

137th ANNUAL REPORT 1990 - 91



Warrnambool & District Base Hospital

Hospital Objectives

- (a) To provide health care to all members of the community whether as inpatients, outpatients or domiciliary patients, achieving the highest standards of patient care and community health;
- (b) To organize and provide regional services in conformity with the State Government Programme for Regionalisation of Health Services;
- (c) To organize and utilize appropriate physical and personnel resources, knowledge and technologies available to:
 - (i) promote health;
 - (ii) be responsive to the community's needs;
 - (iii) prevent, treat and alleviate diseases, suffering, disability and injury.
- (d) To foster continuing improvement in standards and development of the individual through education, research and training;
- (e) To undertake and to provide facilities for the clinical experience and education of medical, nursing and other health personnel in training;
- (f) To maintain acceptable standards through provision and evaluation of an effective and ongoing quality assurance programme throughout the organization.



Warrnambool & District Base Hospital

137th ANNUAL REPORT

1990-91

Warrnambool & District Base Hospital
Ryot Street, Warrnambool, Vic., 3280.
Telephone (055) 64 9400.
Facsimile (055) 64 9660.

PUBLICATIONS

The Annual Report is the major publication of the Hospital each year. Other publications during the Report year were:

Book:

Hospital Patients Guide.

Pamphlets:

Sexual Assault Unit
Midwifery Unit
Midwifery Unit Refresher Course
Short Stay Unit
Community Womens' Centre.

Newsletters:

Baselines – Staff and Auxiliaries newsletter
Pharmacy Bulletin.

The Hospital holds copyright to all the above publications, and all reproduction rights are reserved. Requests for publications, or inquiries regarding reproduction, should be directed to the Media Unit or the John Reid Library.

COVER PHOTOS

- A premature infant lies in the controlled environment of an isolette while undergoing ultraviolet phototherapy to reduce jaundice. An eyeshield gives protection from the ultraviolet light.
- Controlled growth of bacterial cultures in the microbiology laboratory assists diagnosis of infections.
- An aerial view looking north across the main Hospital campus, which occupies an entire city block in Warrnambool.

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The Year in Review

A busy Report year saw the Hospital treat a record number of inpatients, and make further progress on building developments.

However, continued financial restrictions forced many cost-containment measures.

FIVE-DAY WARD INTRODUCED

Ward One (Surgical) was converted to a five-day ward, including provision for day stay and short stay patients. The Endoscopy Unit was also relocated to Ward One.

This innovation radically altered the delivery of Hospital inpatient services, by consolidating all short-stay patients in one area of the hospital with associated staff and service efficiencies, and giving considerable cost benefits through reductions in weekend staffing levels.

BED AND THEATRE CLOSURES

Funding restrictions forced the closure of up to 30 beds at various times during the year. The operating theatres also closed to elective surgery during holiday periods, which are generally times of lower patient demand.

Despite these closures, admission waiting times remained below the state average for most procedures, although re-scheduling of individual

cases was common, and the Hospital operated at very high occupancy levels throughout the year.

FINANCE

Despite very restricted funding, and a \$90,000 budget cut, the Hospital completed the year with an Operating Budget overrun of only 0.6 per cent by implementing a large number of cost-containment initiatives, many suggested by staff. These initiatives resulted in savings of \$745,000 over the prior year.

DIRECTOR OF NURSING RETIRES

Miss Kate Taylor retired in March 1991, after seven years as the Hospital's Director of Nursing. Miss Meg Ryan was appointed to the position in May.

BUILDING WORKS

Construction of the First Stage Pathology Extensions was completed, providing improved facilities for the Biochemistry, Histopathology and Microbiology sections, plus office and staff facilities.

Stage Two extensions are due to be completed in late 1991, to provide improved space for the Blood Bank, Haematology and Immunology

laboratories, a new office area, a patient waiting area and blood collection rooms.

In other building works, substantial improvements were made to the main Hospital entrance, and the Hospital kiosk was expanded to provide a small coffee shop for visitors.

AGED CARE

A comprehensive review on aged care in Warrnambool and district was conducted by Bendigo geriatrician, Dr Tony Snell. His report recommended a number of changes to aged care health services.

Aged care, and in particular the problems associated with nursing home type patients occupying acute hospital beds, continued to be a controversial issue during the year.

DROP-IN CENTRE OPENS

The Warrnambool Regional Association for Alcohol and Drug Dependence (WRAADD) was provided with a Hospital-owned house for the development of a Drop-In Centre for drug and alcohol clients.

The centre opened in September, after refurbishment by Hospital staff and WRAADD clients.

HEALTH CARE REVIEW

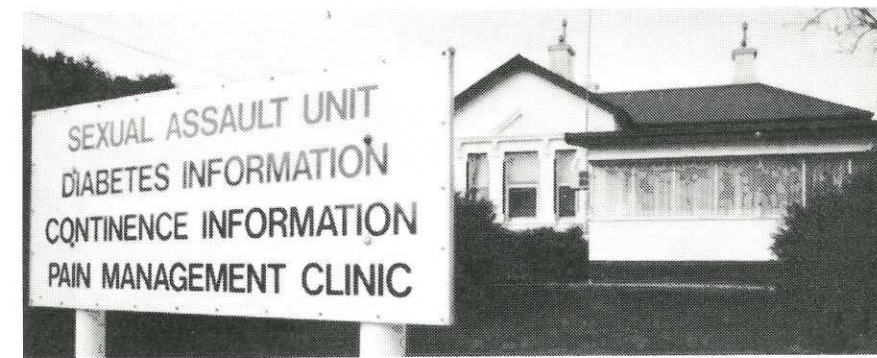
Members of the Victorian Health Care Review Committee held a public meeting at the Hospital, as part of a statewide review of the health system.

PARKING PROBLEMS

The Warrnambool City Council enforced two hour parking zones around the perimeter of the Hospital block in May, after long-running problems with patient and visitor parking access. The parking restrictions were set for an initial six-month trial period.

INCREASED CYTOTOXIC TREATMENT

Use of cancer-fighting cytotoxic drugs increased sharply during the year, from an average of 14 dosages



• Former nursing home Alveston House returned to Hospital service, with the Sexual Assault Unit and three outpatient clinics relocating to Alveston during the year. The Sexual Assault Unit is now based full-time at Alveston, while the clinics operate part-time, complementing their work at the main Hospital campus.

per month in the prior year to 36 or more per month in 1990/91.

The rise reflects the increase in cancer treatment at the Hospital; after initial treatment in metropolitan hospitals many local patients can now continue their treatment course in Warrnambool. A two-bed chemotherapy room has been set aside in Ward Six for this treatment.

NURSING EDUCATION

Sixteen enrolled nursing students graduated from the Hospital during the year, while 19 registered nurses completed the Graduate Nurse Program.

The Hospital continued to provide clinical placement for nursing students from Deakin University, Warrnambool.

DEPUTATION TO MINISTER

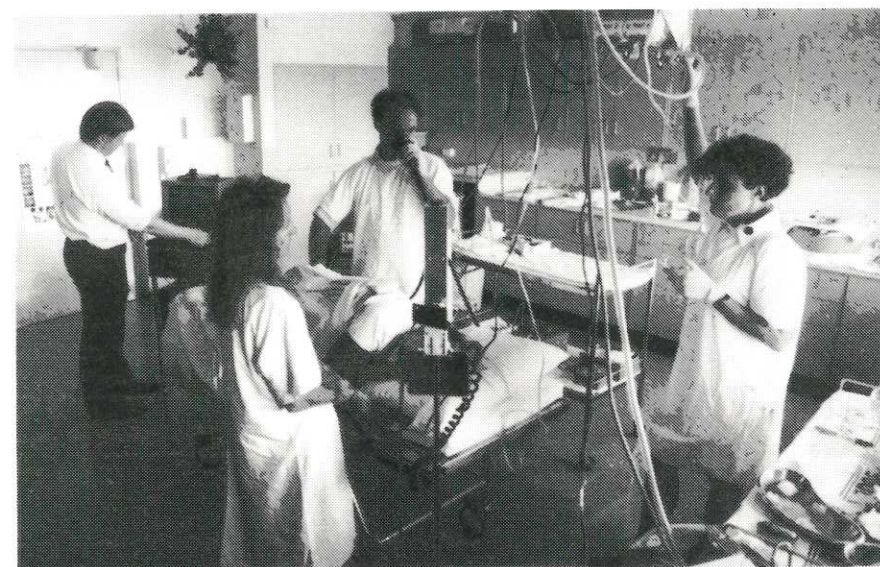
In June, representatives from the Hospital and the Warrnambool City Council formed a joint deputation to Health Minister Mrs Maureen Lyster, seeking funding for the Hospital's long-awaited Rehabilitation Redevelopment Project.

The \$5.6 million project is now top priority for new building works in the region.

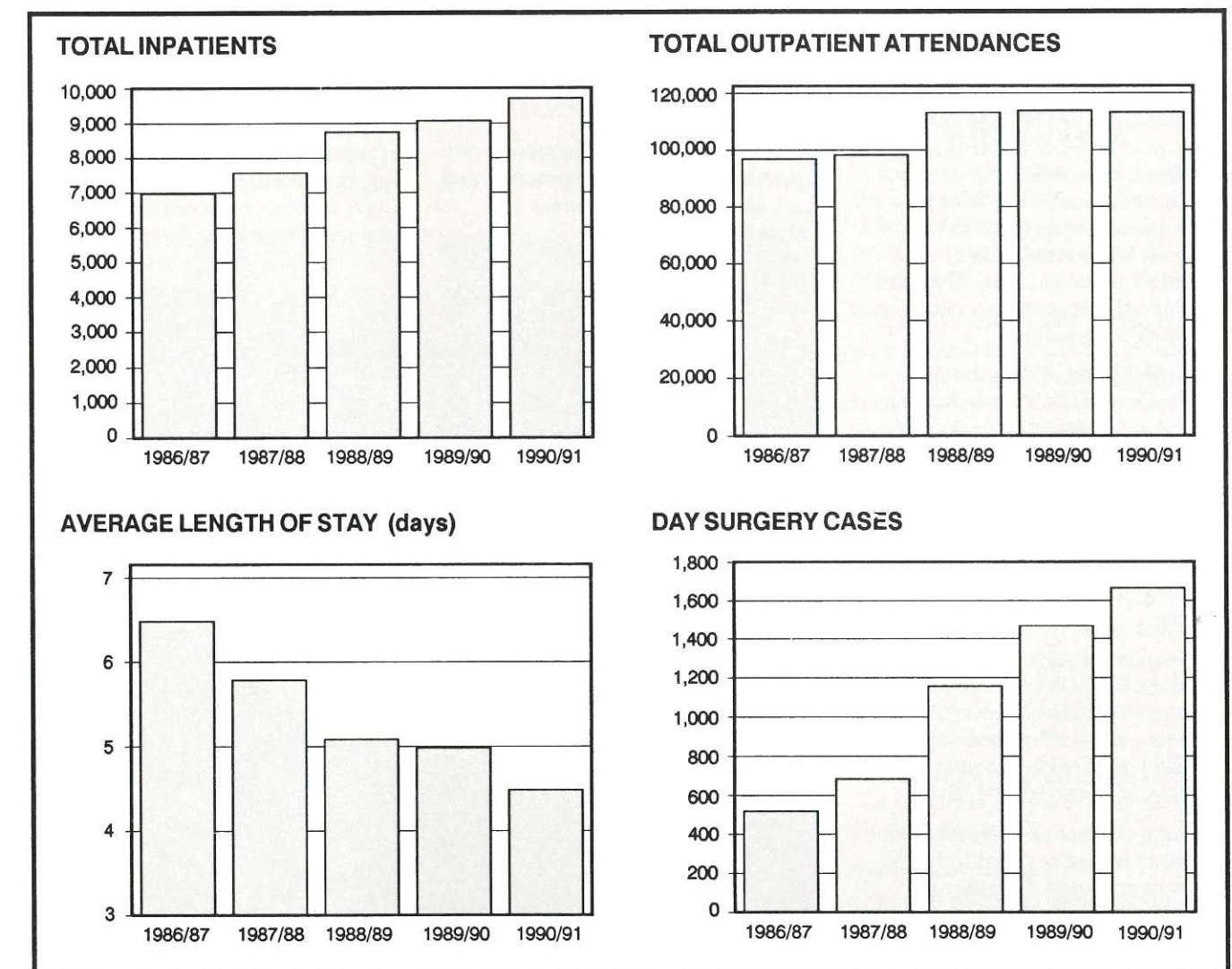
OPERATING THEATRE REVIEW

Substantial increases in numbers of operations in recent years prompted a review of the operating theatre suite, to set a firm course for future development of the theatres.

The review, completed during the Report year, recommended a complete rebuilding of the theatre suite and environs, rather than continued refurbishment of the existing theatres.



• The conversion of Ward One to a five-day ward included the relocation of the Endoscopy Unit from Ward Six to Ward One. Endoscopy, which allows exploration of the body's hollow organs by fibre-optic tubes, is often used in preference to exploratory surgery.



137th Annual Report

On behalf of the Board of Management, I present the 137th Annual Report of the Warrnambool and District Base Hospital, its nursing home annexe Corio House and the Central Linen Service, for the year ended 30th June, 1991.

The year saw continued growth in demand for Hospital services, resulting in record numbers of patients being treated.

The increased demand upon services has been a major contributing factor to the very tight budgetary situation confronting the Hospital, which resulted in a number of cost containment measures being implemented throughout the year.

Despite financial pressures, the year saw continued progress and development.

A major change during the year was the conversion of Ward One – Surgical to a five-day ward (open Monday - Friday only), offering twelve short stay beds, eight day care beds and four endoscopy beds.

The five-day ward opened in January 1991, and has been an outstanding success. It consolidates short stay patients in the one area, with consequent management and financial efficiencies, with no detriment to patient care. The ward now manages some 40 per cent of the Hospital's inpatients.

Other highlights of the year are detailed under the Year in Review section of the Annual Report.

STATISTICAL TRENDS

The high demand on Hospital services continued again this year, resulting in record levels of patient activity.

The number of patients treated increased to 9,705, representing a seven per cent increase over the previous year. At the same time, the average length of stay decreased by 11 per cent from 4.94 to 4.38 days.

The total number of operations increased by one per cent to 5,925. Major operations fell by nine per cent, while minor operations increased by 10 per cent over 1989/90 figures.



● Board of Management President, Mr John Wilson.

Continued increases in the number of patients treated is, in part, a reflection on the recent recruitment of additional specialists in orthopaedics and urology, and also reflects the ongoing development of the Hospital as a sub-regional referral centre.

The five-day ward and the trend towards day surgery and procedures have also increased inpatient throughput.



● Despite a 5.5% decrease in attendances during the year, the Accident & Emergency Department remains a busy 'front line' service of the Hospital.

During the year, the number of births at the Hospital decreased by 7.39 per cent to 519, from a level of 555 in the preceding year.

Demands on the Accident and Emergency Department decreased during the year; attendances fell by 5.53 per cent, from 14,729 to 13,915 attendances.

A comprehensive report of Hospital statistics is detailed elsewhere in the Annual Report.

CORIO HOUSE

Corio House is a 45 bed Nursing Home operated by the Hospital.

This year Corio House recorded a small deficit of \$10,283, which was ameliorated by additional top-up funding from the Health Department.

The funding of publicly-managed nursing homes is under the microscope, with change imminent to match the funding mechanisms of privately managed nursing homes.

This system gives emphasis to patient dependency ratings for each resident through a variable cost Care Aggregated Module (CAM) which covers clinical components, and a fixed cost Standard Aggregate

Module (SAM) which covers non-clinical elements.

The CAM/SAM approach is not intended to reduce standards, but rather to shift costs from the State to the Commonwealth, in line with funding methods in the private nursing home sector.

It is our belief that Corio House will be able to cope with this transition.

CENTRAL LINEN SERVICE

Continued improvements in the operation of the Central Linen Service resulted in a surplus of \$10,609, which will be offset against prior year deficits.

The Manager of the Central Linen Service, Mr Terry Stacey, resigned during the year to take up the position of Manager of the Barwon Central Linen Service at Geelong.

Mr Danny Miller was appointed as General Services Manager, with duties encompassing management of the Central Linen Service.

After a number of years of physical restructuring of the Linen Service, the efficiency of our service has improved markedly.

As linen services around the State are being examined and in some

cases rationalised, we believe we are in a strong position to be able to offer our service to new clients without detriment to standards or costs.

We await the decision of the Health Department in relation to these matters.

BUILDING AND DEVELOPMENT

Substantial progress has been made on building and development projects during the year.

Rehabilitation and Redevelopment:

This \$ 5.6 million project has been at tender readiness for some time. Unfortunately, approval to proceed with construction was not received during this financial year. The project is dependent upon Government Capital grants, but due to the economic situation, funds are not currently available. The project is still the number one priority of the Region to proceed to construction.

The Rehabilitation and Redevelopment project has been planned for over eight years and much re-organisation within the Hospital is dependent upon this project proceeding.

The buildings that are earmarked for demolition are inefficient in layout,

expensive to maintain and in some cases are unsuitable for patient care.

The Board and Executive have sought on a number of occasions to advance the project, and have been joined in their efforts by the Warrnambool City Council. The Minister for Health, Mrs Maureen Lyster, has been appraised of the need for the project, and we are hopeful that a start on construction will be achieved this financial year.

Pathology Department Extensions:

Stage One extensions were completed in late 1990 and are now in use. This is of substantial benefit to the Pathology Department, which has experienced an increasing workload over past years.

Stage Two extensions commenced in July 1991, and are due for completion in early 1992.

This will complete the remodelling of the Pathology Department, which was originally included as part of the major Rehabilitation and Redevelopment project. However, in the circumstances, it was resolved to go ahead with Stage One and Two utilising Special Purposes Medical Fund (Pathology) capital, due to the urgency for the upgrade.

When completed, the extensions to Pathology will have cost in the vicinity of \$900,000, including building, refurbishment and consultants' fees.

Ward One – Five-Day Ward

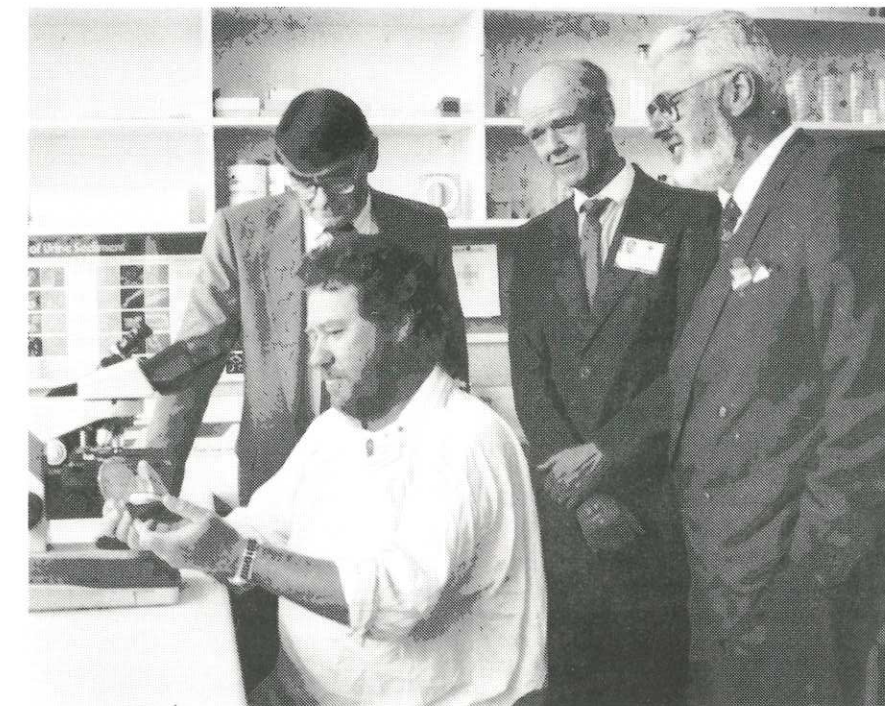
As a major initiative of the Hospital's cost containment program, Ward One was converted to a five-day ward; the financial advantages from the conversion were the closure of the ward on weekends, saving in salary payments.

Major renovations undertaken within the ward included construction of an endoscopic procedures area, carpeting, painting, replacement of blinds and selected furnishings, and asbestos removal. Total cost of the project was \$65,807, which was met from Hospital capital funds.

The majority of construction work was undertaken by the Hospital's Engineering staff.

Kiosk Renovations:

Due to the need to provide improved facilities to visitors, patients and staff, the Hospital's kiosk was extensively renovated. In particular, a storage



● Microbiologist David McKenzie demonstrates cytology samples to (from left) Regional Director Brian Butterworth, Director of Regional Pathology Dr Eric Pihl and Hospital President John Wilson. The Microbiology laboratory was one of the Pathology sections to gain much-needed expansion in the department's first-stage extension works.

HEALTH SERVICE AGREEMENT COMPARISON TO TARGETS

Statistics	Hospital Actual 1990/91	Health Dept. Victoria Target	% Favourable () Unfavourable
Patients Treated	9,705	9,070	7.00
Bed Days	42,467	44,800	(5.21)
Outpatient Attendances (to specified depts.)	108,120	94,700	14.17
Emergency Attendances	13,915	14,700	(5.34)
Average Length of Patient Stay (Days)	4.38	4.90	10.61
Endoscopy Unit (included in patients treated)	1,250	1,400	(10.71)
District Nursing Service	19,639	22,000	(10.73)



• The Hospital's Library provides research resources for medical student Fiona Lee and Senior Hospital Medical Officer Dr Michael Clarke. Hospital Medical Officers and fourth year medical students are rostered to Warrnambool Base from St Vincent's Hospital.

area adjacent to the kiosk was converted to a coffee shop. Patronage of the kiosk and coffee shop has increased dramatically and proceeds generated are used to purchase much needed equipment for the Hospital.

The renovations were completed at a cost of \$14,352, with funds provided from Hospital capital funds. Again, the work was undertaken by the Hospital's Engineering staff.

Front Entrance/Ramp:

Renovation works were undertaken to the front entrance ramp of the Hospital. This work was necessary because of the steep gradient of the

existing ramp and the need to improve motor vehicle access.

Alterations undertaken by the Hospital's Engineering staff included the installation of a ramp with a reduced gradient, improved lighting and provision of short-term car parking. The work was made possible by a minor works grant from Health Department Victoria.

Ward Refurbishment Committee:

A Ward Refurbishment Committee was established during the year, to review the standard of ward accommodation throughout the Hospital and prepare plans for an ongoing renovation program.

The Committee is chaired by Hospital Vice President Dr Keith Nunn, and membership includes the Hospital Executive, Chief Engineer, Supply Manager and Assistant Director of Nursing.

HEALTH SERVICE AGREEMENT

The Warrnambool & District Base Hospital entered into a Health Service Agreement with Health Department Victoria for the 1989/90 financial year. This was the Hospital's third annual agreement.

Major components of the Agreement include:

- the Hospital's role and function statement;
- a one year operational plan outlining priority goals to be achieved during the year;
- key service, activity and efficiency targets;
- a statement of Hospital resources, including budget and staffing profile;
- standard and negotiated management clauses.

The Hospital has substantially met the priority goals and targets as per the Agreement, and, as the accompanying table indicates, throughput targets were met in the areas of inpatients treated, bed days, length of stay and outpatient attendances.

The Hospital has commenced negotiations with the Health Department Regional Office for the 1991/92 Health Service Agreement.

BY-LAWS REVIEW

The By-laws of the Warrnambool & District Base Hospital are the rules and regulations under which the Hospital is administered.

Over the past two years, the By-laws Sub-Committee has worked diligently in reviewing the entire document in line with the Health Department model by-laws. Recent amendments include the Hospital-wide quality assurance plan and the addition of a nursing consultative committee.

Updating by-laws is a prolonged and technical process and I thank the By-laws Committee for its application to the task.

The By-laws of the Hospital are a public document, and when

completely updated will be available through either the Chief Executive Officer's office or the John Reid Library.

FINANCE

The 1990/91 Operating Budget overrun for the Hospital was \$146,640. This overrun is 0.6 of one percent of our budget and is very satisfactory in a year when the budget was cut by a further \$90,000.

The overrun was contained by a number of measures; up to 30 beds were closed for short periods during the year, wherever possible at times of lesser demand, such as school holidays. Associated with these beds closures were planned closures of the operating theatres (except for emergencies), which further reduced staff and consumables costs during these periods.

A large number of cost-containment strategies, many suggested by staff, saved some \$745,000, with some savings flowing on to future years.

All staff are to be congratulated for improved productivity, resulting in a seven per cent increase in patients treated against the reduced budget. As a result the Hospital compares very favourably with its peer group of Hospitals in cost efficiency indicators. This favourable comparison is taken into account by the HDV Regional Office and has we believe resulted in reductions to this hospital in the State Government funding cuts to the Hospital field.

FUND RAISING

The Hospital is very dependent upon the extremely generous and ongoing support of its fundraisers and contributors.

The money raised each year is used to purchase equipment for all areas of the Hospital, to provide the best possible facilities for patients and staff. This ongoing assistance is vital, as government funding does not stretch to meet all of the Hospital's needs.

