



*The Queen Elizabeth Geriatric Centre
Annual Report 1990*

*In this 90th
year of the century,
The Queen Elizabeth Geriatric
Centre was proud to extend
greetings to our esteemed namesake,
Elizabeth, the Queen Mother,
on the occasion of her 90th birthday.*

*Although our name was chosen
during the 1940's to reflect loyalty to the
monarchy, the wisdom of that choice
is especially seen today.
Our beloved Queen Mother is renowned
for the vitality of her later years,
a vitality which may be
anticipated today by an increasing
number of older persons.
The Queen Elizabeth Geriatric
Centre proudly carries
the name of such an
inspiration.*

Life Governors of The Queen Elizabeth Geriatric Centre 1989/90

ABRAHAM J L	BRENNAN E	COHEN SIR EDWARD	DONAVAN M	FRASER J	HEINZ W H
ADAIR E	BREWER T	COLLIER P M	DOUGLAS E E	FRASER P	HENDERSON A
AINLEY M	BRIDE M A	COMBE E	DOUGLAS E M	FROST L	HENDERSON G T
AINSWORTH J	BRITT L D	CONDER V	DOULT L K	FRYER B	HENNEBERY J
ALLAN J V	BROOKMAN C	CONROY D	DOW P P	GALE F C	HEPBURN E
ANDERSON D J	BROPHY L	COOK W J	DOWD J	GANGELL R	HEWITT I
ANDERSON E H	BROWN H H	COOKE A	DOWNING Y	GAY E J	HILLMAN W J
ANDERSON L	BROWN R J	CORNER L G	DREW M G	GEAR J L	HITCHCOCK H
ANDREWARTHA J	BROWN W P	COSTELLO A D	DRURY L J	GEORGE I	HOBSON P S
ANSTIS D	BRUMBY J	COUSINS L	DUNN L C	GEORGE M	HOCKING B
ARMSTRONG C	BRUSASCHI J	COUTTS T	DUNSTAN M	GIBSON R	HODDER M
ARMSTRONG J	BURDEN R	COWEN W	DUNSTAN W	GILBERT H A	HOLLOWAY E A
AUGUSTINE N	BURT D	COXALL S	DUXON E J	GLADMAN W H	HOLLOWAY L V
AUSTIN E	BYRNE T E	CRAIG B	DYSON R F	GLASS H	HOLMAN G L
BAKER DR B A	CADBURY A H	CRAWFORD A R	EGBERG R	GOOCH A M	HOPKINSON G
BAILEY C	CALIGARI P	CRAWFORD J E	EDMONDS E C	GOODALL C	HORVATH I
BAILEY G	CALLINAN L P	CRAWFORD W R	EGGLETON O	GORDON M N	HOWARD P
BAILEY W	CAMPBELL G A	CROCKER J	ELFORD D	COUJON H J	HOWELL E A
BALFOUR J	CARTER J	CROCKER P E	ELLIOTT D	GRAHAM A	HUCKER M
BARCLAY R	CARTLEDGE D	CROUCH N A	EVERETT H	GRANO J	HUMPHREY G
BARLOW H	CARTLEDGE N	CRUICKSHANK G L	EYCKENS R D	GREENBANK S R	HUTCHINSON D
BARNETT A	CARVOSSO K M	CUMMINS M	EYRES C R	GUYE A	JACKSON R W
BARNETT D	CASEY D J	CUTTER G B	FAIRHURST K	HADDON W	JAKOVICS M
BAXTER H G	CASEY M J	DALE A	FARCHER F	HAINTZ M	JAMES S E M
BEAMES M G	CASLEY DR M J	D'ARCY B	FARQUHAR D	HALL G	JANSSENS W
BEARLIN K S	CASELLS W	DAVIDSON M	FAULKNER M	HALL R D	JOHN M B
BEARLIN L A	CATHERALL V M	DAVIES E	FERGUSON E J	HALLAWALL C	JOHNS C
BELL A	CHAMBERS T	DAVIES P J	FERGUSON J T	HAMMER S	JOHNSTON B
BEVAN J T	CHARLES M	DAVIS F	FERGUSON M	HAMMOND G C	JOLLY J H
BEVERN R	CHESTER C D	DAVIS M	FISKEN R	HARRIS B	JONES E C
BIGARELLI L	CHISHOLM J A	DAWSON E E	FLINT L	HARRIS J A	JONES H F
BILLET T H G	CHRISTOPHERSON F A	DEANE A	FORBES N M	HARRIS M	KEATING C
BLACK J	CLARK K	DELLACA J A	FORBES W B	HARRISON K	KEATING D
BLACKMORE C W	CLARK M	DELLAR C E	FOREMAN R J	HARRISON P L	KEFFORD D
BLAIR C	CLAYTON K A	DI DESARE D A	FOULKES R	HARTMANIS I	KELLAM E A
BOADLE N	CLEARY E J	DILLON M	FOWKES D	HARVEY N	KELLY S P
BORELLA P	CLIFFORD T W	DISNEY G	FOX F	HATCH H H	KENNEDY H O'C
BORRODALE D M	COCHRAN G	DOBSON R W	FOY R	HAYDEN J N	KENNEDY L
BOURKE F	COCHRAN H C	DODGSHUN K R	FOYSTER A J	HAYES D A	KENT M
BOURNE S M	COCHRANE D	DONALD C	FOYSTER D W	HAYMES D H	KERR A
BRADY J M	COGHILAN J	DONOVAN F W	FRASER A P	HEINEN A	KILGOUR A M

KING K T	MELLOR R	NICHOLSON B J	RIZZOLI A C	STEVENS G A	WALKER S
KING M	MESSER W B	NICHOLSON F M	ROBINSON I	STEVENS J R	WALLACE J
KING V	METCALFE K	NIMON N A	ROBSON D	STEVENS P	WALLIS M
KNOTT J L	MICHELL N G	NOLAN B J	ROLLASON J	STEWART A A	WALSH E
KOVIC N	MIDDLETON R S	NOONAN J	RONALDSON A L B	STEWART W R	WALTERS K
KUILER T	MILLER F R	NORTH L F	RONALDSON P J	STONIS M	WALTERS S
LAMB H	MILLS B	NORTH W J C OAM	ROSS A	SULLIVAN J	WATERS M F
LANCASTER J W	MOLLOY F	NOTT G	ROSS E	SURRIDGE T	WEICKHARDT D
LARKENS P	MORAN J	NUNN R	ROWE C J	TAYLOR A M	WERTS J
LAWLER V	MORCOMBE W	NUNN S	ROWE D T	TAYLOR L R	WESTE R
LAWN E	MORGAN R	O'HALLORAN E	ROWE J	TAYLOR R	WETTERN M
LAWRIE D A	MORLEY P	O'HEHIR K	RUNNALLS T T	TAYLOR B	WHICKING B
LAZARUS E	MORRELL C	OLDHAM L	SANDALL R	THOMAS B A	WHITCHER D H
LEES D	MORRIS E	O'MALLEY R	SARCEANT O C	THOMAS E	WHITCHER J M
LETTE E I	MORRIS H A	O'SHAE J A	SARGENT A F	THOMAS I	WHITE E V
LEWIS D A	MORROW H F	PALMER C	SARGENT P	THOMAS J A	WHITE H
LILLIS A	MORVELL L	PARRY K	SAWERS J J	THOMAS R	WHITE JOAN
LILLIS E	MUIR B	PATTERSON B	SCOTT M L	THOMPSON I	WHITE JEAN
LILLINGSTON I E	MULLINS J	PETCH F N M	SCUFFINS A	TITHERIDGE N W	WHITING M
LOCKHARD W F	MURPHY C A	PETCH M	SCUFFINS B	TODD J E	WHYKES E J W
LOCKHART A J	MURRAY M	PITTARD W	SCULLEY B	TREMBARTH E V	WILKINSON V D
LONSDALE J	MC ATEER M G	PLUNKETT J H	SEDGWICK L	TRESCOWTHICK D	WILLIAMS J
LORENSINI S	MC BAIN M	POLWARTH J	SEGROTT C B	TREVENEN J L MBE	WILLIS J
LORKIN J B	MC CONVILLE M	POPE D J	SHEPARD F V	TREWHELLA D	WILSON S M
LUDBROOK R	MC CORMACK A	POWER C	SHUTTLEWORTH G A	TRIGG M	WOLSTENHOLME A J
LUSK L	MC CRACKEN U	PRATT D L	SIDEBOTTOM M E	TUNG K	WOOD O
LYNCH K M	MC CRIMMIN B H	PRESTON S	SIMPSON R H	TURNER A	WOODWARD W
LYTTLE R	MC DONALD L W	PRING N	SINKIS T	UNMACK J	WRIGHT E
MACKAY R F	MC DOWELL W	PROLONGEAU J	SMITH E S	VALLANCE J	WRIGHT J
MAGEE A	MC IVOR G	QUAYLE A B	SMITH K	VALPIED W	WYLLIE B
MANLY W G OAM	MC KAY M	QUICK P	SMITH R S	VAN HAMMON H	WYLLIE L
MARTIN A C	MC KEAN D L	RAWORTH A G	SMITH W G	VEALE L	
MARTIN H V MBE	MC LAREN G	RE V	SMITH W J C	VENDY M	
MATHESON J J	MC LEAN A A MBE	REDFEARN E A	SOBEY S	VICKERS A S	
MATHEWS M	MC LEAN M	REED N	SOMERS D	VOLK A	
MATTHEWS S C	MC MANAMY T V	REYNOLDS G	SOULSBY M	WAIN D	
MAXWELL J	MC PHERSON L J	REYNOLDS H V	SPOWART A	WAINE W A	
MAY J	MC RAE W J	REYNOLDS R R	SQUIRE V	WALKER B R	
MEBBREY B W	NAJIM J E	RICHARDS A H	STAPLETON C	WALKER C J B	
MEDDINGS A	NAJIM W L	RICHARDS G S	STAPP J	WALKER G	
MEE A	NESTOR D	RICHARDS W J	STEVENS C	WALKER L	

The Queen Elizabeth Geriatric Centre Annual Report for the year ended 30 June 1990

Named for a living legend

In 1940 when the old main building had been demolished and rebuilt in its present style, the Board of Management decided that a new era deserved a new name. It is recorded that "A competition was arranged and a prize of five pounds offered for the name which should be judged most suitable. The response far exceeded expectations and in all, 747 letters were received and over 3,000 names submitted. A large number of competitors expressed their warm approval of the decision to change the name. After long and careful consideration the name 'Queen Elizabeth's' was chosen, and the prize went to the Rev. Horton Williams of Canterbury. As royal assent will be required for the use of this name and assent cannot be sought during the war, the name will remain 'The Ballarat and District Benevolent Home' until the necessary assent may be obtained."

That the subsequent change of name to 'The Queen Elizabeth Benevolent Home' pleased contributors and public, was reported in the 1945/46 Annual Report, which stated, "Your Board...and all loyal citizens are agreed that the name of our beloved Queen adds dignity to our Home."

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Jack Lonsdale Lodge

The results of creative planning were placed on public view with the official opening of Jack Lonsdale Lodge in July 1990. The enthusiastic response of the Minister for Health, the Hon. Caroline Hogg, and of the many visitors was most encouraging. Now the new residents are proving that the design concepts and care philosophies are clearly appropriate, leading the way for future directions in nursing home services. All who participated in the planning, construction and commissioning of Jack Lonsdale Lodge must view the success of this project with pride.

First Floor Renovations

Progress with the renovation of the First Floor has been on schedule and we are now looking forward to the October return of our residents from the QE Annexe located in the grounds of Lakeside Hospital. The temporary accommodation proved highly satisfactory and we are very grateful to the Manager and staff of Lakeside who have made our residents and staff so very welcome.

Many people should be very proud of the success of the QE Annexe. Charge nurses Elizabeth vander Molen and Kate Barnes, and their nursing staffs, responded magnificently to the challenges, particularly ensuring that the residents and their families were fully involved in the planning. The upgrading work necessary to make the building ready for our occupancy was co-ordinated by the Deputy Chief Engineer, Ray Isaac who, with a team of contractors, ensured that the Annexe was as comfortable as possible. Staff of Environmental Services, Food Services and Supply co-operated splendidly at all stages of the relocation.

Although the QE Annexe was a short-term solution to our need to



FROM THE PRESIDENT'S PERSPECTIVE

"We are proud of our long history of innovation and creativity, always in the forefront of change and development.

This past year has been marked by a number of challenges, which have been met in the best traditions of

The Queen Elizabeth Geriatric Centre."

vacate the entire First Floor for its renovation, the Board is delighted that the experience has been so positive for everyone concerned.

Wendouree

The Board of Management and the Shire of Ballarat have for some years now been looking for an opportunity to develop hostel and nursing home services. We are currently awaiting the required planning permits which will allow us to proceed with the purchase of a parcel of land from the Redemptorists, adjacent to the Monastery in Gillies Street. It is proposed to construct a 'village' of houses, providing both nursing home and hostel accommodation.

