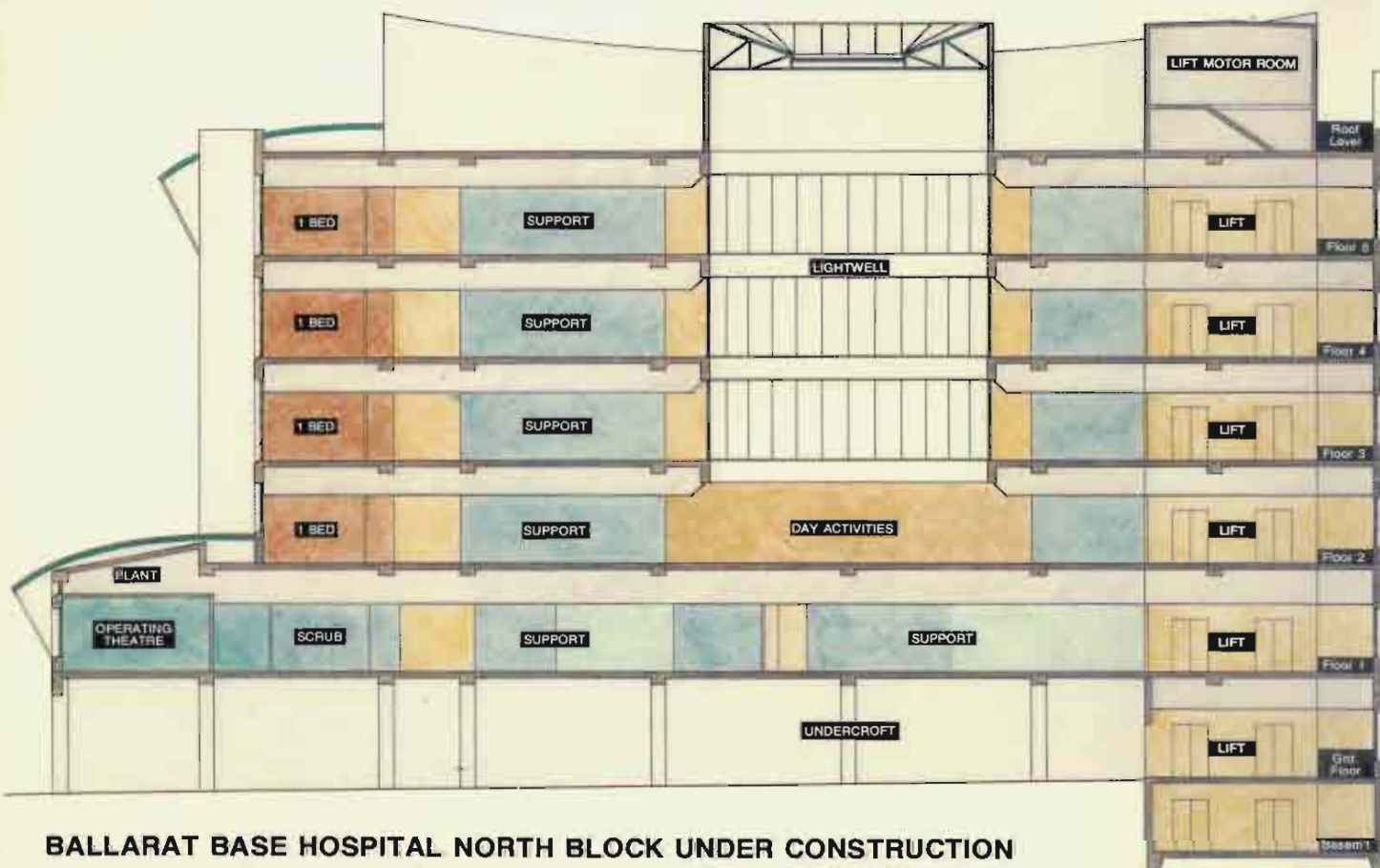


BALLARAT BASE HOSPITAL 1989-1990



134th ANNUAL REPORT AND REPORT OF OPERATIONS

BALLARAT BASE HOSPITAL
STURT STREET, BALLARAT, VIC.
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*ANNUAL REPORT
AND REPORT OF OPERATIONS
FOR THE YEAR ENDED
30th JUNE, 1990*

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- *Photographs courtesy of the Ballarat Courier.*



Mr. Derek Woolley, President of the Board of Management officially turns the first rod for Phase One of the Hospital's Redevelopment Program.

Brief History

The Ballarat Base Hospital was established in 1856 as an outcome of the Eureka uprising. Initially its role was to treat injuries arising from gold mining. In succeeding years acute hospital services were extended firstly to the immediate District of Ballarat and subsequently to the wider Region, now represented by Health Region No. 2 and beyond. The Hospital is a registered funded agency under part 3 of the Health Services Act 1988. The responsible Minister as at 30th June, 1990 being the Honorable Caroline Hogg, M.L.A.

A delegation of senior Chinese doctors visit our hospital as part of the continuing program of visits between Victoria and its Chinese sister province, Jiangsu.



Philosophy

The Ballarat Base Hospital exists for the benefit of patients; all who work here do so because we service patients. The Ballarat Base Hospital's teaching and research benefits future patients.

We strive for excellence in care and acknowledge that the quality of our services depends on technical and professional skills, humanity, commitment and teamwork.

We accept the principle of accountability must apply to the Ballarat Base Hospital and to every staff member.

Thus we seek, through the pursuit of specific objectives, the highest standards of care, teaching and research, by the application of skill with compassion, discipline with dedication.

Mission Statement

Ballarat Base Hospital is committed to provide with care and compassion, the major referral services to Western Victoria in areas of comprehensive acute hospital patient care, research, professional staff development and community based care, and to constantly strive for excellence in effectively and efficiently providing these services.

Goals

To provide a comprehensive range of acute health care services, and to be the major referral centre for Western Victoria.

To ensure the highest quality of care and service using all available resources (human, physical and financial) as efficiently as possible.

To provide facilities for clinical teaching of undergraduates and graduates in medicine, nursing and the allied health professions.

To create an optimum working environment for all staff and to develop mechanisms which allow for appropriate recognition of staff service and achievement.

To provide leadership in all aspects of health care.

To foster positive community attitudes and commitment.

To conduct and promote relevant research.

PRINCIPAL OFFICE BEARERS 1989/90

BOARD

<i>President:</i>	MR. D.J. WOOLLEY, B.Sc. (Eng.), M.Sc., M.Ed.Admin., C.Eng., M.R.A.E.S., F.I.E. Aust. Dean of Engineering.
<i>Senior Vice-President:</i>	MR. N.F. MAHAR, Acc. (Bus. Studies) A.A.S.A., C.P.A., Public Accountant.
<i>Junior Vice-President:</i>	DR. B.R. HASSETT, M.B.B.S., F.R.A.C.G.P., Medical Practitioner.
<i>Treasurer:</i>	MR. W.L. COCHRAN, Investment Consultant.
<i>Members:</i>	MRS. M.H. DUGGAN MR. G.H. DIXON, Acc. (Bus. Studies), B.Bus., I.C.S.A., Company Secretary/Finance Controller. (Appointed 1/11/1989.) MR. D.A.E. FAWELL, L.L.B. (Melb.) Notary Public Barrister and Solicitor. MRS. P. FISKEN. MS. K.E. HOWE, B.A., B.Soc.Wk., Social Worker. (Appointed 1/11/1989.) MR. E.D. MACAULAY, E.D., B.H.A. (N.S.W.), Grad. Dip. Computing (Deakin), F.C.H.S.E., F.C.P.A., A.A.I.M., M.A.C.S., Chief Executive. (Appointed 1/11/1989.) MR. C.R. PINKERTON. DR. W.L. SLOSS, M.B.B.S., F.R.C.O.G., Medical Practitioner. (Retired 31/10/1989.) MR. J.B. VERNON, F.R.A.I.A., Architect.

SENIOR EXECUTIVE STAFF

<i>Chief Executive Officer:</i>	MR. E.D. MACAULAY, ED., B.H.A. (N.S.W.), Grad. Dip. Computing (Deakin), F.C.H.S.E., F.C.P.A., A.A.I.M., M.A.C.S.
<i>Deputy Chief Executive & Director of General Services:</i>	MR. J.R. BRIDGER, F.C.P.A., A.F.C.H.S.E., C.H.A., A.F.A.I.M., R.C.A.
<i>Director of Nursing:</i>	MISS E.A. BRADY, R.N., R.M., (U.K.), Dip. Nurs. Admin., F.C.N.A.
<i>Director of Medical Services:</i>	DR. C.B.E. DAVIS, M.B.B.S. (W.A.), M. Admin. (Monash), A.F.C.H.S.E.
<i>Auditors:</i>	AUDITOR GENERAL OF VICTORIA
<i>Solicitors:</i>	CUTHBERTS, BALLARAT.
<i>Banker:</i>	WESTPAC CORPORATION.



After demolition of the Old, the machinery moves in to commence the New.

SERVICES PROVIDED

Medical and Surgical Wards
Accident and Emergency Department
Intensive Care
Coronary Care Ward
Isolation Ward
Day Ward
Midwifery
Speech Pathology
Physiotherapy
Audiology
Dietetics
Pathology
Radiology
Blood Bank
Pharmacy
E.E.G./E.C.G.
Podiatry
Occupational Therapy
Rehabilitation Unit
Outpatient Clinics —
 Ante Natal
 Colposcopy
 Crisis Centre
 Dental
 Dermatology
 Drug and Alcohol Services
 Family Planning
 Gynaecology
 Limited Care Dialysis
 Medical
 Oncology
 Ophthalmology
 Orthopaedic
 Otolaryngology
 Paediatrics
 Peter MacCallum Clinic
 Psychiatric
 Surgical
 Urology
 Welfare/Aboriginal Liaison

**REPORT OF THE BOARD OF MANAGEMENT
FOR THE YEAR 1989/90**



Mr. D. Woolley, President



Mr. E.D. Macaulay, Chief Executive Officer

This year is significant for one reason and that is the decision by the State Government to commence the Redevelopment Program. After many years of reporting to the community that progress was being made and promises given, the reality of the program is there for all to see. While the Redevelopment has been uppermost on the Board's agenda, service pressures have not eased, despite the fact that additional patients were treated. It is of concern to the Board that service needs continue to outstrip the resources available. In turn the frustrations this generates is felt by the staff and the community alike. These and other issues will be presented in this report.

REDEVELOPMENT

Construction Program — In the State Budget, brought down in August, 1989, provision was made to commence the long awaited Redevelopment Program with an initial allocation of \$2 million for 1989/90. The remainder of the estimated \$42 million budget spread over the next 3 years. Significantly, our facility was the only major works program to commence in this financial year. The agreement to commence was not without extensive negotiation with the Health Department's Facilities Development Division and local Members of Parliament. This was undoubtedly due to the enormous pressures for funding that have been building up at State level. As a conditions for gaining approval to commence the project, the Hospital had to agree that the program be implemented under the Construction Management process. This process can be best described as a contract management group appointed by the Hospital to organise the construction through the allocation of the various parcels of works required on a formal sub-contracting basis. These sub-contracts being in the name of the Hospital rather than the Head Contractor as is the usual practice.

A further qualification in the approval was to spread the finance over a longer period, ie: extending it from 3 years to 4 years. The extra time to complete the project has not been without cost which is estimated to be over \$2 million at 1989 prices by the time the project is completed. Regrettably, your Board has to inform you that negotiations have still to be completed in respect of funding of these extra costs because the project will exceed the original Government approval when it was first announced by the Minister for Health at the time — the Hon. David White, M.L.C. It is expected that these negotiations will continue until the latter part of the financial year 1990/91.

