

STAWELL

DISTRICT

HOSPITAL



Annual Report 1998/99

STATEMENT OF BUSINESS MISSION

Stawell District Hospital provides a complete continuum of integrated health and related services, by providing the highest quality facilities and skills delivered in a personalised and caring environment.

Stawell District Hospital will achieve this business mission by its commitment to the following strategic directions:

Embracing the principles of continuous quality improvement in everything we do.

Ensuring the agency remains financially viable thus enabling the re-investment of resources into the continued development of core services.

Developing the concept of 'single entry' into the community's health service continuum of care.
(ie. once a person enters the system they will be guided to the appropriate service without re-entering the system)

Being active in the process of attracting supporting and retaining health professionals to the Stawell community.

Continuing the process of developing the Grampians Health Alliance into a purposeful entity that supports the development of services in this sub-region.

Providing a well co-ordinated range of community services that integrate with other care streams.

Providing an appropriate range of age care facilities and services that integrate with other care streams.

Developing our acute care facilities to meet the requirements of Stawell and District, and meet the changing face of medical technology and practice.

Being entrepreneurial in our approach to developing business activity allied to our core services that support and enhance the value of the organisation as a whole.



140th Annual Report 1998/1999

Contents

Cover

1. Michael Delahunty, Chief Executive, Bruce Fowkes, Clinical Services Manager, and Sarah Warren, Audit Manager, following presentation of the Certificate of Accreditation, by Bill McGrath, Member for Wimmera.
2. Bruce Fowkes, Clinical Services Manager, receiving congratulations from Hospital Training Manager, Jenny Farrer, following his PSM Award.
3. Dr. Norman Castle with his family, Julie, Alistair, and Stephanie, following his OBE Award.

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Board of Governance

Mr. Gary Thomas (*President*)
Dr. Andrew Cunningham (*Vice President*)
Mr. Graham Fuller (*Vice President*)
Mr. Neville Dunn (*Treasurer*)
Mrs. Meg Blake
Mrs. Joan Brilliant
Dr. Norman Castle, OAM
Mrs. Janet Witham
Mr. Howard Cooper (*app May 1999*)
Mr. Peter Martin (*app May 1999*)
Mrs. Kaye Harris (*app May 1999*)
Mr. Graeme McDonough (*app May 1999*)
Mr. Gary Withers (*res Dec 1998*)

Chief Executive

Mr. Michael Delahunty, B.Ec., A.A.S.A.,
CP.A., M.H.A., A.F.C.H.S.E., C.H.E.

Clinical Services Manager

Mr. Bruce Fowkes, R.N., B.A., Dip.N.Ed.,
G.Dip.H.S.Manag; Dip.Occ.Hlth&Safety; Ster.&Inf.
Cont.Cert; W.S.Cert; Cert.C.Q.I; Cert.Rehab.N;
F.R.C.N.A; P.S.M.

Medical Director

Dr. Alan Wolff (*Consulting*)
Dr. Norman Castle, OAM (*Sessional*)

Auditor

Auditor General

Bankers

Australian and New Zealand Banking Group Ltd.

Stawell District Hospital

Originally Established

Pleasant Creek : February 1859

Relocated to Sloane Street : June 1934

Approved Operating Budget \$8.9m

Accreditation Status fully accredited to 2002

Employees Male 18 :: Female 146

Approved Beds Hospital 40 Nursing Home 30

Highlights 1998/1999

- ◆ Organisation awarded three(3) year accreditation status by the Australian Council on Health Care Standards.
- ◆ A record number of patients (2,552), were treated in our hospital during 1998/1999. This is a 7% increase on last year's previous record total of 2,382.
- ◆ Organisation achieves consolidated financial surplus of \$435,000 before capital income and depreciation.
- ◆ Capital redevelopment of the hospital, particularly relating to redevelopment of theatre suite, receives official status from the Department of Human Services.
- ◆ Dr. Norman Castle and Mr. Bruce Fowkes, awarded Australia Day Honours.
- ◆ Establishment of "Occupational Health and Medical Screening Service".
- ◆ Upgrade and replacement of hospital's information systems.



On behalf of the Board of Management, it is once again my pleasure to present the annual report, the 140th of the Stawell District Hospital, for the year ended June 30, 1999.

Accreditation

The highlight of the year was the outstanding result the health service achieved as a result of the Accreditation Survey by the Australian Council on Health Care Standards (ACHS), in March 1999. ACHS, Australia's foremost independent authority on quality health care has recognised and endorsed the high quality of care given to our patients by awarding accreditation through the Evaluation and Quality Improvement Programme (EQulP). In congratulating the hospital on being awarded this accreditation, ACHS Chief Executive, Dr. Denis Smith, stated "the Surveyors were most impressed with the understanding and improvement demonstrated at Stawell District Hospital. Staff were valued highly and empowered to function to their full capacity. The leadership provided by the Board, Executive and Manager's, and the involvement of all departments is to be commended". The Board congratulates all involved in achieving this result, particularly our staff, Doctors, and hospital auxiliaries who all contributed to this outstanding achievement.

Achievements

In addition to the Accreditation result, a number of significant achievements occurred during the year:

- A record number of patients (2,552), were treated in our hospital during 1998/1999. This is a 7% increase on last year's previous record total of 2,382.
- Organisation wide expenditure totals \$9.4m.
- Organisation achieves consolidated financial surplus of \$435,000 before capital income and depreciation.
- Capital redevelopment of the hospital, particularly relating to redevelopment of theatre suite, receives official status from the Department of Human Services.
- Positive developments continue to occur with East Grampians Health Service in the area of sub-regional service planning.
- Dr. Norman Castle and Mr. Bruce Fowkes, awarded Australia Day Honours.
- Establishment of "Occupational Health and Medical Screening Service" under the direction of Mrs. Viv Cole.
- Awarded a record total of \$498,000 in capital grants.
- Upgrade and replacement of hospital's information systems.

- Purchase of building block in Main Street, as a future site for community based health services.

Human Resources

The 1999 Accreditation result has objectively confirmed the high quality of our staff across all disciplines. The staff are the reason why this health service reputation for quality care has been sustained, and is recognised by all who come in contact with it. It was pleasing during the year that the Department of Human Services supported the staff demonstrated commitment to continuing education by providing a grant of \$35,000 to support nursing staff in undertaking continuing education. This important programme is being managed by Mr. Bruce Fowkes and Education Officer, Mrs. Jenny Farrer. During the year we farewelled a number of long serving and valued staff members, including Mrs. G. Rickard, Mrs. L. Boak, Mrs. M. Kelly, Mrs. P. Fowkes, Ms. L. Belcher, and Mr. T. Dunne. On behalf of the Board, we thank them for their valued services.

We were fortunate to recruit and appoint a number of highly qualified staff during 1998/1999, including Ms. Belinda Lock (*Pharmacist*), Ms. Heather Inglis (*Occupational Therapist*), Mrs. Viv Cole (*Occupational Health Nurse*), Mrs. Sam Arnot (*Physiotherapist*), Mrs. Wendy Phillips (*Pre-Admission Co-Ordinator*), and Mr. Jim Cunliffe (*Purchasing Manager*). To all staff, we thank and acknowledge their commitment to quality health care.

Medical Staff

The Board is pleased each year to take the opportunity in this report to sincerely thank our medical staff, who continue to provide outstanding level of care to the Stawell community. The Board wishes to thank the medical clinics for their initiative during the year of having their clinics open every Saturday, Sunday, and Public Holidays. This has improved access for out of hours care to local residents and visitors to our district and benefited the hospital staff in co-ordinating out of hours care. In the next twelve (12) months, the Board looks forward to implementing further initiatives with the medical staff, which will include development of a strategy for the recruitment and retention of GP's to the Stawell community, and establishment of an out of hours telephone triage service. The Board was particularly pleased to welcome to the Stawell community, Doctors Michelle Cresp, Chris Jackson, and their son Alexander. We trust their time with us is both stimulating and rewarding. We also wish to thank Dr. Roger Williams (*Horsham*) and Dr. Sam Lees (*Leongatha*), who have assisted the



hospital by undertaking anaesthetic lists during the year.

Vale

All the community of Stawell, particularly the hospital community, were deeply saddened with the passing of Mrs. Elizabeth Castle in January 1999. Elizabeth was the loving wife of Dr. Norman Castle for nearly forty-five years, and a Life Governor of this hospital. The staff of the hospital who cared for Elizabeth during her final weeks, greatly admired her bravery and spirit in coping with her illness. To Dr. Castle and his family, Alistair, Julie and Stephanie, we extend our sincere sympathy on the loss of your wife and mother.

Grampians Health Alliance (GHA)

The GHA has continued to be the medium by which this hospital has worked with our near neighbour, the East Grampians Health Service (*Ararat & Willaura*), to facilitate sub-regional planning for health services. A due diligence study of each agency was completed during the year, and other initiatives included : sub-regional surgeons on call roster, sharing of pharmacy position, and this hospital's laundry service being provided by East Grampians Health Service.

Board of Governance

Four new Board Members were appointed during the year, Mrs. Kaye Harris, Mr. Peter Martin, Mr. Howard Cooper, and Mr. Graeme McDonough. Mr. Gary Withers resigned his position after two (2) year service on the Board. To all of these Board Members, we thank them for their willingness to serve their local health service as a Board Member.

Finance and Performance

The organisation again reported a very satisfactory financial result with a surplus of \$435,000. This figure combined with depreciation expense of \$563,000 and capital grants of \$498,000, provides a "bottom line" surplus of \$370,000 compared to \$194,000 the previous year.

As stated earlier, hospital admissions increased to a record 2,552 which is an increase of 7% on the previous year, which was also a record. Significantly average length of stay for each admission continues to decrease down from 3.8 days in 1997/1998, to 3.4 days in 1998/1999. This reduction in length of stay is made possible by a number of factors including efficient community based services, such as Post Acute Care, Hospital in the Home, and District Nursing. Increased activity occurred with the following services – theatre operations,

radiology, day centre, audiology, and meals on wheels.