Health Services Agreement

The Centre has had a positive year in relation to meeting the goals and targets established in the Health Services Agreement. Unfortunately, controversy over the timing of the agreement, and thus the completion of budget negotiations, has not yet been resolved. It is difficult to manage an organisation responsibly throughout a financial year when the budget is not finalised until a number of months into the year. We will continue to pursue this matter until it is resolved satisfactorily.

The Centre operated within budget again this year after receiving a budget cut of \$200,000 and despite the way Long Service Leave is now funded. This year we were required to set aside funds to make long service available to staff after 5 years of service instead of the previous 10 years of service, which required an additional \$1.1 million.

Personal Alarm Call Service

The Board of Management has been especially pleased with the development of PACS, the Personal Alarm Call System, during the year. PACS offers emergency protection to the frail, elderly person who lives alone. Because it is very much more than just a technical device, our service, which commenced in 1981, was commissioned by Health Department Victoria in 1989 to service all of country Victoria. We have, therefore, seen a great surge in activity during the past twelve months. As of the end of June 1990 a total of 550 clients were receiving the service in communities all over country Victoria, from Mildura to Bairnsdale, Warrnambool to Tallangatta. 63% of the clients receive funding assistance from the HDV, the rest either purchasing or renting the service privately or

through agencies such as the Department of Veterans' Affairs, the Multiple Sclerosis Society or service clubs.

As a result of excellent marketing by PACS Manager Mrs Wendy Oliver, there has been excellent co-operation from the Geriatric Assessment teams in the various regions, both in relation to assessment and referrals as well as to the development of training sessions for local PACS supervisors, who are mainly community or district nurses or home help staff. The co-operation of Telecom has also been a vital element in the rapid development of the service. New units can now be introduced quickly anywhere in Victoria and the equipment installed and tested, both in house and garden, to ensure all is functioning correctly. Chief Engineer Henk De Deugd and his staff have expended a great deal of energy and enthusiasm on developments which are continually enhancing the technical state of the service.

Interest in the service is growing rapidly. There seems to be a constant stream of visitors or enquiries about this very valuable addition to the range of services designed to assist people to remain in their own homes.

Standards

Although we do not know the results of the Accreditation survey conducted in August, the informal feedback session was quite positive. I wish to thank all staff for their contributions both to the preparatory work and the actual survey. The accreditation process is a great incentive to strive for high standards, to review policies and procedures and to reflect on achievements. The QE Occupational Rehabilitation Service was also

surveyed by the Victorian Accident Rehabilitation Council, and accreditation for one year was received.

During the year there have been a number of legislative changes proposed related to the standards of nursing home care in Victoria. I am pleased to report that these changes will not have a great impact on the Centre because, in the main, we either meet or surpass the conditions laid down.

Planning

In January I was pleased to join a group of Board members and senior staff in a three day 'Think Tank' led by Professor John Sharpham, Ballarat University College. Three major topics were discussed:

- rehabilitation services
- priorities for space utilisation in the Ascot Street building
- accommodation services for younger disabled people.

The range and depth of discussion on each of these topics was quite remarkable. The skillful leadership of Professor Sharpham ensured that each session finished with an agreed set of recommendations for the Board to consider.

As a result of the 'Think Tank' we have prepared a submission to the Department of Community Services and Health for financial assistance to develop a small group home for five young people with significant levels of dependency as a result of trauma or chronic disease. The guidelines and protocols for such a project have proven quite complex, but we hope that a positive outcome will soon eventuate.

The 'Think Tank' also recommended that we develop a Department of Rehabilitation Services, drawing into one administrative unit the George

Skerritt Rehabilitation Ward, the Day Hospital and the Domiciliary Rehabilitation program. The current separation of staff into three different line divisions prevents adequate management control and accountability. An advisory committee was established to plan the restructuring and the funding required for the new position of Rehabilitation Services Manager. The Advisory Committee has set the first of January 1991 as the target date for launching the new department.

I proudly present this 133rd Annual Report. The support and encouragement we receive from the community have contributed greatly to the substantial progress which has been made. I wish to acknowledge particularly the management and staff of the Ballarat 'Courier', Radio 3BA and BTV Channel 6, for without them our task of keeping you all informed would be impossible.

The Board receives many compliments on the services provided by the Centre. As almost all of these are personal services, the compliments testify to the competence and dedication of the staff. I congratulate them on another year of excellent service to the community.



W B Messer, President

THE BOARD OF MANAGEMENT

C D Chester
J P Cook
W R Crawford
P J Davies
G R Eyres
E J Gay
W H Heinz
P S Hobson
W B Messer
B J Nolan
G W Oliver
M N Valentine

Office Bearers

President:
W B Messer
Senior Vice President:
J P Cook
Junior Vice President:
G R Eyres
Treasurer:
E J Gay
Solicitors: Cuthberts
Bankers:
Commonwealth Banking Corporation
Manager:
J E Walter, FHA, FAIM



W H Heinz

B J Nolan



EXECUTIVE AND ADVISORY COMMITTEES

The Board has a proud history of very active involvement in the life of the Centre, members being involved in a variety of Committees as well as participating in a wide range of functions.

Committee service is undertaken on a rotational basis to ensure that, over time, each Board member develops a close relationship to and understanding of each division and subsidiary organisation. Experience has shown that this process is much more effective in promoting interaction than is staff representation on the Board itself.

Executive Committee

W B Messer
J P Cook
G R Eyres
M N Valentine
E J Gay
P S Hobson

Finance Committee

W B Messer
J P Cook
G R Eyres
M N Valentine
E J Gay
P S Hobson

Medical Services Advisory

G W Oliver
W H Heinz
D Alexander (Dr)
J Garner (Dr)
Dir. Medical Services
Medical Staff Rep.
Manager

Ethics Committee

P S Hobson
G W Oliver
P Burgess (Rev'd)
A Byrne
C Hogg
D Alexander (Dr)
A Chivers
Dir. Medical Services
Manager

Nursing Services Advisory

W R Crawford
N M Valentine
Dir. Nursing Services
Dir. Medical Services
Dep. Dir. Nursing
Principal Nurse Teacher
Unit Manager
Area Co-ordinator
Manager

Welfare Services Advisory

G Eyres
E J Gay
Dir. Medical Services
Dir. Welfare Services
Manager

Library Advisory

J P Cook
G R Eyres
Librarian
Dir. Nursing Services
Principal Nurse Teacher
Medical Services Rep.
Paramedical Services Rep.
Assistant Manager

PACS Management Committee

P S Hobson
PACS Manager
Chief Engineer
Finance Manager
Dir. Welfare Services
Assistant Manager



C D Chester

W R Crawford

G R Eyres

G W Oliver

J E Gay

P J Davies

J P Cook

W B Messer

P S Hobson

Pharmaceutical Advisory

W R Crawford
B J Nolan
Chief Pharmacist
Dir. Medical Services
Dir. Nursing Services
Consultant Physician
Geriatrician
Staff Pharmacist
Assistant Manager

Project Control

P J Davies
J Lonsdale
Health Dept. Vic.
Regional Officer
Health Dept. Victoria
Facilities Dev. Officer
Assistant Manager

Paramedical Services Advisory

W H Heinz
N M Valentine
Dir. Paramedical Services
Dir. Medical Services
Chief Occupational Therapist
Chief Physiotherapist
Manager

Health Services Agreement

J Garner
P S Hobson
M Campbell
P Taylor
S Rowan
P Irwin
D Goldsworthy
D Gibb
K Barnes
P O'Neill
N Fitzpatrick

QE Occupational Rehabilitation Advisory Management

G R Eyres
C D Chester
QEORS Manager
Dir. Paramedical Services
Trades and Labour Council
Representative

Hostels Advisory

J P Cook
P S Hobson
Midlands Administrator
Pleasant Homes
Administrator
Sebastopol Administrator
Manager

General Services Advisory

C D Chester
E J Gay
Assistant Manager
Chief Engineer
Accountant
Food Services Manager
Food Services Officer
Environmental Services
Manager
Supply Manager
Curator
Librarian
Security Officer
Sewing Room Supervisor
Finance Manager

Personnel Management Advisory

N M Valentine
G R Eyres
Personnel Manager
Manager

Rehabilitation Services Advisory

P J Davies
B J Nolan
Dir. Medical Services
Dir. Nursing Services
Dir. Welfare Services
Dir. Paramedical Services
Manager



Objectives of The Queen Elizabeth Geriatric Centre

Service

1. To be sensitive to the needs of frail elderly and disabled people and their families, especially their need to be considered as individuals with rights to respect and dignity, rights to be assisted to maintain the maximum level of independent functioning of which they are capable, and rights to participate in planning their own care to the highest degree possible.
2. To provide comprehensive assessment services for frail elderly and disabled people referred directly to The Queen Elizabeth Geriatric Centre or to the Regional Geriatric Assessment Team.
3. In association with other agencies, especially local government services, to develop and implement programs designed to maintain frail elderly and disabled people in their own homes and communities wherever this is possible.
4. To facilitate the rehabilitation of ill or disabled elderly people to their maximal levels of physical, psychological and social functioning, to facilitate the rehabilitation of disabled younger people referred for multi-

Registered Objectives

1

To provide a range of services for elderly and disabled people that will enable them to live a life of dignity and quality by maximising their physical, psychological and social independence.

2

To undertake education and research compatible with the first objective.

disciplinary services, usually over a prolonged period, and to provide an occupational rehabilitation service for persons registered with WorkCare.

5. To provide a high standard of sensitive hostel and nursing home care in a pleasant, domestic style environment that promotes stimulation and variety of life-style for those frail elderly and disabled people who have been assessed as being unable to live in their own home environment.

6. To undertake public education programs to improve community awareness of the ageing process, of the maintenance of well-being, of the management of problems which may be encountered by elderly people, of the management of chronic disorders which may result in physical

disabilities, and of the range of geriatric and disability services which are available.

Program

7. To develop and maintain effective information, data and accounting systems to facilitate a high standard of care and program evaluation.
8. To encourage and support research which is compatible with the Centre's activities.
9. To promote and participate actively in co-ordination and integration with other organisations and agencies which provide services for elderly and disabled people within Health Region 2, and elsewhere as may be appropriate.

Staff

10. To plan and implement comprehensive personnel programs to ensure an appropriate establishment of staff qualified and motivated to meet the objectives.
11. To provide a functional work environment that promotes staff efficiency, safety, effectiveness and morale.
12. To encourage staff commitment to inter-disciplinary team functioning throughout the organisation.

Performance Analysis: Achievements in the 1989/90 Health Services Agreement

The Health Service Agreement process calls for The Queen Elizabeth Geriatric Centre and the Health Department Victoria to agree on the role and function of the Centre, the objectives to be achieved over the next five and ten years, and the specific goals and targets to be met during the year. The development of the Agreement is complex: forecasts must anticipate future trends and events, all staff should be able to contribute through their various departments and divisions, and idealism must be tempered with realism, especially the realism of financial constraints. The Health Services Agreement Committee, chaired by Dr John Garner, is to be commended for their commitment to the task and the excellence of the Agreement. This report highlights some of the service achievements.

The Personal Alarm Call System (PACS) has become well established in country Victoria, as a result both of effective marketing and of the development of collaborative relationships with all rural regional Geriatric Assessment Teams and appropriate personnel in each community where a unit has been installed. This year 451 new clients were linked to the service. Of these, 365 received funding from the Health Department Victoria, thus exceeding the target.

Driver assessment and re-training services under the direction of a qualified occupational therapist have been organised on a more effective financial basis to ensure cost recovery, as specific funding for the position was unavailable. During the year 91 people were assessed. Of those who failed to regain their licenses, only 21 will never be licensed to drive again. 41 continue to receive driving lessons, or are waiting for modified vehicles or for their doctors' approval to return to driving. A half-time psychologist has been appointed to provide essential services, particularly in rehabilitation. This appointment was achieved by the re-direction of Paramedical Services funding.

The organisation of rehabilitation services, inpatient, day hospital and domiciliary, was the subject of considerable discussion. Agreement was reached on a new structure: a Department of Rehabilitation Services, to be created in the 1990/91 Agreement year.

The construction of the new nursing home at Sebastopol, Jack Lonsdale Lodge, and the renovation of the First Floor of the Ascot Street Centre were important objectives. Both projects have incorporated design and decor principles in keeping with the philosophy of a domestic environment. Jack Lonsdale Lodge, failing to achieve the original target date, did not commence operations until August 1990. Renovation of the first floor is, however, on schedule.

The Nursing Division has introduced a most successful

preceptorship program to assist in more effective orientation of new staff. In addition, the Nursing Process has been introduced with good effect throughout the Centre.

