting Club		50.00
			The T. W. Williams Trust		400.00
			W.M. Radio Appeal Collection Tins		335.59