The Board records its appreciation to the Chief Executive, Manager's and Staff for achieving an excellent financial and activity result for the year under review.

Infrastructure Upgrade

The hospital was able to significantly upgrade its capital infrastructure during the past year with the assistance of the Department of Human Services. Major upgrades and equipment purchases included the following:

■ Information Technology	\$217,000
■ Carpeting of Perry Wing	\$ 15,300
■ Sterilisation Equipment	\$ 55,100
■ New Steriliser	\$ 71,250
■ ECG Machine	\$ 17,500
■ Portable X-Ray Unit	\$ 72,000
■ Endoscopic Video Equip.	\$ 78,000
■ PABX Phone System	\$ 22,500

To assist with the financing of these projects, the following grants were received:

■ Information Technology	\$ 94,200
■ Y2K Medical Equipment	\$ 15,000
■ Infection Control	\$ 30,000
■ Vehicle Replacement(HACC)	\$ 18,800
■ Medical Equipment General	\$ 68,000
■ Mobile X-Ray Unit	\$ 72,000
■ Endoscopic Video Equip.	\$ 79,800

In early May 1999, we were delighted to receive confirmation from the Minister for Health, Mr. R. Knowles, that the major upgrade of the hospital operating theatre, and associated facilities would proceed as planned. The project involves building a new operating theatre suite, day surgery unit, radiology suite, and support facilities at a total end cost of \$4.3m. Design work has commenced and will be completed in mid next year with construction commencing shortly after. Completion of this project will ensure the hospital meets all quality standards and efficiency requirements to ensure the long term future of this health service as an acute hospital.

Conclusion

As will be noted, 1998/1999 has allowed the hospital to make further positive advances in the areas of access, quality and efficiency, in line with our strategic plan.

BOARD OF GOVERNANCE



The Board, with the ongoing support of our staff, medical officers, and staff from the Department of Human Services, can confidently predict this health service will continue to meet the expectations of the community it serves well into the future.

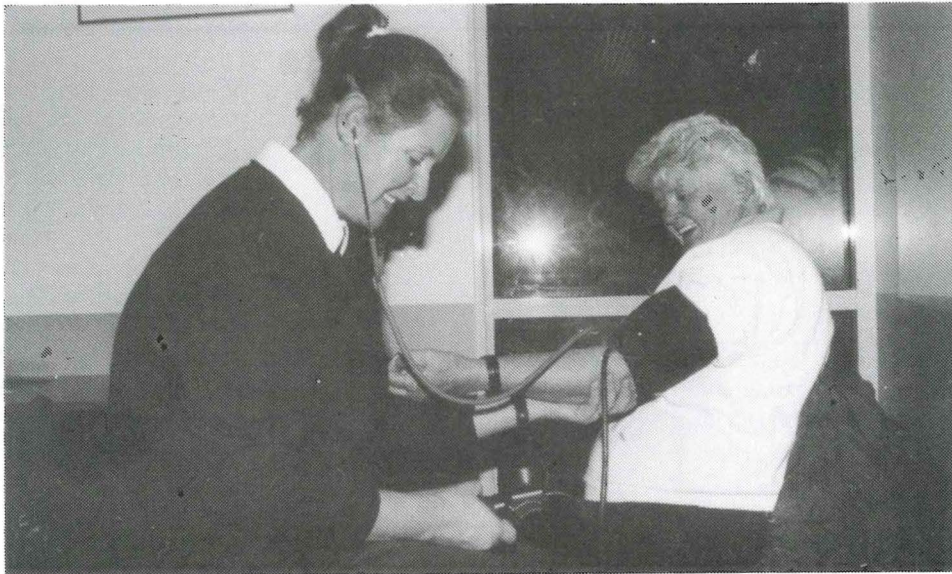
On behalf of the Board of Management.

Gary Thomas
President

Michael Delahunty
Chief Executive



Lorraine Boak receiving a gift from Glenn Pulley, Executive Chef. Lorraine retired in June 1999, after 19 years in the Food Services Department



RN Wendy Phillips (*left*) with Lorna Longstaff, at the newly established Pre-Admission Clinic

OVERVIEW



Strategic Directions	Objective	Performance
Embracing the principles of continuous quality improvement in everything we do	Maintain Accreditation Status with Australian Council on Health care Standards(ACHS)	Awarded maximum three (3) year accreditation status by ACHS in May 1999.
Ensuring the agency remains financially viable thus enabling the re-investment of resources into the continued development of core services.	Seek to have annual financial surplus.	Organisation reports accrued surplus of \$370,000 for the year ended June 30, 1999.
Developing the concept of 'single entry' into the community's health service continuum of care	Once a person enters the Stawell Health System, they will be guided to the appropriate service without re-entering the system.	Hospital a member of a district consortium of health and welfare providers that will oversee implementation of Primary Health and Community Support System (PHACS), commencing November 1999.
Being active in the process of attracting supporting and retaining health professionals to the Stawell community	Seek to recruit and retain health professionals.	All allied health departments have maintained staffing levels which included recruitment of Physiotherapist, Pharmacist and Occupational Therapist, during 1998/1999.
Continuing the process of developing the Grampians Health Alliance into a purposeful entity that supports the development of services in this sub-region	Expand range and viability of health services in sub-region.	The Grampians Health Alliance has continued to meet during past year and achieved the following : sub-regional surgical roster, shared pharmacy service and shared laundry services.
Providing a well co-ordinated range of community services that integrate with other care streams	Services are prioritised and co-ordinated.	Hospital has taken a lead role in consultation with other health and welfare providers in the Stawell community to ensure services are co-ordinated. Eg. Post Acute Care, Discharge Committee, and Aged Care Assessment Services.
Providing an appropriate range of aged care facilities and services that integrate with other care streams	Expand availability of, and access to aged care services.	Ongoing discussions are occurring with the Northern Grampians Shire Council, to relocate Day Centre to Lady Brooks Kindergarten site, and with the Commonwealth and State government officials, to expand aged care residential places provided by the Helen Schutt Nursing Home.
Developing our acute care facilities to meet the requirements of Stawell and district, and meet the changing face of medical technology and practice	Upgrade theatre, sterilising and day surgery facilities.	Project status confirmed with design work scheduled to be completed in mid 2000.
Being entrepreneurial in our approach to developing business activity allied to our core services that support and enhance the value of the organisation as a whole	Expand the facilities financial infrastructure.	Occupational Health and Medical Screening service established January 1999.

REPORT OF OPERATIONS



PERFORMANCE INDICATORS

Activity Statistics

	1994/1995	1995/1996	1996/1997	1997/1998	1998/1999
Accommodation-Available Beds	40	40	40	40	40
Patients Treated in Hospital					
Public-No Charge	1,843	1,768	1,869	2,006	2,137
Nursing Home Type	18	19	24	23	10
Private/Third Party	483	474	431	353	405
Total Patients Treated	2,344	2,261	2,324	2,382	2,552
Total Patient Days in Hospital					
Public-No Charge	7,381	6,910	7,464	7,316	7,070
Nursing Home Type	622	2,232	1,541	1,373	367
Private/Third Party	2,380	1,801	2,286	1,598	1,555
Total Patient Bed Days	10,383	10,943	11,291	10,287	8,992
Daily Average of Occupied Beds	28.44	29.98	30.93	28.18	24.64
% Occupancy	71.10	74.95	77.33	70.45	61.59
Average Length of Stay (Days)	4.4	4.83	4.85	4.32	3.52
Babies Born	111	115	105	98	106
Operations	1,016	1,129	1,167	1,191	1,425
Patient Mix (Hospital Bed Days)					
Public No-Charge %	76.40	81.55	81.20	86.32	85.86
Private/Third Party %	23.60	18.45	18.80	13.68	14.14
Nursing Home					
Bed Days	10,902	10,922	10,950	10,814	10,808
Daily Average Occupied Beds	29.87	29.92	30.0	29.6	29.6
Outpatient Services					
Number of Attendances					
Casualty	731	928	2,645	2,917	2,214
Occupational Therapy	2,712	1,669	1,955	1,732	1,087
Physiotherapy	5,112	5,342	6,107	5,330	5,404
Podiatry	3,254	3,553	3,747	3,714	3,800
Radiology	3,666	4,048	4,324	4,585	4,795
Day Centre	4,431	5,004	4,667	6,946	7,198
Audiology	242	260	244	351	478
Speech Therapy	191	425	404	448	298
Diabetic	78	53	40	36	41
Stress Tests	--	--	--	43	73
Tele Clinics	--	--	--	--	23
Psychological Consulting	--	--	--	--	100
OHS Medical Examinations	--	--	--	--	152
Ante Natal Classes	--	--	--	124	400
Social Worker	--	--	--	731	766
Pre-Admission Clinics	--	--	--	1,210	1,038
Total Outpatient Attendances	20,417	21,282	24,133	28,167	27,867
District Nursing					
Persons Visited	977	1,094	1,103	1,144	1,239
Number of Visits	13,405	13,463	15,071	18,000	16,639
Catering					
Patient Meals	75,198	69,176	65,666	65,683	63,719
Staff Meals	11,225	10,812	11,869	19,580	18,716
Meals on Wheels	1,968	1,502	10,473	12,503	15,615
Pleasant Creek Centre	85,454	76,500	57,988	52,690	28,732
Total Meals Served	173,845	157,990	145,996	150,456	126,782
Patients Treated by Category					
Same Day	609	668	715	725	876
More than One Day Stay					
Medical/Surgical	1,537	1,417	1,415	1,452	1,499
Obstetrics	180	157	170	182	168
Nursing Home Type	18	19	24	23	9
Total	2,344	2,261	2,324	2,382	2,552