A good deal of progress has been made toward the development of effective accommodation services for younger disabled persons. A most successful 'attendant care' program was instituted in co-operation with the Shire of Ballarat, enabling a younger, newly married man to be discharged from many years of nursing home care.

With the assistance of the Ballarat University College a staff training needs analysis was undertaken to provide more accurate information upon which to base plans for staff education and development. The findings of that analysis will be put into effect during the next Agreement year.

Productivity

	Inpatients	Target	Actual	Variance
Hospital	Patients treated	750	806	56
	Patient days	19,900	19,644	256
	Length of stay	26.53	24.37	2.16
Long-stay	Nursing home residents	800	781	19
	Nursing home days	151,700	143,608	8,092
	Hostel residents	200	177	23
	Hostel days	29,800	29,643	157
Day Hospital	Attendances	3,348	4,506	1,158
Day Centre	Attendances	9,152	11,604	2,452
Domiciliary	Meals on Wheels	100,000	111,259	11,259

Every year it seems the pace of activity in The Queen Elizabeth Geriatric Centre moves a little faster as we work towards meeting our objectives. On reflection, this year has been an outstanding success and all staff should have a great sense of pride in our accomplishments. During the Accreditation Survey summation, one of the surveyors commented about the spirit clearly evident, "This Centre has a caring, professional and innovative staff".

The very valuable staff orientation program introduced into the Nursing Division during the year is an excellent example of the activity being undertaken to create this spirit. Under the leadership of nurse teacher Paula Simpson, the **Preceptor Program** aims to provide new nursing staff with colleague support through a positive role model. A preceptor is responsible to the charge nurse for introducing new staff, monitoring performance, assisting with learning, and, for students, acting in a liaison capacity between the student and the School. With the charge nurse, the preceptor is also responsible for reviewing the ward orientation program to

ensure it is appropriate and current at all times. To date, a total of 41 preceptors, each nominated by the charge nurse, have been trained in a five day course covering the role of a preceptor, clinical teaching and communication skills, time management and conflict resolution.

A number of staff have been particularly recognised during the year for their work which has further enhanced the image of The Queen Elizabeth Geriatric Centre. The Board of Management assisted Dorothy Rogers' attendance at the American Association of Rehabilitation workshop: 'Rehabilitation Nursing – Directions for Practice', held in Hawaii in 1989. The charge nurse of the George Skerritt Rehabilitation Ward, Mrs Rogers, undertook the examinations conducted by the Association in 1987. Membership in this Association, and thus attendance at their workshops, is a rare privilege for 'foreigners'. Of particular importance to us has been the development of a clearer role for nurses in rehabilitation, a role encompassing basic nursing care but extended considerably to include primary responsibility for programs of secondary problem prevention, patient and family education, especially the development of coping strategies and adaptation of lifestyles. The introduction of a rehabilitation specific 'nursing process' has reinforced the 'primary nurse' concept gradually being developed over recent years.

Another member of staff who has been singularly recognised this year is Ms Wendy Hubbard, Senior Clinical Physiotherapist. Ms Hubbard's interest in the development of outcome or performance measures for rehabilitation services caught the interest of the Royal Automobile Club of Victoria, who awarded her a special grant of \$7,500 to travel to Hong Kong and the United States to discuss concepts with a range of experts. The consequences of this work are considerable because of the increasing need to develop

Mr B Messer, President, shares with Mrs Agnes Howes a letter from the Private Secretary of HM Queen Elizabeth, the Queen Mother, acknowledging the birthday greetings of QEGC residents.



objective measurements of performance, particularly in rehabilitation which has been excluded from the DRG process currently being used as a funding tool for hospitals by the Health Department Victoria.

Mr Gary Turnbull, in his capacity as Acting Manager of the Central Highlands Linen Service, travelled to Germany, Belgium, the Netherlands and Britain to assess the latest technology, especially in relation to materials handling. We are seeing the results now with installation of the most up-to-date equipment to eliminate personnel handling soiled linen.

The Centre was honoured by the invitation of the Nipon Life Insurance Foundation to Pam Taylor, Director of Welfare Services, to be a guest keynote speaker at a major symposium, 'Living in Unison in the Aged Society,' held in Osaka, Japan.

We were also pleased to learn that the Director of Paramedical Services, Doreen Bauer, was elected to represent the Asia/Pacific Region on the Executive of the World Confederation for Physical Therapy from 1991 to 1996. This honour followed her work as Scientific Program Convenor for the 3rd. International Physiotherapy Congress held in Hong Kong in June, 1990.

Although we are very proud of our international activities we also achieved a great deal at home. Effective management of incontinence has been the major challenge for the **Nursing Division** this year. Under the leadership of incontinence nurses Mrs Barbara Hiley and Mrs Marilyn Hargrove, nursing staff have applied a concerted effort to reduce

the serious consequences of this major problem for both the residents and the staff. The introduction of a planned, comprehensive program on one ward has resulted in a reduction of the incidence of this distressing problem by 30%. This work will continue to have a high profile because of the significant implications incontinence has for the emotional status of the residents and their families, for staff workloads and occupational health, and for the cost of laundry services.

The award of the 1989 Sancell Grant to Barbara Hiley, Marilyn Hargrove and Marianne van Es recognised both the excellence of the work being undertaken in continence promotion and the professional expertise and enthusiasm of these key staff.

Quality assurance programs have been a high priority for nursing staff during the year. The Janet Biddlecombe Assessment Ward, for

example, has a number of ongoing projects in place. A number of new items of equipment have been introduced recently, particularly a defibrillator, oximeter and resuscitation equipment, each requiring staff education and close monitoring of effective use and maintenance. Work practice studies have been developed. An assessment of draw-sheet use, for instance, found that only a small proportion of patients actually needed what had become a standard bed item. Savings of some \$500 per month in linen costs have resulted from a change in policy,

The role of the **Medical Division** has been further strengthened by the appointment of Dr Michael Giles, Physician in Geriatric

THE MANAGER'S REVIEW

Medicine. Dr Giles has a particular interest in psychogeriatrics, an area of increasing importance in aged care services.

The Medical Board of Victoria visited the Centre during the year as part of its regular, three-yearly review of our suitability to participate in the Resident Medical Officer (Intern) program for new graduate medical practitioners. We were very pleased with the report, which confirmed continuation of the rotation system conducted in association with the Ballarat Base Hospital.

The **Pharmacy Department** moved into a new, bright and spacious department which meets the standards of the Pharmacy Board of Victoria and provides a very pleasant working environment for the staff. In addition to developing services within the main Centre the pharmacists have continued with their counselling program for residents at Pleasant Homes and Midlands. The introduction of local pharmacists in our hostels and now in Jack Lonsdale Lodge has required our staff pharmacists to develop different approaches to monitoring drug usage. As well, staff education and liaison with the external pharmacists have been priority activities.

Our **Dentist**, Dr Joe Wilkinson, has had an additional challenge this year: developing processes to minimise the rate of loss of dentures, and ensuring their return to the correct person when they are found!

The **Geriatric Assessment Team**, under the leadership of Dr John Hurley and Mrs June Lugg, has continued to develop as a major resource in Health Region 2. During the year some 1,500 people were assessed by members of the Team, principally to sort out complex problems and develop solution options for consideration by the elderly person and the family, in consultation with the general medical practitioner and other

local health or welfare workers. An assessment is now required before an admission to a nursing home or hostel may take place in the Region. In addition, the Team has been authorised to provide NH5 approval prior to admission to a private nursing home, thus reducing bureaucratic delays. This has also ensured that staff of the nursing home have appropriate and detailed information to begin planning care immediately. The role of the Team in the 'Linkages' project was clearly established during the year. An assessment and referral from the Team is required for all prospective clients of the project. Liaison between the Team and the 'case managers' has been enhanced by the appointment of Mrs Alison Dalzeil, Community Nurse, to that specific function.

The relationships the Team members have developed throughout the region have allowed them to develop a comprehensive picture of services, including gaps and overlaps, as well as an accurate and up-to-date knowledge of waiting lists and vacancies. Thus, the Team is able to advise local workers about potential solutions to difficulties, especially in an emergency. This detailed knowledge also makes the Team an invaluable resource in planning services for elderly people in the region. The appointment of Mr Neil Prodder as the Co-ordinator for the Psycho-Geriatric Assessment Team based at Lakeside Hospital, has been a most welcome development and we are pleased that a close working relationship has been established.

With the changes which have taken place in the funding mechanisms for domiciliary services in recent years and the relocation of services to other agencies, particularly local government, the role and function of the **Welfare Services Division** required examination. The existing and future role as well as operating practices were audited by external consultants during the year, and considerable progress has been made in implementing the consequent recommendations.

Pet's Day at the QEGC.
Below, Miss Mary
McKinnon enjoys a visit
from a new friend.



Improved communication between agencies has been helpful in maintaining up-to-date information about the status of individuals living at home. It has been possible to place more emphasis on assessment and problem identification, both critical roles for the staff of the Welfare Services Division.

An area needing greater input has been the support of persons awaiting admission to nursing home care. Until a suitable nursing home bed becomes available, these people and their families require a great deal of assistance and support, especially from our social workers and community nurses.

A number of self-help groups have been established in Ballarat to provide mutual support, education and encouragement for people with chronic diseases such as arthritis, multiple sclerosis, Parkinson's disease, stroke, and Alzheimer's disease. Assistance with education and counselling is frequently provided by staff of the Centre, particularly the Welfare and Paramedical Services Divisions.

A vital community service is provided by the **Day Centres** conducted by The Queen Elizabeth Geriatric Centre. The **Ethel Lowe Day Centre** at Sebastopol, **Midlands Day Centre** in Ballarat North, and the **Elizabeth Brown Day Centre** in Ballarat East, provide day care for some 300 frail elderly people each week. The **Eyres House Day Centre**, also in Ballarat North, provides special day care for people with problems related to confusion or dementia.

Each day centre develops programs to meet the individual needs of clients and their families. Many social and recreational activities are available to supplement the companionship which is so valued by the participants.

The Day Centre supervisors hosted the second regional seminar at Midlands in November, 1989. This was a very successful day with considerable opportunity for sharing ideas and experiences.

Another special day centre was established this year in the **F G Hook Centre** for residents of the Nursing Home. Due to increasing frailty many nursing home residents are finding it increasingly difficult to have a day out. This new day centre has given a great

number of people the opportunity to leave the ward for the day, to meet friends, share a meal and enjoy group activities.

All our day centres depend on the assistance of **Volunteers**. A great number of people give their time and their talents on a regular basis to help us create exciting and happy opportunities for our clients and residents. A training program was conducted at Eyres House to provide the Volunteers with special knowledge and skills to prepare them to work with people who have problems related to confusion. Volunteers also work in all areas of the nursing home, the hostels, and now in Jack Lonsdale Lodge.

The **Red Cross** provides priceless service for our residents: the Mobile Library, the bus trips and the friendly visiting are valued greatly. The standard of services provided by our hostels is a source of considerable pride, visitors frequently commenting on the very caring and supportive spirit so clearly evident. Major renovations were completed at **Pleasant Homes**. Archer House and Fraser House have been joined with the addition of a delightful new dining and sitting room; bedrooms and bathrooms were upgraded and new furnishings installed. The future role and function of the houses in Durham Street and



Out and about,
visiting the Gold Museum,
Ballarat



Veteran's Affairs Minister
Ben Humphreys
(centre) with the late
Mr James Bromley (R)
and former local
member (MP) John
Mildren.

the flats is currently being examined, especially in light of the increasing level of frailty being experienced by both hostel and flat residents.

The completion of the Activities Room associated with Jessie Gillett Court has allowed greatly increased opportunities for group activities, the consequence of which has been a noticeable improvement in the residents' sleeping patterns.

Midlands residents now use the local pharmacists for their supply of medications. This transition has worked very well and we are grateful to the pharmacists for the excellent relationship which has developed.

Midlands staff and residents worked closely with those responsible for the design and development of our new 'information package', the product being tested at Midlands before being approved for development throughout the Centre. This package, which contains detailed information to assist a potential resident and family prepare for admission, has been designed to allow easy adaptation to the specific needs of each area of the Centre.

The **Paramedical Services Division** has had another busy year. A highlight for our occupational therapists was the opportunity to conduct a one-day seminar at the Centre for participants in the Tenth International Congress of Occupational Therapy, held in Melbourne. The seminar focused on rehabilitation and aged care, areas of excellence for our occupational therapy staff. The physiotherapists were also very interested in an international activity: five papers in the Scientific Program and two seminar presentations were our contributions to the 3rd International Physiotherapy Congress held in Hong Kong.