As this report goes to press, the Hospital has already been notified that due to the downturn in State finances, an embargo has been placed on the letting of a series of sub-contracts scheduled for implementation in July, 1990. In addition it is expected that expected cash flow for 1990/91 will be further reduced thereby adding to the time delay factor. The Board is concerned that these delays in the prosecution of the Contract will add yet further to the extended costs of the program. Extensive submissions and discussions have taken place at regional, central and ministerial level to maintain the program within the original time lines, in order to maximise savings already achieved to June, 1990 and to minimise the effect of extended time costs.

Subject to the maintenance of the original time frame for completing sections of the program, it is expected that the first benefits from the Redevelopment Program will occur in January, 1992 with the completion of the first and second floors of the North Block which will house operating theatres, central sterilising department, a 10 bed day surgical unit and two 24 bed ward units.

Development Design Review — Following the announcement of the go ahead for the project, the Department decided that further design review should be instituted, as part of the economic evaluation of the works. This was an addition to the ongoing review organised between the Project Manager (Bates, Smart & McCutcheon) and the Construction Managers (John Holland Pty. Ltd.). This additional review has added further to design costs as various alternatives were evaluated. In most cases it was found that the original designs as proposed, were the most economical, however the process did produce savings particularly in the area of plant room roofing and structural metal work. The Board through the Project Control Group, a Sub-Committee having the responsibility to administer the project, has noted that the per square metre cost for all the services comprising the Redevelopment Program, is in the bottom quartile of cost for comparable hospital works currently under construction in the State. The Board believes that this is due entirely to the very close relationship between the Hospital, through the various user groups and the design team. The Hospital is committed to monitoring the effects of design on construction methods to achieve savings that can be used to restore elements of the project removed as a consequence of initial budgetary constraint.

PATIENT SERVICES

Increasing Demand — In previous reports the Board has expressed its concern to the community that the present facilities have been increasingly unable to cope with the rising demand that is now quite marked. This year has been no exception and although the number of patients treated was 469 over the Health Service Agreement level set at 13,000, there are no signs of this demand abating. Last year the Hospital treated 391 in excess of the Health Service Agreement. In both years, regrettably, additional resources have not been made available to cope with these extra patients and accordingly costs of servicing overruns from operating grants have been experienced. This will be further detailed in the Finance section of this report.

Another indicator of the increasing demand can be seen in the comparative figures for the Hospital's waiting lists. At the 30th June, the Hospital's waiting list stood at 1,364. At the same time, in 1989 this figure was 1,101. The increasing demand on services has also been reflected by a shortening of the average length of stay to 4.83 days. All Departments in the Hospital have been affected by this demand blowout and regrettably there appears to be no end in sight pending the completion of the first elements of the Redevelopment Program. During the year, additional information was collected in terms of the make up of the Hospital's waiting list and the Board is disturbed to report that of the number waiting, 250 have been waiting between 3 and 6 months, 196 have been waiting between 6 and 12 months and 130 been waiting in excess of 12 months. An analysis of those waiting over a year shows that most are orthopaedic patients and many have been waiting in excess of 2 years. Comparative figures with other public Hospitals shows that the Ballarat waiting list levels are amongst the highest. The Board has been concerned to find out the reasons for the increase in demand and although some of this can be attributed to the lower health insurance status of the community leading to a drift towards the public sector, by far the greater number of patients waiting are due to the increasing numbers of aged persons in the community. This has been compounded by the shortage of operating theatre services, preventing the extra demand being accommodated.

A significant feature of our throughput is the fact that approximately 14% of all patients treated in the Hospital come from outside Region 2, many coming from the southwest of Victoria, from the east around Bendigo and from the south, the Bacchus Marsh, Melton zones. Undoubtedly, the Hospital's geographic location has much to do with this demand. Ballarat being astride 6 major highways and at least 2 other major roads is the reason for much attention being directed toward the care of Accident & Emergency cases.

Mammography Services — In recent years there has been an increasing demand for mammography services, particularly with the growing awareness of early testing for possible cancers of the breast. Although the Hospital was not in a position to provide such a service from its own funds, negotiations were entered into with the Radsonic Clinic to lease space in the Hospital for such a service to be established. This space is in close proximity to the Hospital's Radiology Department and compliments the range of services that can be made available to the patient whilst in the Hospital. Although the service is not provided by the Hospital, it is available to both private and standard patients with the Hospital becoming responsible for the costs attributable to standard care. The Board believes that appropriate Partnership Agreements with the private sector can do much to add to the range of services provided, while at the same time, limiting the pressure on scarce public funds.

Critical Care Services — In February, 1990, following the release of a task force consultative report on critical care services, the State Government decided to allocate \$1.3 million to the Base for the purposes of expanding critical care services. These services involve the Departments of Intensive Care, Coronary Care and Accident & Emergency. Prior to the release of this report, the Hospital had been giving increasing attention to these services at the expense of other services, due to the demand pressure being experienced. The additional funding has helped significantly to improve these services. Funding was directed towards the maintenance of the critical care nursing course, which had been established some 2 years prior, increasing the number of beds in the Coronary Care Unit from 4 to 5, providing extra medical staff support in the Intensive Care/Coronary Care Units, and purchase of additional support equipment. In addition, funding was made available to reopen a number of closed beds to facilitate the increased throughput of patients through the critical care units.

The Board welcomes the Government's initiative to provide much needed finance towards these services, as previously there had been no financial recognition of the major part hospitals, such as Ballarat played, in the treatment of the critically ill. We believe that the amounts allocated, while being positive and welcomed by staff, are not sufficient to meet increasing demands, both currently and as expected to occur in the future. The findings of the Critical Care Report, which formed the basis for the additional funds, included facts that the Ballarat Base Hospital had the highest throughput of critical care facilities in country Victoria, no doubt as a result of Ballarat's geographic location in Victoria.

Radiotherapy Services — Towards the end of 1989 a case was submitted by St. John of God Hospital to establish Radiotherapy services in Ballarat. At the time of those submissions, such a service had not been considered as a priority at the Base given the many other competing demands for clinical services. Nevertheless the Board of Management has followed these developments with considerable interest and has participated in a range of community discussions to explore how such a service might be located and developed in Ballarat. The Board is concerned that, should the present Government's decision be changed to permit the development of Radiotherapy Services in Ballarat, any Government funding to the service, both in terms of capital and recurrent, does not jeopardize existing priorities being pursued by the Base. In terms of cancer services, the Board is particularly pleased to report that in recent years, substantial cancer treatment services have become available, both in terms of chemotherapy and surgery, with as many as 1,000 patients each year benefitting from these modes of treatment. Pending any change to site a service in Ballarat, the Base is considering ways of ensuring optimal access to the planned Geelong facility originally approved to serve both Regions 1 and 2.

Disaster Plan — As a result of the incident involving students at the Lal Lal Reserve on 28th March, 1990, the Hospital's external disaster plan was implemented in a limited form. While the number of injuries was well within the Hospital's capabilities, outside a disaster situation, the incident highlighted a number of areas requiring attention, particularly in the dealing with relatives, the media and agencies involved with the organisation of a disaster outside the Hospital. Following an internal debriefing of key Hospital personnel, and the participation in a debriefing program organised by Ballarat Police Headquarters, much valuable information was obtained to enable existing policies to be reviewed and updated.

FINANCE

The financial statements show that the Hospital has exceeded its Health Service Agreement budget allocation by \$118,200. This increase came about as a direct result of treating 469 additional patients over the original agreement level of 13,000. During the course of the year both, at Chief Executive and President level, discussions took place with the Chief General Manager of the Health Department over the financing of this increased demand. As a result of these discussions and special meetings of the Board, it was decided not to curtail services, but to allow the increased demand to occur with some restrictions being imposed. These restrictions took the form of closing wards during the defined holiday periods of Christmas, New Year and Easter, which also coincided with the main school holiday breaks. The Hospital is currently negotiating with the Health Department about the additional costs incurred for treating these extra patients, however the likelihood of this funding becoming available has now become remote given the state of the economy in Victoria. As for 1988/89, the costs incurred by the Hospital to treat extra patients has been funded through overdraft accommodation. Despite the increase in expenditure, as a result of extra throughput, the cost per inpatient treated was \$42.00 below target at \$2,037.68. On a comparative basis with other public hospitals of similar complexity, this cost represents the lowest in the group, in some cases by some hundreds of dollars. The cost per inpatient day has likewise remained stable over the two financial years. Both of these indicators show that the extra budget overrun of \$118,200 is due entirely to the extra patients treated at the minimal marginal cost of \$252.

Outpatient costs have also remained stable, again showing increases much less than C.P.I.

Banking Change — During the year, as part of the ongoing economic review carried out by the Hospital's Finance Committee, submissions were requested from all major banks for the Hospital's banking business. As a result of these submissions, the Board decided to appoint the Westpac Corporation as its bankers for a stipulated period of 5 years. This is a major departure from the previous Policy of unlimited tenure. The Board wishes to express its appreciation for the long association with previous bankers — the ANZ Banking Corporation Limited and its predecessors.

Health Service Agreement — This year the Hospital was able to negotiate an agreement with the Health Department which more closely related the budget dollars allocated to the Hospital with the expected throughput of services. Had the Hospital been able to limit the throughput to the 13,000 agreement level, the Board was confident that a balanced financial result would have occurred. The Board is most concerned that Health Service Agreements are realistic and that there is a match between the expected activity of the Hospital and the budgets allocated. It is only in this way that a sensible debate can take place, relating the value to be obtained from funds to provide the services given to patients. The Board has decided to continue with the Health Service Agreement process in 1990/91, however this will be more strictly interpreted than has been the case in the past. All goals and activity levels agreed to between the parties, being clearly related to the amount of funding provided. The agreement process is seen by the Hospital to go hand in hand with the ongoing review of structural efficiency in all areas of the Hospital and accordingly, we are confident that final agreement between the Government and the Hospital, will reflect optimum efficiency levels.

Annual Reporting — The demands on the Hospital resulting from the need to conform to the Annual Reporting Act 1983 and the requirements of the Auditor General under Section 54 of the Health Services Act, placed a great strain on the financial services of the Hospital for the previous financial year. Although for this year the process will be much simpler, because of the lessons learnt, nevertheless for approximately 3 months at the beginning of the financial year, much effort has to be diverted to meeting these requirements. The Board, while fully supporting the increased reporting of activity that arises from the Annual Reporting Act conditions, is nevertheless concerned that in achieving uniformity of statements now included in the report, clarity may be sacrificed to all but the most skilled observers. The statements shown elsewhere in this report reflect further changes imposed under the Annual Reporting Act, some of which, while being technically correct in every detail, may not enable the average member of the community to fully understand the complexities of Hospital funding. There is no clear distinction between funding that is the direct responsibility of governments, from that raised by the Hospital in terms of its own activities. As a result additional statements have been included. The Board is also concerned that qualifications may be added to the Hospital statements by the Auditor General, where the reason for those qualifications may rest entirely with the Health Department under whose directions the Hospital is operating. In this regard, we would refer you to the treatment of asset valuation and the fact that for the first time, the Hospital's statements of certification at the end of the tables presented, have been qualified by the Board to reflect this balance of responsibilities.

OTHER FACILITY DEVELOPMENT

Notwithstanding the focus of attention on the Redevelopment, as reviewed elsewhere in this report, the Board of Management has been concerned to ensure that the existing facilities are maintained and improved to provide the best environment for patient care services and other support. During the year a number of minor projects were approved, largely funded from the hospital's own fund raising activities. Some of the improvements made during the year include the upgrading of birth rooms for normal deliveries at a cost of \$12,000; the conversion of the former Urology Ward (EGE) at a total cost of \$68,000 to facilitate the relocation of the existing Day Ward as a means of improving day type surgical access; the cooling of the main kitchen area at a cost of \$55,000 and the development of a stand alone Ante Natal Clinic in Jessie Langham House to remove the overcrowding that occurred through the temporary use of the Hospital's blood banking facilities. In addition to these projects, changes were made to the Renal Dialysis Unit at a total cost of \$15,000 to increase the number of patients that can be treated there.