REPORT OF OPERATIONS



CASEMIX DATA	1994/1995	1995/1996	1996/1997	1997/1998	1998/1999
Total Weighted Inlier Equivalent Separations	2,150	2,049	2,169	2,123	2,152
Average Inlier Equivalent DRG Weight	0.8715	0.8366	0.7983	0.7692	0.8118
Cost per DRG Weighted Admitted Patient	\$ 2,120	\$ 2,300	\$ 2,259	\$ 2,447	\$ 2,623

UNIT COSTS	1994/1995 \$	1995/1996 \$	1996/1997 \$	1997/1998 \$	1998/1999 \$
Hospital Av. Daily Bed Cost					
Inpatient	470.59	489.41	434.53	504.90	627.74
Hospital Av. Cost					
Inpatient Treated	2,073.50	2,249.75	2,133.15	2,201.75	2,211.83
Nursing Home Av. Daily Bed Cost					
Inpatient (inc Psychogeriatric 95/96)	105.55	113.93	117.28	112.24	113.06
Nursing Home Av. Cost					
Inpatient Treated	38,524.00	47,275.00	42,807	41,006	41,284
Av. Cost Outpatient Attendance	48.34	52.45	46.36	47.27	48.00
Av. Cost Day Centre Attendance	36.52	39.62	37.71	28.94	28.47
Av. Cost per District Nurse Visit	17.11	18.56	17.12	15.58	18.67
Av. Cost per Meal	6.31	6.84	5.89	5.28	5.30

Revenue Indicators

Average Collection Days

	1998/1999	1997/1998	1996/1997
Private	63	73	76
TAC	52	29	35
VWA	101	225	60
Other Compensable	30	16	25
Nursing Home	36	34	35

Debtors Outstanding as at June 30, 1998

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 30/ 6/1999	Total 30/ 6/1998
Private	22,163	5,742	2,974	8,548	39,427	47,571
TAC	2,586	--	--	2,367	4,953	10,949
VWA	5,370	--	--	7,874	13,244	10,844
Other Compensable	1,231	--	520	379	2,130	431
* Nursing Home	24,486	--	--	1,962	26,448	26,333

Abbreviations: 'TAC' - Transport Accident Commission :: 'VWA' - Victorian Workcover Authority

Staffing Levels

The comparison between staffing levels by classification for the year under review and the previous three years is as follows:

	Paid EFT* 1994/1995	Paid EFT* 1995/1996	Paid EFT* 1996/1997	Paid EFT* 1997/1998	Paid EFT* 1998/1999
Nursing	62.04	64.04	63.65	62.87	63.89
Administration and Clerical	14.40	15.30	14.47	14.56	14.22
Medical Support	7.50	8.00	7.29	8.36	8.56
Hotel and Allied	32.62	33.00	31.16	28.99	27.92
Medical				0.41	1.00
	116.56	120.34	116.57	115.19	115.59

Statistic Summary of Work Accidents and Costs

Employment Code	1996/1997		1997/1998		1998/1999	
	Claims	Costs	Claims	Costs	Claims	Costs
Hygiene/Food	5	1,172	5	424	2	371
Nursing	5	16,563	4	224	6	3,532
Maintenance	--	--	--	--	1	96
Allied Health	--	--	--	--	--	--
	10	17,735	9	648	9	3,999



Pecuniary Interests

Members of the Board of Management are required under the Hospital By-Laws to declare their pecuniary interest in any matter that may be discussed by the Board or Board Sub-Committees.

Freedom of Information

Part II Publications Statement

Introduction

This statement is prepared to meet the reporting requirements stated in the:

- ◆ Freedom of Information Act 1982
- ◆ Freedom of Information Amendment Bill 1993

Reference in some instances is made to other sections of the 1999 Annual Report for statements required in this Part II Publications Statement.

Fourteen (14) requests for access to Hospital documents were received during 1998/1999 under the Freedom of Information Act 1982.

F.O.I. Arrangements

Access

Requests for access to written information kept by Stawell District Hospital should be made in writing to:

Chief Executive
Stawell District Hospital
Sloane Street
STAWELL Vic 3380

Requests to access documented information require a F.O.I. Request Form to be completed by the applicant (and consent authorisation of the person involved if applicant is a third party).

Publicity Services

Publications

Stawell District Hospital Annual Report
Patient Information Booklet
Guide to Client Services

Legislative Changes

A number of Acts have been passed during the 1998/1999 financial year. The most significant are:

Acts

- Accident Compensation (Amendment) Act 1998

- Ambulance Services (Further Amendment) Act 1999
- Coroners (Amendment) Act 1999
- Dental Practice Act 1999
- Freedom of Information (Amendment) Act 1999
- Fundraising Appeals Act 1998
- Government Superannuation Act 1999
- Health Services (Further Amendment) Act 1998
- Mental Health (Amendment) Act 1999
- Physiotherapists Registration Act 1998
- Public Sector Reform (Further Amendments) Act 1999
- Statute Law Revision (Repeals) Act 1999
- Superannuation Acts (Amendment) Act 1998
- Superannuation Acts (Further Amendment) Act 1999
- Year 2000 Information Disclosure Act 1999

Regulations

- Accident Compensation (General Amendment) Regulations 1998
- Accident Compensation (Consequential Amendment) Regulations 1999
- Audit (Public Bodies)(Amendment) Regulations 1999
- Dangerous Goods (Storage and Handling)(Amendment) Regulations 1998
- Dentists (Fees) Regulations 1998
- Drugs, Poisons and Controlled Substances (Amendment) Regulations 1998
- Drugs, Poisons and Controlled Substances (Optometrists) Regulations 1998
- Environment Protection (Prescribed Waste) Regulations 1998
- Freedom of Information Regulations 1998
- Fundraising Appeals Regulations 1999
- Health (Exempt Businesses)(Amendment) Regulations 1999
- Health (Infectious Diseases)(Notification) Regulations 1998
- Health Services (Residential Care)(Amendment) Regulations 1998
- Mental Health Regulations 1998
- Occupational Health & Safety (Manual Handling) Regulations 1999
- Occupational Health & Safety (Plant)(Amendment) Regulations 1998
- Pharmacists (Fees) Regulations 1998
- Physiotherapists (Qualifications) Regulations 1999
- Physiotherapists (Further Qualifications) Regulations 1998
- Physiotherapists Registration Regulations 1999
- Podiatrists Registration Regulations 1998
- Psychologists Registration (Fees) Regulations 1998

Hospital Fees

The Hospital charges fees in accordance with the Department of Human Services Victoria directives.

Consultants Engaged and Their Cost

Five (5) separate Consultants : total cost \$28,059

Public Authorities Equal Employment Opportunity Act 1990

The Stawell District Hospital has an ongoing commitment to eliminate discrimination and inefficient work practices, and to promote Equal Employment Opportunities in its workplace in accordance with the Public Authorities (Equal Employment Opportunity) Act of 1990.

Responsibility for the Equal Employment Opportunity programmes has been conferred upon the Pay Officer.

Staffing Profile

Employee Analysis by Tenure and Gender

	Male	Female	Total
Full Time	14	35	49
Part Time	4	98	102
Casual	--	13	13
Total	18	146	164

Employment by Australian Standards Classifications of Occupation

	Male	Female	Total
Administration	6	9	15
Professionals	4	52	56
Para Professionals	1	2	3
Trades	1	14	15
Clerical	1	35	36
Personal Service	5	34	39
Manual			
Total	18	146	164

Staff Training/Development

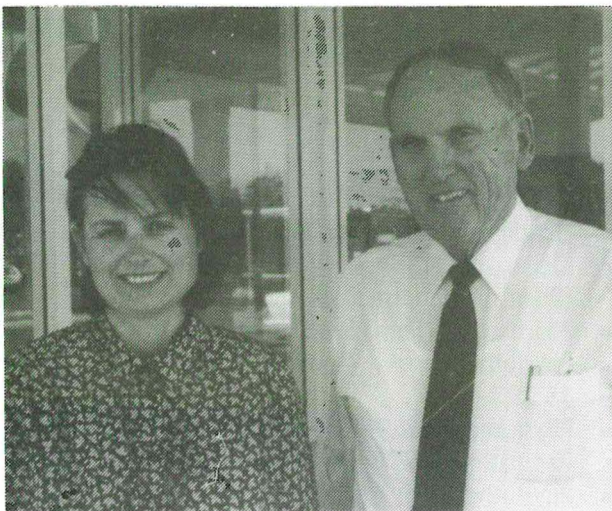
Department	Hours	Cost
Administration	42	765
Food Services/Hygiene	61	2,309
Health Professionals	188	3,870
Nursing	918	10,616
Maintenance	--	--
Total	1,209	17,560

Competitive Neutrality

Stawell District Hospital acknowledges the Governments commitment to Competitively Neutral Pricing Policies.

Competitive Neutrality "aims to ensure government businesses do not enjoy any net competitive advantage by virtue of Public Sector ownership".

Stawell District Hospital has taken steps during the year, to adopt competitively neutral pricing principles to its significant business activities.



Carolyn Gellert, Medical Information Manager, and Dr. Norman Castle, who were both appointed to the Ministerial Rural Health Advisory Group – Clinical Sub-Committee Panel



Chief Executive, Michael Delahunty (right), welcomes Michelle Cresp, Chris Jackson and their son, Alexander to the Stawell District Hospital Visiting Medical Staff

REPORT OF OPERATIONS



Year 2000 Disclosure Statement

Stawell District Hospital has been preparing for year 2000 Compliance of hospital equipment and systems since July 1998. This has involved evaluation and risk management in the areas of Building Plant Engineering and Telecommunications, Information Technology, Medical Equipment and the Supply Chain.

Year 2000 conformity is taken to mean that neither performance nor functionality of a system will be affected by dates prior to, during or after the year 2000. Compliance is evaluated using the Australian Standard SAA/SNZ MP77:1998 : A Definition of Year 2000 conformity requirements.