The Hospital is appreciative of the support provided by Auxiliaries, radio station 3YB in the organisation of the annual Hospital Sunday appeal, service clubs - particularly the Warrnambool Central Rotary Club in seeking business sector

FINANCIAL SUMMARY

Warrnambool & District Base Hospital:	\$
Operating cash receipts	24,578,137
Operating cash payments	25,008,377
Operating cash deficit	430,240
Less outstanding Government grants	283,800
Operating Deficit	146,440 *
Corio House:	
Operating cash receipts	1,301,699
Operating cash payments	1,465,782
Operating cash deficit	164,083
Less outstanding Government grants	153,800
Operating deficit	10,283 *
Central Linen Service:	
Operating income	1,075,048
Operating expenditure	1,064,439
Operating surplus	10,608 **

* subject to further negotiation.

** Will be offset against prior year deficits of \$82,881.



• Palliative Care Nurse Marie Horan adjusts a Grasby syringe pump for Mr Roy McDowell. Easily carried by the patient, the pump allows measured delivery of drugs for pain relief.

donations, the Red Cross Library and contributors.

A comprehensive report detailing the efforts of fundraisers is contained elsewhere in this report.

EQUIPMENT PURCHASES

The Board of Management has a firm policy of providing new and replacement equipment in all areas, to provide the best possible level of

care to all patients, and to provide support staff with appropriate equipment for efficient work.

Prioritization of equipment requests is necessary because of restrictions on the Hospital's capital budget, but a substantial amount of equipment is purchased each year, funded from government grants, donations, fundraising and Hospital income.

An important funding source is the Special Purposes (Medical)

Pathology Trust Fund, and the Board records its appreciation to Trust Chairman Dr Eric Pihl and the fund trustees for their continued support of Hospital equipment needs and projects.

This year, capital funding for new equipment and works totalled \$1,372,268, derived as follows:

Special Purposes	
(Medical) Trust Fund:	\$542,569
Health Department Victoria:	\$412,736
Donations &	
Hospital capital earnings:	\$416,963
Total:	\$1,372,268

A summary of major equipment purchases and capital works projects is listed on page 23 of this Annual Report.

REGIONAL OFFICE — HEALTH DEPARTMENT VICTORIA

The Board of Management and Executive staff wish to record their appreciation for the support and assistance provided by Regional Director, Mr Brian Butterworth, and Acting Regional Director, Mr Arthur Rogers, and the staff of the Regional office.

During the year, the Hospital experienced a number of complex and difficult issues, and were always given encouragement and support by the Regional office. Special thanks go to Mr Mike Martorana for his valued assistance in the capital works and equipment area.

QUALITY ASSURANCE

Quality assurance is the cornerstone of patient care and all hospital departments are involved in the hospital wide quality assurance program.

The Quality Assurance Committee meets monthly and reports to the patient services and review committee.

The hospital accreditation process revolves around quality assurance, and the hospital is progressing toward its next accreditation survey in mid-1993. If successful, the accreditation certificate will then be valid for five years.

The Hospital is awaiting Health Department approval of its hospital-wide quality assurance plan for inclusion in the Hospital By-laws,

which will provide statutory immunity for peer review activities.

AGED CARE

Aged care services is an important issue in the Warrnambool community.

During the report year, an independent review of these services was undertaken for the Health Department Regional office by Dr Tony Snell of the Ann Caudle Centre, Bendigo. The major focus of the review was 'Accommodation for older people in the municipalities of Warrnambool City, Warrnambool Shire, Mortlake Shire and Heytesbury Shire.'

The review, known as the 'Snell Report,' canvassed opinions very widely and consulted with all interested parties. The report made 41 recommendations in all, which were considered by a number of working parties.

The main thrust of the report was that there were sufficient nursing home beds in Warrnambool, but a need for additional beds at Port Fairy and Mortlake was recognized.

Further, it was considered that all resources relevant to aged care were available in the community, but they required better co-ordination.

We believe that due to the 'Snell Report' co-ordination has improved, and certainly the problem of long stay patients occupying acute beds has eased at the Base Hospital because of this.

Integration of acute, extended care and psychiatric services will also mean greater co-ordination of clinical services, to the benefit of patient care.

LIFE GOVERNORS

The Board of Management annually appoints Life Governors, as a measure of appreciation for outstanding service to the Hospital.

The following Life Governors were appointed during the year:

Mrs J. Foster;
Mrs L. Price;
Mrs W. McWhinney;
Mr J. Holmes;
Mrs M. Baulch;
Miss J. Stewart.



● Aged care review author, Dr Tony Snell.

STAFF

The Hospital is a labour-intensive organization and is very dependent upon the dedication and professionalism of staff. All staff contribute and form an integral part of the patient care team. A number of particularly long serving staff have either retired or resigned during the year and we record our appreciation to:

Miss J. Page,
Co-ordinator Staff
Development & Education
(Nursing);
Mr W. Horne,
Supervisor, Operating Theatre;
Mr A. McCosh,
Maintenance Carpenter;
Mr A. Donohue,
Gardener.

The Board of Management records its appreciation to all staff for their efforts throughout the year.

A.E.W. MATTHEWS MEMORIAL SCHOLARSHIP

This travelling scholarship was established in memory of former long serving Chief Executive Officer, Mr Allan Matthews (dec.).

The scholarship is awarded on an annual basis and provides the recipient with financial assistance for approved educational courses or study leave.

The first scholarship was presented at the 1990 Annual General Meeting



● Retiring Director of Nursing, Miss Kate Taylor.

to Mr Ian Barton, Director of Finance, by Mrs Jill Matthews. Ian travelled to Boston to study clinical costing and casemix funding systems which are being developed in Australia as an alternative method of funding hospitals.

DIRECTOR OF NURSING

Miss Kate Taylor retired as Director of Nursing in March, 1991. Kate commenced at the Hospital at Deputy Director of Nursing in 1968, and was Acting Director of Nursing for 20 months from June 1982, being appointed to the Director of Nursing position in January, 1984.

Miss Taylor's service to the Hospital over 24 years was outstanding, and played an integral part in the development of the Hospital into a sub-regional referral centre. She was also active in the establishment of many of the outreach community services for which the Hospital is recognised today.

Of prime concern to her was the quality of nursing services, and the Hospital was highly commended for this, amongst other things, in every accreditation survey during her administration.

A committed supporter over many years of college based nursing education, she oversaw the transition of Hospital based training to Warrnambool Institute of Advanced Education (now Deakin University, Warrnambool) in the late 1980's.

Miss Taylor takes with her the best wishes of the Board and the staff for a long, happy and healthy retirement.

In May 1991, the Hospital was very pleased to welcome Miss Meg Ryan as the newly appointed Director of Nursing. Miss Ryan has wide experience in nursing administration, both in hospital and Health Department settings.

ACTING CHIEF EXECUTIVE OFFICER

The Board of Management records its appreciation to Mr Andrew Rowe for his Acting Chief Executive officer role over long periods of time during 1989 and 1990, while Chief Executive Officer, Mr Peter McGregor, was away on study leave.

Andrew acquitted himself very well in the Chief Executive Officer position and is to be congratulated for his many achievements on behalf of the Hospital during this time.

VALE

The Board of Management and staff were saddened by the deaths of two long serving members of the Hospital medical community.

Dr Reg Sobey, M.B., B.S., F.R.A.C.P., a Consultant Physician of the Hospital, died on January 22, 1991. Reg had an established medical practice in Warrnambool for many years and was well-known for his work in the community. He was also a long serving member of the Rotary Club of Warrnambool.

Appointed to the Board of Management in 1964, he served on all sub-committees and was President of the Hospital from 1972 to 1973, retiring from the Board after completion of his three year term in 1988. Dr Sobey was also a Life Governor of the Hospital. In all respects his contribution to the Hospital and the community was a valued one.

Dr Graham Jones, M.B., B.S., D.O. (London), F.R.A.C.O. died suddenly on March 11, 1991. Dr Jones was this community's only Ophthalmologist, and commenced practice in Warrnambool in 1970. He provided a valuable specialist service to the sub-region and will be sadly missed.

BOARD OF MANAGEMENT

The Board of Management has experienced a very difficult but challenging year; one in which a significant increase in patient admissions and attendances was achieved, despite a real budget cut.

Board members are accountable to the community, and their role is an onerous one without material reward.

Many hours are committed to the service of the Hospital, and I thank all Board members for their contribution and dedication, especially the Chairpersons of sub-committees. The Board operates as a very cohesive unit in the interests of patient care and the community.

During the year, four positions on the Board of Management were advertised due to the effluxion of time. The four retiring Board members were:

Mr J. Wilson
Dr K. Nunn
Mr F. Lodge
Mrs D. Clanchy.

These members were all duly re-appointed by the Governor in Council for a three year term. In addition, Miss M. Mitchell was appointed to the vacancy created by the resignation of Ms E. Lindsay. We thank Ms Lindsay for her contribution as a Board member from 1987 to 1990.

CONCLUSION

This year was one of achievement despite frustrations.

Record levels of patients treated indicate the continued development of the Hospital as a sub-regional referral centre, and increased demands on the Hospital.

The pressure on the Hospital's resources and the tight economic climate necessitated a number of cost containment initiatives to be implemented, in an attempt to contain the Hospital deficit within reasonable limits.

Despite the frustrations and likely continued economic constraints, the Board of Management remains committed to providing the best quality of care possible.

John Wilson
President

Office Bearers

The 12-member Board of Management is appointed by the Governor-in-Council from nominations received by the Hospital.

The functions of the Board of Management of the Warrnambool & District Base Hospital are:

- (a) To oversee and manage the Hospital; and
- (b) To ensure that the services provided by the Hospital comply with the requirements of the Health Services Act 1988, and with the Objects of the Hospital.

EXECUTIVE STAFF

Chief Executive Officer:

Mr P.G. McGregor, M.B.A.(Mon.), B.H.A.(U.N.S.W.), F.C.H.S.E., A.F.A.I.M., C.H.E.

Director of Administrative Services:

Mr A.R. Rowe, B.H.A.(U.N.S.W.), A.F.C.H.S.E., C.H.E.

Director of Medical Services:

Dr J. Christie, D.M.S., D.T.M.&H.(Liv.)

Director of Nursing:

Miss K. Taylor, R.N., R.M., Cert. Inf. Diseases, Dip. Nursing Adm., F.C.N.A. (Retired March 31, 1991)
Miss M. Ryan, R.N., R.M., I.C.U. Cert., Grad. Dip. H/Admin, M.R.C.N.A. (Commenced May 6, 1991)

Auditors:

Coffey, Hunt & Co.

Solicitors:

Mackay, Taylor & Co.

Architects:

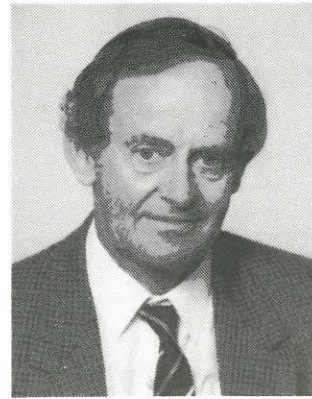
Bates, Smart & McCutcheon Pty. Ltd.

Bankers:

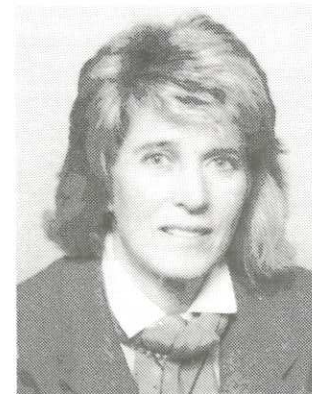
Australian & New Zealand Banking Group Ltd.



President:
Mr J.E. Wilson, F.R.M.I.T., Dip. Arch., A.R.A.I.A. Architect. Appointed to the Board January 1982.
Chairperson: Joint Committee of Management (Rehab. Redevelopment), Medical Advisory, Patient Services & Review Committees.
Member: Finance Committee. Ex-Officio all sub-committees.



Senior Vice-President:
Dr K.D. Nunn, L.D.S., B.D.Sc. Dentist. Appointed to the Board January 1982.
Chairperson: House & Works Committee.
Member: Finance, Medical Appointments Advisory, Patient Services & Review, Staff Committees.



Junior Vice-President:
Barbara Piesse, L.L.B. Lecturer in Law. Appointed to the Board September 1983.
Chairperson: Multidisciplinary Ethics, Education Committees.
Member: By-Laws, Medical Appointments Advisory, Patient Services & Review, Staff Committees.



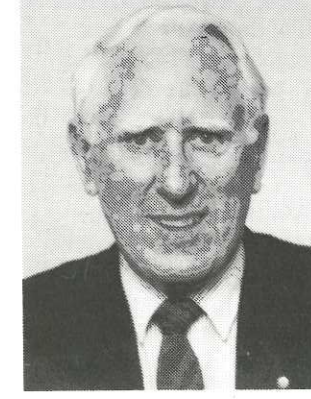
Treasurer:
Mr E.R. Northeast, D.D.A., A.A.S.A., A.A.I.V. Consultant Valuer and Estate Agent. Appointed to the Board September 1974.
Chairperson: Finance Committee.



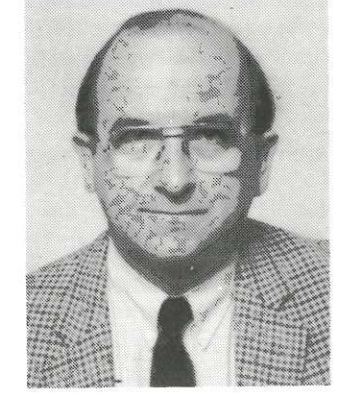
Mr S. Carroll, L.L.B. Solicitor. Appointed to the Board July 1977.
Member: Joint Committee of Management (Rehabilitation Redevelopment), Finance, House & Works, Staff, By-Laws Committees.



Mrs D. Clanchy, A.L.A.A. Librarian. Appointed to the Board October 1984.
Member: House & Works, Education, Patient Services & Review Committees.



Mr J. Clark, A. Dip. Public Admin. R.M.I.T., M.A.C.S. Computer Manager. Appointed to the Board September 1983.
Chairperson: Pharmaceutical Advisory Committee.
Member: Finance Committee.



Dr G.G. Irvine, M.B., B.S., D.(Obst.) R.C.O.G. General Practitioner. Appointed to the Board May 1988.
Member: Finance, Education Committees.



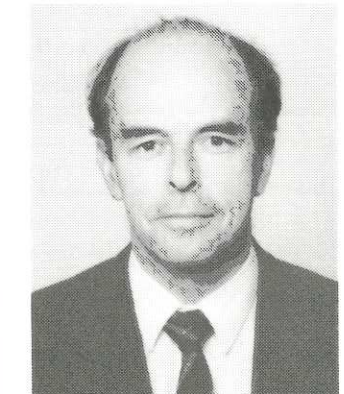
Miss M. Mitchell, R.N., R.M., B.App.Sc.(Nursing), Grad. Dip.(Computing) Regional Palliative Care Nursing Officer. Appointed to the Board November 1990.
Member: House & Works, Pharmaceutical Advisory Committees.



Mr F.G. Lodge, B.C.E., C.E., M.I.E. (Aust.) Retired Civil Engineer. Appointed to the Board July 1977.
Member: Joint Committee of Management (Rehabilitation Redevelopment), House & Works, Staff Committees.



Mr J. Samon, F.A.S.A., C.P.A., A.C.I.S. Finance Director and Company Secretary. Appointed to the Board September 1985.
Member: Finance Committee.



Dr S. Smith, M.B., B.S., D.(Obst.) R.C.O.G. General Practitioner. Appointed to the Board September 1988.
Member: Staff, House and Works, Pharmaceutical Advisory Committees.

Principal Committees

The Principal Committees of the Board of Management oversee major areas of Hospital function. This review summarises the purposes of ten major committees, and the extent to which objectives have been achieved in the year ended 30th June, 1991.

JOINT COMMITTEE OF MANAGEMENT (REHABILITATION REDEVELOPMENT)

Purpose: Oversees the Rehabilitation Redevelopment Project and ensures that function, cost and time parameters of the project are adhered to.

Achievement: The Joint Committee of Management has actively pursued the progression of the Rehabilitation Redevelopment project, which is now at tender readiness.

PATIENT SERVICES AND REVIEW COMMITTEE

Purpose: Reports to the Board of Management on the overall quality, effectiveness, appropriateness and utilization of services rendered to patients in the Hospital.

Conducts reviews of specific aspects of patient care and recommends corrective or preventive action as necessary.

Achievement: Full accreditation status with the Australian Council on HealthCare Standards for the three year period to 22nd June, 1994.

MULTIDISCIPLINARY ETHICS COMMITTEE

Purpose: Functions as an advisory body and considers ethical issues as they are referred to it in individual cases.

Makes recommendations to the Board of Management on policy matters and is concerned with ethical issues relating to the functioning of the Hospital.

Assesses all protocols covering research involving patients and ensures that they, and the conduct of the research itself, conform to the relevant National Health and Medical Research Council Guidelines.

Achievements: Consideration was given to a number of ethical and patient related issues and recommendations were made in respect of research protocols and ethical matters.

HOUSE & WORKS COMMITTEE

Purpose: Monitors the maintenance of the Hospital grounds, buildings and equipment, and makes recommendations to the Board of Management on major and minor works, equipment, replacement and maintenance.

Achievements: Standards of buildings and facilities are monitored and have been maintained or upgraded as necessary.

An active equipment upgrade program has been pursued and is detailed in the President's Report.

FINANCE COMMITTEE

Purpose: Examines financial reports prepared monthly under the direction of the Chief Executive Officer and makes any recommendations to the Board of Management it considers necessary.

Achievements: Increased productivity as evidenced by reductions in cost per patient treated in recent years, as well as the implementation of major cost containment initiatives.

PHARMACEUTICAL ADVISORY COMMITTEE

Purpose: Regularly reviews drug therapy in the Hospital with the aim of monitoring drug usage and costs.

Achievements: Increases in drug costs minimized and a number of requests considered for the introduction of new drugs.

EDUCATION COMMITTEE

Purpose: Advises the Board of Management relative to opportunities for staff at all levels to participate in educational programmes.

Achievement: Reviewed ongoing education programs and monitored expenditure on conferences and training.

STAFF COMMITTEE

Purpose: Interviews and determines the suitability of applicants for senior management positions and makes recommendations to the Board of Management.

Achievement: Recruitment of well-qualified senior management staff, as evidenced in the lists of executive and senior departmental staff.

MEDICAL APPOINTMENTS ADVISORY COMMITTEE

Purpose: Advises the Board of Management in accordance with the Hospital By-laws with respect to the appointment of visiting medical practitioners.

Achievements: Appointment of a full range of visiting medical practitioners in accordance with the levels of medical specialists specified in the Hospital's Role and Function Statement.

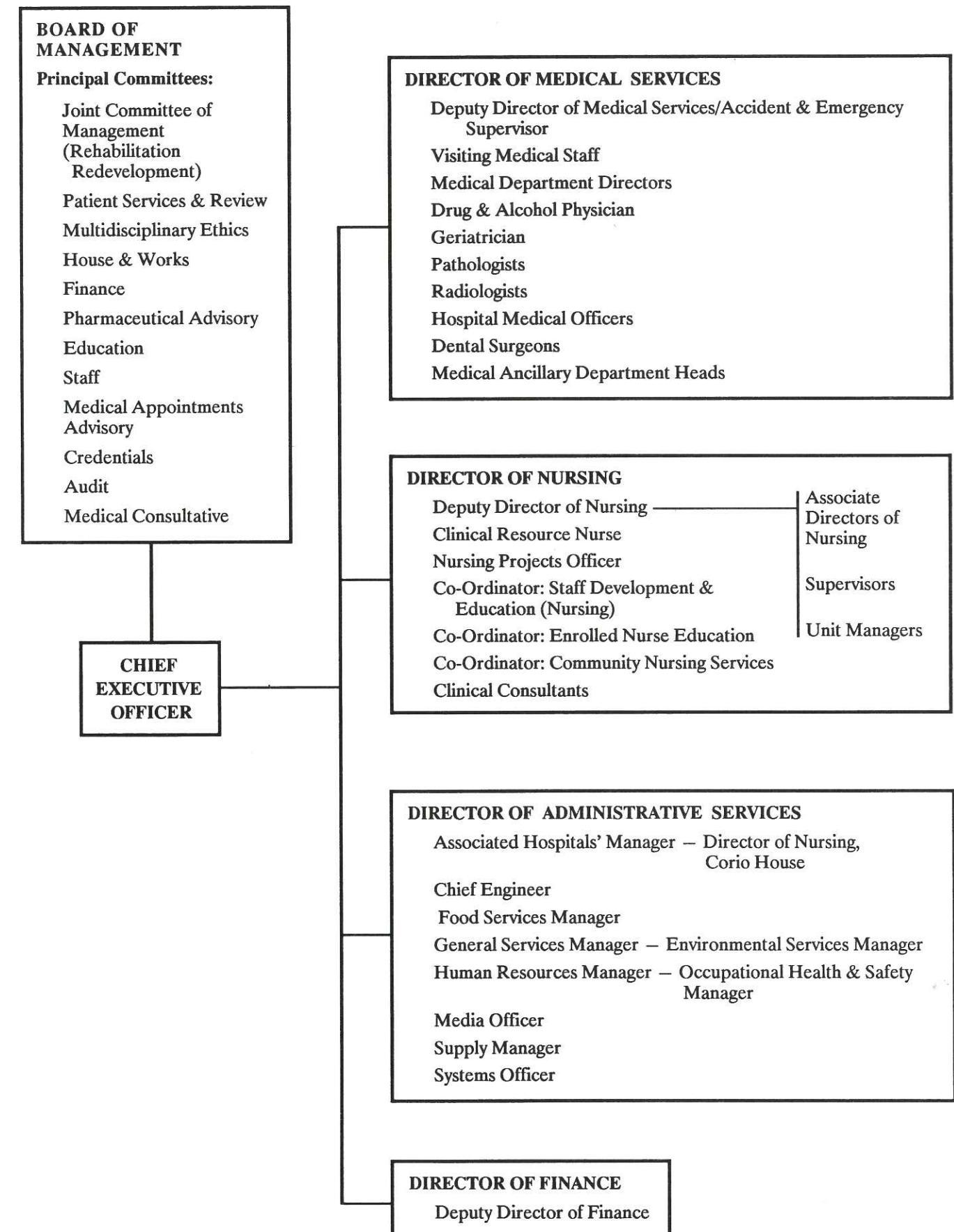
CREDENTIALS COMMITTEE

Purpose: Responsible for defining the clinical credentials of all medical practitioners working within the Hospital, other than Hospital Medical Officers.

Achievement: Appointment of appropriately qualified medical staff in accordance with Hospital service requirements.

- The Audit Committee and the Medical Consultative Committee formed late in the Report year, and are presently setting objectives for the 1991/92 year.

Organizational Structure



Medical Services

Patient throughput increased by seven per cent during 1990/91, and this, coupled with budgetary restraint, has led to a very efficient hospital with all resources being used to the maximum. The Hospital has become both innovative and entrepreneurial in finding ways to reduce costs and increase income.

Staff of this division – and the Hospital generally – must be congratulated on their efforts with cost containment. Major cost containment initiatives during the year have been:

- the opening of a five-day ward in January 1991;
- planned theatre closures over holiday periods;
- non-replacement of staff on leave.

These measures, coupled with tight expenditure control, have achieved the financial results detailed elsewhere in this report.

VALE

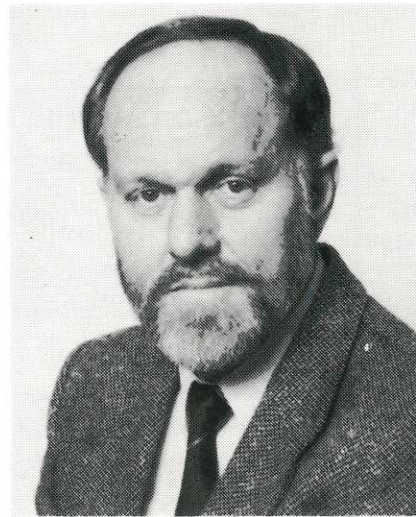
We were saddened by the deaths during the year of two senior members of the Visiting Medical Staff. Dr R.R. Sobey, Physician, died in January 1991. At the time of his death Dr Sobey was Consultant Emeritus Physician and was a past member of the Board of Management.

Dr G.W. Jones, Consultant Ophthalmic Surgeon, died in March 1991. To the families of both of these doctors we offer our condolences.

AGED CARE

A major focus during the year has been aged care services, in particular, the problems of appropriate placement of patients assessed as requiring nursing home placement, and a perceived lack of nursing home beds in the Warrnambool area.

This issue was addressed in a review of all services carried out by Consultant Geriatrician Dr A. Snell. The 'Snell Report' has provided a framework to build on, and has heightened the awareness within this and other agencies of the need for a co-ordinated and unified approach to health care. I am grateful to Dr Snell for all his work.



• Director of Medical Services, Dr John Christie.

AUDIOLOGY

The Department of Audiology has undergone a major expansion during the past 12 months. Many changes have occurred and new programmes have been initiated, to help the department evolve as a holistic department of audiology.

The Department has been actively involved with the establishment of a new, expanded maternal and child health infant hearing screening programme for infants up to 12 months of age, with the aim of reducing the age at which a diagnosis of deafness is made.



• Physiotherapist John Stangherlin instructs Rehabilitation Ward nursing staff on correct amputee stump bandaging technique.

Over 750 infants have been screened in the field in the South-West region in the past year.

The Department was accepted as a major clinical placement for students from the School of Audiology, Eye and Ear Hospital, University of Melbourne, with six clinical placements being offered. These country placements are a major component of post-graduate course clinical experience.