The Centre was very pleased to see the excellence of the **Amputee Management Program** recognised in the draft report of the 'Review of the Free Limb Scheme' conducted by the Department of Veterans' Affairs. For a number of years the Department has been unwilling to extend contracts to hospitals to be reimbursed for prostheses, regardless of the excellence of the service, cost effectiveness or overall benefit to the amputees. Our program, however, compared more than favourably with any service being provided elsewhere in Australia. The Centre also placed detailed submissions before the Industry Commission enquiry into the Free Limb Scheme. Its final report, we were very pleased to note, substantiated our claims. We look forward with confidence to the 'Ballarat Model' being rewarded, finally, with a contract to be reimbursed for the provision of prostheses.

Podiatry services are a major concern at present because of the great scarcity of podiatrists in Victoria, especially in non-metropolitan areas. Clearly, an inadequate number of these very important health professionals are being trained in Victoria. The problem has been compounded by difficulties experienced by graduates from other states, especially South Australia, in gaining registration in Victoria. It is hoped that this shortage can be addressed quickly, because podiatry services are often essential for maintaining elderly persons' mobility.

The Queen Elizabeth Geriatric Centre has always placed considerable priority on very efficient general services provided by highly skilled staff. Although we have a leaner staff establishment than many similar organisations we have a level of service which we, and many visitors, regard as second to none. All the staff of the **General Services Division** are to be congratulated on the outstanding work performed. It is especially gratifying to see the warm and caring interaction between staff and residents on a daily basis.

Developments in **computerisation** are a common thread across all Divisions and Departments. Under the leadership of Systems Manager Philip Trevenen, a number of mainframe and dedicated systems have been introduced throughout the Centre. It is indeed pleasing to see the rapid acceptance of the current systems and the demand for additional programs. As well as 'patient information' data bases, our first objective when we began to introduce systems, we now have made considerable progress with food services, supply, accounting including cost centre accounting, pay roll and personnel information, preventive maintenance and security systems, linen distribution, and word processing. Currently, systems for pharmacy are being introduced.

Under the leadership of its new manager, Richard Cody, the **Food Services Department** has continued to implement creative practices which promote economy and efficiency yet allow an ever increasingly individualised service to our residents. The staff have had a particularly challenging time this year as they worked on developing an appropriate solution to the problems inherent in providing meals to an increasing number of satellites from a central kitchen. After considerable study, consultation and negotiation, it has been decided to develop what is known as a 'relaxed' system, the meals being cooked conventionally, chilled, plated and then

transported for later reheating. The accomplishments of this vital department are quite outstanding: 835,800 meals being prepared this year, 88% for our residents, 10% for 'Meals-on-Wheels', 1% for Senior Citizens Centres and 1% for the frozen meals service.

Installation of cooling systems in a number of resident areas has been a priority project for the **Engineering and Building Services Department**. The most technologically advanced system was selected and we are pleased that this proved to be an Australian design. This year \$240,000 from the 'Patients' Comforts Fund' has been invested in this work.

Further developments have taken place in the area of security with additional electronic systems being installed throughout the Centre and satellite facilities. We were pleased to welcome Ray Harris, formerly of the Ballarat CIB, to the position of Security Officer. His friendly but efficient approach has made him a very welcome addition to the staff.

The Centre's overall garden area has increased greatly in recent years, especially with the addition of the Sebastopol Complex, but it is being landscaped and maintained at an ever increasingly high standard by the small staff of the **Grounds and Gardens Department**.

Staff of the **Environmental Services Department** were responsible for implementing and refining the linen handling system in the Centre, leading to cost saving of \$85,000 over two years. The Environmental Services Manager, Elaine Lazarus, has been appointed by the Board of Management to organise the implementation of the new Waste Disposal Guidelines and the co-ordination of waste management within the Centre.

The **Sewing Room** has also contributed directly to the improvements in linen and clothing distribution. One important activity is the design and manufacture of special clothing for people with disabilities.

The **Central Highlands Linen Service** continues to offer a very high standard but



At left,
Mrs Dorrie Hamilton
sharing a special moment
with Casey Foley
from Smythesdale.

economical service to its customer organisations. Charges were kept at an acceptable level during the year while productivity continues to be the most efficient in the State. The service has a major equipment and building program in place, so necessary if it is to remain in the forefront of production efficiency.

We are very proud of our Central Highlands Linen Service, and wish to acknowledge the outstanding contribution made by Mr Herman Roth to its development since 1977. Mr Roth has recently resigned, after two years secondment to the Health Department Victoria, to become the HDV General Manager of Linen Services and Waste Disposal. We wish him well in that demanding role. Fortunately, our service has been left in the very good hands of Gary Turnbull, who will continue to see it grow in excellence.

In the area of **Occupational Health and Safety**, improvements in injury prevention and

rehabilitation after injury as well as better claims management have resulted in a saving of \$105,000 in WorkCare premiums. This is a most satisfactory result, with the

savings being applied to other activities which would not have been possible otherwise.

The **School of Nursing** has continued to flourish under the leadership of Principal Nurse Teacher, Diane Goldsworthy. The very high standards being achieved in the Enrolled Nurse training program, where 49% of the students have received distinctions and 44% credit passes in the state examinations, are indeed gratifying. The changes which have been made to the Post Basic Gerontic Nursing program, increasing the students' clinical time in their home hospitals, have proven successful, in large measure due to the extensive consulting undertaken by our staff.

We are fortunate to have a very skilled librarian, Janine Lucato, managing the **Alex L. Anderson Library**. As well as ensuring a very pleasant and welcoming environment with effectively organized books, journals and videos, Janine is an invaluable resource. Many staff, from all divisions and departments, involved in research, studies, quality assurance, and education have been actively supported through a variety of services.

The **Personnel Department** was instrumental in the development of a staff 'Training Needs Analysis', conducted by Clem Barnett, Ballarat University College. The very comprehensive report has provided senior staff with specific guidance for the development of education and training programs for staff throughout the Centre.

The Board of Management established a small Working Group, with the Principal Nurse Teacher as chairman, to review the education, training and research programs and to develop a more defined structure to facilitate comprehensive management of these important areas of activity. It is hoped that the recommendations of the Working Group will be available by the end of 1990.

Please be advised that I intend to retire at close of business on Friday 30th November 1990. I will by then have completed over 13 years at the Centre. I believe very much has been achieved by the Centre over that 13 years, and I appreciate the support I have had from each and every Board Member.

I consider it a privilege to have worked with so many dedicated people. I wish the Board and the Staff every success in the future.



John Walter, Manager



First Aid Graduates
John Lewis, Dianne
McCann, Marion Day
(OH&SA) and Sandy
Adams, receiving their
Certificates from
Mr Messer.

John Walter's adventure in the world of health administration began at the Public Health Department of Papua New Guinea in 1955.

A Diploma in Health Administration from the University of New South Wales, gained in 1964, enabled him to begin the real climb up the corporate ladder:

Administrative Officer, Alfred Hospital, 1963 to 1966;

Assistant Manager and then Manager, Wimmera Base

Hospital, 1967 to 1977; and then Manager, The Queen Elizabeth Geriatric Centre, 1977 to 1990.

Along the way, Mr Walter became a Fellow of the College of Health Service Administrators, serving periods on both State and Federal Councils. His membership in the Australian Institute of Management led to very active participation in the development of the Ballarat Branch. From 1978 to 1984 he was a part-time commissioner with the Health Commission of Victoria.

John Walter's most important achievements during his thirteen years with The Queen Elizabeth Geriatric Centre are very much people orientated. He always had time for residents and their families, and will be missed greatly by his friends, especially those from the Front Foyer.

Mr Walter's passion for delegating responsibility to line managers led to the development of management expertise in a great many people. The introduction of the unit management concept in a number of ward areas and the creation of



autonomous hostels and day centres was a far from easy endeavour in a large, quite conservative organisation, but the results have been positive, especially for the managers and their staff.

The Centre itself changed quite considerably during Mr Walter's tenure. The new kitchen, engineering and supply departments and the Peter Heinz Rehabilitation Centre

were all designed and built. Renovators were in constant activity with many wards being refurbished and new facilities for the pharmacy, library, personnel department, sewing room and the clinical nursing department developed.

The term 'satellite' was more clearly defined with the opening of the Midlands Centre and the Central Highlands Linen Service, as well as the design and construction of the Sebastopol Complex and the proposals for the Wendouree project. The years have not been free of controversy but, with John Walter at the helm, The Queen Elizabeth Geriatric Centre has gone from strength to strength, its reputation as a respected, dynamic organisation dedicated to the care of frail elderly and disabled people enhanced in the community, as well as both nationally and internationally.

The Board of Management and staff of The Queen Elizabeth Geriatric Centre extend best wishes to Mr and Mrs Walter for a long and happy retirement from the health care scene.

"The psycho-social environment must promote a quality of life which is meaningful and worthwhile and which upholds the dignity of the individual"

(A Network of Services, QECC, 1981)

Planning for First Floor renovations



On 16 July 1981 the House of Representatives Standing Committee on Expenditure, authors of what was to be known as the McLeay Report, visited The Queen Elizabeth Geriatric Centre for a rapid orientation into the whole matter of aged care services. At that time the Board of Management described the objectives of the then recently completed Master Plan for the future development of nursing home and hostel accommodation. Since that time there has been a gradual implementation of the redevelopment plan. With time and experience our understanding of the nature of the 'psycho-social environment' has changed as has our willingness to be truly creative and innovative.

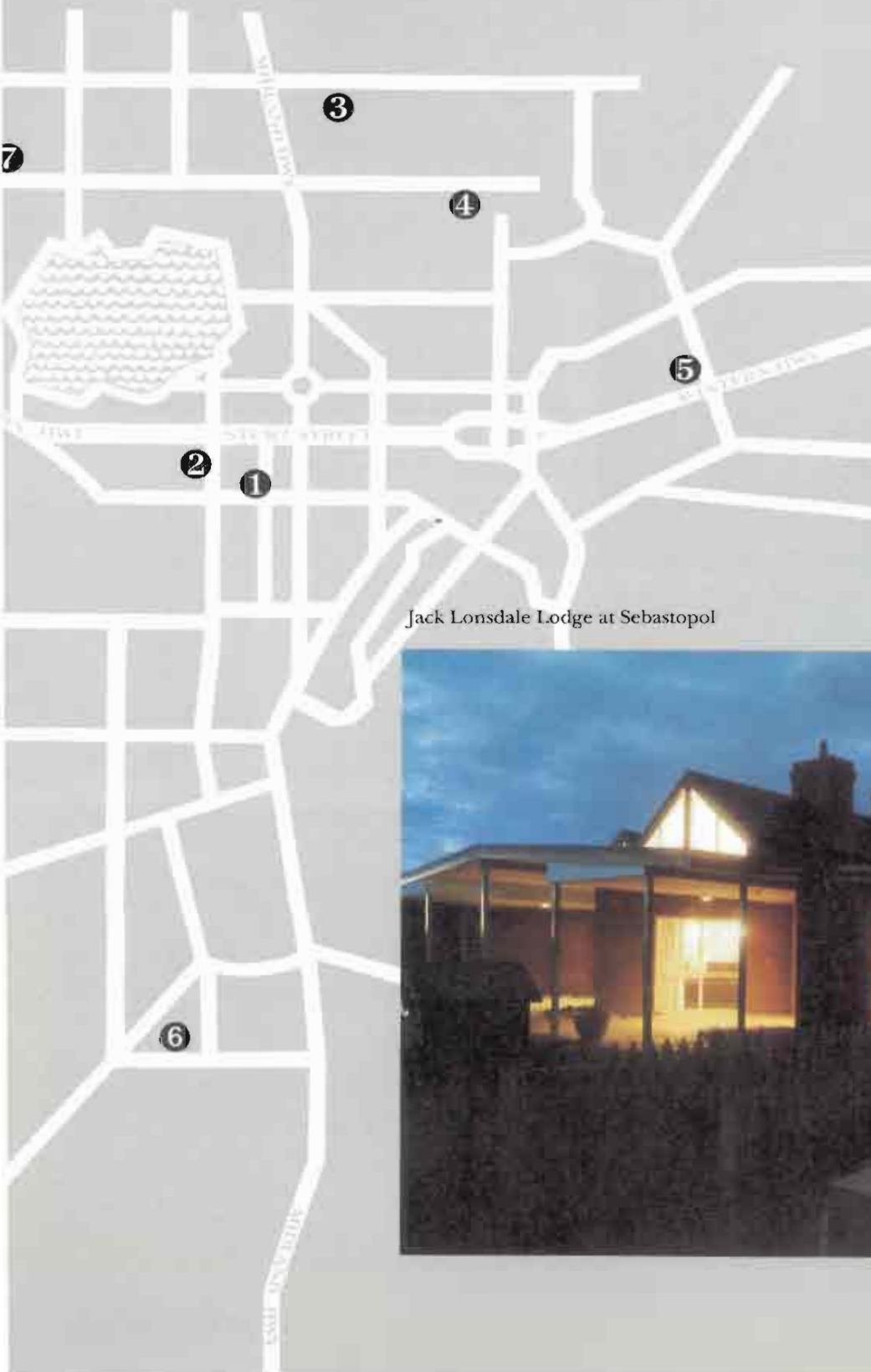
Planning Jack Lonsdale Lodge was a momentous leap forward. In the past the design of nursing homes was based on a clinical model, somewhat like a hospital, with wards and nurses stations, pan rooms and communal bathrooms. With Jack Lonsdale Lodge, the

residents' psycho-social environment became the overriding consideration. And now that residents are living in Jack Lonsdale Lodge, we know we have moved in the right direction. Certainly, staff are having to learn to adapt old 'hospital' practices to suit the very different environment, but that is a small price to pay for more satisfied residents.