As a response to the Year 2000, there has been a major upgrade of the Information Systems of the hospital. This has occurred mainly during the second half of the 1998/1999 financial year, with the installation of a new local area network across the hospital, new FileServer and new computers and networked printers. Year 2000 compliant, Financial, Stores and Patient management software has been installed in conjunction with regional standards as well as a standard operating environment for computer systems being implemented.

An external Biomedical Engineering company was contracted to evaluate the Year 2000 compliance of all the hospitals medical equipment. This task completed in June of this year.

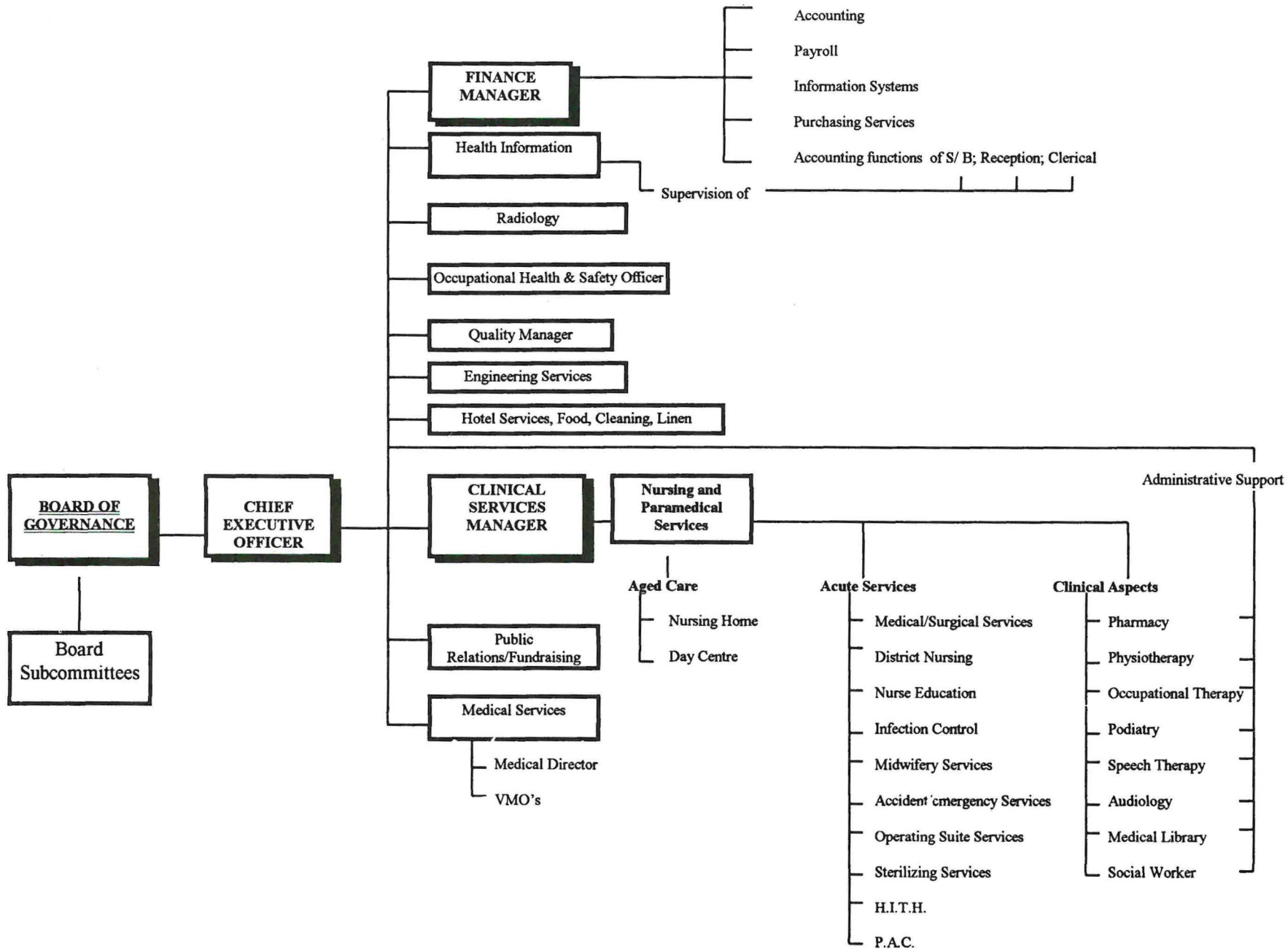
Internal audits have been carried out to identify and test all systems that are likely to be affected by the Year 2000 and where necessary remedial action taken to rectify any exposure to problems.

As part of our efforts to ensure continuity of the supply chain after 31 December 1999 we have prepared a database of suppliers and contacted a wide range of these suppliers to ascertain their year 2000 preparedness. For those critical suppliers not yet indicating assurance of supply we have identified alternative suppliers.

A Critical Hospital Operating Contingency Plan, in line with the Department of Human Services requirements has been developed to allow the hospital to manage local critical resource failures due to any cause and to provide an initial response to potential risk scenarios, assuring continuing patient care and safety.

The Board of directors of Stawell District Hospital is committed to ensuring that the Year 2000 Project has had the necessary level of support and resources.

Information Technology	Function	Date of Year 2000 Compliance
Financial Control System	Computer Software and System used to Financially Manage	April 30 th 1999
Patient Management System	Computer Software and System used for Recording and Management of Medical Records	April 30 th 1999
Store Supply System	Computer Software and System used to Order and Monitor supplies used by Stawell District Hospital	April 30 th 1999
Payroll System	Computer Software and System used for Human Resources management and preparation of Staff Payroll	May 1999
Computer Systems	Computer Hardware including Fileservers Personal computers Networking Switches and Network components and their Operating Systems	June 1999
Office Applications	Application Software used on Stawell District Hospitals computer systems	June 1999
Supply Chain	The supply of goods by suppliers to Stawell District Hospital	June 1999
Medical Equipment	Medical Equipment within Stawell District Hospital	June 1999
Telecommunications	Telephone and paging systems within the hospital	July 1998
Air Conditioning Service	Used for Air Conditioning to treatment areas and Operating Theatre	June 1999
Medical Gases	Supply of Liquid Medical Oxygen and Bottled Medical Air, Oxygen and Nitrous Oxide	June 1999
Security	Staff and Patient Security Systems	June 1999
Fire Panels	Fire and Smoke Warning System	June 1999





VISITING MEDICAL OFFICERS

The past year has been an exceptionally busy year for the medical staff, with a number of positive advances occurring.

In a year when a record number of hospital admissions occurred, the medical staff were pleased to contribute to the successful accreditation survey in March 1999. The surveyors were complimentary of the medical staff's role in patient care, particularly their active participation in the hospital quality improvement programme. The medical staff were delighted to welcome Dr's Michelle Cresp and Chris Jackson, to the community and they have quickly made a valuable contribution to the community, particularly in the area of anaesthetics.

Early in the year, Dr. Ambikapathy resigned from his endoscopic appointment at this hospital, after fourteen years of service. We welcomed Mr. B. Stewart and Dr. J. Watson to the hospital who have maintained this valuable service. The medical staff were pleased with the number of

medical equipment upgrades that occurred during the year, particularly in the area of infection control : new steriliser, scope sterilisation equipment, endoscopic video equipment, portable x-ray unit, and new ECG machine.

In the coming year, the medical staff look forward to the commencement of the out of hours telephone triage service; consolidation of the innovative "occupational health and medical screening service", and contributing to the design work for the required redevelopment of the hospital's facilities, particularly in the areas of the main operating theatre and day surgery unit.

In conclusion, I wish to thank all staff, particularly the nursing staff, lead by Mr. Bruce Fowkes, for their support and assistance provided to the medical staff.

Dr. Norman Castle : Chairman
OAM;MBBS;MRACMA;FACRRM.

Visiting Medical Officers

Dr. B. Alexander, M.B.B.S.; F.R.A.C.S.
Dr. P. Carter, MB., BS; Dip. Obs. R.A.C.O.G.; F.R.A.C.G.P.
Dr. R.N. Castle, O.A.M.; M.B., B.S.; M.R.A.C.M.A.; F.A.C.R.R.M.
Dr. M.J. Connellan, M.B., B.S., D.R.A.C.O.G.; F.R.A.C.G.P.
Dr. M.L. Cresp, M.B.B.S.; D.A. (UK); F.R.A.C.G.P.
Dr. A.H. Cunningham, M.B., B.S., Dip. Obst., R.C.O.G.
Dr. L. Hemingway, M.B., B.S.
Dr. K. Ho, M.B., B.S.
Dr. C.O. Jackson, M.B.B.S.; D.A. (UK); F.R.A.C.G.P.; R.A.C.G.P.
Dr. K. Kandasamy, M.B.Ch.B. (UK); B.Sc. (UK)
Dr. W. Lax, M.B., B.S.
Dr. S.J. Lees, M.B.B.S.
Mr. G.J.T. Lewis, M.B., B.S.; M.R.C.S., L.R.C.P., F.R.C.S. (Edin)
Dr. D. Lia, MB., BS; D. Av. Med.
Dr. F. Maughan, MB., BS; Dip. R.A.C.O.G.
Dr. M. Michail, M.B.B.S.
Dr. G.M. O'Brien, M.B., B.S., Dip. R.A.C.O.G.
Dr. N. Provis-Vincent, B.Med.Sc. (Hons); M.B.B.S.
Dr. M. Sheehan, M.B., B.C.H., N.U.I.
Mr. R.B. Wame, M.B., B.S., F.R.A.C.S., F.R.C.S. (Eng.), F.R.C.S. (Edin)
Dr. R. Williams, F.R.A.C.G.P.; F.F.A. (UK); D.A. (UK); D.C.H. (UK); D.R.C.O.G. (UK); F.P.C. (UK)
Dr. P. Wood, M.B., B.S.
Mr. B. Yokhanis, M.B.Ch.B.; Dip. Gen. Surg; F.R.C.S. (Eng); F.R.A.C.S.
Visiting Consulting Anaesthetist
Dr. J. Oswald, M.B., B.S.; F.A.N.Z.C.A.
Dr. G. Wajszel, M.D., Cert. Anaes; A.M.C.
Visiting Consulting Cardiologist
Dr. H.K. Chaudhary, M.B.B.S., F.R.A.C.P.
Visiting Consulting Geriatrician
Dr. M. Giles, M.B., B.S., M.R.C.P. (UK)
Dr. J. Hurley, M.B., B.S., L.R.C.P., M.R.C.S., Dip. Obst. R.C.O.G., M.R.C.P. (UK); F.A.F.R.M.
Dr. A. Vander Knijff, M.B., B.S., Dip. Geriatric Medicare (Melb)
Dr. M. Yates, B.S., F.R.A.C.P.
Visiting Consulting Gynaecologist
Dr. E.T. Miller, M.B., B.S., F.R.A.C.O.G.
Visiting Consulting Ophthalmologist
Dr. D.G. McKnight, M.B., B.S., F.R.A.C.S., F.R.A.C.O.
Dr. M.G. Toohey, M.B., B.S., F.R.A.C.S., F.R.A.C.O.
Visiting Consulting Orthopaedic Surgeon
Mr. R. Miller, MB., BS; M.Sc; F.R.A.C.S.
Mr. J. Nelson, M.B., B.S., F.R.A.C.S.