Hail Damage — On the 6th November, 1990 Ballarat experienced a hail storm of intensity that had never been experienced before. The Hospital suffered extensive damage requiring the replacement of 40% of the total roofing area of the main buildings. In addition, many of the windows facing the south of the Hospital and screens attached to them were significantly damaged. In all, the damage bill came to in excess of \$250,000, which was fortunately recovered under the Hospital's insurance policies. Much of the roofing that had to be replaced consisted of brittle super 6 corrugated sheeting, which became easily damaged by the hail.

STAFF

General — The increasing demand on services has placed strain on the availability of staff to support these demands. During the year nursing shortages appeared causing the Hospital to reshape annual leave rosters to maintain service levels. At the same time an extensive recruiting campaign took place to increase staff levels. The Board is pleased to note that, as a result of these activities, there has been an increasing flow of nursing staff to the Hospital, with many coming from the Metropolitan area. One of the limiting factors in attracting staff has been the artificial classification of this Hospital as a non-major Hospital within the nurses award. Since 1987 the Hospital has been undertaking a campaign in conjunction with the Geelong and Dandenong Hospitals to have this anomaly removed. So far these efforts have been without effect, despite the fact that the award brought down in January, 1987, clearly provided for such anomalies to be addressed by the Nurses Wages Board. The Board is very concerned to note that special provision was made for major private Hospitals to be classed as major, notwithstanding the fact that many of these Hospitals did not provide the level of critical care services that is demanded of the Base in its capacity as the major referral Hospital in Region 2.

During the year at meetings chaired by the Chief Executive, recommendations of the Ministerial Report "Study into Professional Issues in Nursing" were addressed. Arising from these meetings, which initially included a panel of nursing representatives and latterly expanded to include representatives of the medical staff, much progress has been made and it is expected that a final report on the implementation of the recommendations will be presented to the Board of Management during 1990/91.

Organisational Review — During the year, the Board of Management considered the needs of the Hospital both at the present time and in the future with the completion of the expanded facilities under the Redevelopment Program. The Board had in the previous year completed an image research project, which highlighted a number of deficiencies in the organisational structure. As a result, the Board approved the undertaking of a major organisational review, which will encompass all sections of the Hospital and will have the objectives of addressing new and anticipated service demands in the future, as well as looking closely at the needs of inter-relationships of the expanding professional groups. The Board is concerned that there be a greater focus of attention on patient service delivery rather than on the present professionally based structures that now exist. It is expected that this review will be completed during 1990/91.

University Liaison — During the year a number of discussions took place with the University of Melbourne, as part of the ongoing development of the University Affiliation Agreement. At the beginning of 1990, as a result of these negotiations, formal lectures in Pathology were commenced. Previously, students were exposed to our Pathology services, but any training or studies were considered to be supplementary to those undertaken in Melbourne. In addition to the Pathology lectures, programs involving Accident and Emergency, Anaesthetics and other speciality services of the Hospital are under consideration. All of these changes fit in with the new model of undergraduate medical teaching that is being developed at the University of Melbourne. The Board of Management is pleased to be associated with these changes. The ongoing discussions indicate that, increasingly, the services provided at the Base are recognised as becoming more relevant within the overall clinical training environment for medical students. The Board recognises the valuable contribution by the University nominee to the Hospital's Medical Appointments Committee, Mr. Alan Cuthbertson, Clinical Dean of the medical faculty.

Nurse Education — The agreement between the Base and the Ballarat University College has been under review during the year. This agreement, which had been in force for some 4 years, seemed to be deficient in a number of key areas affecting the clinical relationships between the College and the Hospital. Through a series of joint meetings, a new agreement is expected to take effect during 1990/91. In addition to College training, the Hospital's Education Resource Centre continues to develop a wide range of courses to supplement the knowledge of nursing within the Hospital and in some cases, to assist hospitals in the Region. With the decreasing average length of stay and at the same time an increasing technical environment, regular update programs are seen to be essential, not only in terms of maintaining skills of nurses, but importantly, as a means of attracting nursing staff to work at the Hospital.

Research — Arising from the inclusion of Ballarat University College in the unified national system and subsequent affiliation with the University of Melbourne, the opportunity existed for the Hospital to participate in a joint research program involving the College, the Base, and the Queen Elizabeth Geriatric Centre. Initially, the program jointly funded by all 3 agencies, and titled "The Ken Neerhut Research Fund", in recognition of the major contribution to Urology by the late Ken Neerhut, will be investigating the effect of cadmium on the prostate. The Board welcomes the opportunity to formally participate in research of this nature and through its direct association with the organisation of the fund at B.U.C., further research programs will undoubtedly be developed. We see this fund, and its activities, as complementing the Hospital's relationships directly with the University of Melbourne through the undergraduate medical education program.

JESSIE LANGHAM MEMORIAL

During the year the Hospital was pleased to receive a bequest through a cousin of the late Miss Jessie Langham, Mr. D.W. Langham of New South Wales, of the O.B.E. awarded to the late Miss Langham for her services to nursing. The Board has decided that this public recognition of her work should be displayed in the Hospital's Board room with a testamur to her service.

BOARD OF MANAGEMENT

Appointments — All Members of the Board of Management had their appointments extended to the 31st October, 1989. In addition to the 4 vacancies normally occurring during the year, 2 casual vacancies were also considered by the Governor in Council. As a result of the public advertisement for applicants and interviews, the Governor in Council saw fit to appoint the following to the Board of Management.

Mr. W.L. Cochran
Mr. G.H. Dixon
Mrs. M.D. Duggan
Ms. K.E. Howe
Mr. E.D. Macaulay

By-Laws — During the year the Hospital's By-Laws were subject to interim amendment as a result of the implementation of the Health Services Act 1988. A final review of the By-Laws will take place during 1990/91.

Annual Meeting — In accordance with the provisions of the Health Services Act 1988, a public Annual Meeting was held to receive a report of the Board of Management and the presentation of financial statements. Being the first year under the reporting requirements of the Health Services Act with the audit carried out by the Auditor General, the meeting was organised as one of information as to the performance of the Board during the year in question, and objectives to be pursued in the future. The guest speaker for the Annual Meeting was Mr. Hal Halenstein — Coroner for the State of Victoria. At the meeting, the Board of Management presented Life Governorship Certificates to:—

Mrs. Florence Ellen Penney
Mrs. Heather Willison Irwin
Dr. William Lister Sloss

History of the Hospital

In previous reports, the Board has referred to the progress of an official history of the Hospital. On the 15th December, 1989, the final published volume — "Sovereign Remedies" under the authorship of Dr. Anthea Hyslop, was launched at the Ballarat Fine Art Gallery by Professor Graeme Davison, Professor of History at Monash University.

Because of the style of writing and the broad focus of attention in the book, the publishers, Allen & Unwin have undertaken to distribute the book throughout Australia.

THE FUTURE OF HEALTH SERVICES

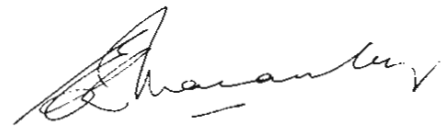
During the year the Board expressed the concern that the time had arrived where the Government should make statements to the public about the level of service that it is prepared to provide within the funding allocated. The Board also highlighted the need for much more attention to be given to preventative health care issues as part of the overall health care strategy. The Board recognised then, and continues to recognise today, that funding for health services is not unlimited and that for sensible development, the community must be involved in these major decisions. As this report goes to press, substantial cuts in Hospital funding have been foreshadowed by the State Treasurer. These come after many years of reductions in real terms in health funding brought about by physical restraints. The Victorian Hospitals Association has highlighted that, over the last 5 years, there has been an effective contraction in the amount of funding going to the public Hospital sector. To date, Hospitals have met this challenge in a variety of ways, through improvement of technical services, restructuring of work practices, but in most cases the forcing of more throughput for the same amount of money. The time has arrived where this type of approach can be sustained no longer. In the short term it is clear that there will be less acute Hospital service available than has been the case in the past and regrettably waiting lists can be expected to rise significantly. To be effective, the Hospital has to rely on the continuing confidence of it's staff in the provision of services, particularly those in direct contact with the patient. If the policies of Government are such as to reduce this confidence, then the amount of services provided will have to contract until the confidence levels are sustainable once again. In addition it is not just a matter of balancing workload with throughput, health care professionals unlike any other in the community are very sensitive to the needs of patients who can't access their services. In this regard, the frustration of not being able to meet these needs, can further sap the strength of the service.

APPRECIATION

The Board greatly appreciates the extensive help given to the Hospital by a wide variety of groups, whose services are largely voluntary by nature. These groups do much to convey the Hospital's message to the community. Especially the Board would like to pay a tribute to the work of the Mary Helen Auxiliary, Ballarat Base Hospital Trained Nurses League, the Ballarat Base Hospital Fund Raisers and the V.I.P.'s for the the funds raised to provide additional service support to patients. In addition the Board would recognise the volunteer efforts of the Red Cross ladies, visiting chaplains and the work of community groups and schools who visit the Hospital as part of their community service programs and outreach. The Board owes a special debt of gratitude to the media, through the Ballarat Courier; Vic. TV; the Ballarat News; 3BA and 3BBB. These groups have enabled the Hospital to keep the community better informed about issues affecting health, and hopefully contribute to a better understanding.



Derek Woolley
PRESIDENT



E.D. Macaulay
CHIEF EXECUTIVE OFFICER



Workmen's Huts arrive on site at the commencement of construction works.

Director of Medical Services

On looking back over the past year, with all the usual litany of excess demand, inadequate funding and uncertainties of re-development, amid the Government's financial crisis, one wonders how long can the Hospital continue to function efficiently. Certainly when one looks at our waiting lists it is obvious that in the past few years there has been a significant deterioration in the Hospital's capacity to meet demand.

The processes of history often move slowly and insidiously so that profound changes may take place without them being generally realised. The waiting list, I believe, shows starkly how this Hospital has failed (for whatever reason) in the last year to meet overt demand. To that must be added the "hidden" demand of those patients who needed our care but as this could not be obtained were managed at home. Unfortunately I cannot see matters do other than deteriorate further in the coming year. Hopefully in the year after that some of our new facilities will begin to become available and ease some of our current problems.

Should that not eventuate then, in my view, the Hospital must move to review its operations with particular emphasis on the ratio of "hands on" patient care workers to support staff. While there may well be convincing reasons for the individual support staff positions, it is unarguable in my view, that this Hospital carries collectively an unacceptably high level of non "hands on patients" workers. Shedding of some of this burden would free up funds to care for more patients, which after all is the only reason the Hospital exists.

Staff

Among the Medical Staff the only significant change has been the addition of John Patrikios, Assistant Orthopaedic Surgeon. His contribution has been very welcome, though constrained by bed and theatre capacity.

A number of departures have occurred in the ranks of Department Heads in the para-medical area:

Gayle Boschert resigned to take up a position as Project Officer in a Women's Health Planning Group, she has been replaced by Sue Adam, returning to Victoria after several years in Newcastle, N.S.W.

Colleen Condon retired after 10 years as head of the ECG/EEG Department which she ran with great efficiency. Good fortune in your retirement Colleen. Maree Winter was promoted to head of the Department and I have no doubt she will make a worthy successor to Colleen.

Chris Bennett went on maternity leave and has produced a son. Best of wishes Chris! Kim Stevenson has been promoted to acting Chief MRA for the duration of Chris' maternity leave.

Dr. C.B.E. DAVIS,
Director of Medical Services.