Beginning with an idea is an easier planning task than trying to modify an existing building. The First Floor of the Ascot Street Centre was a major challenge, especially retaining the maximum number of beds while providing the most satisfactory 'psycho-social environment'. Twin and single bedrooms have been cleverly fashioned from what were previously 'Nightingale' style wards. Sitting rooms, dining rooms and private spaces have been created and a delightful decor and furnishings plan implemented. Before the renovation 98 residents occupied the First Floor, but only 46 will be accommodated in much more appropriate style in the future.

The next challenge before The Queen Elizabeth Geriatric Centre will be the developments at Wendouree, where a village style complex of houses will be created for the accommodation of 90 nursing home and hostel residents.

CREATIVITY



- ❶ QEGC Ascot Street Centre
- ❷ Pleasant Homes Hostels
- ❸ Midlands House and Day Centre
- ❹ Eyres House Day Centre
- ❺ Elizabeth Brown Day Centre
- ❻ Sebastopol Complex
- ❼ Proposed Wendouree Complex

Jack Lonsdale Lodge at Sebastopol



JACK LONSDALE LODGE

At the Sebastopol complex, three newly built ten bedroom homes introduce a new concept in nursing home design. These make up Jack Lonsdale Lodge, opened in June and already proving highly successful. Their design demonstrates the QEGC's ongoing commitment to excellence when it comes to the care of frail aged people.



On arrival one enters a house domestic in character, inviting, pleasing to the eye. Gone are the reception desk, nursing stations and institutional furnishings—this is a home. Gone are the corridors, replaced by a series of interconnected spaces that allow easy communication, relaxation and social interaction between residents.



Each resident has their own room, with en-suite bathroom and an external door to a garden area, where they can sit in comfort and enjoy the outside air. The lounges and dining rooms are conveniently accessible. A popular feature is a kitchen designed so that residents may do their own cooking when they prefer.



At Jack Lonsdale Lodge for the June opening were President Bill Messer, Frank Strahan MLA and the Minister for Health, the Hon. Caroline Hogg.





Families as well as residents feel more at home in the domestic atmosphere of Jack Lonsdale Lodge. At left, Shirley Whittaker (RN) brings Miss Sage's family to visit.



"Resident" is a key word in the design of Jack Lonsdale Lodge. Residents are encouraged to be as independent as their frailty or medical condition allows. Professional care, although available 24 hours a day, does not dominate their lives.



Left, Mrs Davidson at work at her loom. Above, the Davey grandchildren and great-grandchildren visit her in her new home.



Above left, Chris Musnane (SEN) observes a game of Scrabble between Mrs Garth and volunteer Michelle Gray of the Girls' Brigade Service.

Avon calling: Mrs Fox and Mrs Garth consider the latest beauty products offered by their Avon representative.



Jack Lonsdale Lodge is a milestone in our history. Its design, evolved through extensive research and discussions with architects Damaine Partnership and other professional consultants, staff, residents, unions, service providers and Health Department Victoria, provides the basis for future directions. Our ideas have matured and developed. What we have learned from this experience will help us to create even better environments for residents of the new Wendouree village.



Since 1981 and the commencement of the Centre's post basic certificate program in geriatric nursing, there has been a great upsurge in education activity. Many of our charge and staff registered nurses have undertaken this course, which has in turn enhanced nursing services within the Centre. A number of these nurses, as well as others, have moved on to further education, especially undergraduate and graduate degrees.

While geriatric nursing has become a special field in its own right, the Nursing Division has recognised the need for some nurses to acquire additional, specialised knowledge and skills which would then be available, on a consultative basis, both at the Centre and throughout the Region.

Complementing and supporting this education activity have been changes in the career structure for registered nurses, especially the opportunity to develop both clinical nurse specialists and clinical nurse consultants. To facilitate an appropriate and co-ordinated approach, the Board of Management and the Director of Nursing established the Department of Clinical Nursing in 1989 under the management of Mrs Lyla Hyde.

Currently the Department has four primary areas of activity. Each contributes considerably to the quality of care available within the Centre and, through collaboration with other hospitals and agencies, in the region.

(Administration). Lyla is therefore very well equipped, both in experience and academically, for her clinical leadership role. Her principal responsibilities aside from managing the Department, involve acting as a clinical resource for the staff of the Nursing Division. For instance, the care programs for many patients and residents require advanced technical equipment and procedures which, while perhaps commonplace in large acute care hospitals, are new in the Centre. A battery operated syringe driver for the administration of pre-determined drug doses and a very sophisticated humidifier are examples of recent technologies introduced into the Centre. Both require new knowledge and skills which Lyla gained and now shares with all other staff.

As Clinical Co-ordinator, Lyla is responsible for the management of a number of specialist medical clinics, each of which is of vital importance to the quality of care provided by the Centre.

Clinics	
Dermatology	Psycho-geriatrics
Diabetes	Psychiatry
Medical	Rheumatology
Neurology	Surgery
Opthamology	Surgery (Amputee)
Optometry	Urology

A special interest of the Clinical Co-ordinator is wound management. Staff education, quality assurance projects and the testing of new products are also major features of her activity. Studies within the Centre over a number of years have shown that the majority of wounds, including pressure sores, are 'inherited', that is occur outside the Centre. The nursing staff take considerable pride in the fact that the management of these wounds has improved greatly over recent years as a direct result of their education.

Continence Program

The Continence Program conducted by 'job sharers' Barbara Hiley and Marilyn Hargrove since 1988 has had major consequences for a host of people as well as

The Clinical Co-ordinator, Lyla Hyde, is a graduate of the Centre's Post-basic Certificate in Geriatric Nursing with a subsequent degree in Applied Science (Clinical Nursing). In 1990 she commenced her Master of Health Science (Nursing) program while working to complete a post graduate diploma in Education



the Centre. A weekly Continence Clinic focuses on assessment, problem identification and management planning for people referred from a wide variety of sources both within the Centre and in the community. Close liaison is maintained with the Urology Clinic conducted at the Centre, to which people needing medical assessment and diagnosis are referred. However the incontinence seen in the clinic is generally secondary to other problems such as long standing diabetes, poor mobility and medications. The primary need is for the development of training and other management strategies.

A study undertaken in 1989 showed that 50 percent of the people seen in the clinic over five months became completely dry as a result of careful management. The others were either still in training or had been referred on for further treatment. Another quality assurance project was undertaken in a ward with 42 women principally disabled by confusion and related brain disorders. A staff education program in conjunction with resident assessment and program planning resulted in a 30 percent decrease in the number of continence episodes. Similar projects are either underway or in the planning stages.

The financial implications of this activity are significant. A training and management program resulted in eight

residents of our hostels being able to remain in the hostel, rather than being transferred to nursing home accommodation. Within the Centre, the continence program has contributed substantially to major cost savings in relation to linen use, down from 5.26 kg of linen per bed day in 1986-87 to 4.30 kg in 1989-90.

The value of the program in terms of the dignity and well-being of the people who have been able to overcome this very distressing problem, can only be imagined.

The Centre was delighted when Barbara and Marilyn, along with nurse teacher Marianne Van Es, were awarded the Sancella Grant for 1989. The \$5,000 grant is being used to develop a video and teaching package for staff and carers of people with incontinence. This project is now almost complete and interest already indicates a ready market for what will be an excellent product, especially as Mrs Hazel Hawke has agreed to write an introduction.

Infection Control

Margaret McMahon and Kerry Heenan are also 'job sharers' in the area of Infection Control. As a result of staff education and careful monitoring, the Centre has developed an excellent record in the control and management of infection. The old fashioned method of managing infection by isolating the patient was quite inappropriate for a geriatric facility, because of the distress resulting from loneliness. Another approach was essential. The introduction of 'universal precautions' which places responsibility on the staff member to carry out self-protection measures, such as wearing gloves and clothing protection, has been highly satisfactory.

Efficient and cost effective management of the Centre CSSD is an essential role, although it has changed greatly in recent years. Lorraine Smith SEN is responsible for ensuring that the Centre always has an adequate supply of sterile stock, either disposables or packs, which she prepares for sterilization at the Ballarat Base Hospital.

The Centre has been part of a very active Ballarat hospitals program to gain control over



Mrs Helen Hovey and
(at right) Mrs Lyla Hyde



multi-resistant staphylococcus aureus (MRSA), which was common in our hospitals for a number of years. The Centre is pleased with the fact that no new cases of MRSA have been reported for over six months.

A small but very significant project has been the monitoring of chest x-rays for residents with chronic chest problems. In a number of instances, early lung cancer has been detected and appropriate management programs instituted to considerably benefit the resident.

Staff health, especially in relation to infection, is a particular responsibility of the Infection Control nurses. Tuberculosis testing for all staff involved in direct care is essential since that disease continues to occur in the older population, albeit only about one new instance a year in the people admitted to the Centre. Concern about problems such as Hepatitis B and AIDS, while not yet present, is demanding well informed Infection Control nurses to ensure that the Centre is prepared.

A recent addition to the role of Infection Control has been participation in the Centre's 'Waste Disposal' Program. Developing strategies for the separation and segregation of waste at the point of generation is a particular challenge which will then need to be followed by staff education and monitoring.

Diabetic Education

Assisting people with diabetes is the particular interest of another member of the Clinical Nursing team, Mrs Helen Hovey. Unfortunately, diabetes is a problem which may be first experienced in old age, and learning to manage it appropriately is very important, both for the elderly person and for the family. Wherever possible, special diets are used to control the disease. As well as learning about the diets the elderly person and the family need to learn about testing blood sugar levels and emergency measures. Those people who need drugs to control their diabetes need additional education and training to ensure understanding. Working with medical staff and the dietitian, Helen has achieved a great deal, improving the standard of care available for elderly people in our care.



The Department Generally

All members of the department are involved in a variety of other projects within the Nursing Division, especially quality assurance programs and policy and procedure development. Lyla Hyde and Helen Hovey contribute substantially to the Centre's First Aid training program, conducting regular cardio-pulmonary resuscitation (CPR) training for nursing staff.

A report on the Clinical Nursing Department would not be complete without acknowledging the valuable contributions of Lyn Caldwell RN, the Clinic Nurse; Elizabeth Keillerup SEN, the X Ray Nurse; and Janine Toohey, Ward Clerk.

In the history of nursing services in The Queen Elizabeth Geriatric Centre the Department of Clinical Nursing is very much a newcomer. Clearly, though, it has made a major impact on the Centre and will, without doubt, continue to grow and develop into a major resource.

Marilyn Hargrove,
Lyn Caldwell,
Margaret McMahon
and Barbara Hiley

P H A R M A C Y



Over recent years a group of experts vital to the Centre's operation has moved from behind the scenes to take centre stage. These are the Pharmacists, key people in our programs or services because of the high level of medication used by elderly people.

We are all familiar with the role of the pharmacist in dispensing – that is, translating the doctor's prescription into tablets or mixtures, ointments or lotions. This, though, is only one facet of the work performed by pharmacists.



Something to smile about:
Chief Pharmacist Margaret Cochran (left) and Pharmacist Marj Luhrs at work in the new Pharmacy.

Below, Pharmacist Graham Gilbert and Charge Nurse Mary Eels share ideas with Mrs Nellie Stevens about her medication program.

Today keeping abreast of all the information about drugs is a very difficult task for the medical profession. By monitoring prescriptions, the expert pharmacist is able to assist and advise the doctors. As research about the size of drug doses and the compatibility of various drug combinations is a continuing process, part of the pharmacist's responsibility is ensuring that doctors and nurses know the results of this research so that the most appropriate doses are prescribed. For elderly people who may not be able to tolerate the same dose as a younger person., this is particularly important.

In the Centre's hospital wards, where changes in patient care plans may occur frequently, the pharmacists provide a twice daily monitoring service so they can advise staff, and especially alert the doctors, about possible side effects or other problems.

As the majority of hospital patients will be discharged to home where they or their families will be responsible for managing medications, the pharmacists also provide a patient education and counselling service, which ensures that the doses and timing are understood, that the person can manipulate the lids or containers and that signs of possible side effects have been explained. This service is also provided for those hostel and nursing home residents who wish to manage their own medications.