Visiting Consulting Pathologists

Dr. P.J. Bedford, M.B., B.S., F.R.C.P.A.
Dr. C.M. Pilbeam, B.Med.Sc., M.B., B.S., Ph.D., F.R.C.P.A.
Dr. S.T. Pilbeam, M.B., B.S.; M.R.C.S.; L.R.C.P.; F.R.C.Path; F.R.C.P.A.
Visiting Consulting Physicians
Dr. A. Ambikapathy, M.B., Ch.B., D.T., M.&H., M.R.C.P., F.R.A.C.P.
Dr. G. Phelps, M.B.B.S.; F.R.A.C.P.
Dr. B.T. Stewart, M.B.B.S.; F.R.A.C.S.
Dr. J. Stickland, M.B., B.S., F.R.A.C.P.; M.R.A.C.P.; F.A.C.R.M.
Dr. J. Watson, B.A. (UK); B.M.B.Ch. (UK); M.A. (UK); M.R.C.P. (UK); Ph.D. (UK)

Visiting Consulting Psychiatrist

Dr. D. Green, M.B.B.S., F.R.A.N.Z.C.P. (I); Dip. Psych.
Dr. J. D. Little, M.B., Ch.B.
Dr. T.B. Stephens, B.Sc., M.B.B.Chr., F.R.C.P., F.R.C.Psych., F.R.A.N.Z.C.P.

Visiting Consulting Oncologist and Haematologist

Dr. G. Kannourakis, M.B., B.S., B(Med)Sc., Ph.D., F.R.A.C.P.

Visiting Consulting Radiologist

Dr. M. Bennett, M.B.B.S.
Dr. P. Graham, M.B., B.S.; F.R.A.C.P.; Dip. Diag. Ultrasound
Dr. E.H. Kolner, M.D.
Dr. B.J. Lightfoot, M.B., B.S.; F.R.A.C.R.
Dr. A.M. McLaughlan, M.B., B.S.; F.R.A.C.R.; B.Ag.Sc.
Dr. P. Tauro, M.B., B.S. (Radiol)
Dr. P.F. Walker, M.B.Ch.B.; C.R.C.P.C.; F.R.C.P.C.; D.O.N.
Dr. R. White, M.B., B.S.; F.R.A.C.R.
Dr. L. Wong Shee, M.B.Ch.B., F.R.A.C.R.

Visiting Consulting Urologist

Mr. K.J. Braslis, M.B., B.S.; M.S.; F.R.A.C.S. Urol.

Mr. R. McMullin, M.B., B.S., F.R.A.C.S.

Visiting Consulting Surgeon

Mr. D.E. Deutscher, B.Sc., M.B., B.S., F.R.A.C.S.

Visiting Consulting E.N.T. Specialist

Mr. P. Thomson, M.B., B.S., F.R.A.C.S.

Visiting Consulting Rheumatologist

Dr. K. Boyden, M.B., B.S.M.R.C.P.; F.R.A.C.P.

Visiting Consulting Dental Staff

Dr. I. Jeleascu
Dr. J. Labonne
Dr. D.L. Lye, B.D.S., B.D.sc.
Dr. G.G. Robertson, B.D.S.



NURSING DIVISION

The highpoint of our past year has certainly been the awarding of a very favourable report by the Australian Council on Health Care Standards, in the survey conducted in March 1999. The raising of our self-rating by the surveyors to Extensive Achievement in the important areas of Continuum of Care and Improving Performance, recognises the constant efforts of clinical staff in striving for optimum standards of care. A particularly praiseworthy element of our service provision was seen to be the manner in which inpatient and community services interact to expedite optimum care for our clients returning to the community.

Other notable events included the completion of a "No Lift" Programme. This Department of Human Services funded programme is improving staff safety in client handling and is proving more comfortable for our clients. The ongoing success of this programme is predicated upon the enthusiasm of members of our staff who have been trained as trainers in this system. I thank all staff members for the enthusiasm with which they have embraced this programme.

The commissioning of new sterilising units late last year has provided staff savings, and allowed us to comply with increasing stringent standards.

Funding received from the Department of Human Services has allowed expansion of our continuing education programme for nurses.

The Theatre Service has coped with increased demand again this year.

Senior staff changes within the division have been few. Ms. Lee Belcher's position as Director of Pharmacy, has been replaced by Ms. Belinda Lock. Ms. Heather Inglis has filled the Occupational Therapist position vacated by Ms. Kylie Nolan. It is good to be able to find competent professionals to fill positions vacated by "irreplaceable" people.

Care delivery has again been enhanced by equipment generously provided by our Hospital Auxiliaries. This year these donations included, an automatic urine testing system, IV pump, and shower chairs.

In my role as Accreditation Co-Ordinator, I would particularly like to thank all staff for their involvement and contributions to the EQUIP Programme.

B. Fowkes P.S.M. : Nursing Division Leader

MIDWIFERY/SURGICAL SERVICES

Midwifery has had increased number of births, with 106 babies over the past twelve months.

New programmes have been implemented to improve continuum of care. The ante-natal educator now books midwifery clients into hospital and all clients receiving consultation when booking in, and introduction to classes. All clients are offered domiciliary midwifery on discharge. A day stay parenting unit has been set up to help women and babies who need extra support and education. This is undertaken by a midwife especially employed to undertake this role.

Surgery service has been enhanced by the introduction of a pre-admission clinic. Clients have a better knowledge of their stay in hospital and all members of health care team are co-ordinated to ensure optimal service is achieved. The surgical services of a wide range is available at Stawell with visiting specialists – orthopaedics, endoscopy, ENT, ophthalmology and urology.

Accreditation of this hospital was held in March 1999. The survey report summary stated the professionalism of staff and excellent care provided to patients is specially commended. We congratulate two members of the Simpson Wing Team who graduated this year with Bachelor of Nursing Degree Post Registration – Sue Boag and Judy Schenk.

All staff undertake internal and external studies throughout the year.

Evaluation and Quality Improvement Programme (EQUIP)

Surveyors were impressed with the implementation of Clinical Pathways which incorporate anticipated milestones and home care; also with day stay instruction sheets given at discharge.

*Pam Pianta
Simpson Wing Unit Team Leader*



MEDICAL NURSING SERVICE

Once again, this year has passed very quickly. All the staff worked very hard towards the EQUiP survey in March 1999. With much pride, Continuum of Care gained an excellent achievement.

Our discharge planning process proves to be very successful, with all relevant care providers meeting each morning.

Two nursing staff have applied to do a rehabilitation course this year which I am sure will benefit our clients and maybe prevent patients from going out of town for rehabilitation.

The last few months have been relatively quiet. The staff have been compliant with working with less staff, but now with client numbers improving, our staffing numbers will once again improve.

We have just received our first memo since the March EQUiP survey, to let us know that 'EQUiP is not dead', so we are all encouraged to put ourselves into forward gear.

I wish all staff good health and success in the coming year.

Pam MacKay
Castle Ward Unit Team Leader

OPERATING SUITE

1998/1999 has again surpassed all previous throughput targets. This year 1,443 patients underwent 1,622 procedures which is an increase of 9% on the previous year. While there have been no new medical appointments this year, affecting the operating suite, there has been expansion of the orthopaedic, general and endoscopic services which has supported this increase.

The major equipment purchases have been as a direct result of recommendations made during the 1997/1998 state wide infection control survey of all public health care facilities. Compliance with these recommendations ensures we are meeting world best practice guidelines. In September, we accepted delivery of two Steris units, at total cost of \$48,000, for the sterilisation of all heat sensitive items.

In November, the department was closed for elective surgery for one week to allow for the installation of a High Pre-Vacuum Steriliser, at a cost of \$78,000 to replace the 18 year old downward displacement unit. While the older unit met all process requirements, it did not meet the revised Australian Standards, was very slow, and had only a small load capacity.

As a result of a special grant to small rural hospitals this year, we have been able to expand the number of video endoscopes and to upgrade the existing single chip video camera system to the triple chip system which utilises enhances leading edge technology for minimally invasive surgery. This grant was valued at \$79,780.

The other exciting development has been the introduction of the Pre-Admission Clinic. This concept was developed over 12-18 months by the surgical services group and came to fruition in September 1998, with the appointment of Wendy Phillips as Clinic Co-Ordinator. Since inception the service has grown and gained acceptance and Wendy now sees all elective surgery patients, with the capacity for telephone interviews should the need arise. This ensures all patients are prepared correctly for surgery, documentation is available and correct and greatly reduces the chance of day of surgery cancellations. It is a significant achievement that in only eight months, Wendy has achieved 100% catchment of elective surgical patients.