DR. C.B.E. DAVIS
Director of Medical Services

Radiology

A current trend, in major hospitals, is the renaming of radiology departments, to Departments of Medical Imaging. Indeed radiographers are now known as M.I.T.'s (medical imaging technologists). This trend has been resisted at the Ballarat Base Hospital, in an attempt to avoid patient confusion. However, the new name addresses the change that is overtaking all radiology departments. Newer imaging techniques and guided interventional procedures take up an increasing amount of time, in the Radiology Department.

The demands of technical expertise have been recognised, by lengthening the training course for radiographers and radiologists, with degree status qualification for radiographers and commensurate salary increase.

Ballarat Base Hospital is fortunate to have a stable population of highly qualified staff in the Radiology Department. The level of expertise has been recognised and the department is now accredited for training of radiographer interns and radiology registrars on rotation from the Royal Melbourne Hospital.

Such status is not easily attained and retained. I am confident that the Radiology Department will progress during the coming year.

Dr. R.J. HOUSE,
Director of Radiology



Dr. R.J. HOUSE
Director of Radiology

Pathology

It is with mixed feelings that I prepare my report for the year 1989-1990 as this will be my last contribution.

When I arrived in 1966 the laboratory was a very small department and I well remember the problem we had in persuading the authorities that we needed one scientist in each section. Independent reports by heads of departments were first submitted in 1975 and the most important item of that year was the incorporation of the Red Cross Blood Bank into the Pathology department.

But to more recent times. This year has been a particularly trying time for the Pathologists. Automation and reorganisation of duties have helped the scientists but we have had to handle a Pathologist work load greater than the average teaching hospital with reduced staff. Dr. Mulvany left early in the financial year and we were unable to recruit a replacement. Subsequently Dr. Kevin Bendall joined us in April but returned to Melbourne at the end of June. It was perhaps unfortunate that we had agreed to cover Dr. Humphries leave from the Wimmera Base Hospital during July and August. Currently, we are still one Pathologist short and are awaiting with interest the appointment of my successor as Regional Director.

As ever the Hospital continues to suffer from financial deprivation. The Pathology Department is fortunate in that it is able to generate significant income which can be used to maintain and even increase services. It must be apparent to our political masters that this represents a significant method of transferring financial resources from the Commonwealth Government to the Hospital without passing it through the State coffers. I am sure that attempts will be made in the near future for the State to have some access to these funds, possibly by the institution of a system of block granting to the State. If such propositions are made they should be examined very carefully!

Dr. S.T.H.H. PILBEAM,
Regional Director of Pathology.



*Dr. S.T.H.H. PILBEAM
Regional Director of
Pathology*

Accident and Emergency

The Emergency Department still remains a most vibrant place. Working here is very challenging and very rewarding.

Improving technology and equipment coupled with new resuscitative techniques are now improving patient outcome from critical illness and injury. However expertise demanded from Nursing and Medical staff is continually increasing. The development of the Critical Care and Emergency Nursing course is a major and essential step towards ensuring demands are met.

The Retrieval Service continues to provide an exceptional 24 hour service to outlying regions. This year approximately 80 critically ill patients required this service within our 250 kilometre range.

The Ambulance Service and Police provide outstanding co-operation. The support we receive from other departments is exceptional. Our ability to immediately access CT/Theatre/Critical Care/General Wards is the envy of all other Emergency Departments in the State.

Dr. M. FITZGERALD,
Director of Accident
and Emergency



*Dr. M. Fitzgerald
Director of Accident
and Emergency*

Professional Staff Group

The Professional Staff Group has completed another busy and successful year. All the performance indicators show that gradually over a period of years, the number of patients treated and services provided by the Base Hospital has steadily increased. The advancing edge of medicine means that the choices open to patients and their doctors is continually increasing, in turn adding to the complexity of treating patients, and in turn adding to the workload. The Professional Staff Group of the Base Hospital has coped with this escalating workload despite increasing restrictions and has continued to maintain a high professional standard and keep the Hospital at the advancing edge of medicine.

Dr. J.F. STICKLAND,
Chairman.



*Dr. J.F. STICKLAND
Chairman*

Dr. J.F. STICKLAND,
Chairman.

Director of Nursing

This financial year has seen an increase in patient numbers being treated by the Hospital. This increase has been reflected in a variety of ways, including high bed occupancy, shorter patient stays in Hospital, and increased patient throughput in department areas and has resulted in greater demands being placed on nursing resources to meet this increase. In response to these pressures, the government has allocated an extra \$1.3 million to the Hospital, part of which has enabled one critical care bed and three medical beds to be reopened.



*Miss E.A. Brady
Director of Nursing*

The midwifery unit has been able to extend its services this year by the introduction of a domiciliary service to mothers following delivery in the Hospital. This service, called Domcare, allows mothers desirous of an early discharge, following delivery, to have post natal visits at home. Although this service has only been available for the latter three months of this year, the response, from both mothers and medical practitioners, is very positive. The midwifery unit will also be introducing a Family Birthing Centre in the near future. This is in response to the community's wish to have a less clinical and more family orientated facility available within the Hospital for births.

The relocation of the urology ward from the ground floor to the third floor of Yuille House has enabled the Day Ward, which incorporates the oncology unit, to be moved to the vacated urology ward to provide improved facilities for day patients and those requiring daily oncology treatments.

The approval from the government for the building of a new wing of the Hospital was the culmination of a year's work by representatives from all levels of the Hospital staff, who have participated in the design of the layout and facilities of this redevelopment. I am aware of the work that these user groups carried out and I commend the staff for their efforts.

The Nursing Division has reviewed the recommendations contained in the Study of Professional Issues in Nursing (S.P.I.N.) with representatives of the Australian Nursing Federation. These meetings have identified areas which are being addressed, both within the Nursing Division and in conjunction with the Medical Division. The assistance of Mrs. Joan McMillan and Ms. Brenda Pollard in reviewing these recommendations and Mr. E. Macaulay and Dr. R. House has been greatly appreciated.

In preparation for the accreditation of this Hospital in June, 1991, the Nursing Division has expanded its Quality Assurance programs to include all facets of patient care delivery. Regular comprehensive audits have been carried out by nursing staff to ensure that the optimal standards of nursing care are maintained. To assist in the rationalization of nursing resources, a patient dependency system is now in use in all ward areas in the Hospital. The information obtained will provide retrospective data on nursing usage for future planning and enable nursing resources to be allocated according to patient workload on a daily basis. Mrs. Maria Stickland has been the co-ordinator of both these programs and I am appreciative of the work that has been necessary in their implementation.

The Education Resource Centre has continued to maintain a high profile in providing education programs to attract and retain nursing staff and to increase the expertise of Hospital staff in all divisions.

Twenty-four orientation programs were provided and inservice education programs, ranging from Budgeting Skills for Charge Nurses to Dealing with Aggressive Persons and workshops on A.I.D.S. have been positively received. In line with our regional education role, the Education Resource Centre has provided programs in Ararat and St. Arnaud on Resuscitation and Care of the Cardiac Patient. Increasing expertise in areas, such as diabetes, has enabled greater support to be given to the community, smaller hospitals, patients and medical staff.

The Centre has continued to provide Refresher courses, with a retention rate of ninety-three percent returning to work in this Hospital. The Critical Care course maintains a very high standard and has enabled the Nursing Division to have maximum bed usage in that area. The Midwifery course continues to provide highly trained midwives for this Hospital and the region.

The Graduate Nurse program has proved to be invaluable to college graduates wishing to work in the acute care setting, and has resulted in eighty-two percent of graduates remaining on staff following completion of their graduate nurse year.

Planning has commenced with the Institute of Catholic Education to provide a joint graduate diploma course in Critical Care, Accident and Emergency and Operating Suite Nursing. It is anticipated that these courses will commence in 1991 and will greatly assist in providing highly skilled nurses to meet the nursing requirements of the new Hospital wing. I take this opportunity to thank Miss Rogan and her staff for the support and work the Education Resource Centre has carried out over the last twelve months.

Reflecting on the past year, I wish to offer my sincere thanks to all members of the Nursing Division for their support and dedication in meeting the increasing demands being placed on them at this time.

MS. E.A. BRADY,
Director of Nursing

COMMUNITY SUPPORT

As in all other years, 1989-90 saw Community Service Organisations including schools in and around Ballarat continue to demonstrate their commitment with the donation of valuable equipment. The Hospital is indeed most grateful for their generosity.



Junior school students from Ballarat and Clarendon College donated 2 diagnostic sets each containing an ophthalmoscope and an otoscope made possible by their fundraising efforts.



A Non-Invasive Pacemaker donated by Heartbeat Ballarat, involving Ballarat Regional Bowls Association and Ballarat District Ladies' Bowling Association.



Ballarat and District Young Farmers donated a bed for Midwifery's homely atmosphere to help patients feel relaxed and comfortable.



A Dynamap Blood Pressure machine donated to The Children's Ward by The Mary Helen Auxiliary and the Base Hospital Fundraisers.



The generosity of the Brown Hill Lions Club is again shown through the donation of a Ventolin pump.