During the year, an entire week was booked off from diagnostic work, to allow the department to concentrate on a public education and screening programme for hearing problems. Visits were made to local primary schools, where over 500 children from prep to grade six listened to a presentation called 'Sounds Good,' a fun educational program based on self learning.

Referrals from school teachers increased as a result of this programme, which also brought the Education Service closer to our department.

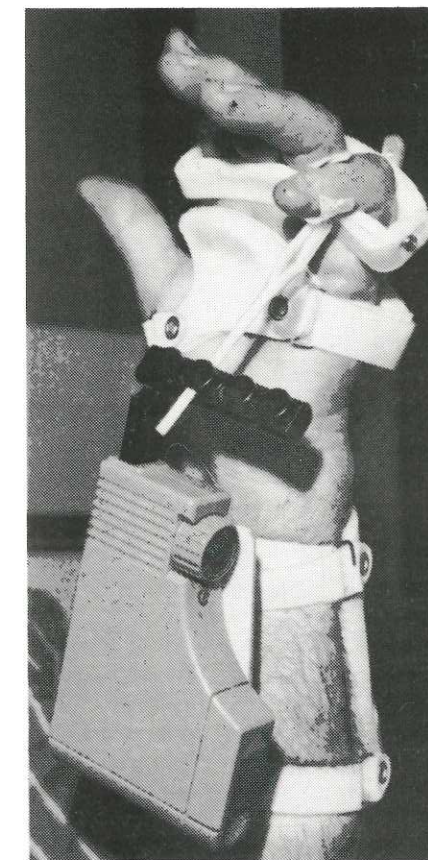
The Department has also been involved in an industrial hearing conservation programme, and a kindergarten hearing screening programme. Both of these programmes are aimed at the early detection of hearing problems.

PODIATRY

There has been a change in focus for the Podiatry Department over the past two years. With the resignations of Michelle Luscombe and Beth Glavas, staffing levels in the department are now the equivalent of 2 full-time Podiatrists (one at the Base and one within the Region).

What was a broadly mixed practice has now become, out of necessity, a high risk clinic only. This brings on new challenges, requiring further development of expertise in ulcer management and pressure care, and streamlining of orthotic therapies and assessment techniques.

Close liaison with the Diabetes Resource Nurse has become vital in patient management, with regular joint consultancies, and the development of a diagnostic and assessment clinic for diabetic patients. This is being designed as an adjunct to routine monitoring, offering a service to the diabetic community at large, in addition to regular podiatry clients. Patient



• Occupational Therapy hand rehabilitation work has been augmented by the purchase of a Hand Continuous Passive Motion Machine, which provides controlled movement exercises of affected fingers.

education will be incorporated into this clinic.

Regional clinics continue in Timboon, Terang and Port Fairy, with each of these services remaining busy. Podiatry services are also provided to Corio House on a regular basis. Quality Assurance programmes in the last 12 months have been extended into the regional clinics, with regular stocks, stores, instruments and machinery audits and patient questionnaires.

OCCUPATIONAL THERAPY

Two American Occupational Therapists commenced work in the department during July 1990, each on a two year working visa.

Wendy Scott specialises in Paediatrics, including assessing children with special needs for integration into the regular school system; Wendy works at both the Warrnambool and Terang Special Developmental Schools. Stephanie Henning specialises in assessment/treatment of clients suffering neurological problems.

For budgetary reasons two Allied Health Assistants who resigned have not been replaced.

NUTRITION

Changes have also taken place in the Nutrition Department, with the departure of Kathy Pasco to Western Australia. Kathy has been replaced by Simone Launt, a graduate from the University of Sydney.

During February 1991, the department relocated to the Villiers Block and is now well established in its new offices.

A major change in the Department's direction has been the recent introduction of group counselling for outpatients, in order to extend the Department's services to more members of the community and to reduce the patient waiting list.

The Department has also commenced a visiting service to Corio House.

Following the successful placement of a Dietetic Intern for the first time in 1990, the Hospital has accepted two students for training in the Nutrition Department during 1991.

SOCIAL WELFARE

Mrs Sussanne Pyers was appointed Chief Social Worker in March 1991 after the resignation of Helen Chapman. As a cost-saving measure, Social Work has been reduced to 20 hours per week, which has had an effect on the availability of service provision.

Ms Carmel Leithhead commenced as Welfare Officer, following the resignation of Mr Andrew Mozina. Carmel has proved a valuable asset to the Social Welfare Department through her past experience as a Psychiatric Nurse.

Despite these changes to the staff of this department, services were provided to 721 clients during the year.

SEXUAL ASSAULT UNIT

The past year has been a busy and productive one for the Warrnambool Sexual Assault Unit. The Unit has moved from the Villiers Block at the Base Hospital to the Alveston Clinic in Banyan Street, where additional space and a quiet reflective atmosphere has benefited the sensitive nature of the work.

The department was pleased to welcome chairperson Sheryl Nicholson to head the department's Committee of Management and to extend grateful thanks to outgoing chairperson Jackie Rounsevell for her continued support. Vivienne Ladavac was recently appointed as office worker, replacing Hellen McLean.

The Unit continues to respond to a heavy demand for its service and particular increases have been felt in work with children (boys and girls in almost even numbers), and with male adult survivors.

Group work with Mary Roennfeldt has been very productive and we are grateful for financial assistance from the Barwon South-West Region's Women's Health Service. It appears unlikely that this Department will receive any significant boost to finances over the coming year.

Currently, statistical information is being collected and coded across the State and detailed statistical information will be considered by the Health Department in the future planning of services in this area.

HOSPITAL LIBRARY

The John Reid Library now has a reliable and enthusiastic group of volunteer assistants, enabling it to continue to offer a valuable service to hospital staff, allied health professionals and regional health care facilities, despite a reduction in staffing and, consequently, hours of operation.

A recent survey showed that library users find the library a valuable resource centre. The library also continues to provide health science information for patients and the general public.

It is very pleasing that funding has been obtained for computer software, to enable the library catalogue to be computerised. It is envisaged that this will reduce the time-consuming, repetitive work of producing a card catalogue, and will increase access to information in our text collection, through better indexing and the production of acquisition lists and a bibliography.

One of the Library's primary tasks, which takes a large percentage of library staff time, is conducting searches of the literature to gather specific information for Library users.

Staff undertaking study courses are encouraged and assisted to become independent users of the Library.

The Library is an active member in the wider library field, being a member of the Warrnambool Librarian's Network, the Australian Library and Information Association and its subsection, Health Library Section (Vic. Group), and the Co-operative Gratisnet Scheme, through which we obtain the majority of our inter-library loans.

Within the restrictions of the present budget, the John Reid Library endeavours to give a quality and relevant service to its users.

PATHOLOGY

Our Pathology Department continues to provide services to both Hamilton Base Hospital and Portland District Hospital, with the Pathologists regularly travelling to these centres. This arrangement continues to work well for all concerned.



• Director of Pharmacy Brian Dillon supervises trainee pharmacist Leisl Benton as she prepares drugs for epidural (spinal canal) injection. A special laminar flow cabinet provides sterile conditions for the work. Adopting new pain-relieving drugs has greatly assisted the development of day surgery and short stay facilities.

The completion of Stage One extensions to the laboratories has provided greatly-improved laboratory space for some sections, and has allowed considerably better staff facilities.

As detailed in the President's Report, second-stage extensions are scheduled for completion in the 1991/92 year.

RADIOLOGY

A review of the Radiology Department was conducted during the year, its primary aim being to examine the current situation within the department, with a view to planning for the future. This in-house review identified a number of areas that will need addressing in the coming months and years.

The most pressing need is new equipment. Much of the existing equipment within the Department is many years old and is rapidly reaching the end of its economic life.

STAFF EDUCATION

Deputy Director of Medical Services, Dr Daryl Pedler, continues to produce a varied and interesting educational programme for junior and senior medical staff. Four lunchtime clinical meetings are held weekly, with a separate session specifically for first year and senior

Hospital Medical Officers and Visiting Medical Staff. A weekly quality assurance programme meeting is conducted and other educational sessions are held as required.

All departments and sections have been actively involved in ongoing education activities during the year, both inservice and off-campus. This is an essential requirement if professional standards are to be maintained and improved, particularly in these times of cost-cutting and staff reductions. The Hospital has a policy of encouraging staff to participate in ongoing educational pursuits, and the Board of Management must again be thanked for this support.

APPRECIATION

Once again I would like to thank members of the Executive and Department Heads for their support and assistance over the past 12 months, and also to all members of the Medical Staff Association and ancillary medical staff who have assisted the Medical Division.

The past year has been one of challenges, and the coming year will bring greater challenges. I look forward to working with you in 1991/92.

Dr John Christie
Director of Medical Services

Nursing Services

I commenced as Director of Nursing at Warrnambool and District Base Hospital on 6 May, 1991. My early impressions of the Hospital and its staff have been favourable. I have been pleased to observe high standards set and achieved within the Nursing Division.

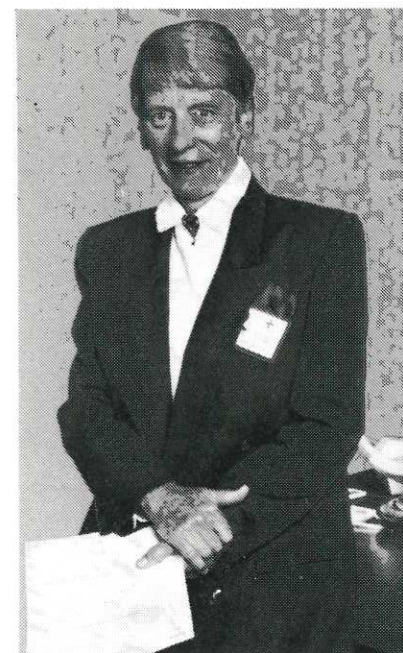
I intend to ensure maintenance of quality patient care and to encourage staff to be responsive to changing health care needs.

Due to my short time here, the preparation of this report and the achievements noted have mainly been the results of my Warrnambool nursing colleagues and my predecessor, Miss Kate Taylor.

RETIREMENT OF MISS KATE TAYLOR

Miss Kate Taylor retired as Director of Nursing from 28 March, 1991.

Appointed to the position in February 1984, after 14 years as Deputy Matron and 20 months as Acting Director of Nursing, Miss Taylor instigated many changes to the Nursing Division and in particular introduced numerous



• Retiring Director of Nursing Miss Kate Taylor credits the loyalty, dedication and expertise of the Hospital's nursing staff for the development of the Nursing Division over the past seven years.



• Director of Nursing, Miss Meg Ryan.

community services. She promoted and worked diligently to effectively relocate nursing education to the tertiary sector.

A new nursing career structure meant significant changes to the nursing profession and was implemented during Miss Taylor's time here.

On her retirement, Miss Taylor was acknowledged locally, regionally and state-wide by nurses and other health professionals for her significant contributions to the Nursing Profession.

I join the Nursing Division in wishing Kate well in her retirement.

THE NURSING DIVISION

Nurses have continued to provide high quality patient care despite the harsh reality of the tough economic times. This high quality nursing service has only been achieved through the collective efforts of a unified Nursing Division.

It is evident that nurses at Warrnambool recognise the need to access regular ongoing education programs to ensure clinical competence is achieved and maintained.

A commitment to personal and professional development assures the community of continued high quality service.

Major objectives of the nursing division have encompassed:

- Patient Care;
- Education;
- Human Resource Management;
- Community Nursing Services;
- Contemporary Issues;
- Research and Development (noted separately on page 28.)

PATIENT CARE

The Nursing Division maintains a commitment to optimal and holistic patient care within the philosophy of the Nursing Division and the guidelines of the Australian Council on HealthCare Standards (A.C.H.S.). The excellent work within the Nursing Division at Warrnambool was again acknowledged by the A.C.H.S. survey report (March 1990).

The majority of nurses within the Nursing Division comprise the direct clinical nursing workforce. It is these nurses on whom we depend for the provision of continued competent clinical care. These nurses are particularly commended for their role in assuring quality patient care while experiencing the many changes that have occurred at this Hospital. These changes include:

- increased number of patients treated;
- shorter length of patient stay;
- the 'ever shrinking' health dollar.

A major change in the mode of patient care service delivery has been introduced with the commencement of a 'Short Stay Unit' in January, 1991. By integrating a five day ward, day procedure and endoscopy facilities, this new unit facilitates patient admission and discharge on a short stay basis.

EDUCATION

During 1990/91 the Education Centre has seen continued participation of staff in health care and related education programs. Ms Judith Page, Co-ordinator: Staff Development and Education (Nursing) and Mr Ken Handley ably managed the Centre.

The Education Centre has sought to enhance personal and professional development of nurses through education programs responsive to changes in health care services.

Types of programs conducted include:-

- mandatory skills update – an annual requirement for nursing staff;
- orientation for new staff members;
- diverse study days and inservice educational courses, e.g. coronary care, epidural analgesia and intravenous cannulation;
- education relating to the introduction of new equipment.

In addition, the Centre has been responsible for both the Graduate Nurse Program and the Enrolled Nurse Program. Nineteen nurses completed their Graduate Nurse Program in Warrnambool in February 1991. A further fourteen nurses commenced their graduate year in March 1991.

Enrolled Nurse Education:

Sixteen students graduated as State Enrolled Nurses at a ceremony held in November, 1990. The graduates were addressed by Ms Joan Quinlan, Deputy Director of Nursing, Kingston Centre, Melbourne. The June Stewart Award for the most outstanding Enrolled Nurse was presented to Mrs Terry Fortune. The 1990 graduates were:

Deidre Beashel
Jason Beveridge
Annemarie Brooks
John Brooks
Linda Chow
Suellen Day
Terry Fortune
Julie Hughson
Joanne Larkins
Michelle Kenna
Simone Mackay
Sally Molan
Robyn Nilon
Helen O'Connor
Julie Oldfield
Jacqueline Pettit

A regional State Enrolled Nurse Review Committee has been established to consider future changes in Enrolled Nurse education, employment prospects and opportunities.

HUMAN RESOURCE MANAGEMENT

Optimal staffing utilization is an integral component of human resource management. Nowadays hospitals use patient dependency

systems, a management tool that assists the appropriate deployment of staff according to patient needs. The Warrnambool and District Base Hospital uses the Patient Assessment and Information System (P.A.I.S.). Computerization of this system facilitates readily available data.

Consistent with effective staff management is the necessity for evaluation of work performance. A revised performance appraisal system has been implemented, to provide a framework for review of past performance and current objectives.

Implementation of a new Clinical Nurse Specialist classification has been undertaken this year. The impetus for Clinical Nurse Specialist positions has been the need to recognise the knowledge, skill and ability of nurses in specialised clinical areas. Currently, twenty Registered Nurses hold Clinical Nurse Specialist status here.

Occupational Health and Safety aspects of both patient and staff safety have had considerable input from the Nursing Division.

Particular achievements for the year include the provision of patient lifting machines in all clinical areas and the development of individualised 'return to work' programs for injured nursing staff.



• District Nurse Maureen Stevens helps a client adjust a back brace during post-operative nursing care. The District Nurses made 19,639 visits to 419 people during 1990/91.

COMMUNITY NURSING SERVICES

District Nursing Service demand, particularly in relation to palliative care, remains high. An emergency 24 hour On-Call Service to terminally ill persons continues to be available. This service assists those clients choosing to receive nursing care within their own homes.

Access 7 – the Family Planning and Education Service established in April, 1990 continues with a primary focus on education for youth and young adults. Mrs Dianne Carter was appointed to the position of Community Health Nurse – Family Planning Service in November, 1990 following the resignation of Ms Mary Clapham.

Diabetes Education and Resource Nurse, Mrs Ann Morris' role encompasses a community orientated service, provides resource material and a patient education service. Mrs Morris maintains close liaison with other health professionals, particularly the dietitians, to enable holistic patient care.

Continence Management services have continued to be provided. During this year, Urodynamic Studies have been introduced and a Regional Continence Support Group established.

The Community Women's Centre has stimulated community interest reflected by increased attendance at educational workshops and seminars. Education offered includes aspects of cervical cancer, menopause, family planning and post-natal depression.



• Midwifery Unit Clinical Nurse Specialist Phyllis Walsh assists Mrs Christine Clifford establish breastfeeding with her new baby, Jack.



• Associate Charge Nurse Lorraine Widdowson with Children's Ward patient Clayton Drake.

CONTEMPORARY ISSUES

Study of Professional Issues in Nursing:

The S.P.I.N. Local Implementation Committee has continued to meet on a regular basis throughout 1990/91 addressing further recommendations highlighted by the Marles Report. Achievements include:-

- Development of Visit/Exchange Clinical Placement protocol;
- Equal representation on hospital committees related to nursing and patient care;
- Allocation of 'administrative days' to permit Unit Managers to more formally undertake management responsibilities;
- Consultation between senior nursing staff and nursing representatives on the selection panel in relation to the Director of Nursing position interviews.

A major change envisaged is the replacement of the S.P.I.N. Local Implementation Committee by a Nursing Consultative Committee.

Ministerial Review of Birthing Services:

Following the release of the Birthing Services Review Report, a Multi-Disciplinary Sub-Committee consisting of Board of Management members, medical, nursing,

administrative and community representatives has been established.

Of the 38 recommendations applicable to the hospital, 16 have been addressed. A three year time frame is proposed for the implementation of the Review recommendations.

Key areas of focus include models of care, childbirth education and aspects of post-natal care.

OTHER CONTEMPORARY ISSUES

Nursing staff have actively participated in the following review/issues and formulated responses where appropriate:-

- the Review of the Nurses Act;
- Aged Care Services review;
- local reviews of: Operating Theatre; Accident and Emergency Department; Maternity and Endoscopy Units;
- Legal and ethical issues such as the Medical Treatment Act;
- Health System Review.

ACKNOWLEDGEMENTS

I acknowledge the following health and associated personnel for their continued support to the nursing service of this hospital:-

- the nursing staff for their competent clinical care;
- the Nursing Executive for their enthusiasm, contribution and advice to the administrative, clinical and educational areas;
- the Education Centre staff for their contribution to the professional development of all levels of nursing staff;
- the members of the Board of Management, Hospital Executive, Hospital Auxiliaries and the Support Staff within the Nursing Division, for their loyalty and assistance.

I particularly thank John Drummond and Helen Kenna for their assistance in the compilation of this report.

Meg Ryan
Director of Nursing

Administrative Services

The Administrative Services Division operated in a very tight financial climate during the year, with emphasis being placed on improved efficiencies and strategies to reduce staffing costs and curtail expenditure.

ENGINEERING

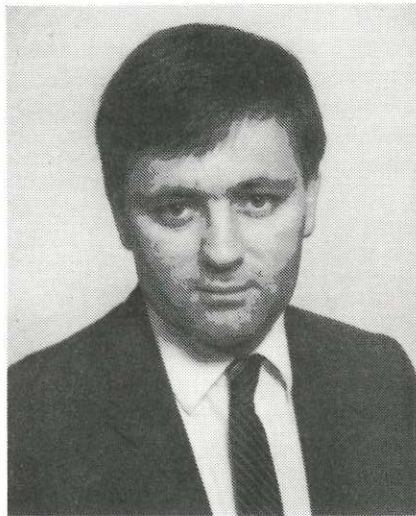
Considerable emphasis was given during the year to a number of environmental issues including the reduction in the use of chemicals in cooling towers and the development of a Waste Disposal and Recycling Committee. This Committee will have a positive effect on future waste generation, and ensure further cost savings.

A detailed report on Engineering Services is contained elsewhere in this Annual Report.

MEDIA UNIT

The highlight for the Media Unit this year has been preparation for the hospital-wide Patient Television System which is now nearing completion. The system will provide broadcast and closed circuit television services to most inpatient areas.

Another achievement of the Unit has been the expansion of audio-visual production in a wide variety of areas. Desk top publishing has been extended to three annual reports, as well as numerous brochures,



● Director of Administrative Services, Mr Andrew Rowe.

newsletters and health promotion posters. The expansion of software has also improved text and graphics capabilities.

The growth of health promotion within the Hospital has continued to keep the community well informed about hospital and health care issues through the local media: print, radio and television.

The Annual 3YB Hospital Sunday Appeal for this year proved successful once again. The main emphasis this year was on the radio presentation with a number of staff members presenting a report 'on air' regarding health care services.

FOOD SERVICES

It is pleasing to report that the Food Services Department has been successful in accomplishing its main objectives for 1990/91. These objectives were aimed at ensuring high quality catering from the food services area and improved cost efficiency. In accordance with these objectives, costs have been kept within budgetary limits and the menus are constantly revised to satisfy patient needs.

A major change within the department was the new coffee shop 'Base Bites,' which has proved an exceptional success both in financial terms and in the service provided to patients, staff and visitors.

Other changes included the commencement of refurbishment to the staff cafeteria with the provision of a sandwich bar and improved amenities. A custom designed functions area will also be provided as part of the refurbishment.

GENERAL SERVICES

Mr Danny Miller was appointed in August 1990 as General Services Manager and has been instrumental in the implementation of further improvements within the Central Linen Service and Environmental Services Department.

Over the past twelve months plant upgrading has continued in the Central Linen Service with a new Weir 26 Foldmaker (towel and small piece folding system) being installed at a cost of \$22,500, replacing the 10 year old Jensen folder.

Improvements have also been made to linen service plant including replacement and repair of all windows along the west side of the building and structural changes within the department to improve work flow and easier availability of linen.

Throughout the year the Environmental Services Department achieved considerable cost savings. These efficiencies were achieved by introducing new cleaning products, re-organisation of rubbish collection, installation of carpet in the Five Day Ward and reductions in staffing.



● Linen Services staff member Mrs Elaine Westwick and General Services Manager Mr Danny Miller stock a linen imprest trolley for one of the Hospital wards. The imprest system provides cost-efficient stock control of linen supplies.

SYSTEMS

The Systems Department has had a successful year in attending the growing demands of the hospital in maintaining existing systems and undertaking new projects.

Visual display units have been installed in Wards 1, 2, 3, 5, 6 and 7 which enables connection to the Patient Management System and allows the wards to have direct access to Pathology results as well as access to the admission, transfer and discharge system.

A Macintosh computer comprising 100 Mb hard disk and 280 Mb optical disk, has been purchased to enable archiving of pathology results. Data, which will be held approximately 18 months to 2 years, can be retrieved quickly and a copy of the report can be printed immediately upon request.

Other projects currently being undertaken are:-

- Outpatient Clinic Bookings;
- Admission Waiting Lists;
- Operating Theatre Bookings;
- In-house programming for Sundry Debtors.

ASSOCIATED HOSPITALS MANAGEMENT

Associated Hospitals and Institutions Administered by Warrnambool and District Base Hospital are:

- Corio House;
- The Mortlake District Hospital;
- Timboon and District Hospital;
- Timboon and District Community Health Centre.

Corio House

Once again Corio House operated under tight budgetary controls throughout the year.

A major issue for Corio House this year has been the anticipated future funding for nursing homes. Under the CAM/SAM program, it is expected that nursing and personal care will be measured according to the dependency of Corio residents. In effect this means that the higher the number of patients dependant upon full nursing care, the higher the funding.

Corio House has also established a Residents Committee which provides a forum for residents to raise any concerns and where discussions are held regarding ideas and



● Corio House, the Hospital's 45-bed nursing home annexe.

entertainment for the residents to enhance their quality of life.

The highlight for Corio residents has been the alterations within Corio to create a comfortable living environment. The alterations include the laying of carpet throughout Corio, and the encouragement for residents to use individual continental quilts.

Mortlake District Hospital

The highlight of the year was an accreditation survey conducted by the Australian Council on Health Care Standards in June 1991, which proved very successful.

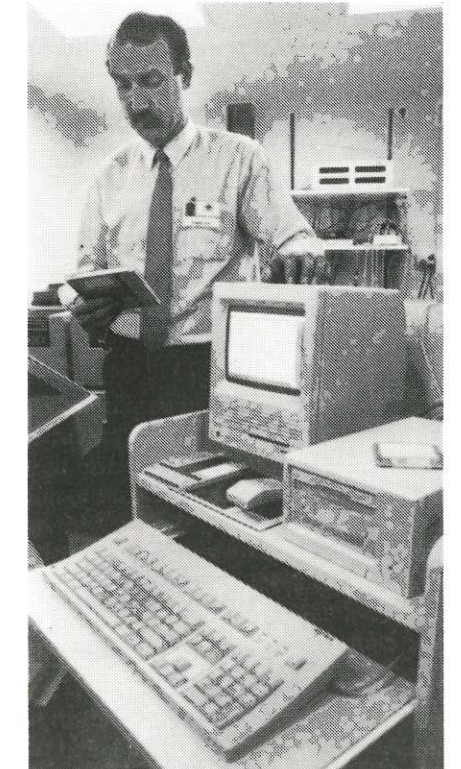
The need for nursing home accommodation is currently being examined by the hospital to service an increasing aged population in the district. Involvement in the Snell Report during 1991 and the CAM/SAM funding program should bring about future directions for care of the aged.

A major renovation to the hospital has been the refurbishment of the Midwifery Unit which now provides a less clinical environment for mothers.

Timboon And District Hospital

The Community of Timboon showed an overwhelming support for the hospital by contributing \$60,000 towards the \$110,000 redevelopment of the front entrance to the hospital. The residents of Timboon are commended for their loyal support and contributions.

The hospital also reported a record number of 1,089 inpatients treated for the year, which represented an 11% increase on the previous year.



● Systems Assistant Gerard Hall with the Macintosh computer that links the Hospital's main computer system with an optical disk drive, for cost-effective long-term storage of pathology data.