The planning process is again underway for a new operating suite and hopefully next year will see major steps undertaken in this process. This year I again thank my staff for their commitment and dedication which keeps us, as a team, at the leading edge of best practice outcomes for our patients.

Chris Shorten
Unit Nursing Manager

HOSPITAL IN THE HOME

The HITH Programme continues to provide an alternative to in-hospital care for residents of Stawell and district who live within a 15 to 20 kilometre radius.

Many people prefer to receive their medical and nursing care in their own homes, providing their clinical condition is stable and their Doctor agrees. Clients find they rest and sleep better at home, and feel more involved in their own care, and as a result, feel they get better quicker.



Our client-types are mainly those needing IV antibiotics, treatment for deep Vein Thrombosis, and post-operative care, enabling early discharge after an operation.

Twenty-five patients have accessed this service for the 1998/1999 financial year.

Jan Sherwell
HITH Co-Ordinator

DISTRICT NURSING SERVICE

District Nursing has maintained constant activity in 1998/1999, seeing an average of 103 clients at any one time, and integrating our workload with HITH and Post Acute Care, and other community service providers, such as Linkages, Palliative Care, and Local Government, to provide an effective care network for the client.

We have welcomed Mary Kerr and Marg Spurr to our team, and farewelled Marie Austin.

Education has been undertaken in diabetes, wound and palliative care; with Julie attending the 9th Australian Council of Community Nursing Congress in Melbourne in October. The theme of the conference was Navigating Cyberspace, with Australian community nurses establishing the first Minimum Data set and achieving World Best Practice.

Our service still awaits computerisation. We look forward to another busy year.

Julie Gunn
District Nurse Team Leader

CENTRAL GRAMPIANS POST ACUTE CARE

Post Acute Care is a time limited short-term intervention designed to assist patients to recuperate following an acute public hospital admission, and to facilitate their independence or transition to continuing care when required.

Post Acute Care funding enables the purchase of individually tailored packages of health and community care services such as home nursing, personal care, home help, delivered meals, following discharge from hospital.

The Post Acute Care programme provides funding for the provision of additional post acute care services as required, and, in so doing, acts to

augment the current service system, not substitute existing services.

Post Acute Care has been operating successfully in Stawell and Ararat for three years and for over eighteen months in St. Arnaud, Beaufort, and Skipton.

Throughout this sub-region 901 clients received post-discharge support with the main services purchased being home nursing, home help, and delivered meals.

Lyn MacKenzie, RN, RM, Grad. Dip. Rehab; Grad. Dip. Health Admin.
Post Acute Care Co-Ordinator

PHARMACY

I would like to thank everyone who has made me feel welcome since my appointment in February 1999. This, coupled with the fact that Lee Belcher had put in a lot of hard work during her time here to have the Pharmacy running like a well-oiled machine, has made my integration much easier than it could have otherwise been as a sole practitioner.

I would also like to thank Geraldine Prentice who provided a locum service while I was overseas for three months, and kept everything running smoothly.

Probably the largest change to the Pharmacy services in the last twelve months, has been the provision of a two day a week service to the East Grampians Health Service in Ararat. I believe in the latter parts of last year it provided Lee with quite a challenge to implement new procedures in Ararat, while coping with the demands of the Stawell District Hospital the other three days (*previously the service was four days a week*). The loss of a day in Stawell has not decreased Pharmacy services as Linda Farrer has been appointed as a Pharmacy Technician for six hours a week. Linda has slotted in very well and by assisting with the imprest drug delivery, and stock control, Linda has allowed the Pharmacist present to focus on patient related activities such as medication chart review and discharge drug counselling.

The next twelve months promises to be interesting with the planning for the redevelopment of the hospital due to occur. This will require a complete review of what drugs are to be kept in different ward areas and what the best way to access them is, as well as the relocation of the Pharmacy Department.

Belinda Lock
Director of Pharmacy



SOCIAL WORKER/ACAS TEAM

1998/1999 has been another full and busy year in the Social Work Department. Social work at Stawell Hospital is very much team oriented, working closely with Post Acute Care, Occupational Therapy, Physiotherapy, the Ward nursing staff, and District Nurses, in discharge planning and providing a multidisciplinary and holistic approach to patient care.

The Aged Care Assessment Service Geriatrician, Dr. Mark Yates, and Co-Ordinator, Alison Dalziel, continue to visit Stawell from Ballarat at least twice monthly, to assess elderly people for alternative accommodation or for a medical review. Information is given to elderly people, their relatives, and their carers, not only about other accommodation but services available to them should they wish (*and are able*), to remain at home. I meet with other area co-ordinators on a quarterly basis.

The need to update skills is ongoing and in the past twelve months, I attended 'Unmasking Grief', a day run by SANDS (*Stillbirth and Newborn Death Support Association*), the AASW State Conference, and a course on the 1997 Aged Care Act.

I am the hospitals representatives on the Disability Reference Group, a role I find stimulating and challenging, especially with the closure of Pleasant Creek, and the placing of people into community houses. This group meets monthly.

In closing, I would like to thank Janet Whitham for stepping into the breach part-time when I needed to take extended leave for three months (*April-June*), for the ACAS team in Ballarat (*Denise Brennan in particular*), for covering that side of the work, and to the Hospital Board of Management and senior staff, for their understanding and allowing me to take such a long time off.

Vivienne Pye
Social Worker BA,BSW

STAFF WELFARE

- During 1999, the visiting psychological service for staff and their families has continued, with the psychologist having been in attendance at the hospital for 24 out of the 26 fortnights in 1998/1999 financial year.

- The service is well utilised by staff, both individually and in groups, representing almost all sections of the hospital.
- The number of private patients seen each fortnight has also increased. This has had the advantage of lengthening the time that the psychologist is present at the hospital, and thus available for staff.
- Consultations have also taken place by telephone and off site in Ballarat as well as at the hospital.
- Each month the number of consultations, both staff and private, is provided to contribute to the hospital statistics.
- During the year, a series of consultations have been provided for the Nursing Home around the theme of stress management and relaxation.
- Several Critical Incident Stress Debriefings have also been held to support groups of staff after difficult emergencies.
- The psychologist assisted with the preparation of the Health Careers Expo at the hospital, initiated by the Staff Training Officer, as well as representing the discipline of psychology to those attending the Expo.
- The psychologist has worked with the Staff Training Officer and members of the Maintenance Department to refurbish the mortuary in order to improve its suitability as a place for deceased patients from the hospital to be attended by grieving relatives.
- Currently the Quality Assurance Officer is conducting a survey of staff with regard to the accessibility, use of, and satisfaction with the visiting psychologist.
- In conjunction with the Director of Nursing, an EAP policy has been written for the hospital.
- Access to the service has been facilitated by including the dates of the sessions on the meeting list, and incorporating telephone contact into the speed dial system.

Margot Murphy MAPS MICP
Consultant Psychologist

EDUCATION

Nurses at Stawell District Hospital consider ongoing professional development an imperative for expert patient care. This is evident by the consistent attendances at study days on a range of subjects. On return from study leave nurses share their knowledge with colleagues within their departments.

Several staff are currently undertaking tertiary studies. These are in the areas of peri-operative



nursing, emergency nursing, business management and rehabilitation.

Weekly inservice lectures continue to be well attended by staff. Mr Michael Delahunty, (*Chief Executive*), now has a monthly time-slot entitled 'Topic of the Month'. Michael discusses senior management issues and the sessions are extremely well attended by staff across all departments.

Nurse education received a boost through a specific nurse education grant from the Department of Human Services this year of \$35,245. This enabled staff to attend sessions on specialist areas such as rehabilitation, coronary care, sterilisation, emergency and trauma nursing. There is an opportunity to consolidate knowledge gained from study days through a clinical placement at the Queen Elizabeth, (Ballarat Health Services) rehabilitation unit or The Alfred Hospital's Trauma Accident Centre.

We have maintained our connection with our colleagues in Modolin Hospital, Papua New Guinea. Nurses visiting from PNG last year expressed a great need for a variety of hospital equipment and through the generous financial support of Stawell Rotary Club we were able to provide a shipping container filled with medical supplies and items donated by the Stawell District Hospital and our local community.

As a result of ongoing evaluation by employees, stakeholders and medical staff the staff orientation programme has been further strengthened this year. As well as general hospital and area specific induction, each new staff member undergoes formal training in fire and safety, telecommunications, manual handling and driver training. New doctors also undergo hospital orientation.

The benefits of these improvements have been that inductees receive training and information from appropriately qualified staff, plus it adds variety to a fairly intense orientation day. This improvement will be re-evaluated as part of the ongoing EQUiP cycle.

Finally, thanks to all staff for their continued support, enthusiasm and commitment to ongoing education.

Jenny Farrer : Nursing Education Co-Ordinator

QUALITY IMPROVEMENT PROGRAMME

Stawell District Hospital's Quality Improvement Programme continues to strive for Best Practice,

whilst improving health outcomes for its patients/customers.

Our Quality Improvement Committee (QIC), maintains its statutory immunity as an approved Quality Assurance Body under Section 139 of the Health Services Act. On December 7, 1998, the QIC adopted a Draft of Additional Terms of Reference to incorporate an Ethics Committee and to accept recommendations for how particular ethical issues would be handled. This was supported by the Visiting medical Officers (VMO), at their meeting on November 17, 1998.

During the last calendar year, twenty-eight hospital wards/departments were involved in the Quality Improvement Programme, and over one hundred project reports were completed and presented to the QIC. An additional number were completed, but spilled over into the early part of this calendar year. Some of the benefits achieved by continual assessment under this programme that have improved patient outcomes and hospital services in 1998 were:

- Telephone follow-up of day procedure patients;
- Evaluation of care to palliative care clients in the nursing home;
- Decreased incidence of skin tears in nursing home residents;
- Development of an Ante-natal Consumer Focus Group;
- Implementation of bus safety checklist for the day centre bus;
- Generic Safety Questionnaire for all hospital staff;
- Development of a Hospital Block Plan and Improvements in the New Doctor Orientation Programme.