BALLARAT BASE HOSPITAL ORGANISATION CHART

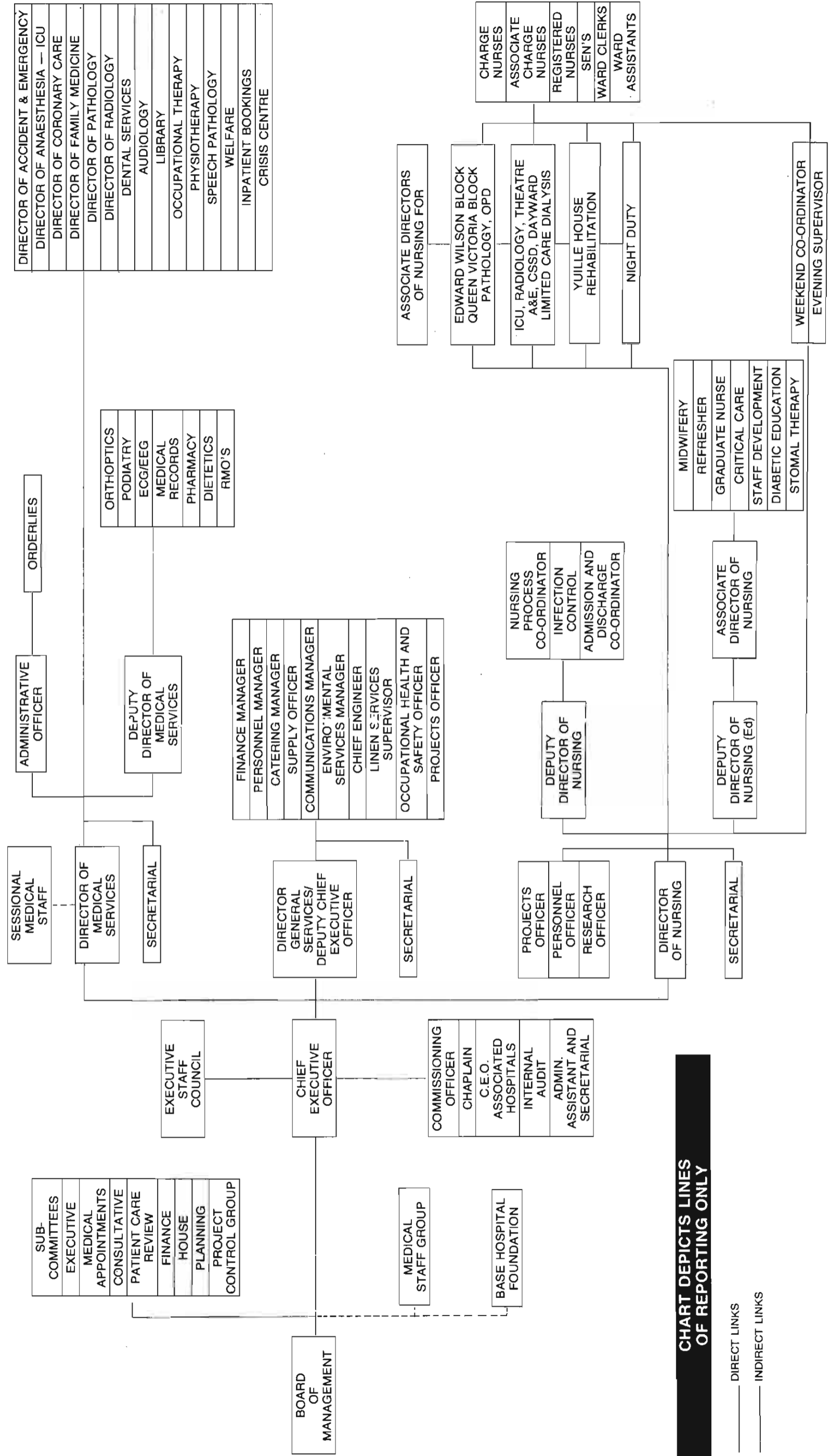
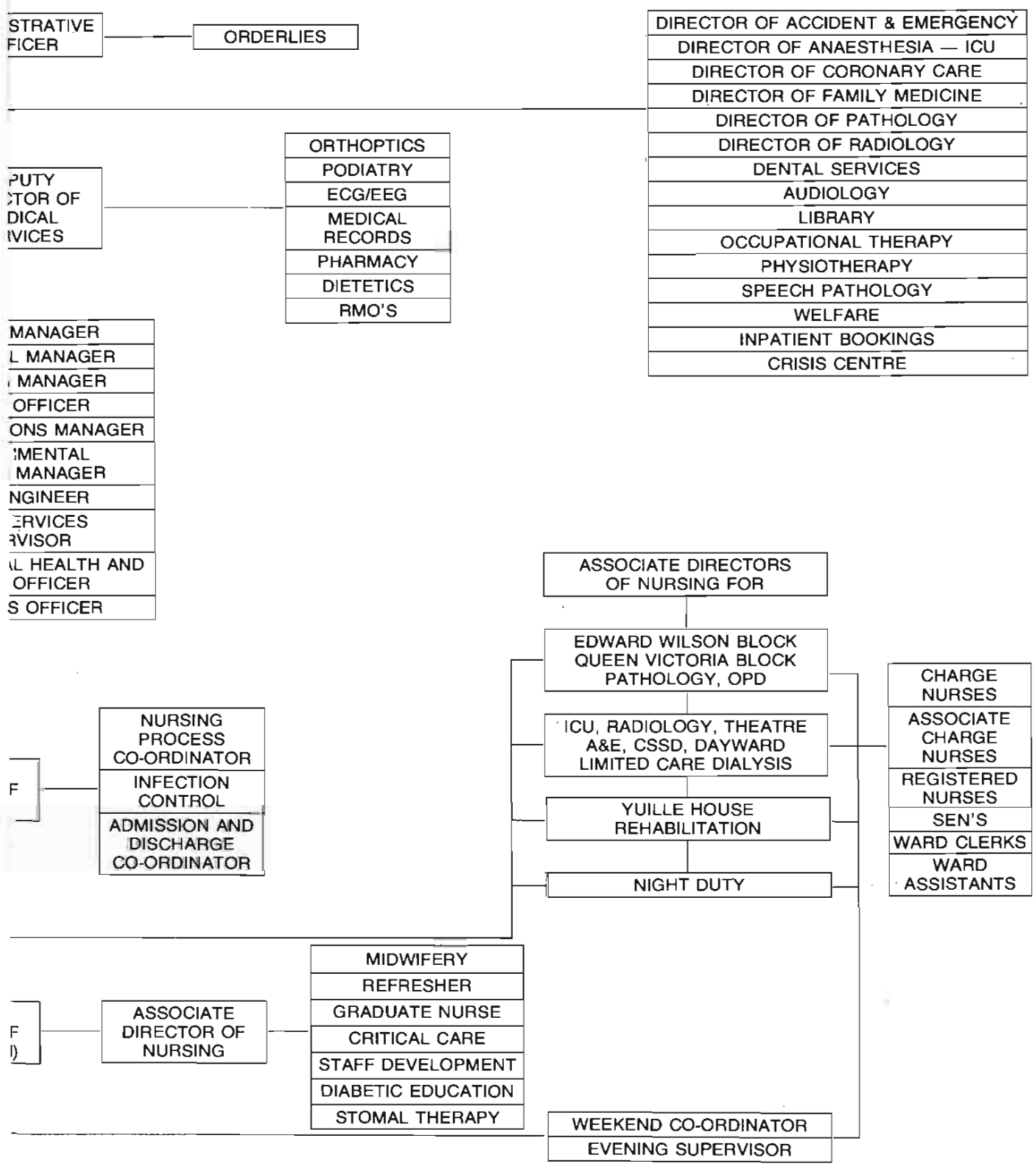


CHART DEPICTS LINES OF REPORTING ONLY

— DIRECT LINKS
- - - INDIRECT LINKS

BASE HOSPITAL ORGANIZATION CHART



DIRECTOR OF GENERAL SERVICES

Continued pressure on finances as a result of increased throughput and constrained resources has meant a further difficult year for the Hospital. The past year has seen a record number of patients being treated totalling 13,469.

User Groups throughout the Hospital continued to be involved with the planning and subsequent commencement of building works for the new North Block.

A major concern to the Hospital during the year was the freak hailstorm which hit Ballarat on the 17th November, 1989. The total repair cost because of the hail damage was in the vicinity of \$250,000. The main damage was to the cement sheet roofing particularly on the Services Building and Jessie Langham House. All cement sheet roofing was subsequently replaced with colorbond steel. Over 60 windows and many fly screens were broken and a number of Hospital vehicles were also damaged.



*Mr. J.R. Bridger,
Director of General Services*

Major projects undertaken this financial year included:—

- * Further renovations to Jessie Langham House for

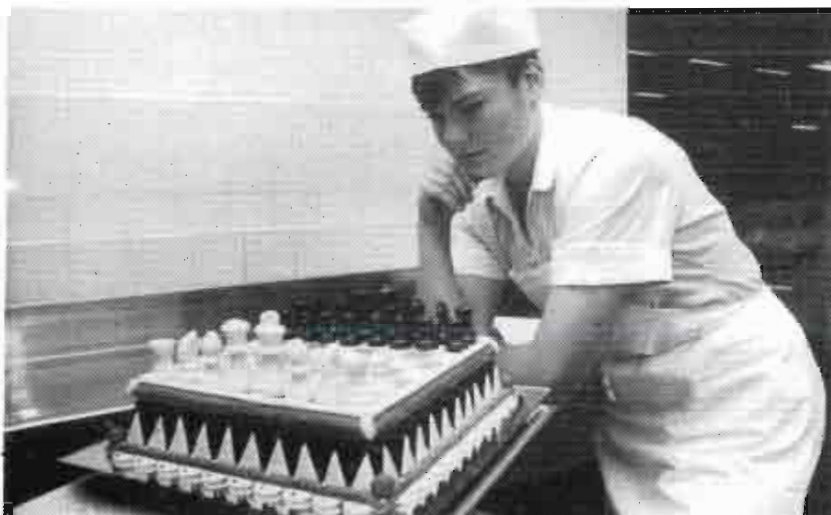
Medical Accommodation (5th Floor)	\$65,000
Antenatal Clinic and Classroom (2nd Floor)	\$77,000
Redevelopment Project Team (1st Floor)	\$20,000
- * Remodelling front office to an open plan layout \$4,500
- * Alterations to Limited Care Dialysis Unit to increase points from 5 to 7 \$19,500
- * Remodelling ward E.G.E. to suit new Day Ward \$21,000
- * Specimen Collection Satellite area with specimen transfer system \$50,000

All the above projects were financed from Hospital funds and supervised by the Engineering Department.

During the year, the Occupational Health and Safety activities of the Hospital were reviewed by two government departments. The Occupational Health and Safety Commission visited the Hospital in October 1989 when they gave recognition to the Hospital strategy for addressing manual handling issues. Following a recommendation from them, the Hospital engaged Mayfield Centre to provide middle management with training in health and safety.

In January 1990, the Hospital was subject to a Manual Handling Audit by the Department of Labour. As a result, improvements have been made to the manual handling of food stuffs in the provisions store. The Hospital is to purchase two major mechanical devices to assist with manual handling in the Supply Department. This equipment is to be funded from the Workcare bonus received during 1989/90. The Capital costs of the equipment will be \$28,000.

The Hospital was successful in reducing the number of lost time injuries experienced during the year by 33% and time off work per injury by 15% compared to the previous year. This result highlights the importance of prevention and rehabilitation programmes the Hospital has put in place through the Occupational Health and Safety Committee.



Lee-Anne Pickford, a second year apprentice in the Hospital's Catering Department, shows off her prize-winning Chess Board Cake.

Implementation of recommendations from the 1988 Accreditation Report have been actively pursued since receiving them and this year work has commenced on preparation for the next Accreditation Survey scheduled for June 1991. A General Services Quality Assurance Committee has been established and has commenced monitoring quality assurance activities within the division.

The After School Child Care Programme has prospered, necessitating the expansion of the bus service to two buses on most days. Children attending schools from Mt. Clear to Wendouree now regularly attend the programme.

Approximately forty Hospital tours were conducted last year. Primary schools once again comprised the majority of these tours, but we also catered for various scout and cub groups, guides and church youth groups as well as several secondary colleges. Over 100 letters of appreciation were received from students, teachers and parents making this programme an effective public relations project.

The Hospital newsletter "The Communicator" continues to be an effective way of communicating with the staff on a regular basis.

The staff Social Club has had a successful year. Membership has stabilised at approximately 500 and it is encouraging to see the high level of commitment shown by the committee. The past year has seen the Social Club become an incorporated body. A wide variety of functions were arranged including a golf day, bowls day, indoor bias bowls, numerous film nights and various trips to variety shows etc.

The Personnel and Payroll Departments had a number of changes, including the installation of an Olivetti Network Computer System. In February, payroll was transferred to direct banking from the cheque system and since July magnetic tape transfer has been used to further improve the system. The Payroll Department now services 13 associated hospitals and health institutions, providing payroll data input facilities for them.

The Hospital Superannuation Regional Office located in Jessie Langham House has proved to be of great benefit and reduced the number of queries directed to the personnel department.

Staff who have retired or resigned after 10 or more years service within the division this year included:—

— Mina Gallie	19 years	(Accounts)
— Kath Frank	18 years	(Catering)
— Kevin Mead	21 years	(Maintenance)
— Nola Halson	19 years	(Domestic)
— Margaret Millar	19 years	(Domestic)
— Joan Barby	16 years	(Catering)
— Trevor Barker	13 years	(Catering)
— Ken McGregor	13 years	(Domestic)
— Bert Hodder	12 years	(Domestic)



The Hospital's bankers, Westpac demonstrated their generosity by donating \$25,000 to the Ballarat Base Hospital Foundation Limited. Westpac Regional Manager Bruce Clark presents the Cheque to Foundation Chairman Jamie Gear and Council Member Pat Fisker.

I extend my thanks and appreciation to all, and wish these ex-staff a long and happy retirement.

As a result of the new Environment Protection Authority regulations, the Hospital has become a receiving depot for incinerating approximately 3,500 kilograms of infectious waste a month from areas as far as Geelong, Colac, Horsham, Castlemaine and Melbourne.

The Security department has seen some major changes to meet the increasing demands for the protection of patients, staff, equipment and facilities. The security force now totals nine members made up of five full-time, two part-time on job share and two casuals. Security staff are being trained in Hospital security by attending a week's residential course at the Mayfield Centre.

The Hospital Foundation established fourteen months ago continues to grow with gifts and pledges to date now in excess of \$350,000. Mr. David Karmouche has recently completed his two year term as Chairman of the Foundation and Mr. Jamie Gear was elected Chairman at the recent Annual Meeting. This year the Foundation Committee are endeavouring to make the Ballarat community more aware of the existence of the Foundation by providing guest speakers to community organisations, and supplying news items for the press, radio and television.