Timboon & District Community Health Centre

A major focus of the year has been on asthma education, with several information days being well attended by the local community.

Once again, the District Nursing Service continues to cover a wide area, including the Timboon and Cobden Districts, with visits totalling over 5,000 for the year.



• Occupational Health and Safety Manager Steve Crawcour discusses protective headware with Apprentice Gardener Rodney Gillin.

Organisational planning and development activities have assumed a greater importance due to expenditure restrictions and the need to rationalise both services and staffing.

Staff Numbers E.F.T.

Trends in staffing for the Hospital, Corio House and Central Linen Service are as follows:

	1989/90	1990/91
Corio House	36.69	35.84
Central Linen Service	26.08	25.13
Nursing	235.62	228.08
Admin/Hotel	219.42	218.87
Medical & Medical Support	77.55	75.22
Total:	595.36	583.14

OCCUPATIONAL HEALTH AND SAFETY:

Mrs Sue Watt resigned in February, 1991 to take up the appointment as Senior Consultant with WorkCare Rehabilitation. Mr Steve Crawcour was appointed to the position of Occupational Health and Safety Manager and brought with him a wealth of experience from the local government sector.

Mr Crawcour has been extensively involved in WorkCare issues since his appointment. During 1990/91 the Hospital reduced the overall number of WorkCare claims and marginally decreased the costs of total claims.

Despite these reductions the Hospital faces a substantial penalty in 1991/92 due to changes made to the WorkCare system.

CONCLUSION

During 1990/91 the Division operated in a climate of economic restraint. Departmental Heads and staff within the Division responded positively, culminating in the Division finishing well under budget with all major objectives being achieved.

I would like to express my appreciation to all Departmental Heads and staff within the Division.

A.R. Rowe
Director of Administrative Services

In addition to an ongoing health education and health promotion activities, the centre continues to offer a wide range of paramedical services, both public and private, to the Timboon community.

SUPPLY

The Supply Department has, over the past three years, been developing a Central Supply Department providing service to other local health agencies. In conjunction with this development, enhancements have been made to the Supply Department's computer system.

The year 1990/91 has brought about positive results from these developments including a \$50,000 saving in reduced stock inventory. This saving was in the major supply store.

A further reduction in pathology supplies resulted in a saving of \$14,000 and a review of products purchased was also undertaken which will ultimately provide savings over a full year of \$23,400.

HUMAN RESOURCES

Staff Relations

An ongoing commitment to increased participation and consultation in decision making; along with active efforts to maintain and further open channels of communication; have ensured the

continuation of a constructive industrial relations environment.

Industrial disputation has been minimal, with the only time lost due to a 'stop work' meeting by Health Services Union members in regard to state-wide issues. Total hours lost as a result of this meeting were as follows:

Hospital	150.50 hrs
Central Linen Service	31.25 hrs
Corio House	5.50 hrs

In addition to existing staff relations practices, formal union/management meetings have been established on a monthly basis.

Work Experience Program:

The schools' Work Experience Program has once again been most successful due to the co-operation of all departments and staff. During the 1990/91 financial year, over eighty (80) students took advantage of the wide occupational choices available.

Human Resources:

With budget restrictions reducing the recruitment, selection and induction demands on the department, efforts have been centred on further enhancing the varied aspects of the Human Resources function, and building on the services established in the preceding year.

Quality Assurance programmes have been reviewed and improved with additional computer systems introduced to further improve both efficiency and reporting capacity.

Capital Equipment & Projects

To provide the best possible level of care to patients, and to keep abreast of technological advances, a substantial amount of new and replacement equipment is required each year. Building and renovation projects also require considerable capital outlays.

There are three main sources of Hospital capital funds: **Government grants** are received through Health Department Victoria (HDV), usually for specific items or projects under the Hospital's Minor Works Program.

The Hospital has access to its own capital funds, obtained from donations, bequests, fundraising activities, bank interest and kiosk proceeds.

The **Special Purposes (Medical) Pathology Trust (SPM)** provides very generous financial support to the Hospital through equipment purchases and an annual donation.

The tables below summarise the major projects and equipment purchases of 1990/91.

HDV PROJECT FUNDING

Minor Works funding of \$106,781 from Health Department Victoria contributed towards the cost of:

	\$
Upgrading Medical Gases	9,046
Ward 1 upgrading and asbestos removal	65,807
Roofing package	13,234
Front Entrance Upgrading	8,432
Paging System	31,842
Total:	\$128,361

Equipment Grants of \$150,997 from Health Department Victoria contributed towards the cost of:

Image Intensifier	179,670
Hospital beds	44,793
Intensive Care Unit lighting	16,917
Theatre equipment	20,000
Vehicle Replacement	5,880
Other Equipment	5,656
Total:	\$272,916

Building/Infrastructure Grants were received from Health Department Victoria for:

New fire panel	48,300
Asbestos Removal	50,657
Rehabilitation project	44,465
Total:	\$143,422

SPM FUNDED

Equipment purchases totalled \$157,506, including:

	\$
Wards:	
Infusion Pump	1,908
Computer Equipment	56,105
Pathology:	
Electrophoresis system	4,850
Coagulation Analyser	25,000
Microscopes	6,060
Jaundice meter	3,500
Analysers	52,913

Additional SPM funding:

General donation to Hospital capital:	150,000
Pathology building program	235,063
Total:	\$542,569

The Pathology Department Stage 1 was completed with SPM funding of \$456,767, contributed over several years.

HOSPITAL FUNDED

Major projects and purchases from donations and capital income were:

Capital Works -	\$
Kiosk renovations	14,352
Cafeteria renovations	7,276
Rewiring and asbestos removal in Heytesbury House	39,188
Storm water drainage	10,639
Total:	\$71,455
Major Equipment -	
Administration	
Facsimile Machine	1,995
Telecom Tielines	13,990
Modem	2,345
Computer Printers	836
Hand Held Radios	2,120
Vending Machine	648
Photocopiers	16,328
Environmental Services	
Bucket Trolleys with Wringer	2,918
Flotex Carpet	4,100
Washing Machine	910
Carpet: Dental & Villiers Block	1,511
Upright Vacuum Cleaner	595
Colonoscope and Gastroscope	21,900
Dental	
Air-conditioning	2,290
Engineering	
Lift Report	2,200
Safety Equipment	2,617
Signmaking equipment	4,790
Jason Recliners	1,245
Audiology	
Auditory Response machine	40,049
Physiotherapy	
CPM Machine	4,015
Occupational Therapy	
Hand CPM Machine	1,500
Wards	
Air conditioning	9,485
Televideo & Fridge	920
Defibrillators	8,037
Pulse Oximeters	17,695
Apnoea Alarm	1,448
ICL System VDU's	10,524
Oxygen Analyser	575
Humidifier	2,165
Hydrocline Water Chair	1,205
Gemini Pumps	3,808
Breast Pump	687
Theatre	
Radiolucent Drive	3,508
Urology Equipment	4,387
Diagnostic Hysteroscope	8,170
Sigmoidoscope	400
Rehabilitation Unit	
Trailer	520
Electric Typewriter	995
Food Services	
Trays	2,345
Sandwich Bar	4,598
Nursing Administration	
Facsimile Machine	1,995
Kiosk	
Chairs & Stools	1,176
Total:	\$213,545

Speech Pathologists

Mrs E. Grant, B. App. Sc. (Speech Pathology)
Mrs L. Jellie, B. App. Sc. (Speech Pathology)

NURSING

Director of Nursing

Miss K. Taylor, R.N., R.M.,
Cert. Infec. Diseases, Dip. Nursing
Admin, F.C.N.A. (Retired March 1991)

Miss M. Ryan, R.N., R.M., I.C.U. Cert.,
Grad. Dip. H/Admin., M.R.C.N.A. (Commenced
May 1991)

Deputy Director of Nursing

Mr J. Drummond, R.N., R.M., I.C.U. Cert.,
Dip. Nursing (Admin.), F.C.N.A.,
Grad. Dip. of Bus. (Mgt.)

Associate Directors of Nursing

Mrs M. Stuchbery, R.N., R.M., Cert. Commun.
Hlth. Nsg., Dip. App. Sc. (N. Admin.), Computer
User Certificate, F.C.N.A.

Miss J. Barton, R.N., R.M., Dip. Hospital
Nursing & Unit Management, B. App. Sc.
Advanced Nursing (N.Admin),
Cert. of Computer Business Applic., F.C.N.A.

Allocations Officer

Mrs J. Walsh, R.N., R.M., B. Nursing,
Dip. Nursing.

Supervisory Nurse

Mrs E. Goodwin, R.N.

Clinical Resource Nurse

Mrs S. Morrison, R.N., B. Nursing,
Dip. Nursing, Cert. Clin. Teach.

Nursing Project Officer

Mrs K. McKinnon, R.N., R.M., Cert. Post
Basic Theatre, Cert. Infant Welfare,
B. Education, Dip. in Technical Teaching.

Co-ordinator:

Community Nursing Services

Mr W. Sullivan, R.N., Post Basic Cert. in
Geriatric Nursing. (Resigned June 1991)

● Education Centre

Co-ordinator: Staff Development and Education (Nursing)

Miss J. Page, R.N., R.M., Dip. Nursing Ed.,
F.C.N.A.

Student Enrolled Nurse

Co-ordinator & Acting Co-ordinator: Staff Development/Education (Nursing)

(from September 1990)
Mr K. Handley, R.N., B.A., B. Ed., Dip.
Nursing Education, Clinical Teachers Certificate,
F.C.N.A.

Nursing Teachers

Mrs H. Barker, R.N., Dip. Nursing Ed.,
F.C.N.A.

Mrs S. Nicolson, R.N., Cert. Clin. Teach.,
Dip. Nursing.

Mrs D. Clapham, R.N., Cert. of Intensive Care,
Cert. Clin. Teach., Dip. Nursing.

● Wards and Departments

Supervisor: Accident and Emergency Department

Mrs G. Russ, R.N., Cert. Clin. Teach.

Supervisor: Operating Theatre

Mr W. Horne, R.N., Cert. Post Basic Theatre,
Cert. Sterilization/Infection Control,
Cert. Clin. Teach.

Mr M. Johnstone, R.N. (Acting, August 1990)

Supervisor: Night Duty

Miss J. Davidson, R.N., R.M., Cert. Clin. Teach.

Unit Managers

Ward 1 – Mr T. Carter, R.N., R.M. (Acting).

Ward 2 – Miss N. Foran, R.N.,
Cert. Clin. Teach.

Ward 3 – Miss S. Waring, R.N.,
Cert. Clin. Teach.

Ward 4 – Miss H. Kenna, R.N., Cert.
Intensive Care, Cert. Critical Care, B. App. Sc.

Ward 5 – Mrs I. Watts, R.N., R.M.,
Cert. Clin. Teach.

Ward 6 – Mrs L. Blake, R.N.,
Cert. Clin. Teach.

Ward 7 – Mrs M. Gallogly, R.N., R.M.

Ward 8 – Miss C. Lappin, R.N., R.M.,
Post Grad. Diploma in Orthopaedic Nursing,
Post Grad. Diploma in Rehabilitation Nursing.

Rehabilitation Unit Co-ordinator & Continence Advisor

Mrs R. Ashness, R.N., Cert. Clin. Teach.

Infection Control Nurse

Mrs S. Lindsay, R.N., Cert. Sterilization/Infection
Control, Cert. Clin. Teach.

Stomal Therapy Resource Nurse

Mrs A.M. McMahon, R.N., Cert. Stomal
Therapy, Cert. Clin. Teach.

Diabetic Resource Nurse

Mrs A. Morris, R.N., Cert. Clin. Teach.

Alcohol and Drug Resource Nurse

Miss C. Jones, R.N., R.P.N.
Ms B. King, R.N., R.M. (Resigned April 1991)

Co-ordinator: Community Women's Centre

Miss A. Snaauw, R.N., R.M.

E.C.G. and Cardiac Rehabilitation Nurse

Mrs A. Williams, R.N.

Community Health Nurse – Family Planning Service

Ms M. Clapham, R.N., R.P.N.,
Family Planning Certificate.

Ms D. Carter, R.N., R.M., Family Planning
Certificate. (Commenced August 1990)

CORIO HOUSE

Director of Nursing

Mrs J.W. Johnson, R.N.

ADMINISTRATION

Director of Administrative Services

Mr A.R. Rowe, B.H.A. (U.N.S.W.),
A.F.C.H.S.E., C.H.E.

Director of Finance

Mr I. Barton, A.S.A., C.P.A., Dip. Bus.
(WIAE), B.H.A. (U.N.S.W.), A.F.C.H.S.E.,
C.H.E.

Deputy Director of Finance

Mrs L. Moloney, B.Bus. (W.I.A.E.), A.S.A.

Associated Hospitals' Manager

Mr T. McKenzie

Chief Engineer

Mr L. Ryan, Dip. Eng. (Elect), R.M.I.T.,
Graduate Member Institute Engineers Australia,
Corporate Member I.H.E.A.

Food Services Manager

Mr D.R. Church, Cert. of Catering, F.I.H.C.,
A.F.C.I.A.

General Services Manager

Mr D. Miller

Environmental Services Manager

Mr J. Holmes

Human Resources Manager

Mr G. Mitchell, B.Ec. (Monash),
B.H.A. (U.N.S.W.), A.C.H.H.R.A.

Media Officer

Mr R. McK. Moore, M.I.R., A.R.M.I.T.,
Dip. P.R. (ICS)

Occupational Health & Safety Manager

Mr S. Crawcour, Dip. O. H. & S., A.I.M.M.,
A.S.I.A. (Commenced May 1991)

Safety & Security Co-ordinator

Mrs S. Watt, R.N., R.M., Safety Officer
Certificate, Hospital Security Officer Certificate
(Resigned January 1991)

Supply Manager

Mr W. Hall, Cert. Hosp. Supply. Management
(Mayfield)

Systems Officer

Mr W.A. McKinnis

Life Governors of the Hospital

Mrs B. Abbey
Mr A.L. Anderson
Mrs G.I. Anderson
Mrs Isabel Anderson
Mrs J.F. Anderson
Mrs J. Askew
Mrs V.G. Balmer
Mrs M. Baulch
Miss M.L. Beavis
Mr W.A. Bedgood
Mr W.R. Beetham
Mrs S. Bell
Mr R.G. Bennett
Mrs Iris M. Bickley
Miss Helen Bishop
Mr C.G. Boyle
Mr N. Bradley
Dr J. Brookes
Mrs I.V. Bruce
Mr T. Buckley
Mrs L. Burleigh
Mrs L. Cameron
Miss Agnes Campbell
Mr J. Caple
Mr K. Carney
Mrs V. Carroll
Mr S. Carroll
Mrs P. Chadwick
Mrs F.A.J. Chislett
Mrs Helen Chislett
Mr D. Chittick
Mrs E. Christie
Mrs A.F. Coggins
Mr Alistair C. Cole
Mrs F. Coupe
Mr R.A. Crothers
Mrs Susan Crowe
Mrs M. Cuzons
Mr J.P. Daffy
Mrs D. Dawson
Mrs R.C. Dawson
Mrs G. Dickson
Miss H. Douglas
Mrs Jack Douglas
Mrs L. Eccles
Mrs C.E. Fraser
Mrs J. Foster
Mrs M.M. Gibbs
Mrs M.F. Gilbert
Mrs Margaret Good
Mrs E. Goodwin
Mrs L. Gordon
Mrs P. Grace
Mrs M. Guyett

Miss M. Haberfield
Mr C. Hallowell
Mrs M.N. Harris
Mrs M. Hayes
Mrs Joan Henderson
Mr O.V. Henry
Mrs P. Hill
Mrs A. Holmes
Mr. J. Holmes
Mr A. Hooton
Mrs A. Hooton
Mrs J. Horwood
Mr L. Howard
Mrs S. Huf
Mr W.J. Huffer
Mr D.A. Jenkins
Mr Stuart Jenkins
Mrs Doris Johnson
Mr E. Johnson
Miss Edna Jones
Miss Gwen Jones
Mrs I. Jones
Mrs M. Knights
Mrs L. Langdon
Mrs B. Layther
Mrs D. Lee
Sen. A.W.R. Lewis
Mr S.A. Lindsay
Mr F.G. Lodge
Dr K.W. Longton
Mrs A.G. Lumsden
Mrs P. Luxton
Mrs J.E. Lynes
Mrs M. MacFarlane
Mrs L. Maher
Mrs Norma Marwood
Mrs M. Mathison
Mrs D. McConnell
Mrs Arthur McCosh
Mrs L. McCosh
Mrs R. McCrabb
Mrs M. McDonald
Mr Ernie McKenna
Mrs Peter McKenna
Mr Trevor McKenzie
Mrs H. McLaren
Mrs W. McWhinney
Miss M.I. Mitchell
Mrs C. Moore
Mrs J.P. Moore
Nestlé Sports & Social Club
Mr E.R. Northeast
Mrs A. Northeast
Mr J.B. Norton

Mr P. O'Sullivan
Mrs M. Officer
Mrs Ian Officer
Dr A.T. Park
Mr K. Parker
Mrs T.J. Parker
Mrs G.R. Parsons
Mrs M.E. Paterson
Mrs G. Pike
Mrs L. Price
Dr J.D. Reid
Mr D.M. Ritchie
Mr K. Robinson
Mr Harvey Rogalski
Miss G. Rooney
Mrs Phillip Ross
Mr J.C. Rule
Mrs K. Russell
Mrs E. Savery
Mr A.E. Scott
Mr L. Sedgley
Mr D. Shilton
Mrs E.M. Shrader
Mrs A.B. Smart
Mr R. Sproles
Miss J. Stewart
Mrs M. Surkitt
Mrs W.C. Surrige
Mrs N. Swinton
Mrs Stuart Swinton
Mr D.N. Symons
Mrs D. Taylor
Mrs E.J. Taylor
Miss Y. Teale
Mrs E.M. Thomas
Mrs A. Thorpe
Mr J.B. Walker
Mrs H. Wallace
Mrs R.J. Wallace
Mr C.C. Waring
Mr A.C. Whiffen
Mrs P. Whitchurch
Mrs J.C. Whitehead
Mrs Kenneth Whitehead
Miss M.R. Wicking
Mrs R. Williams
Mrs R. Willsher
Mrs G.J. Wilson
Mrs N.T. Wines
Mr W.J. Wines
Mrs G. Young

Research, Education & Training

Fostering continued improvement in standards and development of the individual through education, research and training is a stated objective of the Hospital. During the Report year, both the Medical and Nursing Divisions undertook research projects, while student, apprentice and postgraduate education continued in all Divisions.

MEDICAL RESEARCH

The Consultant Physicians are presently participating in two national/international trials:-

The ISIS 4 trial

A multi-centre study of a variety of therapeutic agents in acute myocardial infarction.

The LATE trial

Late administration of thrombolytic therapy for acute myocardial infarction.

Research work presently being undertaken by Alcohol & Drug Physician Dr Brough includes:-

Lifestyle Screening Project

A questionnaire enquiring about a range of lifestyle activities is being developed by the Alcohol and Drug Service, to allow hospital inpatients to be screened for 'at risk' behaviours. Once identified, behaviours such as hazardous alcohol consumption lend themselves to minimal intervention programs, which are increasingly being recognized as appropriate, cost-effective treatments.

A final report on the pilot study undertaken in 1990 has been prepared by Mr Tony Barnett, a consultant from Deakin University Faculty of Nursing. A report on the development of the Lifestyle Screening Project, along with a submission to undertake the next stage of the project, is currently being written.

Drink Driver Education Program

From the 1st October, 1990 changes to the Road Safety Act (1988) were introduced, which have changed the legal requirements for relicensing of convicted drink drivers.

The WRAADD Driver Education program has been upgraded in response to the legislative changes.

The Federal Office of Road Safety has provided a \$20,000 research grant to allow Dr Rodger Brough, Alcohol and Drug Physician and Ms Netta Hill, WRAADD Co-ordinator, in collaboration with a team from the Nursing Faculty, Deakin University Warrnambool, to undertake an evaluation of the Drink Driver Education Program.

The study will be completed in June 1992.

VICCS

The Alcohol and Drug Physician has been invited to collaborate in the Victorian Injecting Drug Users and Communicable Diseases Cohorts Study, a statewide prospective study of injecting drug users.

The study aims to provide data about the prevalence and spread of sexually transmitted diseases, including HIV, and is being undertaken by a team of investigators led by Dr Nick Crofts, Epidemiologist at the Macfarlane Burnet Centre, Melbourne.

NURSING RESEARCH

Within the period July 1990 - June 1991 increasing emphasis has been placed upon the importance of nursing staff undertaking research.

This discipline generates and disseminates knowledge. Such awareness has been reflected in the number of research projects undertaken:

- The impact of an orthopaedic surgeon on the Nursing Division (K. Handley and S. Morrison).
- Introduction of the new nursing classification - the Clinical Nurse Specialist (P. McGregor).
- The level of staff morale within the Nursing Division (J. Drummond).
- Enquiry into the health care support services for the person with newly diagnosed diabetes mellitus within the Warrnambool area (K. Handley and A. Morris).
- Physical work capacity and physiological characteristics of the Graduate Nurse (C. Johnston).

First Year graduate nurses are required to produce a nursing research project as part of their Graduate Nurse Program.

Research within the Nursing Division has developed as an integral part of the health care services, improving and directing existing standards of clinical nursing practice.

EDUCATION & TRAINING

The Hospital provides facilities for the clinical experience and education of medical, nursing and other health personnel in training, and a number of Hospital departments are actively involved with inservice education or formal staff training.

The Hospital is accredited to undertake State Enrolled Nurse education, and provides student or intern placements in the disciplines of medicine, nursing, audiology, speech pathology, occupational therapy, physiotherapy, pharmacy, social work, podiatry, dietetics, ambulance, nursing and medical imaging.

Trade Apprenticeships

Despite reductions in the number of available apprenticeships due to budget restrictions and the cessation of Government-funded apprenticeship schemes, the Hospital has maintained its reputation of effectively training young tradespersons.

During the year, Apprentice Chef Georgina Stacey was highly commended for her entry in a State competition organized by the Institute of Hospital catering, Apprentice Carpenter Kirk Douglas was awarded first prize in his first year of apprenticeship, while Apprentice Electrician David Ahearn gained first prize in his final year, and was nominated for the regional 'Apprentice of the Year' awards.

Fundraising

Fundraising activities provide a vital source of funds for the purchase of equipment and other major items not allocated in the Hospital's Operating Budget.

During 1990/91, a total of \$87,796 was raised for the Hospital and Corio House.

SUPPORT FROM INTERESTED COMMUNITY GROUPS

3YB Hospitals Appeal

This year's fundraising activities culminated with the Annual 3YB Hospitals Appeal on Sunday, 16th June 1991, with the Hospital gaining valuable 'air-play' to promote the need for donations to assist funding for capital items.

Thanks are once again extended to 3YB for their continued support of Hospital Sunday and for their generous publicity assistance.

Murray to Moyné Bike Ride

Two Hospital teams and two ambulance service teams took part in this year's marathon, which is now one of the most popular fundraising

events for hospitals in the Western District.

A total of \$2,293.28 was raised, rewarding the intense training and many hours of work donated by the staff concerned.

Warrnambool Central Rotary Club

The club again offered their services for a door-knock of local business houses, and despite difficult economic times raised \$2,627.65, a \$227.65 increase on last year's total of \$2,400.00.

HOSPITAL AUXILIARIES

A successful year has been reported by the Hospital's auxiliaries, and members are to be congratulated on their efforts.

The Staff Auxiliary raised a total of \$19,000, and conducted several new activities this year, including a Hospital Cabaret which raised \$1,000.

The Auxiliary received proceeds of \$1,800 from a Popular Child Competition, organized by local pharmacist Maree Luxford.

The Hospital Golf Day continues to thrive, this year raising \$1,300, and the Combined Auxiliaries Fete again provided a healthy profit of \$1,800 for the Staff Auxiliary, despite a slight decline in patronage.

The Junior Ladies Auxiliary was again very busy, conducting a series of Luncheons and street stalls, which combined to raise the sum of \$6,000.

The Senior Ladies Auxiliary is now in its 68th year. This small but productive group of ladies conducts a weekly linen-mending session, which assists the upkeep of the Hospital's linen supplies.

In addition, a series of stalls held during the year, including participation in the Combined Auxiliaries Fete, raised a total of \$560.00 for the Auxiliary.

A film luncheon again proved successful for the Woolsthorpe Auxiliary, raising \$600, and together with other activities bringing a total of \$1,500 for the Auxiliary in 1990/91.

The Purnim/Framlingham Ladies Committee this year contributed \$300, while fundraising by the Past Trainees Association allowed the purchase of a washing machine (\$1,300) and a new urn (\$145) for Corio house.

The Corio House Staff Auxiliary also completed another successful year's activities on behalf of the nursing home; a total of \$2,422 was raised, with the major contributions to this total being:

Raffles	\$688
Fete	\$684
Tracksuit Display	\$456
Craft & Miscellaneous	\$578

DIRECT DONATIONS

During 1990/91 a total of \$53,700 was received from individual donations, contributions from local service organisations, bequests and donations from philanthropic trusts.

These funds are gratefully accepted and form a sizeable proportion of total funds raised.



• Warrnambool Apex Club Publicity Officer Bryan Bailey watches as Mrs Wilhelmina Op't Hoog uses a Patient-Controlled Analgesia Pump, which allows patients to self-regulate postoperative pain relief. Purchase of the pump was made possible by a \$3,000 donation from the Apex Club.