A number of Patient Satisfaction Questionnaires have also demonstrated patients satisfaction with various hospital services. These were the Post Acute Care Patient Satisfaction Survey, the Pre-Admission Clinic Patient Satisfaction Survey, the Direct Dial Telephone Facility Survey, and the District Nursing Client Satisfaction Surveys – to name a few.

The Quality Improvement notice board in the cafeteria as well as the bi-monthly 'Just-a-Word' newsletter continues to disseminate information to staff about all aspects of the programme as well as the EQUiP (*Evaluation and Quality Improvement Programme*) process. A Certificate in Achievement was introduced in January 1998, which highlights particular worthy quality projects. Thirteen wards/departments have been awarded these

Stawell District Hospital And Its Controlled Entities Certification


In our opinion the Report of Operations and the consolidated Financial Statements of the Stawell District Hospital and its controlled entities comprising a Revenue and Expense Statement, Balance Sheet, Statement of Cash Flows and Notes to the Financial Statements have been prepared in accordance with the provisions of the Financial Management Act 1994 and the Directions of the Minister for Finance - Part 9 Reporting Provisions.

In our opinion the Financial Statements present fairly the financial transactions for the year ended June 30, 1999 and the financial position as at that date of the Stawell District Hospital and its controlled entities.

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

Chairperson
(On behalf of the Board of Management)
G.J. Thomas

Chief Executive
M.B. Delahunty



Dated the Fifth day of October 1999

AUDITOR-GENERAL'S REPORT



To the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Board of Management of the Stawell District Hospital

Audit Scope

The accompanying financial report of the Stawell District Hospital for the financial year ended 30 June 1999, comprising a revenue and expense statement, balance sheet, statement of cash flows, and notes to the financial statements, has been audited. The financial report includes the consolidated financial statements of the economic entity, comprising Stawell District Hospital and its controlled entity, Stawell District Hospital Foundation. The Members of the Board of Management are responsible for the preparation and presentation of the financial report and the information it contains. An independent audit of the financial report has been carried out in order to express an opinion on it to the Members of the Parliament of Victoria, the responsible Ministers and the Members of the Board of Management as required by the *Audit Act 1994*.

The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The audit procedures included an examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and complies with the requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Stawell District Hospital's and the economic entity's financial position, and the results of their operations and their cash flows.

The audit does not provide any assurances that the systems of the Stawell District Hospital and its controlled entity, or any other systems that they rely on in the conduct of their activities such as those of suppliers and service providers are year 2000 compliant, or whether plans and associated actions are adequate to address the year 2000 issue. The year 2000 issue has been addressed only in the context of existing audit responsibilities under Australian Auditing Standards to express an opinion on the financial report.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial report presents fairly the financial position of the Stawell District Hospital and the economic entity as at 30 June 1999 and the results of their operations and their cash flows for the year ended on that date in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and complies with the requirements of the *Financial Management Act 1994*.

MELBOURNE
7 / 10 / 1999

Level 14, 222 Exhibition Street Melbourne, Victoria 3000
Tel (03) 9651 6012 Fax (03) 9651 6050


for K.G. HAMILTON
Acting Auditor-General

Email: vicaud1@vicnet.net.au
Internet: <http://www.audit.vic.gov.au>

Stawell District Hospital
Revenue and Expense Statement for the Year Ended 30 June 1999

	Note	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
REVENUE					
Services supported by Health Service Agreement					
Government Grants		6,902	6,372	6,902	6,372
Indirect Contributions by Human Services		117	107	117	107
Patient Fees		1,545	1,620	1,545	1,620
Other Revenue		68	48	68	48
	2	8,632	8,147	8,632	8,147
Services Supported by Hospital & Community Initiatives					
Business Units		851	849	851	849
Donations & Bequests		83	98	89	98
Interest		108	98	137	125
Property Income		56	60	56	60
Other Revenue		37	24	37	58
	3	1,135	1,129	1,170	1,190
TOTAL REVENUE		9,767	9,276	9,802	9,337
EXPENDITURE					
Services supported by Health Service Agreement					
Employee Entitlements		5,113	5,111	5,113	5,111
Fee for Service Medical Officers		777	730	777	730
Supplies and Consumables		1,138	828	1,138	828
Other Expenses		1,254	1,101	1,254	1,101
		8,282	7,770	8,282	7,770
Services Supported by Hospital & Community Initiatives					
Employee Entitlements		514	399	514	399
Fee for Service Medical Officers		-	1	-	1
Supplies and Consumables		398	394	398	394
Other Expenses		172	173	173	175
	3	1,084	967	1,085	969
TOTAL EXPENDITURE	4	9,366	8,737	9,367	8,739
Surplus/(Deficit) for the Year before Capital Purpose Income, Depreciation, Amortisation, and Abnormal Items		401	539	435	598
Capital Purpose Income	5	498	101	498	101
Depreciation and Amortisation	6	(563)	(505)	(563)	(505)
		336	135	370	194
Operating Surplus/(Deficit) for the Year		336	135	370	194
Retained Earnings at 1 July		8,726	8,591	9,152	8,958
Aggregate of amounts transferred from Reserves		-	-	-	-
		9,062	8,726	9,522	9,152
Amount available for Appropriation		9,062	8,726	9,522	9,152
Aggregate of amounts transferred to Reserves		-	-	-	-
Retained Earnings at 30 June		9,062	8,726	9,522	9,152

This Statement should be read in conjunction with the accompanying notes

Stawell District Hospital
Balance Sheet as at 30th June 1999

	Note	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
EQUITY					
Special Purpose Reserve - Funds held in Perpetuity	7	1	1	1	1
		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Asset Revaluation Reserve	24	931	-	931	-
Retained Earnings	24	9,062	8,726	9,522	9,152
Total Equity		<u>9,994</u>	<u>8,727</u>	<u>10,454</u>	<u>9,153</u>
LIABILITIES					
Current Liabilities					
Bank Overdraft	18	-	142	-	142
Payables	8	622	496	622	496
Employee Entitlements	9	746	719	746	719
Monies Held in Trust	10	-	8	-	8
Other	11	-	168	-	168
Total Current Liabilities		<u>1,368</u>	<u>1,533</u>	<u>1,368</u>	<u>1,533</u>
Non-Current Liabilities					
Payables	8	53	-	53	-
Employee Entitlements	9	562	593	562	593
Total Non-Current Liabilities		<u>615</u>	<u>593</u>	<u>615</u>	<u>593</u>
Total Liabilities		<u>1,983</u>	<u>2,126</u>	<u>1,983</u>	<u>2,126</u>
Total Equity and Liabilities		<u>11,977</u>	<u>10,853</u>	<u>12,437</u>	<u>11,279</u>
ASSETS					
Current Assets					
Cash at Bank and on Hand	18	112	-	157	42
Inventory	12	52	44	52	44
Prepayments		12	-	12	-
Receivables	13	451	410	467	424
Investments	14	1,750	2,237	2,149	2,607
Monies Held in Trust	10	-	8	-	8
Total Current Assets		<u>2,377</u>	<u>2,699</u>	<u>2,837</u>	<u>3,125</u>
Non-Current Assets					
Investments	14	1	1	1	1
Land	15	635	481	635	481
Buildings	15	6,550	5,701	6,550	5,701
Plant and Equipment	15	1,772	1,621	1,772	1,621
Motor Vehicles	15	245	200	245	200
Office Furniture and Fittings	15	334	150	334	150
Leased Assets	16	63	-	63	-
Total Non-Current Assets		<u>9,600</u>	<u>8,154</u>	<u>9,600</u>	<u>8,154</u>
Total Assets		<u>11,977</u>	<u>10,853</u>	<u>12,437</u>	<u>11,279</u>

This Statement should be read in conjunction with the accompanying notes

Stawell District Hospital
Statement of Cash Flows for the Year ended 30 June, 1999

	Note	Total 1998/99 \$'000 Inflows (Outflows)	Total 1997/98 \$'000 Inflows (Outflows)	Consolidated 1998/99 \$'000 Inflows (Outflows)	Consolidated 1997/98 \$'000 Inflows (Outflows)
Cash Flows from Operating Activities					
Receipts					
Government Grants		6,601	6,784	6,601	6,784
Patient Fees		1,630	1,620	1,630	1,620
Interest Received		115	89	142	115
Other		1,095	701	1,101	735
Total Receipts		<u>9,441</u>	<u>9,194</u>	<u>9,474</u>	<u>9,254</u>
Payments					
Employee Entitlements		(5,631)	(5,476)	(5,631)	(5,476)
Other		(3,532)	(3,070)	(3,533)	(3,072)
Total Payments		<u>(9,163)</u>	<u>(8,546)</u>	<u>(9,164)</u>	<u>(8,548)</u>
Net Cash Flows from Operating Activities	17	<u>278</u>	<u>648</u>	<u>310</u>	<u>706</u>
Cash Flows from Investing Activities					
Purchase of Property, Plant & Equipment		(1,187)	(269)	(1,187)	(269)
Proceeds from Sale of Property, Plant & Equipment		145	53	145	53
Proceeds from Sale of Investments		487	(795)	458	(821)
Capital Grants		462		462	
Net Cash used in Investing Activities		<u>(93)</u>	<u>(1,011)</u>	<u>(122)</u>	<u>(1,037)</u>
Cash Flows from Financing Activities					
Proceeds from Borrowings		69	-	69	-
Net Cash used in Financing Activities		<u>69</u>	<u>-</u>	<u>69</u>	<u>-</u>
Net Increase/Decrease in Cash Held		<u>254</u>	<u>(363)</u>	<u>257</u>	<u>(331)</u>
Cash at 1 July		(142)	221	(100)	231
Cash at 30 June	18	<u>112</u>	<u>(142)</u>	<u>157</u>	<u>(100)</u>

This Statement should be read in conjunction with the accompanying notes

STAWELL DISTRICT HOSPITAL

Notes To And Forming Part Of The Financial Statements For The Year Ended June 30, 1999

Note 1 Statement of Accounting Policies

The consolidated general purpose Financial Statements of the Hospital and its controlled entities have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued jointly by The Institute of Chartered Accountants in Australia and the Australian Society of Certified Practising Accountants and other mandatory professional reporting requirements.