Even though there has been severe restrictions on funding and resources, all staff have responded in a positive manner and at all times have put the interests of patients as a priority.

To all Department Heads and their staff in my Division, my secretary, the Executive and Board, I offer my thanks for their continued assistance and support.

J.R. BRIDGER,
Director of General Services



Fiona Coote, Australia's well-known heart recipient visited the Hospital as part of The National Heart Foundation awareness program.

PERFORMANCE INDICATORS

	1988/89	1989/90
Inpatients Treated — Acute		
Total Treated	13,391	13,469
Total Discharges	13,216	13,326
Break Down by Speciality (Discharges only)		
General Surgery	2,312	2,208
Gynaecology (STD)	556	509
Obstetrics (STD)	742	816
Obstetrics and Gynaecology (PVF)	836	825
ENT	675	636
Ophthalmology	92	179
Urology	793	723
Orthopaedics	1,220	1,189
Dermatology	9	14
Psychiatry	7	6
Paediatric	730	873
Anaesthesiology	30	21
Oncology	329	388
Radiology	22	31
Facio-Maxillary	218	173
Dental	334	267
R.M.O. (A. & E.)	280	302
Medicine	3,212	3,391
General Practice	809	756
G.P. Rotation	10	19
Total	13,216	13,326
Average Length of Stay	5.04	4.83
Patient Days		
(a) NHT Patients	—	65
(b) Other	67,249	64,958
Occupancy		
(Based on beds available — 232)	—	—
(Based on beds available — 228)	80.8%	80.17%
(Based on 222 beds)	72.4%	70.07%
Outpatient Attendances		
Total	180,220	175,283
Accident and Emergency	43,212	40,471
Medical Clinic/Therapy	137,008	134,812
Efficiency		
	\$	\$
Cost per inpatient treated	1,839.05	2,039.98
Cost per inpatient day	365.11	422.57
Cost per inpatient treated DRG adjusted	2,419.80	2,594.40
Cost per outpatient attendance	47.82	51.11

OTHER REPORTS

OTHER REPORTING REQUIREMENTS

Accreditation

The Ballarat Base Hospital holds full accreditation status with the Australian Council on Hospital Standards, this being current until the 24th June, 1991.

Quality Assurance

The Hospital has established a comprehensive Policy on Quality Assurance and this is monitored through the Patient Care Review Committee, a Sub-Committee of the Board of Management. Application has been made to the Health Department for approval of this Committee to be exempt from F.O.I. under Section 139 of the Health Services Act relating to quality assurance.

Staff Numbers

The number of staff employed are as follows:—

Category	Paid EFT* 1988/89	Paid EFT* 1989/90
Nursing	366.24	352.20
Administration & Clerical	97.16	104.94
Medical Support	79.05	92.43
Hotel and Allied	191.06	186.93
Medical	6.58	7.60
RMO's	28.66	30.42
Sessional/Clinicians	11.08	11.59
TOTAL	<u>779.83</u>	<u>786.11</u>

*EFT = Equivalent Full Time

STAFF SUPERANNUATION BENEFITS

Every full-time, part-time and casual employee at the Ballarat Base Hospital now automatically receives the non-contributory Basic Benefit superannuation as part of their employment package. This benefit is financed by the Hospital and managed by the Hospitals Superannuation Board.

The Basic Benefit includes,

- A lump sum payment on retirement any time after age 55. This grows each year at 3% of salary, with interest added annually at the Fund earning rate.
- Personal disability insurance cover.
- Death benefits for dependants.

Members also have the option to build on this Basic Benefit by contributing 3% or 6% of their salary to the Fund. This contributory superannuation greatly increases the size of the benefit the employee can expect on retirement.

This benefit may be transferred between some 500 health care institutions throughout Victoria.

PECUNIARY INTERESTS

Members of the Board of Management are required to notify the President of the Board of any pecuniary interests which might give rise to a conflict of interest, in accordance with Clauses 10 to 13 of the standard conditions of funding for registered funded agencies pursuant to Division 2 of Part 3 of the Health Services Act 1988.

WORK ACCIDENTS

The Hospital employs a full time Occupational Health & Safety Officer to develop and monitor policies in respect of Occupational Health & Safety issues relating to employees.

Relevant to the number of employees in the Hospital as shown in the above staffing table, the number of lost time injuries amounted to 35 with the number of hours lost as a result of these injuries amounting to 2,920 hours.

FREEDOM OF INFORMATION REQUESTS UNDER THE FREEDOM OF INFORMATION ACT 1982

The number of formal requests under the Freedom of Information Act processed during 1989/90 totalled 22. The majority of requests was received from patients seeking information relating to treatment details included in medical records.

FEEES AND CHARGES

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

DISCHARGES

DOMICILE OF PATIENTS DISCHARGED DURING THE YEAR ENDED 30TH JUNE, 1990

Region No. 2	PATIENTS	%
Ballarat City	4,984	37.4
Ballarat Shire	1,593	11.9
Sebastopol	1,074	8.1
Buninyong	583	4.4
Ripon/Grenville	664	5.0
Creswick/Clunes/Talbot	728	5.5
Ararat/Avoca	393	2.9
Bungaree	433	3.2
Lexton/Daylesford/Glenlyon	345	2.6
Other	749	5.6
Total Region No. 2	11,546	86.6
Outside Region No. 2	PATIENTS	%
Loddon/Campaspe	770	5.8
Barwon South West	541	4.1
Interstate and Overseas	129	0.9
Metropolitan — Western	199	1.5
— North East	62	.5
— Southern	62	.5
Goulburn North East	6	.0
Gippsland	11	.1
Total Outside of Region No. 2	1,780	13.4
Total Number of Persons Discharged	13,326	100.00

STATISTICAL SUMMARY

	1990	1989	1988	1987
INPATIENTS:				
Inpatients Treated	13,469	13,391	12,665	11,971
Inpatient Days	65,023	67,096	64,250	60,035
Births	907	888	856	838
Operations — Major	1,744	1,594	1,513	1,440
— Minor	4,324	4,701	4,839	4,496
CCU/ICU Admissions	1,122	1,050	995	826
Pathology Services	17,815	10,973	12,805	13,889
Radiology Services	11,009	9,059	9,257	8,857
Average Number of Patients per day ...	169.4	175.8	176.03	170.07
Average Length of Stay (Days)	4.83	5.04	5.07	5.18
OUTPATIENTS:				
Attendances	174,326	180,220	162,681	159,200
Occasions of Service:				
Medical Clinics	21,528	20,492	20,411	21,807
Accident & Emergency	40,471	43,212	42,063	35,981
Aboriginal Liaison	868	365	—	—
Audiology	1,267	1,443	1,454	1,434
Crisis Centre	543	799	—	—
Speech Pathology	2,506	2,682	2,729	2,854
Physiotherapy/Rehabilitation	7,356	7,027	4,421	4,119
Dental	10,384	12,452	11,706	12,271
Occupational Therapy	4,122	2,817	2,050	2,905
Welfare	2,052	2,596	2,527	2,957
Pathology	71,021	77,613	63,125	60,803
Radiology	25,477	22,779	17,397	18,771
Dietetics	500	957	981	1,108
Pharmacy	9,183	9,584	9,674	9,781
Total Occasions	197,278	204,818	178,538	174,791
Average Occasion Per Attendance	1.13	1.13	1.09	1.09



The vital role that The Hospital's Limited Care Dialysis Unit plays, was highlighted during the Australian Kidney Foundation's Kidney Week, 1990.

SENIOR STAFF APPOINTMENTS AS AT 30th JUNE, 1990

DIVISION OF MEDICAL SERVICES

Director of Medical Services: DR. C.B.E. DAVIS, M.B.B.S. (W.A.), M. Admin.
(Monash), A.F.C.H.S.E.

CONSULTANT EMERITUS

Dentists: F.J. MORGAN, B.D.Sc., L.D.S.
P.R. RICHARDS, B.D.Sc., L.D.S.

Obstetricians and Gynaecologists: H.M. MOORHOUSE, M.B.B.S., M.R.C.O.G.
W.L. SLOSS, M.B.B.S., F.R.C.O.G., F.R.A.C.O.G.

Physicians: D.A. ALEXANDER, M.B.B.S., F.R.A.C.P.
B.A. BAKER, M.B.B.S.
D.M. O'SULLIVAN, M.B.B.S., F.R.C.P. (Edin.), F.R.A.C.P.

Radiologist: H. DICK, M.B.B.S. (Syd.), D.M.R.E. (Camb.), F.R.A.C.P.
I.C. GOY, M.B.B.S. (Melb.), F.R.A.C.P., F.R.C.R. (Lond.),
F.R.A.C.R.

Radiotherapist: R. KAY SCOTT, M.B.B.S., D.T.R.E., F.R.A.C.S., F.F.R.

Surgeons: H.D. DRURY, M.B.B.S., F.R.C.S., F.R.A.C.S.
J.H. PRYOR, M.B.B.S., F.R.C.S., F.R.A.C.S.

HONORARY VISITING MEDICAL STAFF

Consulting Physician —

Nuclear Medicine: P. GRAHAM, M.B.B.S., F.R.A.C.P., D.D.U.

Dental Surgeons: T.R. SANDERS, B.D.Sc., L.D.S.
J.F.H. WILLIAMS, B.D.S., F.R.A.C.D.S. (N.Z.)

Family Medicine/General Practice: J.F. GARNER, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.,
F.R.A.C.G.P.

Psychiatrist: C.S. HAUGHTON, M.B.B.S., F.R.A.N.Z.C.P., M.R.C.
Psych., F.R.A.C.M.S.

SESSIONAL MEDICAL STAFF

Anaesthetists: G.L.T. CLARKE, M.B.B.S., F.F.A.R.A.C.S.
J.F. OSWALD, M.B.B.S., F.F.A.R.A.C.S.
P.N. TOOM, M.B.B.S., F.F.A.R.A.C.S.
R. PHILLIPS, M.B.B.S., F.F.A.R.A.C.S.

Associate Anaesthetists: M.B. WHITEHEAD, M.B.B.S. (Monash), F.F.A.R.A.C.S.
G.A. HUGHES, M.B.B.S., F.F.A.R.A.C.S.
S. WRIDE, M.B.B.S., F.F.A.R.A.C.S.

Dermatologist: G.J. GOODMAN, M.B.B.S., F.A.C.D.

Director of Coronary Care: J. STICKLAND, M.B.B.S., F.R.A.C.P.

Geriatrician: J. HURLEY, M.B.B.S. (Lond.), L.R.C.P., M.R.C.S.D.
Obst., R.C.O.G., M.R.C.P.

Director of Intensive Care: A.D. SUTHERLAND, M.B.B.S. (Melb.), F.F.A.R.A.C.S.

Deputy Director of Intensive Care: J. RICHMOND, M.B.B.S., F.R.A.C.P.

Medical Training — Director: D.L. MORTON, M.B.B.S. (Melb.), F.R.A.C.P.

Regional Supervisor: N.S. PHILLIPS, M.B.B.S., F.R.A.C.G.P.

Neurologist (Paediatrics): I.J. HOPKINS, M.B.B.S., F.R.A.C.P.

Neurosurgeon: D. WALLACE, M.B.B.S. F.R.C.S., F.R.A.C.S.

Neuro-Physician-Consultant: J.O. KING, M.D., F.R.A.C.P.

Obstetricians and Gynaecologists: J.G. GRIFFITHS, M.B.B.S., F.R.C.O.G., F.R.A.C.O.G.
I.K. MAYES, M.B.B.S., M.R.C.O.G., F.R.C.S. (Edin.),
F.R.A.C.O.G.
T.V. ROBERTS, M.B.B.S. (Melb.), F.R.C.O.G., F.R.C.S.
(Edin.), F.R.A.C.S., F.A.G.O., F.R.A.C.O.G.
P.E. HALL, M.B.B.S., M.R.C.O.G., F.R.A.C.O.G.