Engineering Services

Chief Engineer, Leo Ryan, discusses the work of his department, which provides extensive trade and technical support skills to all sections of the Hospital.

From an engineering viewpoint, a base hospital such as Warrnambool and District Base Hospital is somewhat like a ship at sea. Its distance from major business centres means that it must be largely independent, and the nature of the work performed at a hospital means that a large degree of specialization over a very wide area is needed.

The nature of the work also imposes many constraints on the manner in which work is performed. Techniques used to repair equipment in industry are not appropriate if that equipment is located in a hospital ward. Pressures are different in a hospital.

In industry, the emphasis is often on installing or repairing things as quickly as possible, even if this could lead to subsequent breakdown. In a hospital the aim is to install or repair equipment absolutely correctly the first time, since subsequent failure could jeopardise the safety of patients or visitors.

The overall purpose of the Engineering Department could be

stated as providing a safe, congenial and comfortable environment for patients, visitors and staff, by ensuring that buildings, equipment and grounds are properly maintained, and that equipment and buildings, especially new items or constructions, are the correct ones for our needs. This must also be achieved within a stated budget.

To achieve this aim requires a skilled workforce, and over many years the Warrnambool and District Base Hospital has built up such a multi-disciplined team.

Our staff establishment is currently 26, although we do at present have some unfilled positions. Of the 26, there are three administrative and clerical staff, with the rest of the staff being mainly qualified tradespeople.

Trades represented are boiler attendants, fitters and turners, air conditioning mechanics, electricians, plumbers, carpenters and joiners, painters, and gardeners; it is these people who have a great amount of specialist knowledge about hospital maintenance.

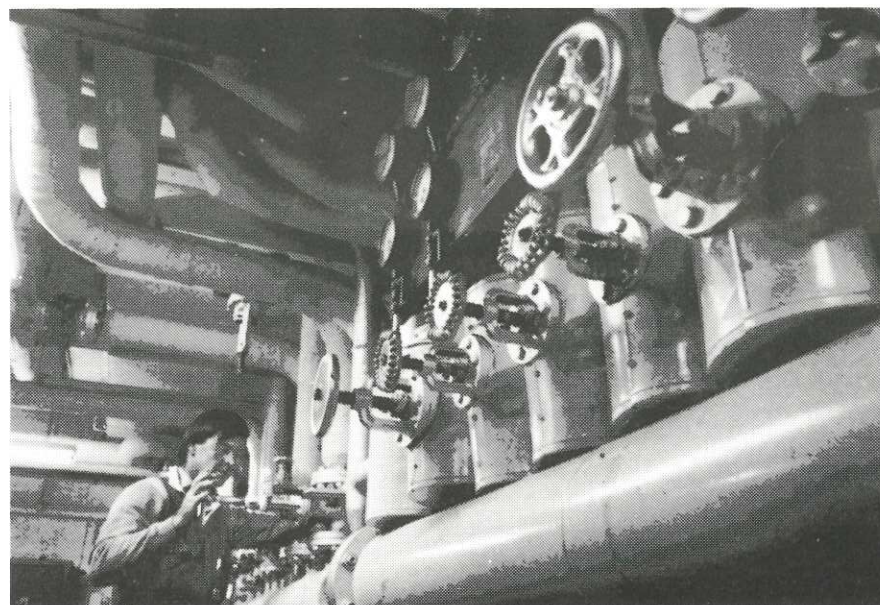
We have staff who are recognised experts in such matters as briquette-fired boilers, pump overhauls, air conditioning controls, fire alarm systems, hot water and heating systems for large commercial buildings, the manufacture of attractive and robust furniture for



• The electricians use a crane cage to reach the illuminated Hospital logo on the multi-storey block. The Hospital's size and function often dictates the way maintenance work must be done.



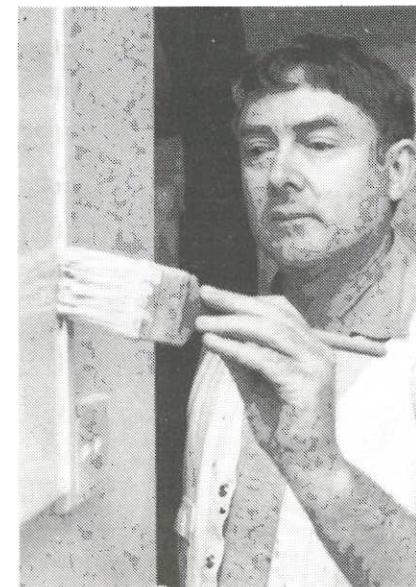
• Chief Engineer Leo Ryan (L) with Assistant Engineer Rex Johnson.



• Plumber James Moran with the main steam and hot water pipelines for the multi-storey wards and offices.

hospital ward use, the painting of large occupied areas with minimum disruption to patients, and the landscaping and maintenance of large garden areas with only small numbers of available staff.

Our clerical staff have a great deal of experience in running the Engineering Department. As an example, we currently use over 400 different suppliers, and it is important that in an emergency we know exactly where to go to obtain spare parts for specialised equipment. We are able to supply information to other hospitals and



• Painter Ron Johnston at work. Repairs to daily 'wear and tear,' plus several major projects, kept painting staff busy during the year.

institutions, and of course to all other departments in the Hospital.

How do we use all this expertise? The types of work fall into the following broad categories: routine requests for repair, scheduled preventive maintenance, specific projects (such as installing new theatre lights), ensuring the provision of fixed services, being a part of various committees and liaising with such bodies as the Gas and Fuel Corporation.

An extensive computerised maintenance file is kept on all work, giving immediate access to costs, supplier information, and other relevant data. Routine repair requests are placed by all departments, and we are currently completing 400 of these every month. Typical repairs would include: repairing nurse call bells, mending broken chairs, fixing wheelchairs, unblocking sinks and repairing walls damaged by trolleys.

Scheduled preventive maintenance includes daily plant room checks, weekly steriliser checks and maintenance, monthly air conditioner maintenance, and yearly boiler overhauls.

As well, we normally have at least one major project in progress. Over the last three years we have:

- rebuilt the administration area and kiosk;
- completely rewired Heytesbury House;



• Carpentry staff constructing the framework for the new access ramp to the main Hospital entrance.

- installed a computer networking system;
- re-roofed large areas of the hospital;
- installed a new master key system;
- built the Palliative Care Unit;
- built the Endoscopy suite;
- rebuilt the mortuary.

In carrying out these projects, our experience in hospitals means that we avoid the mistakes often made by contractors. A hospital needs to combine attractive appearance with robustness, and still be functional. Equipment is subject to surprisingly heavy usage; and such things as sliding doors – commonly used in offices and homes – are completely unsatisfactory in a hospital.

The tradespeople have also become accustomed to working in areas occupied by patients, and are able to carry out their work in a courteous manner with minimum inconvenience to inpatients.

A hospital is a complex building, requiring many fixed services. The average house will have electricity, water, gas, and telephone, but a hospital may have six different types of electrical supply, several different hot and cold water supplies, town gas, as well as medical gases and steam. Some of these services are essential for patient safety and may have as many as three independent backup systems.

It is the responsibility of the Engineering Department to ensure that these services are always available when needed. There is a tendency for hospitals to use more of these fixed services, and we are continually adding more gas and power outlets to ward areas.

Because the Engineering Department covers all hospital areas, maintenance staff are involved in several committees. Some examples of these committees are Waste Management, Energy Conservation, Health and Safety, Education, and Building; we are also involved in prioritising expenditure on new equipment and buildings.

The Engineering Department is a small department with a low profile, in that a large amount of what we do is not seen by the public or by other staff. We do have, however, a highly skilled team who take a great deal of justifiable pride in their work.

Future Directions

PROPOSED INTEGRATION OF HEALTH SERVICES

Initiatives have been proposed by the Minister and the Department for the integration of health services in Warrnambool and district.

Glenelg Psychiatric Services (GPS) and Warrnambool & District Base Hospital

The integration of psychiatric services with acute health services is a statewide trend, with many facilities at a more advanced stage of integration than Warrnambool.

For Warrnambool, it has been proposed that GPS, which incorporates Brierly Hospital activities and its associated community-based psychiatric programs, be integrated with the Warrnambool and District Base Hospital.

The Board of Management has agreed with this proposal in principle and has embarked upon a detailed consultation process with the Office of Psychiatric Services and GPS staff, in order to establish the terms and timetable for integration.

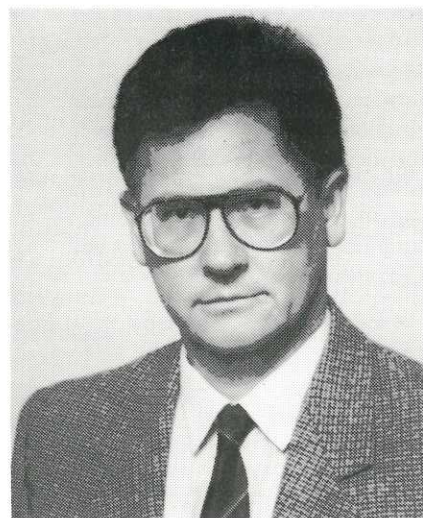
Lyndoch Home and Hospital for the Aged and Warrnambool & District Base Hospital

The integration of Lyndoch and the Base Hospital has been proposed in the supplementary papers of the State Budget. This is likely to result in an independent consultant being appointed to consider the proposal, with a resultant report to be released by the Department for public consultation.

Again, the Base Hospital supports the proposal in principle. The Snell Report into Aged Care Services (1990) in Warrnambool and district found that the two services are deeply involved in the provision of health services to the elderly.

The report led to greater co-operation and liaison between the two services and integration provides a further opportunity to consolidate the continuum of care.

The Board is of the opinion that integration will result in better co-ordination of clinical services to the benefit of patients and the community, greater protection of such services in the tight economic



● Chief Executive Officer, Mr Peter McGregor.

climate being experienced and greater opportunities for more efficient administrative and support services across institutions.

The Board also stresses that common management across institutions does not mean loss of identity for the participants in the integrated service. In fact, the integrity of each would be preserved so that existing donors, fundraising mechanisms and voluntary auxiliaries would be encouraged.

It is recognised that local government is a vital link in the provision of health care through its community services, and it may also be possible to involve this important segment in an integrated model.

REHABILITATION REDEVELOPMENT PROJECT

Very little progress occurred on this major capital project during 1990/91 due to the inability to secure Government funding. However, the project is at tender readiness and the Board is very hopeful of obtaining a start on the project during the 1991/92 financial year.

The Board is appreciative of the assistance of the City of Warrnambool for its willingness to take part in joint discussions with the Minister, the Department and the Hospital.

The finalisation of this project is long awaited and its completion is very

important, both to the hospital for treatment and efficiency reasons, and to the community generally.

OPERATING THEATRE REVIEW

During the year this review was completed, and a number of recommendations were made and implemented. The review also encompassed consideration of the physical aspects of the Operating Theatre Suite and options including refurbishment and rebuild were forthcoming.

Refurbishment no doubt would improve the patient, staff and Central Sterile Supply Department areas surrounding the theatres, but very little would be gained in terms of actual operating theatre space, which is at a premium at present.

Therefore, the Operating Room Committee recommended a complete rebuild of the suite and environs as the value for money way to proceed and this was supported in principle by the Board of Management.

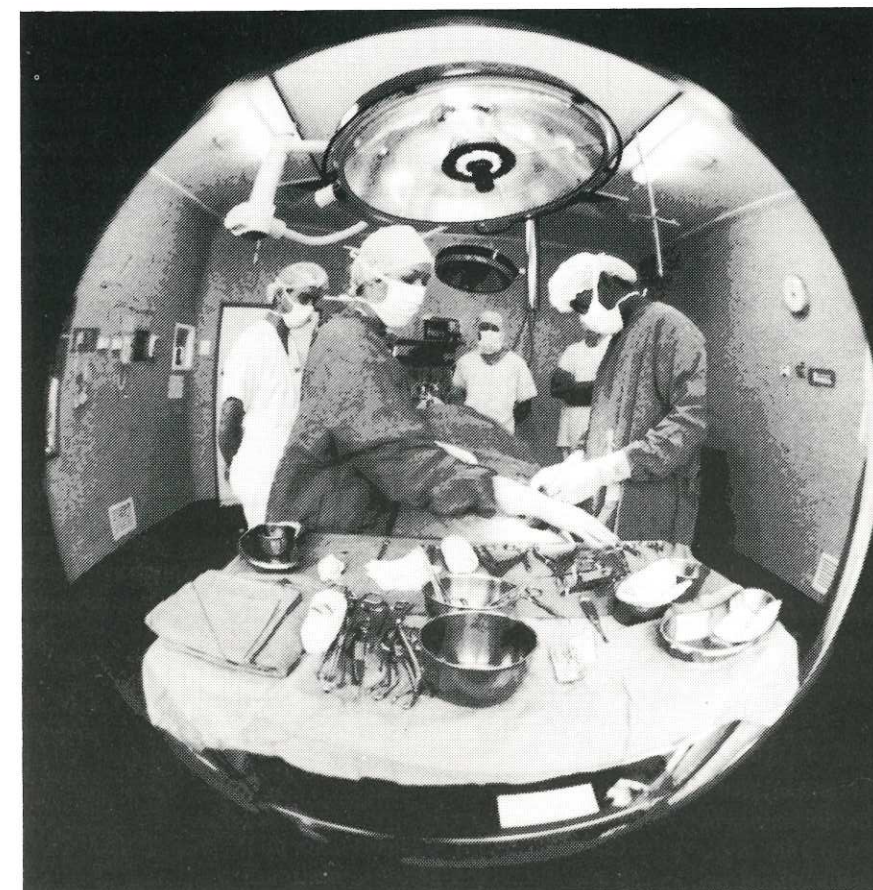
The Hospital is awaiting the outcome of the capital funding allocation (1991/92) for the Rehabilitation Redevelopment Project, prior to including the Operating Theatres rebuild into the Hospital's strategic development plan.

HEALTH SERVICE AGREEMENT 1991/92

The Hospital will continue to participate in the Health Service Agreement Program. This will be the Hospital's fifth agreement, which largely involves agreement between the Health Department and the Hospital on patient throughput levels, funding levels and one year operational goals.

With funding cuts in health this year in excess of 2%, the negotiation process for the Health Service Agreement – which is underway at present – will prove vital to the Hospital's ability to continue patient services at existing record levels.

It has already been determined that core services such as inpatient care must be protected as far as possible and that emphasis will be given to staff reductions through natural



● A complete rebuilding of the Operating Theatre suite, rather than continued refurbishment, has been recommended by the Operating Room Committee.

attrition, enhanced retirement and voluntary redundancy programs.

COST CONTAINMENT

The Health Department is determining operating budgets this year partly on the basis of comparative efficiency of hospitals, with the more efficient hospitals receiving a lesser percentage cut.

Hospitals are 'peer grouped' and it is pleasing to note that Warrnambool and District Base Hospital is most competitive within its peer group. This has meant a less punitive cut, but a cut nevertheless.

Of equal concern to the Hospital is the provisional WorkCare penalty of nearly \$300,000 for 1991/92, which if implemented, must be met from within existing hospital funding. The Executive has striven valiantly since the introduction of the WorkCare system to minimise work-place injuries, to be pro-active on rehabilitation and return to work initiatives, and this has resulted in WorkCare bonuses for years 1989/90 and 1990/91.

This year, however, due to an increase in injuries and changes by the Government to the calculation of the compensation ratio, the proposed unfunded penalty is vast. It is to be hoped that action at government level may yet occur to ameliorate the situation for this hospital and many other hospitals in the same predicament.

With the foregoing in mind, the Hospital has no option but to continue its program of austerity to save costs yet at the same time meet agreed patient throughput levels. Planning for 1991/92 operating costs commenced early, and already many initiatives are in place. The staff and the community have been kept apprised of developments and staff have been most helpful with suggestions.

In times of austerity it is important for staff morale to be maintained and measures are being taken to insure this, principally through communication, education and consultation.

Peter McGregor
Chief Executive Officer

STATUTORY INFORMATION

The Minister for Health in the State of Victoria:
The Honourable Maureen Lyster, MLC.

Health Services Act 1988:
The Hospital does not directly administer any Acts. The Health Services Act 1988 was partially proclaimed to take effect on July 1st, 1988, and May 14th, 1989. This Act is a vehicle by which hospitals are incorporated, and prescribes the manner in which they are regulated.

During the 1990/91 financial year, legislative changes assented to or proclaimed that directly affect the Hospital were:

- Accident Compensation (Amendment) Act 1991, and Section 109 of the Vocational Education and Training Act 1990.
- Health (Radiographers) Act 1990 (Not yet proclaimed).
- Health Registration Acts (Amendment) Act 1991 (Assented to but not yet proclaimed).
- Health Services (Conciliation and Review) (Amendment) Act 1990. Health Services (Conciliation and Review) (Further Amendment) Act 1991.
- Health Services (Further Amendment) Act 1990.
- Pathology Services Accreditation (Further Amendment) Act 1991.
- Public Authorities (Equal Employment Opportunity) Act 1990 (Not yet commenced).

Fee setting:

The Hospital charges fees in accordance with Health Department Victoria directives, issued under regulation 8 of the Hospitals and Charities (Fees) Regulations 1986, as amended.

Declarations of pecuniary interest:
All members of the Board of Management and senior management have lodged declarations of pecuniary interests for the year under review.

Freedom of Information Requests:
During the 1990/91 financial year, 29 requests for information under the Freedom of Information Act were received, and all were decided in accordance with the Act. Of these requests, 20 were given full access, partial access was provided in one case, six requests were denied access, one request was withdrawn and one was transferred. In six cases, documents could not be found or did not exist.

The Hospital's Community

Warrnambool & District Base Hospital is the sub-regional referral centre for the Barwon & Southwestern Region; Region One of Victoria's eight health regions.

Development of the Hospital's sub-regional role has taken place over several years, with the aim of providing a diverse range of general and specialist health services to district patients.

As well as providing local treatment for many conditions, through a range of medical specialities, the Hospital is able to provide follow-up treatment for many patients returning from metropolitan treatment centres.

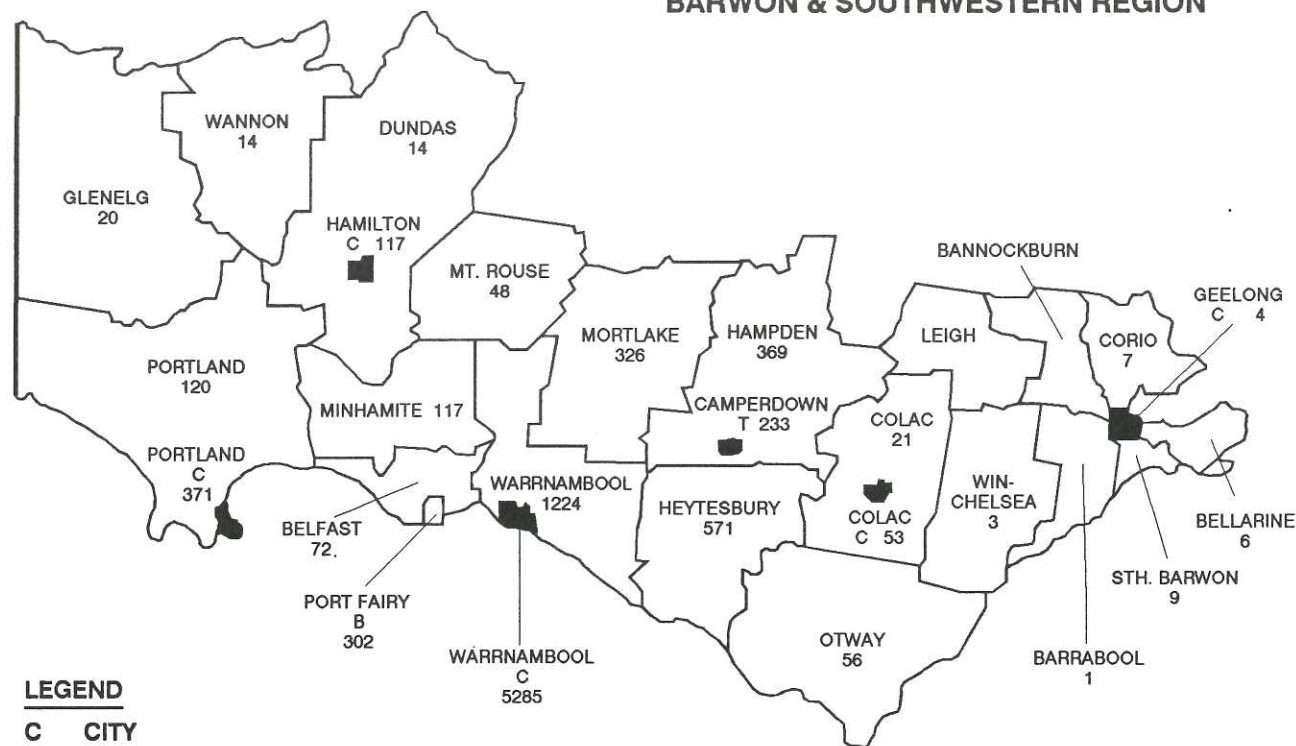
The Hospital serves an extensive community in southwest Victoria, and, with an expanding tourist industry in Warrnambool and surrounding district, a wider Victorian and interstate community.

Of the 9,705 inpatients treated during the report year, 6,509 (67 % of total) were from Warrnambool City and Shire, 2,854 (29 %) came from within Region One, while the remaining 342 (4 %) lived elsewhere in Victoria or interstate.

In addition to these inpatients, the Hospital recorded a total of 113,544 outpatient attendances to the Accident & Emergency Department and various other Hospital services. Detailed inpatient and outpatient statistics are listed opposite.



INPATIENT DEMOGRAPHICS BARWON & SOUTHWESTERN REGION



Hospital Statistics

	1986/87	1987/88	1988/89	1989/90	1990/91
Accommodation – Registered Beds	155	155	155	155	155
Patients Treated in Hospital					
Public – No Charge	3,808	4,396	5,105	5,300	6,069
Nursing Home Type	60	48	33	41	27
Private/Third Party	2,464	2,418	2,485	2,404	2,359
Endoscopy Unit	648	708	1,118	1,326	1,250
Total Patients Treated	6,980	7,570	8,741	9,071	9,705
Total Patient Days in Hospital					
Public – No Charge	22,325	24,469	26,543	26,050	26,034
Nursing Home Type	7,356	2,827	2,449	3,637	2,713
Private/Third Party	14,167	14,851	13,976	13,839	12,470
Endoscopy Unit	648	708	1,118	1,326	1,250
Total Patient Bed Days	44,496	42,855	44,086	44,852	42,467
Daily Average of Occupied Beds	123.1	117.1	120.8	122.9	116.3
% Occupancy on Registered Beds	78.6	75.5	77.9	79.3	75.1
% Occupancy on Staffed Beds				81.1	84.0
Average Length of Stay	6.4	5.7	5.0	4.9	4.4
Births (No. of Deliveries)	476	514	538	555	564
Operations – Major	1,380	1,516	1,869	2,039	1,861
– Minor	3,022	3,161	3,881	3,881	4,064
Total Operations	4,402	4,677	5,750	5,920	5,925
Day Case Surgery in Theatre	520	684	1,159	1,468	1,664
OUTPATIENT SERVICES					
Number of Attendances:					
Accident & Emergency	13,623	14,052	13,979	14,729	13,915
Medical/Surgical Clinics	8,970	9,304	12,821	10,360	10,015
Pathology	36,309	42,496	52,324	57,554	56,756
Medical Imaging	8,241	7,146	8,493	7,626	6,947
Pharmacy	10,434	7,562	7,132	5,237	6,618
Allied Health	12,699	11,493	11,265	11,163	12,210
Drug and Alcohol		242	904	536	531
Dental Unit	6,548	5,905	6,586	6,509	6,552
Total Outpatient Attendances	96,824	98,200	113,504	113,714	113,544
Rehabilitation Unit Contacts	18,582	19,467	20,451	25,590	21,313
Pathology Department Total Attendances	57,086	63,939	74,803	80,992	80,523
Medical Imaging Department Total Examinations	15,875	15,997	18,326	17,200	16,470
C.T. Scan Department Total Examinations	1,061	1,391	1,636	1,694	1,888
Pharmacy Department Work Units	164,114	156,632	160,367	177,087	166,105
District Nursing – Persons Visited	425	423	499	496	419
– Number of Visits	19,941	24,655	25,306	22,642	19,639
Meals – Number of Meals on Wheels Delivered	56,904	50,841	53,813	51,127	47,139
– Total Number of Meals Served	364,056	357,693	369,793	340,461	322,831

Service, Activity & Efficiency Measures Statistical Comparison to the Previous Year

PATIENTS TREATED BY CATEGORY	Actual 1990/91	Actual 1989/90	Variance (Decrease)
1.1 Total Acute (detailed below)	9,678	9,030	7.18 %
1.1.1 Same Day Procedure	2,914	2,794	4.29 %
1.1.2 Other	6,764	6,236	8.47 %
1.2.1 Emergency	4,761	3,786	25.75 %
1.2.2 Elective – Surgical	4,184	4,375	(4.37) %
– Obstetric	733	698	5.01 %
– Other	0	171	(100.00) %
2.1 Total Long Stay			
2.1.1 Nursing Home Type	27	41	(34.15) %
	9,705	9,071	6.99 %

BED DAYS BY CATEGORY

Public – No Charge	26,034	26,050	(0.06) %
Nursing Home Type	2,713	3,637	(25.41) %
Private	8,716	9,785	(10.92) %
Other	5,004	5,380	(6.99) %
	42,467	44,852	(5.32) %

STATISTICAL INDICATORS

% Public (M/care) Patients Treated	62.5%	58.1%	7.57 %
% Public (M/care) Patient Bed Days	61.3%	58.4%	4.97 %
Pathology Attendances	80,523	80,992	(0.58) %
Medical Imaging Attendances	12,797	13,537	(5.47) %
Total Operations	5,925	5,920	(0.08) %
Births	564	555	1.62 %
Untrimmed Diagnosis Related Group (DRG) Weight (Prior Year)	0.7779	0.7746	0.43 %
Cost per Patient Treated – DRG Adjusted	\$2,574	\$2,532	0.17 %

REVENUE INDICATORS

	Average Days To Collect	
	1990/91	1989/90
Private Inpatient Fees	49.99	48.88
TAC Inpatient Fees	63.61	75.03
ACC Inpatient Fees	70.36	72.36
DVA Inpatient Fees	N/A	124.55

DEBTORS OUTSTANDING AS AT 30th JUNE

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 1991	Total 1990
Private Inpatients	141,779 (134)	47,494 (51)	3,359 (11)	10,644 (25)	203,276 (221)	214,476 (226)
TAC Inpatients	41,702 (14)	24,753 (8)	4,845 (4)	1,353 (3)	72,653 (29)	34,652 (19)
ACC Inpatients	8,550 (7)	4,306 (3)	1,068 (2)	14,453 (13)	28,377 (25)	25,718 (34)
DVA Inpatients						102,210 (85)
TOTAL	192,031 (155)	76,553 (62)	9,272 (17)	26,450 (41)	304,306 (275)	377,056 (364)

NOTE: TAC is Transport Accident Commission.
ACC is Accident Compensation Commission.