Although this direct to patient or resident role is especially enjoyed by the pharmacists, it is not always easy as its effectiveness depends on the development of a relationship, and this takes time. Therefore considerable attention must also be directed

LOOKS TO THE FUTURE

at ensuring that other staff have adequate knowledge of drug administration.

At our hostels there has been a major change in the pharmacy service. Generally, local pharmacists have been invited to consider whether or not they wish to provide a service that meets the guidelines established by the Centre. Our experience over several years suggests that this is a most satisfactory way of providing an effective service.

Jack Lonsdale Lodge will also be served by local pharmacies. Because it is a nursing home with more complex needs, the Centre's pharmacists have been essential consultants, assisting the Nursing Supervisor to develop protocols and procedures as well as a comprehensive monitoring process.

For many years now the Centre has had a systematic approach to prescribing and dispensing medication. Drug charts have been developed that are both the prescription form and the dose administration record. A photograph of the patient is attached to the chart for additional security. The pharmacists fill the prescriptions for each person and deliver them to the ward where they are stored in a special locked trolley containing a drawer for each person.

For patients in the hospital wards a prescription has a maximum duration of two weeks before it must be reviewed by the doctor and rewritten. In the long-stay areas, prescriptions must be rewritten at least every two months. This control mechanism aims at ensuring that no one receives medications for longer than is necessary. To further control the system, the pharmacists require a cancelled drug to be returned before a new prescription can be issued.

Unlike some similar organisations, The Queen Elizabeth Geriatric Centre does not have a 'Formulary', or list of approved medications. There are many drugs which are normally quite inappropriate for elderly people, but there may be individual circumstances which prove to be exceptions to the rule. It is considered, therefore, that it is better to control doctors' prescribing habits through precept, education, peer review and careful monitoring by the pharmacists.

To the great satisfaction of the Centre's three pharmacists, visitors have been very complimentary about the new pharmacy which was opened early in 1990. Located near the medical offices on the ground floor and once a dormitory ward, the new facility is exactly as planned by the staff. Appropriate and very effective work spaces now allow staff to function without getting in each other's way. Carefully planned decor has transformed a rather cold space into a warm and light, professional pharmacy. Most essentially, staff now have windows and are able to see the weather and the changing seasons.

Never ones to remain static, QEGC pharmacists are currently installing the first stages of a comprehensive computerised system for managing the service. They are also working on the development of a Geriatric Drug Information Service which they hope to market in the future. Everyone needs to become more aware of the very special needs of elderly people in relation to medications. Incorrect prescribing, coupled with the frequent occurrence of difficulties experienced by elderly people in managing to take drugs how and when prescribed, is unfortunately a major problem in Australia. The cost, both in economic terms and in the loss of well-being for the elderly person, is great. While the Geriatric Drug Information Service is seen as an important step in reducing the scale of the problem, the Centre's pharmacists need, also, to become part of the Regional Geriatric Assessment Team so they may participate directly in assessment as well as in teaching and advising health professionals throughout the Region.



At the Presentation of the 25 Year Service Awards, Nancy Filbey, Gloria Thomas, Thelma Unwin, Tom Keogh and Norman Lewis receive well earned recognition.

PEOPLE ARE THE STRENGTH OF THE QEGC

Found again and again in the pages of this Annual Report is reference to the high level of dedication and caring on the part of our staff. These are the people who make The Queen Elizabeth Geriatric Centre what it is today.

25 Year Presentation

Mr Norman Lewis
Mrs Gloria Thomas
Mr Tom Keogh
Mrs Nancy Filbey
Mrs Thelma Unwin

Resignations

Herman Roth Manager, Central Highlands Linen Service to Health Department
Victoria as General Manager, Linen Services and Waste Disposal

Promotions

Mr Gary Turnbull to Manager, Central Highlands Linen Service

Retirements

Mrs Ruth Grose, Paramedical Services Division
Mrs Enid Lock, Welfare Services Division
Mrs Gladys 'Tommy' Saunders, SEN, Nursing Services Division
Mr Fred Davies, Food Services Manager
Mrs Edna Perry, Nursing Services Division

Staff Establishment 1989/90

Nursing	393.08
Admin/Clerical	68.92
Medical Support	58.08
Hotel/Allied	216.60
Medical	8.50
Total	745.18
Hostel (unfunded)	23.05

Approved Beds 1989/90:

Assessment	25
Rehabilitation	36
Nursing Home	438
Hostel (funded)	95
Hostel (unfunded)	71



Margaret Berry
Unit Manager
Edward Wilson Unit



Elma McNabb
Unit Manager
Janet Biddlecombe
Ground Floor



Lorraine
Skevington
Argyle Ward
Charge Nurse



Myra Colbourne
South 2
Charge Nurse



Kate Barnes
First Floor
Charge Nurse



Bev Scuffens
Unit Manager
Geoffrey Cutter
Unit



Helen Houlihan
North 20
Charge Nurse



Elizabeth
van der Molen
First Floor
Unit Manager



Nan Oates
Janet Biddlecombe
Third Floor



Evelyn Mitchell
Janet Biddlecombe
Two
Charge Nurse



Dorothy Rogers
George Skerritt
Rehabilitation Ward
Charge Nurse



Terry Byrne
Charge Nurse
Geoffrey Cutter
North Unit



Mary de Vos
Geoffrey Cutter
Unit
Charge Nurse



Mary Eeles
Janet Biddlecombe
Assessment Ward
Charge Nurse

A resident daily experiences many caring contacts with staff of The Queen Elizabeth Geriatric Centre. But it is the Charge Nurse or Unit Manager who plays the key role in the life of the resident and with whom, more often than not, the closest relationship develops.

Staff of The QEGC

General Services Division

Assistant Manager

Mr N E Fitzpatrick BHA, BPharm,
FHA

Finance Manager

S L Bigarelli AASA, CPA

Accountant

Mr S R Simmons

Administrative Officer

Miss L Jelbart

Systems Administrator

Mr P Trevenen Dip BS(DP)

Food Services Manager

Mr R Cody MIHC

Chief Engineer

Mr H De Deugd BEng(Elect), Dip EE,
Dip Educ MIHE, SMIREE,
Grad IE(Aust)

Curator

Mr W Stubbs

Environmental Services Manager

Mrs E Lazarus

Security Officer

Mr R Harris

Supply Manager

Mr P O'Neill

Librarian

Mrs J P Lucato BA, Grad Dip Lib,
ALAA

Central Highlands Linen Service

Acting Manager

Mr G D Turnbull

Personnel Department

Manager

Mr J D White

Recruitment Officer

Mr M Rothwell

Occupational Health & Safety Officer

Miss Marian Day, MSIA

Grad Dip Occ Haz Man

Paramedical Services Division

Director

Miss D Bauer Dip PT,
Gr Dip Education (Admin), AAIM
Miss Fiona McKinnon B App Sc(PT),
Grad Dip Health Admin
Ms S Rowan B App Sc(OT), Grad Dip
Bus Admin

Mrs P Bird Dip OT

Miss B Elmer B App Sc(OT)

Mr R English Dip App Sc(P&O)

Miss J Consolino B App Sc (MRA)

Ms W Hubbard B App Sc (PT)

Mrs M Jones TPTC, TACC

Ms E Rhook Dip App Sc(Pod), Grad
Dip Health Admin

Miss B Binney B App Sc (PT)

Miss J Binns B App Sc(SP)(res 12/ 89)

Miss C Caruso B App Sc (OT)

Miss D Chapman B App Sc (PT)

Miss R Collins B App Sc (SP)

Mrs J Ferres Dip PT

Mrs J Fitzgerald B App Sc (PT) Gr Dip
PT (Neuro)

Mrs E French B App Sc (OT)

~~Miss Peta Lowe B App Sc (SP)~~

~~(res 1/8/89)~~

Mrs J McMahon BSc, Grad Dip Diet

Miss M Mentha B App Sc (OT)

Mr E Milne B App Sc (OT)

~~Ms Debbie Nicholls B App Sc (Pod)~~

~~(res 20/6/90)~~

Mr M Perry Dip App Sc (P&O)

Ms Helen Ramsay B App Sc (PT)

Grad Dip Ex for Rehab

Ms Jane Reynolds Dip OT

Ms J Richardson B App Sc (Pod)

Mr P Roche B App Sc (PT)

Mrs J Stewart B App Sc(PE) Grad D
Health Ed

Mrs A Toshi B App Sc (SP)

~~Miss C Wade B App Sc (PT)~~

~~(res 22/12/89)~~

~~Miss A Wecke B App Sc (MRA)~~

~~(res 3/11/89)~~

Mr D Whitrow B App Sc (Pod) MEC
Eng Tech

Miss N Waddington B App Sc (PT)

Miss L Young B App Sc (OT)

Miss R Armstrong B App Sc (PE)

QE Occupational Rehabilitation Service

Manager

~~Mr M Buckler B App Sc(PT),
Grad Dip Health Ed (res. 23/2/90)~~

Mr K Stewart B App Sc(PT)

Mrs M Baker Dip OT, Grad Dip
Health Ed

Mrs J Jones B App Sc (OT), PG Dip
Rehab Studies

Mr R Moss BA (Psych), RPN, Gr Dip
Behav. Health, MAPsS

~~Mrs S Muller B App Sc (PT) (res.
18/5/90)~~

Miss Lisa de Vries B App Sc (SP)

Welfare Services Division

Director

Mrs P Taylor RN, RM

Senior Welfare Nurse

Miss Y Hutchings RN, RM,
D App Sc (HNUM), CC (Cert)

Senior Social Worker

Mrs K Van Veldhuisen B Sc (Social
Work)

Regional Geriatric Assessment Team

Co-ordinator

Mrs J Lugg RN, RM

Mrs V Cole RN, RM

Mrs E Farrell RN, H V Cert (UK),
BA (Hons)

Mrs D Kemp RN, PBGNC

Mrs A Dalzeil RN, RM

Miss R Fletcher BSW

Mr D Magor-Himpel BA, B Soc Admin

Medical Services Division

Director

Dr J Hurley MB, BS, LRCP,
D Obst, RCOG, MRCP, FACRM

Medical Staff

Dr C Clarke MB, BS, MRCP

Dr M Giles MB BS, MRCP (UK)

~~Dr W McInnes B Med Sc (Hons), MB,
BS (res. 2/2/90)~~

Dr M Schrieke MB, BS, Dip Ger Med

Dr A Van Der Knyff MB, BS, Dip Ger
Med

Visiting Medical Staff

Dr R G Baxter MB, BS, FRACGP
Dr J Bradley MD, MB, B Chir, FRACGP
Dr D Brumley MB, BS, FRACGP
Dr J Garner MA BS FRACP
Dr J Hazledine MB, D B Chir, DCH
Dr R Karmouche MB, BS, DRCOG
Dr N Livingston MB, BS, DRCOG, D Ch (Lond)
Dr P McKinnon MB, BS
Dr D Pierce MB, BS, FRACGP

Consultants

Mr B Griffiths MB, BS, MRCOG, FRCS, FRACS
Mr J Griffiths MB, BS, MRCOG, FRCS, FRACS
Dr J King MD, FRACP
Dr K King MB, Ch B, CRCP (C), FRCP(C)
Dr A L Nicholson MB, BS, DPM, FRANZCP, MRCPsych
Dr D Ollerenshaw MB, BS, DPM, MRCPsych
Mr J Renney MB, BS, FRCS, FRACS
Dr W Spring MB, BS, MRCP, FRACP
Mr D Stephens FRACS
Dr P F Walker MB, Ch B, CRCP (C), FRCP (C)

Honorary Consultant

Dr D Alexander MD BS, FRACP

Visiting Optometrist

Mr D G Wilson D App Sc (Optom), FVCO

Visiting Psychologists

Ms P Price BA (Hons), Dip Ed, MAPsS
Ms J Schlunke MSc, Dip Ed, MAPsS

Chief Pharmacist

Miss M Cochran PhC, MPS
Mr G Gilbert MPS, PhC, MACPP
Miss M Luhrs PhC, FSHP

Dentist

Dr J Wilkinson B D Sc, LDS

Nursing Services Division

Director

~~Mrs M Campbell RN, Dip NA, FCNA, MACE, Grad Dip Ed Admin~~

Deputy Director

Mrs L Smith RN, Dip HNUM, B App Sc (NA), FCNA

Assistant Director

Miss M Pippard RN, Dip NA, PBGNC

Area Co-ordinators

Mrs H Block RN
Mrs D Forbes RN, PBGNC
Mrs H Hovey RN, Dip App Sc (Nursing)
Mrs V Kiely RN, BA (Soc), SC, PBGNC
Mrs M O'Keefe RN
Mrs J Skuse RN, JBCNC (Ger) CNT
Mrs H Wilkinson RN

Charge Nurses

Mrs M Colbourne RN, PBGNC
Mrs M Eeles RN, PBGNC
Mrs M Houlihan RN, PBGNC
Miss E Mitchell RN, RM
Mrs N Oates RN
Mrs D Rogers RN, RPM, CRRN, B H Sc (Nsg)
Mrs L Skevington RN, PBGNC