<i>Associate Obstetrician and Gynaecologist:</i>	D. CLARK, M.B.Ch.B., M.R.C.O.G., F.R.A.C.O.G.
<i>Oncologist:</i>	R. BELL, M.B.B.S., F.R.A.C.P., F.R.C.P.A.
<i>Ophthalmologists:</i>	G. MANGAN, M.R.C.S., L.R.C.P., D.O., F.R.A.C.O.
<i>Associate Ophthalmologists:</i>	M. TOOHEY, M.B.B.S., F.R.A.C.O.
	D. McKNIGHT, M.B.B.S., F.R.A.C.O., F.R.A.C.S.
<i>Orthopaedic Surgeons:</i>	W.C. CARTER, M.B.B.S., F.R.A.C.S.
	J.M. BOURKE, M.B.B.S., F.R.A.C.S.
<i>Assistant Orthopaedic Surgeons:</i>	J.W. NELSON, M.B.B.S., F.R.A.C.S.
	J. PATRIKIOS, M.B.B.M.S., F.R.A.C.S. (Appointed 15/1/90.)
<i>Oto-Rhino-Laryngologists:</i>	A.H. PLATTS, M.B.B.S., F.R.C.S. (Otol.)
	P.I. DONOGHUE, M.B.B.S., F.R.A.C.S.
<i>Paediatricians:</i>	C.R.F. RICHARDSON, M.B.B.S. (Melb.), F.R.A.C.P.
	M.K. EASTON, M.B.B.S., F.R.A.C.P.
<i>Assistant Paediatrician:</i>	H.M. ZEHNWIRTH, M.B.B.S., F.R.A.C.P.
<i>Physicians:</i>	D.L. MORTON, M.B.B.S. (Melb.), F.R.A.C.P.
	D.M. O'SULLIVAN, M.B.B.S., F.R.C.P. (Edin.), F.R.A.C.P. (Resigned 1/7/89.)
	A. AMBIKAPATHY, M.B. Ch.B. (L'Pool.), F.R.C.P. (Lond.), D.T.M. & H. (L'Pool.), F.R.A.C.P.
	J. STICKLAND, M.B.B.S., F.R.A.C.P.
	J. RICHMOND, M.B.B.S., F.R.A.C.P. (Appointed 1/7/89.)
<i>Assistant Physicians:</i>	J. VAN DEN BROEK, M.B.B.S., F.R.A.C.P. (Appointed 1/7/89.)
	W.J.C. SPRING, M.B.B.S., M.R.C.P. (Lond.), F.R.A.C.P. (Resigned 21/9/89.)
<i>Psychiatrist:</i>	A.L. NICHOLSON, M.B.B.S. (Melb.), D.P.M. (Melb.), F.R.A.N.Z.C.P., M.R.C., Psych.
<i>Assistant Psychiatrist:</i>	V.R. THACORE, M.B.B.S., D.P.M., M.R.C., Psych., M.A.N.Z.C.P.
<i>Radiologists:</i>	R.C. WILKIE, M.B.B.S., M.R.A.C.R.
	R. HOUSE, M.B.B.S., M.R.A.C.R., D.D.U.
	J.J. MULLANY, M.B.B.S., F.R.C.R. (Aust.), F.R.C.R. (Eng.), D.M.R.D.
<i>Surgeons:</i>	B.W. GRIFFITHS, M.B.B.S., F.R.C.S. (Edin.), F.R.A.C.S.
	G.W. HOUGHTON, M.B.B.S. (Syd.), F.R.C.S. (Edin.), F.R.A.C.S.
	R.H. MITCHELL, M.B.B.S., F.R.A.C.S.
	F.P. DENTON, M.B.B.S., F.R.A.C.S.
<i>Assistant Surgeons:</i>	J.D. CORBET, M.B.B.S., F.R.C.S. (Edin.), F.R.A.C.S.
	R.F. VENTURA, M.B.B.S., F.R.C.S., F.R.A.C.S.
<i>Urologist:</i>	D.I.McL. MOSS, M.B.B.S., F.R.A.C.S., F.A.C.S.
<i>Assistant Urologist:</i>	D. STEPHENS, M.B.B.S., F.R.A.C.S.

UNIVERSITY OF MELBOURNE

Clinical Supervisors (Part-time) —

Medical:

D.L. MORTON, M.B.B.S. (Melb.), F.R.A.C.P.

Surgical:

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

Peter MacCallum Clinic:

D.L.M. BERNSHAW, M.B.B.S., B.Med. Sc.

P. HUGHES, F.R.C.S. (Lond.), F.R.C.R. (Lond.)

SALARIED MEDICAL AND DENTAL STAFF

Dental Services

Dentists:

A.J. MOLONEY, B.D.Sc.

J.H. REDMAN, B.D.Sc., L.D.S., J.P. (Resigned 25/8/89.)

<i>Director of Anaesthesia:</i>	S.D. GIDDY, M.B., Ch.B. (Birm.), D.A. (Lond.), Dip. Obs., R.C.O.G., F.F.A.R.A.C.S.
<i>Regional Director of Pathology:</i>	S.T.H.H. PILBEAM, M.A., M.B., B.Ch. (Camb.), M.R.C.S., L.R.C.P., F.R.C. (Path.) (Eng.), F.R.C.P.A., D.C.P. (Lond.), D. (Path.) (Eng.), D.Med. J. (Path.)
<i>Pathologists:</i>	N.J.N. MULVANY, M.B., B.Ch., F.R.C.P.A. (Resigned 8/8/89.) A.N. ROBERTS, M.B.B.S., F.R.C.P.A., M.R.C. (Path.) M. PILBEAM, M.B.B.S., Ph.D., F.R.C.P.A.
Section Heads:	
<i>Biochemistry:</i>	R.E. PRIDDLE, Cert. App. Sc.
<i>Blood Bank:</i>	G. BARLOW, A.A.I.M.L.S.
<i>Haematology:</i>	D. BERRY, A.A.I.M.L.S., A.R.M.I.T.
<i>Histology:</i>	P. WALKEDEN, Aff. A.I.M.L.S., M.A.I. (Biol.)
<i>Microbiology:</i>	C.T. PEARCE, B. App. Sc. (Med. Tech.), A.R.M.I.T., F.A.I.M.L.S., M.A.S.M.

MEDICAL ADMINISTRATION

<i>Fellow in Medical Administration:</i>	R. CAMPBELL, M.B.B.S., B.Sc. (Hons.), Dip. Obs.
<i>Administrative Officer:</i>	A. BATH

ACCIDENT AND EMERGENCY

<i>Director of Accident and Emergency:</i>	M.C. FITZGERALD, M.B.B.S., F.A.C.E.M.
<i>Assistant Director of Accident and Emergency:</i>	S. WALKER, M.B.B.S.

RESIDENT MEDICAL STAFF

<i>Senior Hospital Medical Officers:</i>	DR. M. HARRIS, M.B.B.S., DIP. OBS. DR. S. DE GLERIA, M.B.B.S. DR. R. LIUBINAS, M.B.B.S. DR. M. CHURCHER, M.B.B.S., DIP. OBS.
<i>Hospital Medical Officers:</i>	DR. S. LYONS, M.B.B.S. DR. V. RUSSELL, M.B.B.S. DR. C. PICKETT, M.B.B.S. DR. N. KIMPTON, M.B.B.S. DR. J. MAHER, M.B.B.S. DR. S. KNIGHTS, M.B.B.S. DR. R. GOCENTAS, M.B.B.S. DR. K. REES, M.B., Ch.B.B.Sc. DR. M. CLARK, M.B.B.S. DR. M. WATT, M.B.B.S. DR. D. GILLATT, M.B.B.S. DR. B. THORPE, M.B.B.S. DR. A. BROWN, M.B.B.S. DR. P. CARTER, M.B.B.S. DR. S. CHOW, M.B.B.S. DR. K. DREW, M.B.B.S. DR. Z. KOUTSOGIANNIS, M.B.B.S. DR. V. LAVERY, M.B.B.S. DR. F. MAUGHAN, M.B.B.S. DR. T. SMAGAS, M.B.B.S. DR. M. TROUPIS, M.B.B.S.
<i>Radiology Registrars:</i>	P. NEERHUT, M.B.B.S. D. SHNIER, M.B.B.S. D. CLUNIE, M.B.B.S.

<i>Medical Registrars:</i>	D. WESTERMAN, M.B.B.S. M. PATRICK, M.B.B.S.
<i>Orthopaedic Registrars:</i>	A. BEICHER, M.B.B.S. R. ANGLISS, M.B.B.S. M. RICHARDSON, M.B.B.S.
<i>Surgical Registrars:</i>	B. STEWART, M.B.B.S. C. MURPHY, M.B.B.S.
<i>Anaesthetic Registrars:</i>	P. HEBBARD, M.B.B.S. A. WALPOLE, M.B.B.S. R. EADIE, M.B.B.S. B. NUNN, M.B.B.S. S. ROBINSON, M.B.B.S.
<i>Interns:</i>	B. GOH, M.B.B.S. R. HASLAM, M.B.B.S. I. KATZ, M.B.B.S. B. JONES, M.B.B.S.

PARAMEDICAL STAFF

<i>Audiologist:</i>	R. ROPER, B.A.Dip. Aud.
<i>Crisis Centre:</i>	M. LEWIS-BORGWARDT, R.N. (Resigned 17/11/89.) S. McMILLAN (Resigned 1/11/89.) M. ROBOTHAM, R.N. (Appointed 9/10/89.)
<i>Diet Therapist:</i>	G. BOSCHERT, B.Sc. (Deakin), Dip. Nutrition & Dietetics (Resigned 20/4/90.)
<i>Librarian:</i>	N. WORSWICK, A.L.A.A.
<i>Medical Records Librarian:</i>	C. BENNETT, Associate Dip., M.R.A.
<i>Chief Occupational Therapist:</i>	P. ROENNFELDT, B. App. Sc. (Occ.Th.)
<i>Orthoptist:</i>	J. BROWNFIELD
<i>Director of Pharmacy:</i>	G.R. McCURDY, B. Pharm., F.S.H.P.
<i>Chief Physiotherapist:</i>	S. MURPHY, B. App. Sc. (Physio), Lincoln
<i>Podiatrist:</i>	C. RIENIETS
<i>Chief Radiographer:</i>	I. CHANNING, M.I.R., A.R.M.I.T., M.S.R.
<i>Chief Speech Pathologist:</i>	E. BARTRAM, L.C.S.T., M.C.S.T., M.A.C.S.T., A.L.A.M.
<i>Welfare Officer:</i>	S. LORENSINI, B.A.



Members of the Victorian Sheffield Shield Team cheer up the young patients of our Children's Ward during their visit to Ballarat for Country Cricket Week.