DVA is Department of Veterans' Affairs.
() Brackets denote number of Accounts.

Warrnambool & District Base Hospital Comparative Statement for the Past Five Years

	1986/87 \$	1987/88 \$	1988/89 \$	1988/90 \$	1990/91 \$
RECEIPTS					
Government Grants & Payments	16,366,986	16,498,861	18,300,544	19,100,991	21,091,425
Patient Fees (Including Fee Sharing Medical)	2,945,801	3,041,789	3,126,796	3,584,871	3,493,048
Meals and Accommodation	180,853	285,194	293,552	328,280	299,212
Income from Sundry Sources	32,856	36,073	39,051	43,953	20,858
Deficiency	—	381,806	328,511	387,650	269,047
Total	19,526,496	20,243,723	22,088,454	23,445,745	25,173,590

PAYMENTS

Salaries and Wages	14,207,057	14,510,334	15,454,510	16,384,651	17,496,292
Superannuation	236,643	261,381	549,362	655,254	765,672
Workcare Premium	270,845	320,985	418,396	486,497	632,537
Food Supplies	347,236	322,050	322,971	285,138	272,860
Medical Surgical	1,080,275	1,267,562	1,369,934	1,536,023	1,701,833
Payments to Visiting Medical Officers	902,654	1,158,439	1,574,663	1,653,996	1,891,244
Fuel, Light and Power	244,754	268,152	261,179	284,640	262,274
Domestic Charges	456,293	468,709	463,542	497,494	504,003
Renovations & Equipment – Minor Works	360,049	124,000	144,160	125,322	106,781
Replacements, Repairs and Maintenance	432,263	508,746	503,034	509,348	458,361
Administrative Expenses	780,307	828,761	911,741	932,799	1,023,301
Non Operating Expenses	147,129	204,604	114,962	94,583	58,432
Surplus	60,991	0	0	0	0
Total	19,526,496	20,243,723	22,088,454	23,445,745	25,173,590

UNIT COSTS ON ACCRUED EXPENDITURE

Average Daily Bed Cost Inpatient (\$)	306.66	339.84	376.15	396.65	457.60
Average Cost per Inpatient Treated (\$)	1,974.64	1,923.86	1,897.11	1,961.27	2,002.35
Average Cost per Outpatient Attendance (\$)	38.83	41.00	38.38	40.04	42.61
Average Cost per Day Hospital Consultation	28.46	34.92	36.20	28.33	31.28
Average Cost per District Nursing Visit	25.38	22.46	23.77	27.51	34.06
Average Net Cost per Meal — Meals on Wheels	N/A	2.99	2.84	3.37	3.53

FOR COMPARATIVE ANALYSIS PLEASE NOTE:

- The Hospital:
- is a major Sub-Regional Referral Centre;
 - is accredited by the Australian Council on Healthcare Standards;
 - operated under a Budget Agreement in 1990/91;
 - has a formal Quality Assurance Programme;
 - regulates the medical staff through a Medical Privileges Program;
 - has an average waiting time for inpatients of less than 30 days.

Corio House Comparative Statement for the Past Five Years

RECEIPTS	1986/87 \$	1987/88 \$	1988/89 \$	1989/90 \$	1990/91 \$
Government Grants			50,000		151,800
Patient Fees (Inc. Nursing Home Benefits)	1,162,621	1,201,827	1,219,387	1,241,570	1,301,699
Deficit	75,308	34,989	31,831	116,955	12,283
Total	1,237,929	1,236,816	1,301,218	1,358,525	1,465,782

PAYMENTS	1986/87 \$	1987/88 \$	1988/89 \$	1989/90 \$	1990/91 \$
Salaries and Wages	938,586	947,864	980,870	1,005,768	1,085,963
Administration	50,859	53,381	84,584	115,199	134,548
Dietary	98,525	98,563	98,108	98,193	108,943
Housekeeping	21,178	21,163	19,186	20,697	21,805
Linen, Laundry and Sewing	78,067	71,051	79,944	80,228	72,712
Power, Lighting and Heating	17,492	15,846	15,639	16,395	17,752
Maintenance	15,055	10,746	7,631	7,481	4,180
Medical and Surgical	18,167	18,202	15,256	14,564	19,879
Total	1,237,929	1,236,816	1,301,218	1,358,525	1,465,782

STATISTICS	1986/87	1987/88	1988/89	1989/90	1990/91
Number of Inpatients Accommodated	59.00	63.00	59.00	60.00	63.00
Daily Average Accommodated	44.92	44.89	44.92	44.93	44.90
Average Length of Stay (days)	277.89	260.76	277.86	273.32	260.13

UNIT COST ON ACCRUED EXPENDITURE	1986/87	1987/88	1988/89	1989/90	1990/91
Average Daily Bed Cost (\$)	75.50	75.29	79.36	83.70	91.85
Average Cost per Patient Accommodated (\$)	20,982	19,632	22,055	22,877	23,893

Central Linen Service Income & Expenditure Comparison for the Past Two Years

OPERATING EXPENDITURE	1989/90 \$	1990/91 \$	1989/90 Cents per kg	1990/91 Cents per kg
OPERATING C.L.S. SERVICE				
Wages	471,243	468,876	48.85	49.44
Operating Materials	46,842	45,039	4.86	4.75
Steam	29,021	61,642	3.01	6.50
Electricity	16,517	18,019	1.71	1.90
Replacement Linen	103,232	97,418	10.70	10.27
Depreciation/Replacement	55,992	56,508	5.80	5.96
Maintenance & Materials	17,963	20,965	1.86	2.21
Total C.L.S. Service	740,810	768,467	76.79	81.03

MENDING/MANUFACTURING	1989/90	1990/91	1989/90	1990/91
Wages	15,181	15,703	1.57	1.66
Materials	2,051	1,839	0.21	0.19
Depreciation/Replacement	1,433	0	0.15	0.00
Total Mending/manufacturing	18,665	17,542	1.93	1.85

TRANSPORT	1989/90	1990/91	1989/90	1990/91
Wages	21,805	21,189	2.26	2.24
Fuel	10,508	13,419	1.09	1.42
Maint. Materials	7,348	3,903	0.76	0.41
Insurance/Registration	1,273	3,907	0.13	0.41
Depreciation/Replacement	9,367	11,328	0.97	1.19
Total Transport	50,301	53,746	5.21	5.67

ADMINISTRATION	1989/90	1990/91	1989/90	1990/91
Wages	42,684	46,609	4.43	4.92
Canteen	1,620	1,740	0.17	0.18
L.S.L.	29,997	30,850	3.11	3.25
Workcare	36,745	61,806	3.81	6.52
Superannuation	50,187	55,852	5.20	5.89
Sundry	24,245	24,863	2.51	2.62
Depreciation/replacement	0	2,964	0.00	0.31
Total Administration	185,478	224,684	19.23	23.69
Total Expenditure	995,254	1,064,439	103.16	112.24

OPERATING INCOME	1989/90	1990/91	1989/90	1990/91
Service Charges	997,433	1,046,360	103.38	110.34
Sundry	2,668	2,597	0.28	0.27
Interest	0	26,091	0.00	2.75
Total Income	1,000,101	1,075,048	103.66	113.36
Profit/(loss)	4,847	10,609	0.50	1.12

KILOGRAMS PRODUCED 964,787 948,340

Hospital Services

Warrnambool & District Base Hospital is a 200-bed public hospital, providing both acute and long-term patient care. As a sub-regional referral hospital for the Barwon-Southwestern Region of Victoria, the Hospital provides the following medical, paramedical, nursing and general services:

- | | | |
|---|--|------------------------------------|
| Aboriginal Liaison Officer | District Nursing Service | Breast Cancer Support Services |
| Accident/Emergency & Outpatients Departments | Domiciliary Midwife | Media Unit |
| Anaesthetics | Drug & Alcohol Service | Medical Education |
| Audiology | Education Centre | Medical Imaging |
| Bio-Medical Engineering
- sub-regional service | - Continuing Education & Student Enrolled Nurse Training | Medical Records |
| Blood Bank | Endoscopy | Nursing Home - Corio House |
| Cancer Support Team | Engineering | Nutrition |
| Cardiac Rehabilitation Nurse | ENT Surgery | Obstetrics & Gynaecology |
| Central Linen Service | Environmental Services | Occupational Health & Safety |
| Central Sterile Supply | Family Planning & Education Service | Occupational Therapy |
| Community Women's Centre | Finance | Oncology |
| Continence Advisory Nurse | Food Services | Operating Theatres & Recovery Ward |
| Coronary Care | General Medicine | Ophthalmology |
| Day Surgery | General Practice | Oral Surgery |
| Dentistry | General Surgery | Orthodontics |
| Dermatology | Geriatrics | Orthopaedics |
| Detoxification Unit | Hospital Library | Paediatrics |
| Diabetic Advisory Nurse | Human Resources Department | Pain Clinic |
| - Sub-agent Diabetes Australia (Victorian Branch) | Infection Control Nurse | Palliative Care |
| | Intensive Care Unit | Pathology - sub-regional service |

BED ANALYSIS		
Ward	Ward Service	Beds Available
1	Surgical - Short Stay	12
	- Day Care	8
	- Endoscopy	4
2	Medical	28
3	Children	14
4	Intensive Care Unit/Critical Care Unit	6
5	Special Care	20
6	Medical & Surgical	20
	- Palliative Care Unit	3
7	Midwifery	16
	- Neonatal Special Care	4
8	Assessment & Rehabilitation	18
12	Accident & Emergency Observation	2
	Hospital	155
	Corio House Nursing Home	45



137th ANNUAL REPORT

FINANCIAL STATEMENTS

1990 - 91

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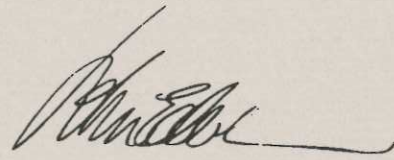
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Certification of Financial Statements

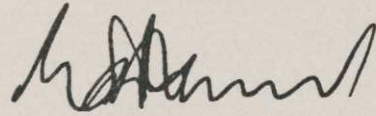
We hereby certify that the financial statements of the Warrnambool & District Base Hospital have been prepared in accordance with the provisions of the Annual Reporting Act 1983 and the Annual Reporting (Contributed Income Sector) Regulations 1988, as amended.

In our opinion the financial statements present fairly the financial transactions during the 1990-91 financial year and the financial position of the Hospital as at 30 June 1991.

At the date of signing the financial statements we are not aware of any circumstances which would render any particulars included in the Statements to be misleading or inaccurate.



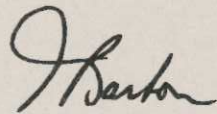
J. Wilson, President, Board of Management.



E. Northeast, Treasurer, Board of Management.



P. G. McGregor, Chief Executive Officer.



I.J. Barton, Principal Accounting Officer.

Dated the 16th Day of September, 1991

Revenue & Expense Statement for the Year Ended 30th June, 1991

	Notes	Hospital Operations \$	Nursing Home \$	Linen Service \$	Eliminations 1990/91 \$	Total 1990/91 \$	Total 1989/90 \$
Operating Revenue Providing Fund Inflows							
Health Service Agreement/Budget Sector							
Government Grants	2	21,218,518	153,800			21,372,318	19,378,597
Indirect Contributions by HDV	3	231,816				231,816	240,197
Patient Fees	4	2,211,806	401,667			2,613,473	2,840,637
Recoupment for Private Practice – Use of Hospital facilities		1,178,352				1,178,352	1,068,622
Linen Service	5			1,048,957	(400,291)	648,666	617,120
Commonwealth Nursing Home Benefits			901,138			901,138	900,960
Other Revenue	7	66,652				66,652	66,997
Sub-total		24,907,144	1,456,605	1,048,957	(400,291)	27,012,415	25,113,130
Services Supported by Hospital and Community Initiatives							
Private Practice Fees	21	1,437,467				1,437,467	1,258,210
Special Purpose Revenue	21	466,858				466,858	338,887
Interest	22	118,786	485	28,673		147,944	217,326
Capital Income	22	320,870		28,500		349,370	465,438
Total Operating Revenue Providing Funds		27,251,125	1,457,090	1,106,130	(400,291)	29,414,054	27,392,991
Operating Expenses Requiring Fund Outflows							
Health Service Agreement/Budget Sector							
Direct Patient Care Services		11,677,767	883,893		(361,106)	12,200,554	11,364,388
Diagnostic and Medical Support Services		4,232,625	18,784		(11,951)	4,239,458	3,947,623
Administration		2,445,269	23,446			2,468,715	2,272,533
Engineering and Maintenance		1,307,051	46,740			1,353,791	1,313,752
Domestic and Catering Services		2,877,154	374,339		(24,255)	3,227,238	3,219,443
Corporate Costs Funded by Health Dept. Vic.		231,816				231,816	240,197
WorkCare and Superannuation		1,381,921	109,266			1,491,187	1,150,083
Teaching and Research		246,471				246,471	178,985
Community Services		518,843			(2,979)	515,864	473,036
Linen Services	6			962,790		962,790	904,068
Other Expenses		168,496				168,496	267,362
Sub-total		25,087,413	1,456,468	962,790	(400,291)	27,106,380	25,331,470
Services Supported by Hospital and Community Initiatives							
Private Practice Expenses		810,935				810,935	752,568
Special Purpose Expenses		360,151				360,151	343,027
Assets Sold		343,481		19,125		362,606	421,668
Total Operating Expenses Requiring Funds	8	26,601,980	1,456,468	981,915	(400,291)	28,640,072	26,848,733
Operating (Deficit)/Surplus Providing Fund Inflows		649,145	622	124,215		773,982	544,258
Operating Revenue Not Providing Fund Outflows							
Asset Written Back		14,700		2,459		17,159	
Operating Expenses Not Requiring Fund Outflows							
Depreciation	17	570,570	6,031	51,631		628,232	560,939
Employee Entitlements		632,688	42,756	30,849		706,293	370,056
Abnormal Items	9						2,176,639
Operating (Deficit)/Surplus Attributable to Non Fund Items		(1,188,558)	(48,787)	(80,021)		(1,317,366)	(3,107,634)
Operating (Deficit)/Surplus For the Year		(539,413)	(48,165)	44,194		(543,384)	(2,563,376)
Retained (Accumulated Deficit)/Surplus at 1 July 1990		(7,296,641)	(312,698)	(17,750)		(7,627,089)	(3,748,250)
Prior year adjustment							(235,549)
Available for Appropriation		(7,836,054)	(360,863)	26,444		(8,170,473)	(6,547,175)
Aggregate of Amounts Transferred to Reserves	10	(792,194)	(485)	(28,673)		(821,352)	(1,079,914)
Retained (Accumulated Deficit)/Surplus at 30 June 1991		(8,628,248)	(361,348)	(2,229)		(8,991,825)	(7,627,089)

The accompanying notes form part of these financial statements.

Balance Sheet as at 30th June, 1991

	Notes	Hospital 1990/91	Nursing Home 1990/91	Linen Service 1990/91	Total 1990/91	Total 1989/90
		\$	\$	\$	\$	\$
EQUITY						
Capital						
Contributed Capital		19,511,533	476,468	1,780,325	21,768,326	19,785,662
Funds held for Restricted Purposes	18	778,422			778,422	1,468,835
Funds held in perpetuity		22,000	4,075		26,075	22,590
Reserves						
Asset Revaluation Reserve			16,309		16,309	16,309
Retained Surplus/(Accumulated Deficit)		(8,628,248)	(361,348)	(2,229)	(8,991,825)	(7,627,089)
Total Equity		11,683,707	135,504	1,778,096	13,597,307	13,666,307
Current Liabilities						
Bank Overdraft		767,656	122,235	24,404	914,295	1,367,234
Creditors	23	511,275	8,582	10,962	530,819	511,187
Accrued Expenses	24	1,896,791	106,165	62,743	2,065,699	1,842,189
Provision for Long Service Leave	11	294,455	23,792	13,180	331,427	262,804
Patient Trust	12	68,063			68,063	58,034
Total Current Liabilities		3,538,240	260,774	111,289	3,910,303	4,041,448
Non Current Liabilities						
Provision for Long Service Leave	11	2,333,078	130,985	117,739	2,581,802	2,245,429
Total Liabilities		5,871,318	391,759	229,028	6,492,105	6,286,877
Total Equity and Liabilities		17,555,025	527,263	2,007,124	20,089,412	19,953,184
Current Assets						
Cash at bank and on hand						154,633
Patients Trust	12	68,063			68,063	58,034
Patient Fees Receivable	13	770,077	83,305		853,382	901,308
Stores	14	329,581		87,725	417,306	470,847
Debtors and Accrued Revenue	15	493,204	153,800	139,915	786,919	689,549
Short-term Investments	16	600,800		250,000	850,800	1,219,375
Linen in Use				592,944	592,944	592,944
Total Current Assets		2,261,725	237,105	1,070,584	3,569,414	4,086,690
Non Current Assets						
Investments	16	1,200			1,200	1,200
Land & Buildings	17	11,254,963	260,024	440,348	11,955,335	11,292,841
Plant & Equipment	17	2,905,797	16,881	426,054	3,348,732	3,479,937
Furniture & Office Equipment	17	674,298	1,567	3,167	679,032	598,505
Motor Vehicles	17	457,042	11,686	66,971	535,699	494,011
Total Non Current Assets		15,293,300	290,158	936,540	16,519,998	15,866,494
Total Assets		17,555,025	527,263	2,007,124	20,089,412	19,953,184

The accompanying notes form part of these financial statements.

Consolidated Statement of Changes in Equity for the Year Ended 30th June, 1991

	Notes	Contributed Capital	Funds Held for Restricted Purposes	Funds Held in Perpetuity	Asset Revaluation Reserve	Retained Surplus or Accum'd Deficit	Consolidated Total 1990/91	Consolidated Total 1989/90
		\$	\$	\$	\$	\$	\$	\$
Balance At Beginning Of Year		19,785,662	1,468,835	22,590	16,309	(7,627,089)	13,666,307	15,596,424
Surplus/(Deficit) for the year						(543,384)	(543,384)	(2,563,376)
Prior year adjustment								(235,549)
Contributed Capital								
Grants	2	412,736					412,736	684,986
General Donations		48,742		3,000			51,742	192,598
Other		9,906					9,906	2,864
Transfers To Reserves								
Contributed Capital	10		(1,325,442)			(185,838)	(1,511,280)	(536,860)
Restricted Purposes						(635,029)	(635,029)	(352,631)
Perpetuity						(485)	(485)	(534)
Retained Surplus/(Deficit)								356,295
Transfers From Reserves								
Contributed Capital								543,677
Restricted Purposes		1,325,442					1,325,442	166,406
General Reserve								187,382
Retained Surplus/(Deficit)		185,838	635,029	485			821,352	723,619
Other:								
Revaluation of Assets								16,309
Assets transferred to other institutions								(27,949)
Balance At End of Year		21,768,326	778,422	26,075	16,309	(8,991,825)	13,597,307	13,666,307

The accompanying notes form part of these financial statements.

Statement of Sources & Applications of Funds for the Year Ended 30th June, 1991

Notes	Hospital \$	Nursing Home \$	Linen Service \$	Total 1990/91 \$	Total 1989/90 \$
SOURCES OF FUNDS					
Funds from Operations					
Inflow of Funds from Operations					
Operating Revenue	26,930,255	1,457,090	1,077,630	29,464,975	27,309,034
Proceeds from sale of assets	320,870		28,500	349,370	466,938
Sub Total	27,251,125	1,457,090	1,106,130	29,814,345	27,775,972
Less Outflow of Funds from Operations	26,601,980	1,456,468	981,915	29,040,363	27,231,714
Net Funds from Operations	649,145	622	124,215	773,982	544,258
Contributed Equity	19 468,766	5,618		474,384	880,448
Reduction in Assets					
Current Assets					
Cash at bank		154,633		154,633	
Patient Fees Receivable	49,031			49,031	
Debtors/Accrued Revenue			16,898	16,898	811,534
Investments	418,575			418,575	3,056
Stock	44,742		8,799	53,541	25,694
Increase in Liabilities					
Current Liabilities					
Bank Overdraft					288,454
Creditors	18,030	719	883	19,632	123,883
Accrued Expenses	213,979	11,399		225,378	207,662
Patient Trusts	10,029			10,029	892
Total Sources of Funds	1,872,297	172,991	150,795	2,196,083	2,885,881
APPLICATIONS OF FUNDS					
Increase in Assets					
Current Assets					
Cash at Bank					144,095
Patient Fees Receivable		1,105		1,105	
Patients Trust	10,029			10,029	892
Stores					
Investments			50,000	50,000	100,000
Debtors/Accrued Revenue	112,268	2,000		114,268	190,819
Non-Current Assets					
Land & Buildings	647,340	10,961	4,193	662,494	1,251,630
Plant & Equipment	255,991	2,243	30,216	288,450	503,185
Furniture & Office Equipment	196,961	1,015	1,000	198,976	
Motor Vehicles	82,265		32,392	114,657	139,253
Linen in Use					51,029
Decrease in Liabilities					
Current Liabilities					
Bank Overdraft	299,757	134,038	19,144	452,939	263,316
Creditors					2,748
Accrued Expenses			1,868	1,868	
Payment of Long Service Leave	267,686	21,629	11,982	301,297	238,914
Total Applications of Funds	1,872,297	172,991	150,795	2,196,083	2,885,881

The accompanying notes form part of these financial statements.

Notes To and Forming Part Of the Financial Statements for the Year Ended 30th June, 1991

• NOTE 1: STATEMENT OF ACCOUNTING POLICIES

The financial statements of the hospital have been prepared in accordance with the provisions of the Annual Reporting Act 1983 and the Annual Reporting (Contributed Income Sector) Regulations 1988 as amended. These Regulations incorporate by reference relevant accounting standards issued jointly by the Institute of Chartered Accountants in Australia and the Australian Society of Certified Practising Accountants.

1. Accrual basis

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

2. Historical Cost

The financial statements have been prepared on a historical cost basis whereby assets are recorded at purchase price plus costs incidental to the acquisition and do not take into account changing money values nor the current cost of non-current assets (unless specifically stated).

3. Rounding Off

All amounts shown in the financial statements are expressed to the nearest dollar.

4. Investments

Investments are valued at cost and are classified between current and non-current assets based on the Hospital Board of Management's intentions at balance date with respect to timing of disposal of each investment. Interest revenue from investments is brought to account when it is earned.

5. Depreciation

Fixed assets of the Hospital with value in excess of \$1,000 are brought to account and with the exception of buildings, depreciation has been provided over their estimated useful lives using the straight-line method. This depreciation charge is not funded by the Health Department Victoria.

6. Stores

Inventories are stated in the Balance Sheet at average cost. This method assigns weighted average costs arrived at by means of a continuous calculation.

7. Employee entitlements

• Long Service Leave
Provision for long service leave is made on a pro-rata basis for all employees who have completed five or more years service. Generally, the entitlement under various awards becomes payable on a pro rata basis upon completion of 10 years' service. The proportion of long service leave estimated

to be payable within the next financial year is included in the Balance Sheet under Current Liabilities. The balance of the provision is included under Non-Current Liabilities.

• Annual Leave

The hospital's accrued liability for annual leave at 30 June 1991 is included under current liabilities.

• Accrued Days Off

The liability in respect of accrued days off not yet taken for eligible employees at 30 June 1991 is included under current liabilities.

8. Superannuation

All eligible employees contribute to the Hospitals Superannuation Fund established under section 10 of the Hospital Superannuation Act 1965 (refer Regulation 32).

As a result of the 3% Productivity National Award decision all employees from 1 July 1988 automatically became entitled to the Basic Benefit Superannuation package. The Hospital contributes 1.5% of the 3% benefit, based on the salaries of each employee directly to the Hospital Superannuation Board on a monthly basis.