Clinical Nursing

Co-ordinator

Mrs L Hyde RN, B App Sc (Cl Nsg), PBGNC

Continence Nurse Advisor

Mrs B Hiley RN,
D App Sc (Comm.Nsg)

Mrs M Hargrove RN

D App Sc (Nursing)

Infection Control

Mrs K Heenan RN, SIC, Oncol N C
Mrs M McMahon RN, PBGNC, SIC

School of Nursing

Principal Nurse Teacher

Mrs D Goldsworthy RN, NDN Cert, Dip Nsg (A), RNT, DNT, CNNT Cert BA (Open), Grad Dip Ad Studies in Ed (BUC), Advanced Dip Ed (Open)
Mrs A Chivers RN, BA, GDE
Mrs J Harris RN, RM, Dip N Ed
Mrs A Monkivitch RV, RM, PBGNC

Mrs P Simpson RN, Dip N Ed

~~Mrs D Thompson RN, RM~~
(Res. 3/6/90)

~~Mrs M Van Es RN, PBGNC~~
(Res. 28/1/90)

Nursing Home Units

Managers

Miss M Berry RN, PBGNC
Mrs E McNabb RN, PBGNC
Mrs B Scuffins RN, BA
Mrs E Vander Molen RN, PBGNC

Unit Charge Nurses

Mrs K Barnes RN, PBGNC
Miss R De Vos RN
Mrs D Harbour RN, PBGNC

Midlands

Administrator

Mr D Gibbs

Pleasant Homes

Administrator

Mr G Russell

Sebastopol

Administrator

Mrs M Hazledine RN

Nursing Supervisor

Mrs S Paine RN RM AAIM PBGNC

Eyres House Day Centre

Supervisor

Mrs J King (Mat. Leave 28/8/89)
Mrs C Muller

Elizabeth Brown Day Centre

Supervisor

Mrs J Burt

Planning and Development

Director

(secondment completed 2/5/90)
Miss D Bauer Dip PT,
Grad Dip Ed (Admin), AAIM

Public Relations

Ms C Worswick

Staff Education and Training

Accredited QEGC Programs

Enrolled Nurse Training

59 students in three groups successfully completed the enrolled nurse training program. Once again, a very high standard was achieved overall, with 49% of the students achieving a Distinction and 44% a Credit in the State examination.

Group 882

Kate Borwick
Louise Branagh
Robyn Carey
Joy Crawford
Neroli Croft
Peter Douglas
Tammie Eller
Lael Etheredge
Rodney Evans
Fiona Grace
Andrea Holloway
Rodney Irvine
Jacinta Knights
Katherine Lambert
Christine McGoldrick
Stephen McKenzie
Julie-Ann Malthouse
Cheryl Myers
Naomi O'Brien
Andree Potter
Sharon Redfern
Tara Roberts
Karla Stephens

Group 891

Tim Butler
Roger Darby
Jennifer Den Brave
Brett Eden
Loreto Fanning
Katrina Harvey
Lynett Horgan
Sonya Howie
Rita Magenheimer
Gary Moore
Michelle Patmore
Louise Pollard
Lee Prentice
Kathryn Rhook
Janelle Robson
Anthony Schreenan
Mark Spenceley
Paul Wakefield

Group 892

Jenny Baldock
Barbara Clark
Katherine Currie
Tracey Fitzpatrick
Nicole Gorman
Christine Hearn
Lisa Hennessy
Joanne Lewis
Amber Mahlook
Jasmine Manson
Narelle Pett
Michelle Pitt
Judith Reeves
Jacqueline Roberts
Sandra Rowlands
Nadene Stott
Gillian Swenson

Regional Gerontic Nursing Course

This program for registered nurses was modified this year to allow the students to undertake more of their clinical work in their 'home' hospital, thereby reducing the time spent in Ballarat. The staff of the School liaised extensively with supervisors throughout the Region to ensure consistency of clinical teaching standards. The examination results for Group 891 testified to the success of this approach. Group 901 will not complete the course until November 1990.

Group 891

Bruce Hyde, QEGC
Pat Erwin, QEGC
Steve Demeye, QEGC
Marie Barr, Richmond
Joanne Magill, Ballarat
Robyn Levitzke, Horsham
Anna Wilson, Horsham
Annette Luzzi, Willaura
Julie Mills, Warracknabeal
Susanne Beattie, Yanac
Coral Brightwell, Ararat

Group 901

Cathy Barrett, QEGC.
Roslyn Cullen, Ballarat
Peter Davie, Dunkmunkle
Sue Dickerson, Ballarat
Mary Lane, Ballarat

Allied Health Assistants Certificate 1989

Fran Anyon, Stawell
Leanne Brown, Kaniva
Gwenyth Campbell, QEGC
Susan Coe, Coleraine
Maryann Ellis, Horsham
Dorothy Emerson, Melton
Kathryn Finn, QEGC
Margaret Hannah, QEGC
Wesley Hazelden, Minyip
Joanne Hommelhoff, Lakeside Hospital
Vicki Jeffs, QEGC
Heinz Muzik, QEGC
Helen Roschellor, Clunes
Kaye Young, QEGC

1990

Tracey Ann Bone, Nhill
Julie Burt, QEGC
Joanne Chapman, QEGC
Anthony Jess, Warracknabeal
Glenis Kirkham, QEGC
Chris Lockyer, Geelong
Andrea McAloon, Ballan
Margaret Shaw, Lakeside Hospital
Douglas Valpied, Lakeside Hospital
Barbara Warren, Creswick
Fiona Warren, Edenhope
Ann Maree Wells, Donald

Leaders for Older Adults Fitness Programs

18 students completed the Older Adults module to become eligible for registration as class leaders in Victoria. The basic module, required for all fitness leaders, is conducted by the Ballarat University College and the School of Mines. The QEGC concentrated on the module related to classes for both well elderly and frail elderly people.

Continuing In-service Education

All divisions and departments conducted a planned program of in-service education specific to the needs of staff. The monthly 'Staff Lecture' series was presented again with a variety of guest lecturers. Audio or video tapes were made for wider distribution, both in the Centre and in the Region. Particular attention has continued to be focused on occupational health and safety education for all staff. Fifteen staff have completed the First Aiders course.

QEGC Seminars

During the year the Centre hosted the following seminars:

- Environmental Services
- Day Centre Supervisors
- Regional nursing seminars, monthly
- Occupational Therapy (in association with the 20th International Occupational Therapy Congress)

Clinical Education

Clinical education programs were conducted for students:

Medical students:

University of Melbourne

Nursing students

Ballarat University College
Institute of Catholic Education (Aquinas Campus)
Phillip Institute of Technology

La Trobe University students in:

Occupational therapy
Medical Record Administration
Physiotherapy
Podiatry
Psychology
Prosthetics/Orthotics
Speech pathology

Ballarat University College:

Physical Education
Information Management

Personal Education

The following staff were engaged in formal education programs, the majority being undertaken in personal time and at the students' expense.

M Berry, Graduate Diploma Administration (Health), Institute of Catholic Education, Aquinas Campus

C Caruso, Graduate Diploma in Health Education, Ballarat University College

V Cole, Diploma in Community Nursing, Ballarat University College

M Eeles, Bachelor of Applied Science (Advanced Nursing), Deakin University (Warrnambool Campus)

R English, Master of Applied Science (Biomechanics), Ballarat University College

K Finn, Bachelor of Arts, Deakin University

R Fletcher, Graduate Diploma in Administration (Health), Institute of Catholic Education, Aquinas Campus

Research

M Hargrove, Bachelor of Applied Science (Advanced Nursing), Deakin University, Warrnambool Campus

M Hazledine, Graduate Diploma Administration (Health), Institute of Catholic Education, Aquinas Campus

H Hovey, Bachelor of Applied Science (Advanced Nursing), Deakin University (Warrnambool Campus)

W Hubbard, Master of Applied Science (Biomechanics), Ballarat University College

L Hyde, Graduate Diploma Administration (Health), Institute of Catholic Education, Aquinas Campus

L Hyde, Master of Health Sciences (Nursing), South Australian College of Advanced Ed.

C Lavery, Diploma in Building Graphics, School of Mines, Ballarat

M Luhrs, Graduate Diploma in Health Education, Ballarat University College

S Rowan, Master in Health Administration, La Trobe University

L Ryan, Bachelor of Education (Nursing), University of New England

K Stewart, Graduate Diploma in Ergonomics, La Trobe University

W Stubbs, Diploma in Landscape Technology, Burnley School of Horticulture

J White, Bachelor of Arts (Psychology), Ballarat University College

J Wilkinson, Bachelor of Applied Science (Human Movement), Ballarat University College

Other Formal Education

N Blake, Housekeeping Certificate

P Burke, Certificate in Supervision

M Fraser, Certificate in Supervision

Y Hutchings, Counselling

P Jackson, Certificate in Supervision

G Johnson, Communication Skills

S Oliver, Orthopaedic and Bespoke Footwear

W Scully, Housekeeping Certificate

J Slade, Certificate in Supervision

As well as supervising projects, the Research Committee has consistently encouraged research and study activity throughout the Centre. This fledgling involvement has been enhanced by the increasing number of staff undertaking post graduate education. Their enthusiasm as well as their developing appreciation of research methods bodes well for the future of research in the Centre.

A very successful two-day seminar was conducted in December 1989, with Prof. Ronald Cape providing valuable criticism and suggestions on a large number of presentations.

Considerable progress has been made toward establishing a more formal structure to promote and support this critical aspect of activity. The Centre is particularly grateful for the assistance provided by the Ballarat University College and the Institute of Catholic Education (Aquinas Campus).

Research projects (including principal researcher) commenced or in progress during the year included:

The impact of ward relocation on male nursing home residents: J Barker RN

The effects of change from insulin to oral medications in elderly people with diabetes: R G Baxter MB, BS, FRACGP

Stress in caregivers of people with dementia: C Clarke MB Bs, MRACP

Hospital waste management - an implementation strategy: M Day RN, Grad Dip OHM, MSIA

An investigation of the effect of three different knee mechanisms on the gait of above knee amputees: R English Dip App Sc (P/O) (Master's thesis)

The use of computers in nurse education: D Goldsworthy BA (Open), Gr Dip Advanced Studies in Ed, Advanced Dip in Ed (Open) (Master's thesis)

Objective gait measurement in elderly people with amputations of the lower limb:

W A Hubbard B App Sc (PT) (Master's thesis)

Papers/Publications

The use of airlegs in the acute management of
of lower limb amputees:

W A Hubbard B App Sc (PT)

Nurses, night duty and health: M Oke RN
BA(Hons) [Ballarat University College]
(Master's thesis)

Depression in the rehabilitation unit:

P Price BA (Hons), Dip Ed, MAPsS

Standing up - a biomechanical analysis:

P Roche B App Sc (PT)

Special projects undertaken by students of
the Regional Gerontic Nursing Course
undertaken during 1990 were:

Awareness of the mamma check breast self
examination program at The Queen
Elizabeth Geriatric Centre: R Culler

Constipation in elderly people, prevalence
and relationship to lifestyle and health:
M Lane

Rationalisation of health services in the Shire
of Dunmunkle: P Davie

Assessing public awareness of services and
facilities for aged people in Ballarat:
S Dickerson

Origins of influence on design development
of a nursing home: C Barrett

Bauer D (1990): *Enhancing professional
productivity – trained assistants make a positive
contribution*. Third International Physiotherapy
Congress, Hong Kong

Bauer D (1990): *Is it too little, too late? –
physiotherapists in nursing homes*. Third
International Physiotherapy Congress, Hong
Kong

Bird P (1990): *Health education for aged persons -
bringing the mountain to Muhammad*. Australian
Association of Gerontology National
Conference, Canberra

De Deugd H (1990): *Personal Alarm Call System
or the 'baby bust'*. International Hospital
Engineers Association Conference, Melbourne.

English R (1990): *Wound healing in below knee
amputations*. International Society of Prosthetics
and Orthotics Scientific Meeting, Brisbane

Hubbard W A (1990): *Gait training for below knee
amputees - are we teaching our grandmothers to suck
eggs?* Third International Physiotherapy
Congress, Hong Kong

Hubbard W A (1990): *The role of motor learning
theory in the rehabilitation of lower limb amputees*.
International Society for Prosthetics and
Orthotics Scientific Meeting, Brisbane

Hurley J (1990): *Nocturnal disturbances in a hostel
setting*. Australian Association of Gerontology
National Conference, Canberra

McKinnon F (1990): *Managing the new
graduate physiotherapist*. Third International
Physiotherapy Congress, Hong Kong

Taylor P (1990): *Domiciliary Services in Australia
– Mrs Jones stays at home..* Symposium 'Living in
Unison in the Aged Society', Osaka, Japan
(invited keynote address)

QA

Quality Assurance

The objectives of the Centre's Quality Assurance Program are:

- 1 To ensure that optimal levels of care are maintained throughout the Centre.
- 2 To establish ongoing monitoring systems to measure successful outcomes and identify any problems.
- 3 To assess the cause and scope of identified problems.
- 4 To set priorities for the resolution of identified problems.
- 5 To implement mechanisms for problem solving through corrective action.
- 6 To ensure that follow-up procedures are monitored and documented

A strong commitment to the Centre's Program has been demonstrated in all divisions and departments. 142 projects were added to the QA Register and a computer data base has been developed to manage the register, especially the project review schedule.