DIVISION OF NURSING

ADMINISTRATION:

<i>Director:</i>	MISS. E.A. BRADY, R.N., R.M. (UK), Dip. Nurs. Admin., F.C.N.A.
<i>Deputy Director of Nursing:</i>	MRS. M.J. STICKLAND, R.N., R.M., Dip. Nurs. Admin., B. Admin. (Nursing)
<i>Deputy Director of Nursing, Education:</i>	MISS. W. ROGAN, R.N., R.M., Inf. Diseases Nurs. Cert., Dip. N. Ed., B. Ed., F.C.N.A.
<i>Associate Director of Nursing, Personnel Officer, Nursing:</i>	MRS. J. DYER, R.N., R.M.
<i>Associate Director of Nursing, Projects:</i>	MRS. H. ROBINSON, R.N., R.M., P.B.G.N. Cert., (seconded to Commissioning Team as Commissioning Officer)
<i>Associate Director of Nursing, Midwifery and Queen Victoria Block:</i>	MRS. L. BROAD, R.N., R.M., Grad. Dip. Ed. Admin., Grad. Dip. Bus. Admin., F.C.N.A.
<i>Associate Director of Nursing, Specialised Areas:</i>	MISS. P. TWAITTS, R.N., R.M., Dip. Hosp. Nurs. and Unit Mgt., M.R.C.N.A., Stomal Therapy Cert.
<i>Associate Director of Nursing, Yuille House:</i>	MS. G. DAROSCHAK, R.N., R.P.N., Bachelor of Health Sciences (Management)
<i>Associate Director of Nursing, Night Duty:</i>	MRS. M. MONCK, R.N., Cert. C. Care.
<i>Evening and Weekend Supervisors:</i>	MRS. L. COSTELLO, R.N., R.M. MRS. C. ALLEN, R.N., R.M. MRS. J. MULROONY, R.N. MRS. A. DITCHFIELD, R.N., R.M.

WARDS AND DEPARTMENTS:

<i>Charge Nurses —</i>	
<i>Limited Care Dialysis Unit:</i>	MRS. P. RICHARDS, R.N.
<i>QG:</i>	MRS. V. LIVITSANIS, R.N.
<i>Q1:</i>	MRS. L. GAMMIE, R.N., R.M., Cert. Paed. Nursing.
<i>EGS (Rehabilitation):</i>	MRS. A. McNULTY, R.P.N., R.N., R.M.
<i>E.G.W.:</i>	MRS. K. WHEELER, R.N., R.M.
<i>Critical Care Unit:</i>	MR. D. RATHGEBER, R.N., Cert. Coronary Care, Intensive Care & Cardio Thoracic Nursing.
<i>Emergency Department:</i>	MR. J. KARSTENS, R.N., A. & E. Cert.
<i>Outpatients Department:</i>	MRS. N. DERBYSHIRE, R.N.
<i>Radiology Department:</i>	MRS. J. SCARFF, R.N.
<i>Pathology:</i>	MRS. J. LUSCOMBE, R.N.
<i>YG:</i>	MISS J. GODFREY, R.N., R.M., R.S.C.N. (UK)
<i>Y1:</i>	MR. E. McDONALD, R.N., Associate Dip. Art.
<i>Y2:</i>	MS. T. WILLIAMSON, R.N., B. App. Sc., Adv. Nsg.
<i>Y3:</i>	MRS. L. BOOTH, R.N., R.M., Stomal Therapy Cert.
<i>Y4:</i>	MRS. J. McMILLAN, R.N., R.M., Steriliz. Infect. Con. Cert., Stomal Therapy Cert.
<i>THEATRE — Operating Suite:</i>	MISS J. TAYLOR, R.N.
<i>Anaesthetics:</i>	MRS. M. POLLARD, R.N., R.M., Cert. Anaes., Cert. Post. Anaes. Nsg.
<i>C.S.S.D.:</i>	MRS. E. McVEIGH, R.N.
<i>E1:</i>	MRS. C. BARRIE, R.N., R.M., Grad. Dip. Health Education
<i>Infection Control:</i>	MR. R. PECK, R.N., Steriliz. Infect. Con. Cert.
<i>Oncology:</i>	MRS. K. CONNORS, R.N., Hosp. Cert. Chemoth. Admin., (Locom).
<i>Admissions and Discharge Co-ordinator:</i>	MISS. M. MORCOM, R.N., R.M., Dip. Hosp. Nurs. Wd. Mgt., F.C.N.A.

Ante/Post Natal Educator: MRS. M. TUBB, R.N., R.M., Grad. Dip. Health Science (Health Ed.)
Stomal Therapist: MRS. E. TINNEY, R.N., R.M., Stomal Therapy Cert.
Diabetes Nurse Educator: MISS M. BROWN, R.N., Diabetes Ed. Cert.
Nursing Process Co-ordinator: MR. D. MOYNIHAN, R.N., R.P.N., B. App. Sci. Adv. Nurs. (Education).

EDUCATION RESOURCE CENTRE:

Associate Director of Nursing, Education: MISS J. MURPHY, R.N., R.M., B. App. Sci. Adv. Nurs. (Education), F.C.N.A.
Senior Nurse Educators: MS. M. KEARNEY, R.N., Bach. Health Science (Adv. Nursing)
MRS. P. GRAHAM, R.N., Cert. C. Care., I.C. Cert., Sup. Mgt. Cert., B. App. Sci. (Nurs.).
MRS. A. ROWE, R.N., R.M., Dip. Nurs. Ed.
MISS C. PRESTON, R.N., Cert. Int. Care.
MISS S. RHODES, R.N., R.M., B. App. Sci. Adv. Nurs. (Education), F.C.N.A., I.C. Cert.
MR. T. LIA, R.N., Dip. Teach (Primary), B. App. Sci. Adv. Nurs. (Clinical), M.C.N.A..
MRS. A. ZEHNWIRTH, R.N., B. App. Sci. (Adv. Nurs.).



One of two Australia Day 1990 babies born at Ballarat Base Hospital.

DIVISION OF GENERAL SERVICES

Director:		J.R. BRIDGER, F.C.P.A., A.F.C.H.S.E., C.H.A., A.F.A.I.M., R.C.A.
Finance:	<i>Manager:</i>	B.M. BOLGER, B. COMM., A.A.S.A., C.P.A. (Mgt-Acct).
	<i>Accountant:</i>	M. RHOOK, B.Bus., A.A.S.A., C.P.A.
	<i>Assistant Accountants:</i>	J. ROBSON L. GIBBONS
Engineering:	<i>Chief Engineer:</i>	L.D. GRIGG, Dip. Mech. Eng.
	<i>Deputy Chief Engineer:</i>	L. DITCHFIELD, Dip. Mech. Eng., M.I.E. (Aust.)
Communications	<i>Manager:</i>	P.D. LANE, Grad. Dip. Health Sciences (Health Ed.), A.I.M.M.
Personnel:	<i>Manager:</i>	L.M. GEORGE, M.C.E.S., M.I.A.A., A.H.P.A.A., A.I.P.M.A.
	<i>Assistant Manager:</i>	R.K. BEAUMONT, M.I.A.A.
	<i>Paymaster:</i>	H. HEALY
	<i>Assistant Paymaster:</i>	L. ZEUSCHNER
Catering:	<i>Manager:</i>	A. FLAVELL, A.F.C.I.A., M.I.H.C., A.R.S.H., N.T.D.A.
	<i>Assistant Manager:</i>	H. DEUTSCHER, Cert. of Catering Trade Cert., P.I.H.C.
Environmental Services:	<i>Manager:</i>	D. TAYLOR
	<i>Assistant Manager:</i>	C. BILSTON (Appointed 11/12/89.)
Occupational Health and Safety:		
	<i>Safety Officer:</i>	D. BORYS
Projects:	<i>Projects Officer:</i>	W. WALLACE
Supply:	<i>Manager:</i>	R. HARRISON
Linen Services:	<i>Manager:</i>	H. VAN HEES

OTHER SERVICES

Associated Hospitals Administration: (Skipton, Lismore, Ripon Peace Memorial)		
	<i>Chief Executive Officer:</i>	P. DUGGAN, L.H.A., A.A.I.M.
Redevelopment:		
	<i>Commissioning Officer:</i>	H. ROBINSON, R.N., R.M., P.B.G.N. Cert.
Chaplaincy:		
	<i>Chaplain (P/T):</i>	B. PRATT
Internal Auditor:		
	<i>Auditor (P/T):</i>	M. RHOOK, B.Bus., A.A.S.A., C.P.A.

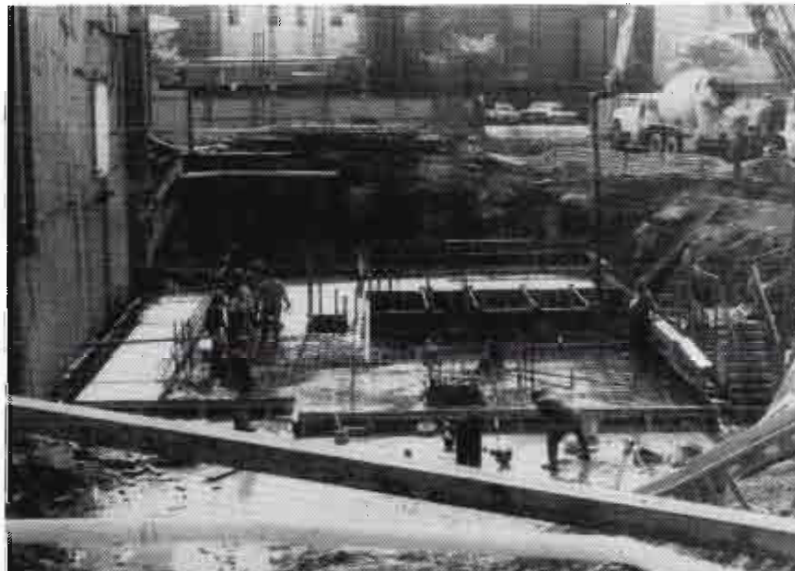
CONTRIBUTIONS

DONATIONS

1938 BABIES c/- J. Sharp	\$1,103.00	LABBETT, V.	10.00
ANDRIJANIC, J.	2.55	LAYCOSK, M.	20.00
ANON.	417.95	LOCKIE, June	1.40
BALDWIN, C.	1,000.00	LOVEL, A.	16.00
BALLARAT DISTRICT VIC. YOUNG FARMERS	3,700.00	MEYER, J.	60.00
BALLARAT WOOD WORKS	150.00	MILLER, V.I.	100.00
BALLARAT & CLARENDON COLLEGE	812.00	MURPHY, S.	50.00
BARRELL	96.54	NIEHUS, J.	5.00
BALLARAT FUNDRAISERS	6,665.00	PERCY BAXTER	2,000.00
BLACK, J.	50.00	PROWSE COOK & PERRIN	50.00
BLACKMAN, F.	10.00	ROBINSON, I.	100.00
BALLARAT EAST HIGH SCHOOL	1,456.70	ROENNFELDT, P.	10.00
BOWE, M.	50.00	ROTARY CLUB OF BALLARAT SOUTH	2,338.00
BROWN HILL LIONS CLUB	1,000.00	RUDWICK, E.	30.00
CAIRNDUFF, W.	170.00	SCHOOL OF NURSING	2,785.64
CAMERON, J.	50.00	SHIRE OF BUNINYONG	50.00
COSTELLO, J.	25.00	SHIRE OF BALLARAT	50.00
EXCHANGE HOTEL SPORTS CLUB	250.00	SHIRE OF BUNGAREE	200.00
FINCH, N.	200.00	SHIRE OF LEIGH	25.00
FROST, V.	20.00	SIDEBOTTOM, M.	20.00
GRIFFITHS, C.M.	20.00	SMITH, S.	20.00
HALCYON BELL	2.50	SPRATLING, M.	4.30
HEARTBEAT	13,000.00	TASMAN HILL	5.00
INDOOR BOWLS GROUP	170.50	WATTS, B.	100.00
JAMES, C.	8.00	WEBSTER, N. & M.	500.00
KARAMETIS, V.	20.00	WESTHEAD, G.	10.00
KEMP, K.F.	25.00	WHEELER, L.	50.00
KINNERSLEY, E.J.	500.00		

BEQUESTS

Estate ATKINSON, D.J.	10,540.00	Estate HARGREAVES, A.	500.00
Estate WHITE, Hilton	8,000.00	J. Edwards Co.	
Estate ANTIS, L.T.M.	144.61	Estate TAYLOR, E.O.	13,416.61
Estate MULLER, F.G.	3,080.81	Joe WHITE Bequest	6,000.00



Construction works are well under way with the basement of the new North Block proceeding as planned.