The following two contributory scheme options are also available:

- a) Employee Contribution 3% and Hospital Contribution 5.5%
- b) Employee Contribution 6% and Hospital Contribution 11.5% based on the ordinary salary of the employee.

9. Fund Accounting

The Hospital operates on a fund accounting basis and maintains three funds operating, specific purpose and capital funds. The Hospital's Capital and Specific Purpose Funds comprise unspent capital donations and receipts from fund-raising activities conducted solely in respect of these funds. Separation of these funds from the Operating Fund is required under the Health Services Act 1988.

10. Changes in accounting policy

In accordance with AAS 24 Consolidated Financial Statements the Special Purposes Pathology Trust Fund is incorporated into the hospital's reporting entity in 1990/91 and comparative figures for 1989/90 have been restated in the new format. The effect on the 1990/91 accounts has been the inclusion of \$710,967 in operating revenue, \$228,928 in operating expenditure and \$245,702 in patient fees receivable.

11. Inter-segment Transactions

The reported Income and Expenditure for the hospital, nursing home and linen service include the following material inter-segment transactions, and the effect of these

transactions has been eliminated from the Combined Total 1990/91.

Linen service charges received from hospital	328,684
Linen service charges received from nursing home	71,607
Total Inter-segment Revenue	400,291
Linen service charges paid by Hospital Direct Patient Care	289,499
Linen service charges paid by Nursing Home Patient Care Services	71,607
Total Inter-segment Expenditure	361,106
Linen service charges paid by Hospital Diagnostic and Medical Support Services	11,951
Linen service charges paid by Domestic and Catering Service	24,255
Linen service charges paid by Hospital Community Services	2,979
Total Inter-segment Expenditure	400,291

12. Leased Equipment

Operating lease payments are representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

13. Donations

Donations for capital purposes are recognised as contributed capital in the balance sheet and consolidated statement of changes in equity.

14. Health Services Agreement/Budget Sector and Services supported by Hospitals and Community initiatives.

The activities classified under the Health Services Agreement/Budget Sector are effected by Health Department Victoria funding while the Hospital and Community initiatives are funded by the Hospital's own activities or local initiatives.

15. Revenue Recognition

Revenue is recognised at the time when goods are sold or services rendered.

16. Non-current Assets

The gross proceeds of sale of non-current assets have been included as operating revenue providing fund inflows while the written down value of the assets sold has been shown as an operating expense requiring fund outflows.

17. Private Practice Fees

The apportionment of private practice fees between the hospital and medical practitioners is based on the average of arrangements between the above parties.

● NOTE 2: GOVERNMENT GRANTS

	1990/91 \$	1989/90 \$
Operating Grants		
HDV Ordinary Hospital Grants Received	20,324,800	18,473,600
HDV Ordinary Hospital Grants Outstanding	304,500	161,900
HDV Nursing Home Grants Outstanding	153,800	151,800
Grants paid by other State Departments:		
Visiting Nursing Service — Ordinary	436,519	403,051
Award Restructuring Expenses	1,748	
Program of Aids for Disabled People	61,375	63,021
Employment Schemes	50	35,997
Alcohol & Drug Services	16,502	15,791
Sexual Assault Unit	57,599	
Family Planning Unit	10,674	
Community Resource Worker	4,751	7,115
Lifestyle Screening Project		6,400
Domestic Violence Action Group		2,500
Grants paid by Commonwealth Government:		
Geriatric Assessment Team		57,422
Total Operating Government Grants	21,372,318	19,378,597

Grants for capital purposes are included in the Statement of changes in equity and are included in the balance sheet as contributed capital.

	1990/91 \$	1989/90 \$
Capital Grants		
HDV Infrastructure/Equipment Grants	199,297	176,000
HDV Minor Works Grant	106,781	125,622
HDV Visiting Nursing Service — Motor Vehicle Replacement	5,880	
HDV Ward 8/Rehabilitation Capital Works Grant	44,465	355,364
HDV Asbestos Removal	50,657	28,000
HDV Sexual Assault Unit — Equipment	5,656	
Total Capital Government Grants	412,736	684,986
Total Government Grants	21,785,054	20,063,583

Commonwealth Nursing Home inpatient benefits are listed separately in the Revenue and Expense Statement.

● NOTE 3: INDIRECT CONTRIBUTIONS BY HEALTH DEPARTMENT VICTORIA

The Health Department Victoria makes certain direct payments on behalf of the hospital which, in accordance with their requirements, have been brought to account in determining the operating result for the year. They are brought to account as accrued revenue and off-set by expenditure items. These were:

	1990/91 \$	1989/90 \$
Insurance	162,758	171,652
Industrial Relations	7,034	6,197
HCS Computer Costs	37,554	36,838
Audit Fees	24,470	25,510
Total	231,816	240,197

● NOTE 4: PATIENT FEES

The calculation for patient fees raised is fees raised to date plus unbilled fees for patients not discharged at end of year.

	1990/91 \$	1989/90 \$
Inpatient Fees — Hospital	2,103,187	2,386,479
Inpatient Fees — Nursing Home	401,667	348,618
Outpatient Fees	108,619	105,540
Total	2,613,473	2,840,637

● NOTE 5: LINEN SERVICE REVENUE

	1990/91 \$	1989/90 \$
Service Charges	1,046,360	997,433
Sundry	2,597	2,668
Linen Service Total	1,048,957	1,000,101
Eliminations — Linen Service charges received from hospital and nursing home	(400,291)	(382,981)
Group Total Revenue Providing Funds	648,666	617,120

● NOTE 6: LINEN SERVICE EXPENDITURE

	1990/91 \$	1989/90 \$
Central Linen Service		
Wages	468,877	471,243
Operating Materials	45,039	46,842
Steam	61,642	29,021
Electricity	18,018	16,517
Replacement Linen	97,418	103,232
Maintenance & Materials	20,966	17,963
Total Central Linen Service	711,960	684,818
Mending/Manufacturing		
Wages	15,703	15,181
Materials	1,839	2,051
Total Mending/Manufacturing	17,542	17,232
Transport		
Wages	21,189	21,805
Fuel	14,465	13,003
Maintenance/Materials	2,857	4,853
Insurance/Registration	3,907	1,272
Total Transport	42,418	40,933
Administration		
Wages	38,911	35,354
Cleaning Services	7,698	7,330
Administration Services	12,000	12,000
Workcare	61,806	36,745
Superannuation	55,852	50,187
Uniforms	4,134	4,255
Stationery	2,042	2,556
Sundry	8,427	12,658
Total Administration	190,870	161,085
Group Total Operating Expenses Requiring Funds	962,790	904,068

● NOTE 7: OTHER REVENUE — HSA BUDGET SECTOR

	1990/91 \$	1989/90 \$
Pharmacy	7,635	3,776
Board & Lodgings	40,512	37,662
Sundry	18,505	25,559
Total	66,652	66,997

● NOTE 8: HOSPITAL AND NURSING HOME OPERATING EXPENSES

Health Service Agreement/Budget Sector	1990/91 Hospital Total \$	1990/91 Nursing Home \$	1989/90 Hospital Total \$	1989/90 Nursing Home \$
1. Direct Patient Care Services				
Nursing Wards	6,047,260	883,893	5,693,300	807,247
Operating Theatre	1,382,886		1,383,780	
Casualty A. & E.	1,050,653		952,112	
Clinical Units	2,780,129		2,416,014	
Day Hospital	416,839		453,840	
	11,677,767	883,893	10,899,046	807,247
2. Diagnostic and Medical Support Services				
Pharmacy	704,664	17,680	627,485	11,798
C.S.S.D.	92,711		86,969	
Medical Records	202,258		203,922	
Diagnostic Laboratory	1,688,450		1,560,277	
Organ Imaging	746,412		677,798	
Technical Support	87,446		95,255	
Allied Health	710,684	1,104	693,619	
	4,232,625	18,784	3,945,325	11,798
3. Administration				
General Administration/Finance	1,079,367	19,056	917,577	14,624
Personnel/Payroll	137,181	4,390	136,851	
Supply	201,187		176,076	
Nursing Administration	508,239		532,036	
Medical Administration	519,295		495,369	
	2,445,269	23,446	2,257,909	14,624
4. Engineering and Maintenance				
Power Light & Heat	310,391	17,752	311,376	16,395
Engineering/Maintenance	927,569	28,988	890,017	25,361
Bio-Medical Engineering	69,091		78,730	
	1,307,051	46,740	1,280,123	41,756
5. Domestic and Catering Services				
Food/Dietary	1,722,160	169,825	1,710,255	156,295
Domestic Services	1,074,606	204,514	1,079,511	215,091
Residences	26,332		22,470	
Linen Laundry & Sewing	54,056		53,889	
	2,877,154	374,339	2,866,125	371,386
6. Corporate Costs funded by HDV				
Audit Fees	24,470		25,510	
Insurances	169,792		177,849	
Computer Costs	37,554		36,838	
	231,816		240,197	
7. WorkCare and Superannuation				
WorkCare	616,248	63,728	394,255	55,304
Superannuation	765,673	45,538	655,254	45,270
	1,381,921	109,266	1,049,509	100,574
8. Teaching Services				
Nursing Education	182,819		104,591	
Education & Training Other	63,652		74,394	
	246,471		178,985	
9. Community Services				
Womens Health Service	32,515		25,526	
District Nursing Service	486,328		452,891	
	518,843		478,417	

... Cont'd

● NOTE 8: HOSPITAL AND NURSING HOME OPERATING EXPENSES, Cont'd.

Health Service Agreement/Budget Sector	1990/91 Hospital Total \$	1990/91 Nursing Home \$	1989/90 Hospital Total \$	1989/90 Nursing Home \$
10. Other				
Regional Services	97,851		73,219	
Employment Schemes			20,095	
Program of Aids for Disabled People	62,078		72,126	
Geriatric Assessment Team			67,745	
Community Resource Worker	3,767		7,285	
Lifestyle Screening Project	2,500		14,508	
Domestic Action Violence Group	2,300		69	
Sundry Special Funded Projects			12,315	
	168,496		267,362	
Services Supported By Hospital and Community Initiatives				
11. Private Practice Expenses				
Medical Imaging	185,672		231,593	
CTG Funds	10,666		5,194	
Pathology	233,538		238,143	
CT Scan Fund	340,943		264,179	
Sundry Funds	40,116		13,459	
	810,935		752,568	
12. Special Purpose Expenses				
Medical Administration	5,504		27,138	
Nursing Education	12,022		16,700	
Administrative Services	26,170		15,739	
Kiosk Fund	198,275		135,953	
Rent Reserves	88,401		71,204	
Staff Funds	10,957		5,345	
Sundry Administrative/Reserve Funds	18,822		70,948	
	360,151		343,027	
13. Assets Sold — Written Down Value	343,481		421,668	
Total Hospital and Nursing Home Operating Expenses Requiring Funds	26,601,980	1,456,468	24,980,261	1,347,385

● NOTE 9: ABNORMAL ITEMS

Abnormal Expenses Not Requiring Fund Outflows	1990/91 \$	1989/90 \$
Devaluation of assets		589,326
Prior Year Adjustments — Provision for Long Service Leave		985,525
Prior Year Adjustments — Depreciation		601,788
Total Abnormal Expenses		2,176,639

● NOTE 10: TRANSFERS BETWEEN RESERVES

Transfers To Reserves	1990/91 \$	1989/90 \$
Funds Held for Restricted Purposes		
Transfer of Assets Purchased	1,325,442	256,895
Retained surplus/(Accumulated Deficit)		
Transfer of Linen Service Capital Interest	28,673	
Transfer of assets purchased to capital funded from Operating Grants	38,379	58,378
Transfer of Hospital Capital Income	118,786	221,587
Total Transfers To Contributed Capital	1,511,280	536,860

... Cont'd

● NOTE 10: TRANSFERS BETWEEN RESERVES, Cont'd.

	1990/91	1989/90
	\$	\$
Contributed Capital		
Transfer of prior year's Provision for Depreciation		(90,489)
Retained Surplus/(Accumulated Deficit)		
Net Revenue relating to restricted purposes included in Revenue and Expense Statement and subsequently transferred to relevant funds	635,029	443,120
Total Transfers To Funds Held For Restricted Purposes	635,029	352,631
Retained Surplus/(Accumulated Deficit)		
Transfer of Nursing Home Capital Interest	485	534
Total Transfers to Funds Held In Perpetuity	485	534
Contributed Capital		
Transfer of prior year's Provision for Depreciation		(646,032)
Transfer of prior year's Operating Surplus		102,355
General Reserve		
Transfer of prior year's Operating Surplus		187,382
Total Transfers to Retained Surplus/(Accumulated Deficit)		(356,295)
Transfers From Reserves		
Retained Surplus/(Accumulated Deficit)		
Transfer of prior year's Operating Surplus		102,355
Transfer of prior year's Provision for Depreciation		(646,032)
Total Transfers from Contributed Capital		(543,677)
Contributed Capital		
Transfer of prior years Provision for Depreciation		(90,489)
Transfer of assets purchased	1,325,442	256,895
Total Transfers from Funds Held for Restricted Purposes	1,325,442	166,406
Retained Surplus/(Accumulated Deficit)		
Transfer of prior year's Operating Surplus		187,382
Total Transfers from General Reserve		187,382
Contributed Capital		
Capital Income	147,459	221,587
Transfer of assets purchased from Operating Fund	38,379	58,378
Funds held for Restricted Purposes		
Net Revenue relating to restricted purposes included in Revenue and Expense Statement and subsequently transferred to relevant funds	635,029	443,120
Funds Held in Perpetuity		
Transfer from Operating of Capital Interest	485	534
Total Transfers from Retained Surplus/(Accumulated Deficit)	821,352	723,619

● NOTE 11: PROVISION FOR EMPLOYEE ENTITLEMENTS

	Current	Non Current	Total 1990/91	Total 1989/90
	\$	\$	\$	\$
Long Service Leave	331,427	2,581,802	2,913,229	2,508,233

● NOTE 12: PATIENTS TRUSTS

	1990/91	1989/90
	\$	\$
Hospital		
Joseph Archibald Trust (Bequest)	(202)	103
Corio House Patient Trust	65,626	54,652
Corio House Patient Trust Petty Cash	80	80
Rehabilitation Equipment Deposits	2,559	3,199
Total	68,063	58,034

● NOTE 13: PATIENTS FEES RECEIVABLE

	1990/91	1989/90
	\$	\$
Hospital Inpatient Fees Receivable	308,955	393,941
Hospital Outpatient Fees Receivable	21,479	31,748
Less provision for doubtful debts	5,103	5,103
	325,331	420,586
Nursing Home Patient Fees Receivable	83,305	82,200
Radiological Fees Receivable	199,044	182,391
Pathology Fees Receivable	245,702	216,131
Total	853,382	901,308

● NOTE 14: STORES

	1990/91	1989/90
	\$	\$
Pharmaceuticals	79,677	58,516
Medical & Surgical	69,813	77,954
Pathology	25,415	38,346
Radiology	48,036	71,057
Stationery	39,342	46,981
Domestic	41,990	49,497
Food Supplies	12,639	15,174
Kiosk Supplies	6,992	9,477
Repairs & Maintenance Supplies	5,677	7,321
Bulk Linen Store — Linen Service	87,725	96,524
Total	417,306	470,847

● NOTE 15: DEBTORS AND ACCRUED REVENUE

	Less than 1 Year	1990/91	1989/90
	\$	\$	\$
Regional Debtors			
— Regional Institutions	187,754	187,754	216,269
Linen Service Debtors	138,559	138,559	150,805
Accrued Revenue			
— HDV Grants	458,300	458,300	313,700
— Kiosk Fund	950	950	679
— Interest	1,356	1,356	8,096
Total	786,919	786,919	689,549

● NOTE 16: INVESTMENTS

	Capital Fund \$	Endowment Fund \$	Total 1990/91 \$	Total 1989/90 \$
Current:				
Savings Investment Account				17,800
Interest Bearing Term Deposit	830,000	20,800	850,800	1,201,575
	<u>830,000</u>	<u>20,800</u>	<u>850,800</u>	<u>1,219,375</u>
Non Current:				
M.M.B.W. Loan		1,200	1,200	1,200
Total Investments	<u>830,000</u>	<u>22,000</u>	<u>852,000</u>	<u>1,220,575</u>

● NOTE 17: NON-CURRENT ASSETS

	At Cost 30/6/91 \$	Deprec. for 1990/91 \$	Accum. Deprec. 30/6/91 \$	Net Assets at 30/6/91 \$	Net Assets at 30/6/90 \$
Land & Buildings	11,955,335			11,955,335	11,292,841
Plant & Equipment	6,127,271	427,740	2,778,539	3,348,732	3,479,937
Furniture & Office Equipment	1,122,963	112,823	443,931	679,032	598,505
Motor Vehicles	609,884	87,669	74,185	535,699	494,011
	<u>19,815,453</u>	<u>628,232</u>	<u>3,296,655</u>	<u>16,518,798</u>	<u>15,865,294</u>

● NOTE 18: FUNDS HELD FOR RESTRICTED PURPOSES

	1990/91 \$	1989/90 \$
Capital Replacement	545,176	1,266,418
Government Funded Special Projects	8,131	11,559
Education	16,416	5,529
Sundry Reserve Funds	208,699	185,329
	<u>778,422</u>	<u>1,468,835</u>

● NOTE 19: CONTRIBUTED EQUITY

	1990/91 \$	1989/90 \$
Contributed Capital:		
Grants	412,736	684,986
Donations	51,742	192,598
Sundry	9,906	2,864
	<u>474,384</u>	<u>880,448</u>

● NOTE 20: CAPITAL COMMITMENTS

The hospital had outstanding commitments at 30 June, 1991 for capital expenditure under contracts for the supply of works, services and materials for extensions to the Pathology Department building to the value of \$450,000.

● NOTE 21: REVENUE SUPPORTED BY HOSPITAL AND COMMUNITY SERVICES

	1990/91 \$	1989/90 \$
Private Practice Fees		
Medical Imaging	199,172	192,024
Pathology	710,967	713,154
CTG Funds	9,752	7,728
CT Scan Fund	462,650	332,791
Sundry Funds	54,926	12,513
	<u>1,437,467</u>	<u>1,258,210</u>
Special Purpose Revenue		
Medical Administration	6,701	15,348
Nursing Education	20,621	5,303
Administrative Services	17,947	16,451
Kiosk Fund	237,527	187,210
Rent Reserves	94,221	81,223
Staff Funds	14,514	7,910
Image Intensifier Replacement Fund	8,254	8,210
Sundry Administrative/Reserve Funds	67,073	17,232
	<u>466,858</u>	<u>338,887</u>

● NOTE 22: CAPITAL INCOME AND INTEREST

Capital Income

Gross proceeds from sale of non-current assets \$349,370.
The loss on sale of non-current assets was \$13,236.

Interest

Interest earned of \$147,944 was generated from investment of funds held for capital purposes.

● NOTE 23: CREDITORS AND BORROWINGS

The amount of \$530,819 is a current liability.

The hospital does not have any debts as a result of public borrowing or financial accommodation.

● NOTE 24: ACCRUED EXPENSES

	1990/91 \$	1989/90 \$
Annual Leave	1,664,532	1,496,407
Accrued Days Off	62,011	58,819
Salaries & Wages	339,156	285,619
Sundry Expenses		1,344
	<u>2,065,699</u>	<u>1,842,189</u>

● NOTE 25: LEASE LIABILITIES

Aggregate lease expenditure contracted for at balance date.

Operating Leases

Cancellable operating leases:-

	\$
Not later than one year	59,341
Later than one year but not later than 2 years	57,341
Later than 2 years but not later than 5 years	155,501
Later than 5 years	19,840
	<u>292,023</u>

● NOTE 26: UNFUNDED SUPERANNUATION LIABILITY

The outstanding liability for the year ending 30 June, 1991 is nil and contributions were as follows:

	Contributions
Hospital	\$ 765,673
Nursing Home	45,538
Linen Service	55,852
Total	867,063

Contributions are paid in accordance with the Hospital Superannuation Act 1988. As at 30 June 1991 the Hospital Superannuation Board was carrying total liabilities, including liabilities for members benefits, in excess of the value of the scheme's assets. Hence, unfunded superannuation liabilities exist which are recognised in the financial statements of the schemes. The hospital's notional share of unfunded superannuation liability of the Hospital Superannuation Board attributable to this hospital is \$5.571 million. In making the above disclosure by way of note only, the fact is recognised that the unfunded superannuation liabilities rest ultimately with the Crown, rather than with the hospital.

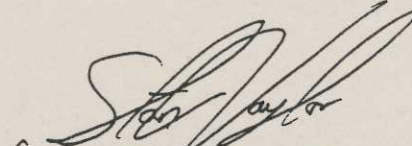
AUDITOR-GENERAL'S REPORT

The accompanying financial statements comprising revenue and expense statement, balance sheet, statement of sources and applications of funds, consolidated statement of changes in equity and notes to the financial statements of the Warrnambool and District Base Hospital have been audited as required by the *Annual Reporting Act 1983* and in accordance with Australian Auditing Standards.

The Hospital has included in the balance sheet land and buildings at an aggregated cost of \$11.955 million. The individual costs of these assets were not available. Consequently, the Hospital has not provided for depreciation on buildings. This practice is a departure from Australian Accounting Standard AAS4 Depreciation of Non-Current Assets. In my opinion, depreciation, which allocates the cost of an asset over its useful life, should have been provided on buildings and included as an operating expense in the revenue and expense statement.

The Hospital did not maintain a record of the value of Crown land under its control and consequently this asset was not included in the balance sheet. As the Crown land represents a significant resource utilised by the Hospital in the carrying out of its activities, it is my opinion that the land should have been valued and recorded as an asset in the balance sheet.

In my opinion, except for the effect on the financial statements of the matters referred to above, the financial statements comply, in all material respects, with the requirements of the *Annual Reporting Act 1983*, and present fairly the state of the affairs of the Warrnambool and District Base Hospital as at 30 June 1991 and the results of its operations for the year ended on that date in accordance with Statements of Accounting Concepts and Australian Accounting Standards.


 for C.A. BARAGWANATH
 Auditor-General

MELBOURNE
25/10/1991

Health Services Agreement/Budget Sector Operating Expenses for the Year Ended 30th June, 1991

	Hospital Inpatients	Hospital Outpatients	Nursing Home	Hospital Other	Total 1991	Total 1990
1. Patient Care Service	10,252,490	1,146,752	889,924	429,433	12,718,599	11,856,930
2. Diagnostic & Medical Support Services	1,999,763	2,366,952	18,784	63,961	4,449,460	4,128,505
3. Administration	1,906,493	409,097	23,446	210,153	2,549,189	2,327,758
4. Engineering and Maintenance	1,011,088	263,929	46,740	94,112	1,415,869	1,377,928
5. Domestic and Catering Services	2,457,913	233,378	374,339	201,463	3,267,093	3,248,583
6. Corporate Costs Funded by HDV	172,055	43,141	0	16,620	231,816	240,197
7. Employee Benefits and Entitlements	1,495,242	374,919	152,022	144,448	2,166,631	1,490,142
8. Teaching Services	137,786			109,581	247,367	179,881
9. Community Services				529,811	529,811	488,874
10. Other				172,894	172,894	269,811
	19,432,830	4,838,168	1,505,255	1,972,476	27,748,729	25,608,609

Less Health Service Agreement/Budget Sector operating expenses not requiring fund outflows during the year

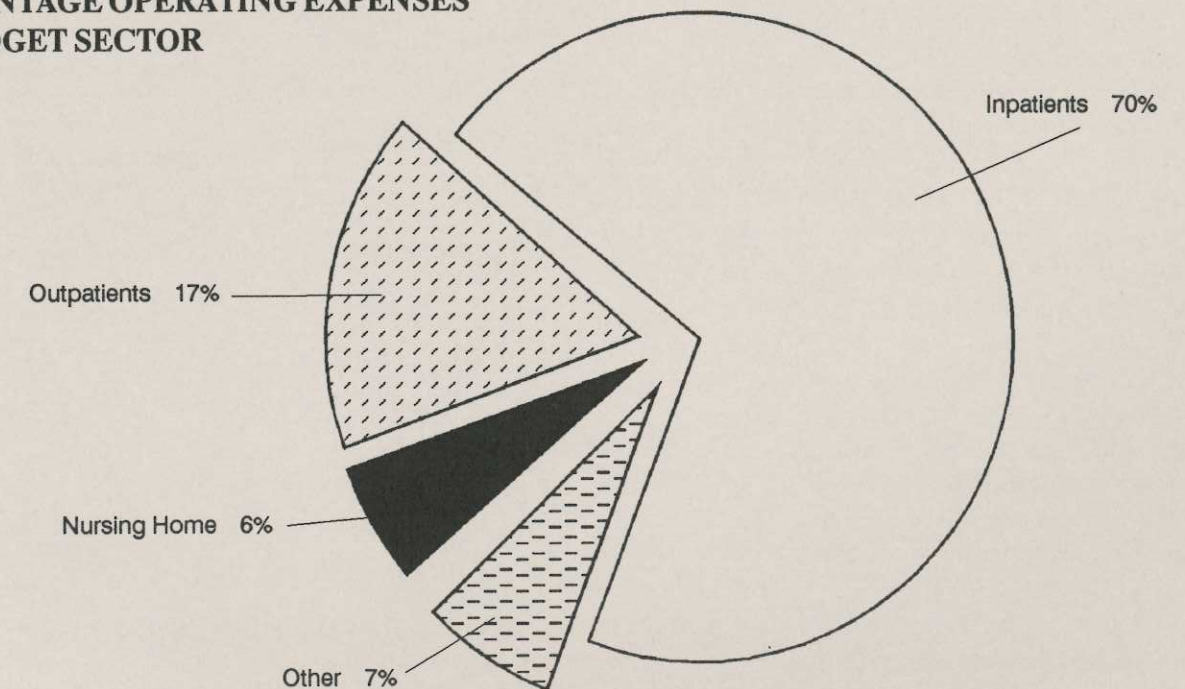
- Depreciation	523,373	6,031	529,404	458,167
- Long Service Leave	632,688	42,756	675,444	340,059
	1,156,061	48,787	1,204,848	798,226

Total Health Service Agreement/Budget Sector Operating Expenses Requiring Fund Outflows

	23,114,937	1,456,468	1,972,476	26,543,881	24,810,383
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* Health Service Agreement/Budget Sector Operating Expenses requiring Fund Outflows plus the Health Service Agreement/Budget Sector of Operating Funds not requiring Fund Outflows in the Revenue and Expense Statement.