An illustrative listing:

- ▶ Equipment and plant asset numbering systems
- ▶ Return rates of special dietary items, especially fluids
- ▶ Introduction of multiskilling in gardening service
- ▶ Number of dentures lost and found
- ▶ Review of the use of indwelling catheters
- ▶ Nocturnal disturbances in a hostel setting
- ▶ Review of use of hemineuren
- ▶ Audit of patients in rehabilitation following amputation
- ▶ Compliance with resident/patient privacy standards
- ▶ Study of effective spoons for assisted feeding
- ▶ Resident/staff interaction
- ▶ Inventory of cognitive assessment tools
- ▶ Study of armchairs in a ward
- ▶ Review of individual resident's recreational interests



Chief Medical Record Administrators, Janine Consolino and Associate Director of Nursing Doreen Forbes, working with the QA Register.

(of voice or sound) timbre. ~ative (-ol-) a., concerned with or depending on ~y (opp. quantitative). [prec.] qua' lity assur' ance (kwol' i ti ashoo' ans), n. Process whereby one constantly evaluates and improves what one does. qualm (kwahm), n. Momentary feeling; misgiving.

Ladies' Auxiliary Report

Another very successful year has concluded for the Ladies' Auxiliary, and we thank all those who have contributed. It was pleasing to welcome five new members, auguring well for our future.

The highlight of the year was the recognition by the Board of Management of the forty years of service given to the Auxiliary by our Secretary, Mrs Berneice Ferguson. A sitting room in the newly renovated First Floor is to be named for her.

We enjoy special occasions with the residents when we distribute gifts at Easter, Mothers' Day and Fathers' Day. Our Christmas Party includes everyone, either in Lederman Hall or in the wards and hostels. Father Christmas visits everyone and we appreciate the help with carol singing in the wards given by Church groups. Once more, Janet Lowe and her artistes organised the program for the Christmas Concert.

We again enjoyed the hospitality of Mr and Mrs Ken Smith when a very enjoyable Spring Luncheon was held at their home, 'K-TEM Park'. A 'Make Mine Memories' Variety Show was another success, as were our special efforts and light luncheons. The annual Fair was a great day, both socially and financially. And our monthly Hoi and card parties continue to provide entertainment for members and friends.

Members were delighted to be able to donate \$6,500 towards the cost of a cystometrogram for use in the Incontinence Clinic.

It is with deep regret that we record the death of Mrs Mary Murray, an active member of the Auxiliary since 1934 until recent years, when ill health forced her retirement.

Our sincere thanks to the Board of Management and all staff for their continuing support of Auxiliary activities. We were especially pleased to have the Board recognise the contributions of two of our members by presenting them with Life Governorships: Mrs Jean Mackay and Mrs Florence (Flo) Wilkinson.

Finally, to all members, a special thank-you for the time and effort you put towards the success of our functions. Congratulations to our incoming President, Mrs May Butler, and our best wishes to her for a happy year in office.

Betty Wyllie, President
Berneice Ferguson, Secretary

Relatives' Association Report

It is with pleasure that we have noted the continuing changes throughout the Centre for the residents' benefit and enjoyment.

The availability of a sitting room in the F G Hook Centre for family occasions is wonderful as is the redevelopment of the Activities Room to provide private and comfortable entertaining space, especially for our young residents.

The installation of air conditioning systems in the sunrooms on the second and third floors will make a great deal of difference on hot, summer days.

We were very pleased to visit Jack Lonsdale Lodge before it opened and we do congratulate all concerned on such a splendid development. Members with loved ones at the Annexe have been very pleased with the wonderful care provided there, and are now looking forward to the move back to the newly renovated First Floor.

As visitors to the Centre we now feel much safer crossing Ascot Street. Thank you to all who were responsible for the changes we asked to be implemented to reduce the danger created by motorists who refused to acknowledge the signs.

Many members have expressed their appreciation of the opportunity to share Christmas Dinner with their loved ones on Christmas Day.

The caring attitude and attention of staff towards any of the concerns raised by our members and the time so graciously given by senior staff when requested to attend our meetings has given us a strong sense of being part of a large, happy family.

This year we welcomed Mr Geoff Oliver as the representative of the Board of Management at our meetings. Our thanks to him for his assistance and support throughout the year.

Finally, I wish to thank all members for continuing to make our meetings such happy occasions, and for the support they give each other throughout the year. Special thanks are extended to Mrs Edna Smith, Deputy Chairman, and Mrs Hilda White, Secretary. Their help and encouragement are priceless.

Joyce Rollason President

Contributors to the Queen Elizabeth Geriatric Centre 1989/90

Stacey Aggett \$5.00	E E Dawson 100.00	Lexton CWA 10.00	Mr L Rodd 30.00
Frank Aldrich 20.00	Mrs B J Dodd 19.34	Mr W J Luke 200.00	Val Ross 5.00
K D Allen 20.40	Mr E Downey 20.00	Lydiard Street Uniting Church 20.00	Rotary Club of Ballarat South 500.00
Apex Club of Ballarat 4,510.00	Mr R Dunlop 10.00	Mrs D McArdle 5.00	Royal Scottish Dance Company 100.00
Anonymous 5.00	Mrs J Esam 5.00	Rosemary McArthur 5.00	John Rowan 100.00
Anonymous 4.67	Ex-Employees Association 200.00	Mrs M McBain 50.00	G & E Russell & Family 20.00
Anonymous 2.00	Mrs K Fairhurst 230.00	In memory of Lloyd McKay 67.00	M G & E Russell 25.00
Anonymous 100.00	Mr D Featherstone 100.00	M & I McKay & Family 20.00	R G Sandall 100.00
Anonymous 6.24	Forest Street Primary School 20.00	A McGlashin 10.00	Mr G Severino 150.00
Anonymous 1,000	Mrs M Fransen 5.00	Mrs E McMurdy 5.00	Skipton Street Uniting Church 25.00
In memory of Miss Ball 10.00	Mr & Mrs V Gasterstadt 20.00	Manchester Unity 25.00	Mrs J Shaw 40.50
Mr and Mrs E & A Ball 10.00	Helen Geary 100.00	Mrs Floss Mercer 100.00	L G Shaw & Family 20.00
Ballarat and Sebastopol Amateur Cycling Club 15.00	In Memory of Millie Gercovich 65.00	Mr A Mildenhall 30.00	Shire of Ballarat 50.00
Ballarat Lyric Theatre 50.00	Mrs L Gibson 20.00	W & J Millar 10.00	Shire of Bungaree 200.00
K & D Bathhurst 20.00	Miss Jean Gordon 20.00	Mrs V Miller 100.00	Shire of Buninyong 50.00
Wayne Bedella 10.00	Alma Greenwell 100.00	Mr A Minotti 100.00	Shire of Grenville 200.00
Mrs F A Blackam 5.00	Mr & Mrs Greenwood 50.00	Neil Street Uniting Church 24.00	Shire of Leigh 50.00
Mr C Blair 20.00	Mrs Ruth Grose 21.00	Miss F Nicholson 200.00	Barry Smith 40.00
Miss H Borlase 10.00	Mrs C Guiney 5.00	Mrs I Nolan 100.00	Frank Smith 25.00
Miss S Bourne 20.00	Mr G Handford 40.00	E & C Newell and M & F Addinsall 10.00	Stawell Conclave No 8 50.00
Mr & Mrs B J Bowman 260.00	M J & E J Harris 25.00	S & M O'Brien 5.00	In memory of Marjory Stetson 50.00
Blue Bell Hotel Social Club 1,000.00	F Harrison 22.00	Old Colonists Association 64.00	Mr J Stratton 50.00
S Bryant 10.00	Mr & Mrs W Heinz 300.00	Mrs L O'Toole 5.00	Students Deb Group 100.00
David Butler 2.00	Mrs E Hepburn 100.00	Mr & Mrs R Palmer 100.00	K, J & M Sullivan 25.00
Carngham-Snake Valley CWA 10.00	Mr & Mrs G Hickey 20.00	Olive Parker 100.00	Mrs Hazel Taylor 30.00
D J Casey 150.00	Mrs M Hill 50.00	Mr I Patching 200.00	Tempo 5,418.00
J & L Casley 50.00	Mrs Hodgkinson 10.00	Mrs N Pattenden 10.00	Miss E Thomas 20.00
Cattleyards Hotel 10.00	Mrs D Howe 20.00	Mr & Mrs C V A Papper 5.00	H F & Z J Toplis 25.00
H & E Chasey 10.00	Dianne Hughes 5.00	D & A Piper 25.00	K R Travers 100.00
Mrs M Chick 25.00	Mr Neville Hughes 50.00	In memory of Mrs D E Perry 350.00	Mrs L E Trevenen 250.00
Evelyn Combe 50.00	Mr N Hustwaite 20.00	Miss C Porter 10.00	Uniting Church of Australia 20.00
Mrs S E Coppock 100.00	Mr C W B James 8.00	QEGC Ladies Auxiliary 6,550.00	Mrs D M Unmack 5.00
T J Coutts Pty Ltd 500.00	Charles Jones 20.00	QEGC Staff 2,600.82	Miss Laura Veal 3,000.00
Mrs B A Craig 10.00	Johns Fish and Chip Shop 9.72	In Memory of Agnes Reed 58.25	Victorian All Breeds Horse Club 100.00
Mr K H Creed 58.25	Mrs I Kent 1,000.00	Jean Reid 45.00	Mrs J Waller 100.00
Creswick Red Cross 30.00	Miss Anne Kerr 200.00	Relatives Association 208.05	J C Walton 40.00
Eric Crouch 10.00	Miss E J Kinnersley 500.00	A H Richards 200.00	D Weickhardt 25.00
Mrs Mary Costello 6,000.00	V Labbett 20.00	Mrs Elsie Rockefeller 5.00	Miss K White 20.00
Mrs F Cureton 50.00	Lakeside Hospital 15.00		Miss N White 20.00
Mr G B Cutter 100.00	Latvian Community 30.00		K & N Wood 50.00
Mrs A Dalton 20.00	M Laycock 10.00		
G & L Daly 5.00	Miss Leathbridge 20.00		

Estates and Charitable Trusts

Estates

G Adams	Estate of George Adams	\$1,000.00
M A Anstis	Evans & Metcalfe	144.61
Doris Atkinson	Dobson Morrow	10,540.00
E T A Basan	Trust Co of Australia Ltd	7,100.00
R C Brett	Whyte, Just & Moore	132.08
Jessie Craig	Heinz and Partners	1,500.00
E Dodds	Trust Co of Australia Ltd	4,356.48
Isabella Dodds	Trust Co of Australia Ltd	2,900.00
J Fleming	Perpetual Trustees	7,094.34
W G Gist	Ronald Saines and Company	13,669.69
Leslie Greenbank	Mrs A Greenbank, Trustee	1000.00
A D Hargreaves	Dobson Morrow	500.00
F G Muller	Heinz & Partners	39,503.31
E. Murfitt	Ramsay, Gaunt and Fraser	200.00
L O'Malley	Byrne Jones and Torney	108.00
Mrs E Orbell	ANZ Trustees	12,800.00
George Pethard	Pethard Tarax Charitable Trust	500.00
George Renkin	Bruce Legg and Company	61,917.53
M J Richards	Heinz and Partners	1,000.00
I P Shillabeer	Heinz and Partners	15,000.00
K R Taylor	Hunter Newns	3,354.40
E C Treadwell	Mrs G Sampson	700.00
M I Wilkinson	Perpetual Trustees	1,322.87
Lewis Wilson	Trust Company of Australia Ltd	7,219.98
S M Wilson	Heinz and Partners	1,000.00
Percy Baxter Charitable Trust	Perpetual Trustees	70,000.00
Bell Charitable Trust	Aitken, Walker & Strachan	6,000.00
Collier Charitable Fund No. 1	Collier Custodian Corporation	2,000.00
Freemasons Charitable Trust		2,000.00
David Syme Charitable Trust	David Syme and Company Ltd	160.00
Ian Rollo Currie	Trust Company of Australia Ltd	50,000.00
Hilton White Bequest	Joe White Maltings Ltd	8,000.00
Joe White Bequest	Joe White Maltings Ltd	5,000.00

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