PERCENTAGE OPERATING EXPENSES BY BUDGET SECTOR



Revenue & Expense Summary

As a public hospital under the Medicare system, government grants contribute a significant proportion of revenue (77% in the report year).

Government grants rose 10% on the previous year, while total revenue increased by 7.4%. Fees raised from privately-insured and compensable patients represented 9% of revenue, a fall of 8% from fees in the previous year. Private Diagnostic and Special Project revenue was 10% of the total, an increase of 16%.

The Central Linen Service generated 2.2% of revenue from external sources, a rise of 5%, while interest and capital income contributed 1.6% of total revenue, a marked decline of 27%.

Other sundry revenue reduced by 17% from the previous year, and contributed the remaining 0.2% of the Hospital's total revenue for 1990/91.

The Expenditure graph illustrates the 1990/91 allocation of Hospital, Nursing Home and Central Linen Service accrued expenditure by major service areas. Expenditure rose by 6.7% over the previous year.

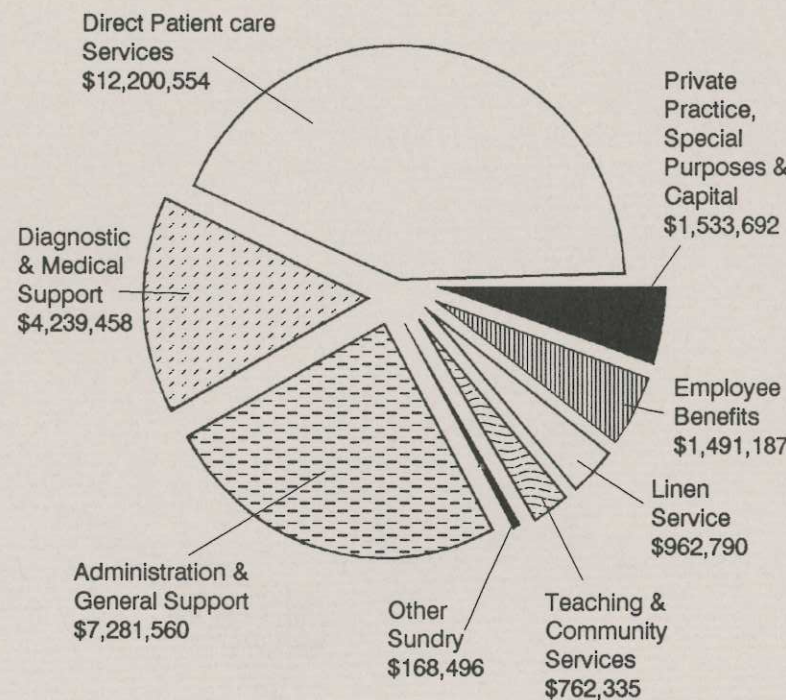
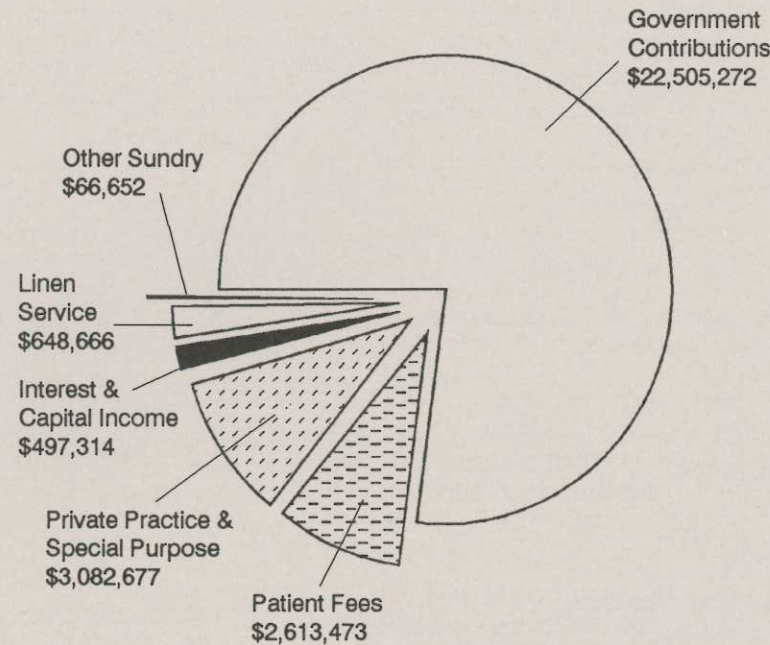
43% of funds were directed to Patient Care Services, an increase of 7% from the previous year. General Support and Administration Services required 25% of funds, an increase of 3%, while Diagnostic and Medical Support increased 7%, to 15% of total expenses.

Employee Benefits expenses rose 30%, but as in the prior year, required 5% of total funds.

The Private Practice, Special Purpose and Capital Projects category rose by 1% to 5.3% of outlays, the Central Linen Service rose 6% to require 3.4% of total funds; Teaching & Community Services received 2.7% of total funds, a rise of 17% over funding in the prior year.

Other Sundry Expenses totalled 0.6% of 1990/91 expenditure, a fall of 37% from the previous financial year.

Revenue: \$29,414,054



Expenditure: \$28,640,072

Donations, 1990-91

A.N.Z. BANK	100.00	BENNETT MCMAHON & OWEN	100.00	CENTRE POINT MOTEL	60.00
A.N.Z. TRUSTEES		BENNOUN, Mr J.		CHADWICK, A. & J.	
Estate of J.W. Anderson	160.00	In memory of R. Mitchell	25.00	In memory of K. Peters	10.00
ABERNETHY, Miss M.D.	20.00	BETTY, MATT, DAISY, JUNE		CHRIST CHURCH MOTHERS UNION	50.00
ABSALOM, I.E.	25.00	In memory of C. Leithhead	20.00	CITY MEMORIAL BOWLS CLUB	50.00
ADAM STEERE REAL ESTATE	20.00	BICKLEY, E.P. & I.M.	20.00	CITY MEMORIAL LADIES BOWLS CLUB	
ADAMS, G.J. & G.		BILLINGS, Mrs M.	20.00	In memory of Betty Cleary	30.00
In memory of C. Crothers	20.00	BILLINGTON, H. & M.A.	20.00	CLARK, R.	
ADAMS, Nellie		BILSTON, R.E. & I.E.	10.00	In memory of R. Mitchell	20.00
In memory of Betty Cleary	10.00	BLACK MAGIC	50.00	CLARK, A.R.	30.00
ADAMS, Miss N.G.	10.00	BLACKLEY, Mrs R.W.	25.00	CLARKE, T.I. & H.M.	25.00
AINSLIE, Kate & Fran		BLACKLEY FAMILY		CLAVARINO, K. & P.	10.00
In memory of Trudi Van Kempen	15.00	In memory of R. Mitchell	20.00	CLAVEN, Mrs A.J.	50.00
ALTMANN, Isabel	20.00	BLAIN, Mr G.L.	20.00	CLAVEN FAMILY	
ALTMANN, A.E.	25.00	BLAIN, E.J.	20.00	In memory of O. Dixon	40.00
AMBULANCE DRIVERS		BLYCE, E.	10.00	CLEARY, Mr D.	
Murray to Moyné Bike Ride	1111.00	BOJANGLES PIZZA	12.05	In memory of Betty Cleary	20.00
ANDERSON, Alister		BORELDS, S. & J.		CLEARY, Mr J.	
In memory of R. Mitchell	20.00	In memory of O. Dixon	50.00	In memory of Betty Cleary	30.00
ANDERSON, A.M. & D.J.	15.00	BOYLE, C.A.	40.00	CLEARY, C.	
ANDERSON, Mr & Mrs J.F.	20.00	BOYLE, M.F.	30.00	In memory of Betty Cleary	50.00
ANONYMOUS				CLEWER, Allan & Marg	
In memory of Trudi Van Kempen	125.00			In memory of N. Clewer	20.00
ANONYMOUS				COGGINS, A.F. & B.S.	20.00
In memory of Betty Cleary	55.00			COGHILL, Mrs	10.00
ANONYMOUS				COLLIER CHARITABLE FUND	8000.00
In memory of C. Crothers	70.00			CONDON, J.P. & L.P.	
ANONYMOUS				In memory of C. Leithhead	30.00
In memory of P. O'Shannessy	70.00			CONN, R. & J.	10.00
ANONYMOUS				COUNTRY ARTS & CRAFTS	10.00
In memory of R. Mitchell	50.00			COZENS, Doug & Rosalie	
ANSCOMBE, E.	10.00			In memory of K. Peters	20.00
ANZ TRUSTEES				CRAIG, Val	
Estate of John F. Gordon	700.00			In memory of O. Dixon	10.00
APEX CLUB OF W'BOOL	3000.00			CROTHERS, Miss M.	
ARCADE JEWELLERS	25.00			In memory of C. Crothers	20.00
ARNOTT BROCKHOFF GUEST	25.00	BOYLE, L.E.	15.00	CROTHERS, C.M.	20.00
ATTARD, S. & J.		BRAMICH, O.A.H. & M.A.	50.00	CROTHERS, R. & M.	20.00
In memory of R. Goulding	10.00	BRAYLEY LEHMANN	20.00	CROTHERS, J. & C.	
AUNTIE VEN		BRICK, Mr & Mrs	10.00	In memory of C. Crothers	10.00
In memory of C. Leithhead	20.00	BRITNELL, Mark	10.00	CROTHERS, R. & S.	
BALL, H.M. & P.S.	20.00	BROCK, B.J.W. & I.M.	20.00	In memory of C. Crothers	100.00
BALLINGER, E.J.	50.00	BRUCE, D.		CROTHERS, Leonie & Robert	
BALMER, V.J.M.	25.00	In memory of Betty Cleary	10.00	In memory of C. Crothers	10.00
BARHAM, Bob & Gwen	50.00	BRUCE LUDEMAN & CO.	50.00	CROTHERS, P.J. & H.B.	10.00
BARLING, B.V. & M.		BRUNTON, A.	10.00	CROTHERS, P.J.	10.00
In memory of C. Leithhead	50.00	BUBB, J. & G.		In memory of Freda Johnstone	10.00
BARRY'S CHICKEN	10.00	BURLEIGH, L.R. & E.A.	20.00	BURLEIGH, G. & A.	10.00
BARTON, Miss J.	25.00	BURLEIGH, C. & M.	20.00	BURLEIGH, N.R. & G.R.	10.00
BARTON, Mr & Mrs R.	25.00	BUTTERS, Doris		In memory of O. Dixon	20.00
BATES, J. & M.		CAHILL, N. & J.			
In memory of Freda Johnstone	20.00	In memory of N. Clewer	10.00		
BATTEN, S.J. & L.	50.00	CALLAGHAN MOTORS	50.00		
In memory of O. Dixon	10.00	CAMERON, J.	25.00		
BATTEN, Lois	10.00	CAMPBELL, Miss Agnes	10.00		
BATTEN, Rodney	10.00	CAMPERDOWN ROTARACT CLUB	75.00		
BATTEN, Mrs A.	10.00	CANN, C. & J.			
BATTEN, Sandra	10.00	In memory of R. Mitchell	20.00		
BATTEN, H.S. & J.M.	20.00	CAPLE, Mr & Mrs J.	25.00		
BAYLEY, N.	15.00	CAPLE, J. & S.			
BEARD, J. & R.		In memory of Betty Cleary	10.00		
In memory of C. Crothers	20.00	CAPLE, Mr & Mrs J.			
BEAVIS, Miss M.L.	15.00	In memory of A. Ring	10.00		
BEAVIS, Miss A.E.	15.00	CARLIN, F.J. & B.			
BEGLEY, D.		In memory of K. Peters	20.00		
In memory of M. Ryan	50.00	CAROL'S GIFTWARE	10.00		
BELL, G. & M.					
In memory of C. Crothers	30.00				
BENNETT, J.	20.00				

The Hospital thanks all contributors for their valued support during the year. Space restrictions, however, limit printed acknowledgements to amounts of \$10.00 or more. A complete list of donors is available from the Administration Department.

SHIRE OF WARRNAMBOOL	300.00	UNITING CHURCH FELLOWSHIP		WILSON, W.P.	
SHIRREPS, Mr F.	100.00	In memory of C. Crothers	20.00	In memory of C. Crothers	50.00
SHRADER, Mrs E.M.	20.00	VAN DER STARRE, Estate of Arie	898.68	WILSON, Estate of E.	1000.00
SHUGG, Mr & Mrs E.A.	50.00	VAN KEMPEN, Mr & Mrs	155.00	WINES, W.J.	20.00
SILVAN RIDGE	50.00	VAN KEMPEN, L. & H.		WINES, Charles	
SILVERSMITH OF KEPLER ST.	20.00	In memory of Trudi Van Kempen	10.00	In memory of Freda Johnstone	25.00
SISSINS NOMINEES	25.00	VAN KEMPEN FAMILY		WINES, Mr & Mrs A.	
SLESSARS	10.00	In memory of R. Mitchell	10.00	In memory of Freda Johnstone	15.00
SMART, C.P.	20.00	VIDLER, V.		WOMENS AUX. RSSIALA	92.00
SMITH, F.	30.00	In memory of O. Dixon	20.00	WOOLBALE	10.00
SMITH, J. & E.		VIERGEVER, Mrs D.		WORLAND, E. & C.	
In memory of R. Mitchell	20.00	In memory of Trudi Van Kempen	10.00	In memory of O. Dixon	10.00
SMITH, R.W.	20.00	VIERGEVER, Mrs D.	10.00	WORMALD, Mrs E.	10.00
SMITH KLINE BEECHAM	200.00	W'BOOL SALES		ZIERSCH, Mrs A.M.	30.00
SOUTH WEST CREDIT UNION	50.00	In memory of Trudi Van Kempen	30.00	ZIERSCH, Miss S.R.	10.00
SOVEREIGN OFFICE EQUIPMENT	14.00	W.B.N.	20.00		
SPIKINS ENGINEERING	100.00	WALLACE, H.O. & A.T.	30.00		
SPINOCCHIA & SPARK, P. & F.		WALLACE, N.L. & W.V.	20.00		
In memory of R. Mitchell	50.00	WALLACE MILK BAR	10.00		
SPORTSPOWER	20.00	WALTER, J.C. & I.	80.00		
SPOTLIGHT	20.00	WARD, Mr G.	595.35		
SQUARE, William	20.00	WARE, Doris & John			
STAFF W'BOOL W. PRIMARY SCHOOL		In memory of C. Crothers	10.00		
In memory of R. Mitchell	30.00	WARE, D. & J.			
STANLEY & FAMILY, Ms. Bernice	500.00	In memory of Freda Johnstone	10.00		
STARKIE, J. & P.		W'BOOL CO-OP SOCIETY	500.00		
In memory of R. Mitchell	10.00	W'BOOL FLOWER GALLERY	10.00		
STENNETT, P.J. & D.J.		W'BOOL LOCKSMITH	10.00		
In memory of Freda Johnstone	10.00	W'BOOL RADIO TAXIS	50.00		
STEVENS, L.	25.00	W'BOOL SALES	50.00		
STOCKDALE, Mrs Dorothy		W'BOOL SENIOR CITIZENS	21.10		
In memory of C. Leithhead	10.00	W'BOOL SEWING CENTRE	10.00		
STONEHOUSE, Mrs E.M.	50.00	W'BOOL SHOOTERS & ANGLERS	10.00		
SURKITT, Max & Barbara	10.00	W'BOOL SUNSHINERS	25.00		
SW PRESB. LADIES GUILD	100.00	W'BOOL WALKERS	30.00		
SWINTON'S SUPERMARKET	100.00	WATSON & WOOLF, R. & D.			
SWINTON'S CARPETS	20.00	In memory of O. Dixon	40.00		
SYMES, Michelle	20.00	W'BOOL & DIST. BAKERIES	300.00		
SYMES, Val	20.00	W'BOOL DIST.			
TAYLOR, Don & Betty	20.00	OLD TIME DANCE CLUB	125.00		
TAYLOR, Mrs J.	25.00	W'BOOL EAST PRIMARY SCHOOL			
TERANG DIST. LIONS CLUB		In memory of R. Mitchell	30.00		
Preschool Hearing Screenings	100.00	W'BOOL WEST PRIMARY			
THE FLETCHER JONES		PARENTS ASSOC.	20.00		
FOUNDATION	2600.00	In memory of R. Mitchell	20.00		
THE PINE PLACE	25.00	WEBSTER, Mrs M.H.	10.00		
THE RING FAMILY		WENDT, A.	500.00		
In memory of A. Ring	50.00	WEST FRIDGE PTY. LTD.	170.00		
THE SIDNEY MYER FUND	1000.00	WHITE, Mrs I.			
THIES, Dr N.	100.00	In memory of C. Leithhead	10.00		
THOMPSON, K.	50.00	WHITEHEAD, Geoffrey			
TIMBOON RSL LADIES AUXIL.	20.00	In memory of K. Peters	20.00		
TINNEY, E.F. & H.M.		WHITEHEAD, Jean	50.00		
In memory of C. Crothers	25.00	WHITMORE, Mary			
TRANS OTWAY TRAVEL	10.00	In memory of K. Peters	20.00		
TREVILLIAN, P. & H.		WILLIAMS, Bob			
In memory of C. Crothers	30.00	In memory of P. O'Shannessy	10.00		
TREWARTHA & FAMILY, B. & F.		WILLIAMS, Mr & Mrs J.			
In memory of Betty Cleary	20.00	In memory of Freda Johnstone	10.00		
TRIGG & FAMILY, F.		WILLIAMS, Rita	25.00		
In memory of C. Crothers	10.00	WILLIAMS, T. & C.	25.00		
TULLOCH, R.W.	52.00	WILLIAMSON, M.E.	50.00		
UEBERGANG, J.	20.00	WILLIAMSON, Miss V.	10.00		
ULYSSES, Cryptic Towns Competition	444.10	WILSON, Mr C.			
ULYSSES, Murray to Moyné Bike Ride	711.10	In memory of R. Mitchell	10.00		

HOSPITAL AUXILIARIES

JUNIOR LADIES AUXILIARY	6000.00
SENIOR LADIES AUXILIARY	560.00
STAFF AUXILIARY	19000.00
WOOLSTHORPE AUXILIARY	1500.00
PURNIM/FRAMLINGHAM LADIES COMMITTEE	300.00

GIFTS IN KIND

BROWN, Mrs A.	
TARGET AUSTRALIA	
DEAKIN UNIVERSITY, WARRNAMBOOL	
WARRNAMBOOL CWA	
DAWSON, Mrs M.	
PRINCE, Mr S.	
REDFEARN, Mr J.	
LINDSAY COTTEE'S TYRES	

CORIO HOUSE DONATIONS

CORIO HOUSE STAFF AUXIL.	2422.00
JONES, Mrs E.	50.00
PAST TRAINEES ASSOCIATION	1443.30

CORIO HOUSE GIFTS IN KIND

4th/6th W'BOOL CUB SCOUTS	
ALLANSFORD CWA	
ATTRILL, Mrs	
BESSIEBELLE CWA	
BINGLEY, Mrs	
FLEMING, Mrs L.	
HABEL, Mr G.	
HUSTLER, Mr	
LIEMAN, Mrs T.	
McNEIL, Lorna	
PURNIM CWA	
RUSSELL, Mrs I.	
SALVATION ARMY	
SILVER BALL BEAUTY SALON	
W'BOOL RSL LADIES AUXILIARY	
W'BOOL WOOL & CRAFT GUILD	

Warrnambool & District Base Hospital Seeks Your Support

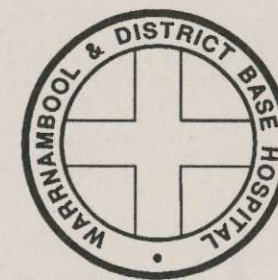
The Hospital has a continuing need for facilities and equipment of the highest modern standards, to serve the needs of the community of Warrnambool and surrounding district. The range and quality of services provided by the Hospital is a tribute to the strong support of the community over many years.

To ensure this high standard of care can continue, we seek your financial support to purchase new and improved equipment, and to assist in the improvement of facilities.

Donations of \$2.00 or more are allowable tax deductions. All donations will be acknowledged by letter, and donors of \$10.00 or more are listed in the Annual Report. The Chief Executive Officer welcomes inquiries regarding the donation of specific items of equipment.

Please address your donation to:

Mr P.G. McGregor,
Chief Executive Officer,
Warrnambool & District Base Hospital,
Ryot Street,
Warrnambool, 3280.



Please find enclosed my donation of \$
to assist the Warrnambool & District Base
Hospital in:

- undertaking building projects
- the provision of new equipment
- specifically for:

Mr/Mrs/Ms/Miss

Address

Compiled by the Board of Management and staff of the Warrnambool & District Base Hospital.

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Bequests

A bequest to the Hospital is a thoughtful and sincerely appreciated means of providing for new equipment or building expenses. The Chief Executive Officer will be pleased to answer any questions concerning bequests, and confidentiality is assured.

For your assistance when making or altering your Will, the following Form of Bequest is suitable:

— Form of Bequest —

I, bequeath to the Warrnambool & District Base Hospital, Ryot Street, Warrnambool, in the State of Victoria, and I direct that the said bequest be applied to the fund.

I further direct that the said bequest shall be paid free of duty, and that the receipt of the Chief Executive Officer of the Warrnambool & District Base Hospital shall be sufficient discharge for the payment thereof.



A Brief History of the Hospital

The history of Warrnambool & District Base Hospital is one of growth and change, brought about through a sensitive awareness of the changing needs of the community.

Established in 1854 to care for the sick and needy, the Hospital was originally titled the Villiers and Heytesbury Hospital and Benevolent Asylum. Initially, the Hospital used rented premises on the corner of Koroit and Henna Streets, providing male and female wards.

The first building was commissioned on the present Ryot Street site in 1861, with almost 70 per cent of the funds for the building coming from local fundraising.

The main sources of revenue in early years were Benevolent Society membership fees, donations, and police court fines.

The first of a long series of building extensions began in 1869, with the addition of four wards, operating room, boardroom, dining room and a staff room. Local contributions provided 60 per cent of the funding for this work.

Gradually, the hospital functions overtook the benevolent aspects of care, and by 1925, the Hospital had changed completely to a medical and surgical centre.

A midwifery service was added in 1928, after some 27 years of discussions on the establishment of the service. A new operating theatre and children's ward facilities also opened in that year.

In 1938, the 60-bed Marcus Saltau House was completed, to provide private, intermediate and midwifery ward accommodation; it was named in

recognition of the Honourable Marcus Saltau C.B.E., a long-serving Hospital President and Board of Management member.

Several other Hospital buildings and departments commemorate significant contributors to the Hospital, including the George Rolfe Operating Theatre, the Jean Buick Saltau Maternity Ward, and the John Reid Library.

A legacy from Susan Stella Kirkman, in memory of her brother, substantially contributed to the funding of a new casualty department in 1967.

Classed as a base hospital since the 1940's, services and buildings expanded further in response to community needs, with generous community support assisting this growth.

In one example, when Government funding was lacking for a new nurse's home and nurse training school, a debenture loan for the project was oversubscribed by local citizens.

Two nursing home annexes, Corio House and Alveston House, came under Hospital control in the 1950's. Alveston closed in 1982, but Corio continues as a 45-bed nursing-home annexe of the Hospital.

A single-storey building for paramedical and outpatient departments was constructed in 1956. In 1963, the completion of a four-storey ward and department block above this area provided improved medical, surgical and children's wards, and remains the Hospital's main ward area.

A new operating theatre suite, central sterile supply, intensive care unit, casualty department, administration sections and cafeteria were also completed in the 1960's. The mezzanine level of the multi-storey block was converted to provide lecture rooms for the school of nursing, a library and office space.

In 1979, a major project provided a new kitchen, special care ward, and office space for several medical departments.

A new boiler house was commissioned in 1984.

Medical and paramedical services steadily expanded, with increasing technical sophistication in areas such as Endoscopy, Pathology and Radiology.

Nursing also expanded, including specialized services such as palliative care, diabetes education, and an increased range of community nursing services.

The late 1980's also saw the rapid development of the Hospital as a sub-regional referral centre, with a number of medical specialists providing district patients with the opportunity of local treatment for both general and specialist medical and surgical needs.

A newly-refurbished and extended rehabilitation and assessment ward was completed in 1989, and extensions to the Pathology laboratories began in 1990.

The Hospital has provided health care to Warrnambool and district for more than 137 years. It looks to the future with a firm commitment to continuing high standards of care for its patients and the community.