(a) Accrual Basis

Except where otherwise stated, these Financial Statements have been prepared on the accrual basis whereby revenues and expenses are recognised when they are earned or incurred, and are brought to account in the period to which they relate.

(b) Historical Cost Basis

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

(c) Rounding Off

All amounts shown in the Financial Statements are expressed to the nearest thousand dollars.

(d) Principles of Consolidation

The assets, liabilities, revenues and expenses of all controlled entities of the Hospital have been included at the values shown in their audited Annual Financial Statements. Any inter-entity transactions have been eliminated on consolidation. The consolidated Financial Statements include the audited Financial Statements of the following entities.

- Stawell District Hospital
- Stawell District Hospital Foundation

(e) Investments

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

(f) Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost - or valuation - over their estimated useful lives using the straight-line method. This depreciation charge is not funded by the Department of Human Services. The following table indicates the expected useful lives of non current assets on which the depreciation charges are based:

Buildings	-	up to 40 years
Plant & Equipment	-	up to 15 years
Furniture & Fittings	-	up to 10 years

(g) Inventories

Inventories are valued at the lower of cost and net realisable value. Cost is determined principally by the first-in, first-out method.

(h)

Employee Entitlements

Based on pay rates current at balance date. On-costs such as Workcover and Superannuation are included in the calculation of leave provisions.

Long Service Leave

The provision for long service leave is determined in accordance with Accounting Standard AAS30. Generally, the entitlement under various awards becomes payable upon completion of ten years service. The proportion of long service leave estimated to be payable within the next financial year is a current liability. The balance of the provision is classified as a non-current liability measured at the present value of the estimated future cash outflow arising from employee's services to date.

Wages and Salaries, Annual Leave and Accrued Days Off

Liabilities for wages and salaries, annual leave and accrued days off are recognised, and are measured as the amount unpaid at the reporting date in respect of employee's services up to that date.

(i)

Nursing Home

The Helen Schutt Nursing Home has a separate Committee of Management and is substantially funded from Commonwealth bed-day subsidies.

The Nursing Home operations are an integral part of the Hospital and share its resources. An apportionment of land and buildings has been made based on floor space. The results of the two operations have been segregated based on actual revenue earned and expenditure incurred by each operation.

(j)

Intersegment Transactions

Transactions between segments within the Hospital have been eliminated to reflect the extent of the Hospital's operations as a group.

(k)

Leased Property and Equipment

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains all such risks and benefits. Where a non-current asset is acquired by means of a finance lease, the minimum lease payments are discounted at the interest rate implicit in the lease. The discounted amount is established as a non-current asset at the beginning of the lease term and is amortised on a straight line basis over its expected economic life. A corresponding liability is established and each lease payment is allocated between the principal component and the interest expense. Operating lease payments are representative of the pattern of benefits derived from the leased assets and accordingly are charged against revenue in the periods in which they are incurred.

(l)

Income in Advance

Revenue is recognised in accordance with AAS15 which draws a distinction between reciprocal and non-reciprocal transactions in the

STAWELL DISTRICT HOSPITAL

Notes To And Forming Part Of The Financial Statements For The Year Ended June 30, 1999

- treatment of the contribution of assets to the entity. A reciprocal transaction is deferred and reported as Income in Advance due to the non completion of the service at reporting date. A non reciprocal transaction is recognised as revenue when the entity gains control of the transfer.
- (m) **Donations**
Donations are recognised as revenue when the cash is received.
- (n) **Fund Accounting**
The Hospital operates on a fund accounting basis and maintains three funds: Operating, Specific Purpose and Capital Funds. The Hospital's Capital and Specific Purpose Funds include unspent capital donations and receipts from fund-
- raising activities conducted solely in respect of these funds.
- (o) **Services Supported by Health Services Agreement and Services Supported By Hospital and Community Initiatives**
The Activities classified as *Services Supported by Health Services Agreement* are substantially funded by the Department of Human Services while *Services Supported by Hospital and Community Initiatives* are funded by the Hospital's own activities or local initiatives.
- (p) **Comparative Information**
Where necessary, the previous years figures have been classified to facilitate comparisons.

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 2 : Revenue from Services Supported by Health Service Agreement

	Note	Acute Care \$'000	Mental Health \$'000	Aged Care \$'000	Co-Ordinated Care \$'000	Other \$'000	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1997/98 \$'000	Consolidated 1996/97 \$'000
Government Grants										
- Department of Human Services		5,839	130	542	391	-	6,902	6,372	6,902	6,372
		<u>5,839</u>	<u>130</u>	<u>542</u>	<u>391</u>	<u>-</u>	<u>6,902</u>	<u>6,372</u>	<u>6,902</u>	<u>6,372</u>
Indirect Contributions by Human Services										
- Insurance		117					117	107	117	107
Patient Fees	2a	302	-	1,181	62		1,545	1,620	1,545	1,620
Other Revenue		63	-	5	-		68	48	68	48
Total		<u>6,321</u>	<u>130</u>	<u>1,728</u>	<u>453</u>	<u>-</u>	<u>8,632</u>	<u>8,147</u>	<u>8,632</u>	<u>8,147</u>

Indirect Contributions by Human Services

Department of Human Services makes certain payments on behalf of the Hospital. These amounts have been brought into account in determining the operating result for the year by recording them as revenue and expenses.

Note 2a : Patient Fees

	Patient Fees Raised		Patient Fees Receivable	
	1998/99 \$'000	1997/98 \$'000	1998/99 \$'000	1997/98 \$'000
Acute	302	301	60	67
- Inpatients	296	297	60	67
- Outpatients	6	4	-	-
- Other	-	-	-	-
Mental Health	-	-	-	-
Aged Care	1,181	1,252	26	23
- Nursing Homes	1,068	1,115	26	23
- Other	113	137	-	-
Co-Ordinated Care	62	67	-	-
Other	-	-	-	-
Total	<u>1,545</u>	<u>1,620</u>	<u>86</u>	<u>90</u>
Less Provision for Doubtful Debts			(15)	(15)
Net Patient Fees Receivable			<u>71</u>	<u>75</u>

Commonwealth Nursing Home inpatient benefits are included in patient fee revenue. The Hospital charges fees in accordance with Department of Human Services directives.

	Acute Care \$'000	Mental Health \$'000	Aged Care \$'000	Co-Ordinated Care \$'000	Other \$'000	1998/99 \$'000	1997/98 \$'000
Bad and Doubtful Debts							
Inpatients						-	20
Outpatients						-	7
Other						-	1
						<u>-</u>	<u>28</u>

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 3 : Services Supported by Hospital & Community Initiatives

Business Units	Total 1998/99	Total 1997/98	Consolidated 1998/99	Consolidated 1997/98
	\$'000	\$'000	\$'000	\$'000
Revenue				
Diagnostic Imaging	480	451	480	451
Catering	280	373	280	373
Surgical Services	91	25	91	25
	<u>851</u>	<u>849</u>	<u>851</u>	<u>849</u>
Property and Rental Income	56	60	56	60
Interest Income	108	98	137	125
Fundraising Activities	83	98	89	98
Other	37	24	37	58
	<u>284</u>	<u>280</u>	<u>319</u>	<u>341</u>
	<u>1,135</u>	<u>1,129</u>	<u>1,170</u>	<u>1,190</u>
Expenses				
Diagnostic Imaging	423	413	423	413
Catering	294	347	294	347
Surgical Services	221	88	221	88
Other	146	119	147	121
	<u>1,084</u>	<u>967</u>	<u>1,085</u>	<u>969</u>

Note 4 : Operating Expenses

	Acute Care	Mental Health	Aged Care	Co-Ordinated Care	Other	Total 1998/99	Total 1997/98	Consolidated 1998/99	Consolidated 1997/98
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Services supported by Health Services Agreement									
Employee Entitlements	3,426	140	1,374	173	-	5,113	5,111	5,113	5,111
Salaries and Wages	3,028	127	1,232	161	-	4,548	4,580	4,548	4,580
Workcover	52	2	22	3	-	79	57	79	57
Departure Packages	-	-	-	-	-	-	-	-	-
Long Service Leave	81	1	25	(5)	-	102	134	102	134
Superannuation	265	10	95	14	-	384	340	384	340
Fee for Service Medical Officers	777	-	-	-	-	777	730	777	730
Supplies and Consumables	752	27	275	84	-	1,138	828	1,138	828
Drug Supplies	128	-	4	-	-	132	115	132	115
Medical And Surgical	567	-	67	84	-	718	572	718	572
Food Supplies	57	27	204	-	-	288	141	288	141
Other Expenses	1,107	-	132	15	-	1,254	1,101	1,254	1,101
Domestic Services	102	-	31	3	-	136	140	136	140
Administrative Expenses	596	-	79	9	-	684	581	684	581
Repairs and Maintenance	162	-	22	2	-	186	120	186	120
Audit Fees	8	-	-	-	-	8	8	8	8
Patient Transport	44	-	-	-	-	44	40	44	40
Other	195	-	-	1	-	196	212	196	212
Sub Total	6,062	167	1,781	272	-	8,282	7,770	8,282	7,770
Services Supported by Hospital & Community Initiatives									
Employee Entitlements	-	-	-	-	514	514	399	514	399
Salaries and Wages	-	-	-	-	458	458	351	458	351
Workcover	-	-	-	-	7	7	4	7	4
Long Service Leave	-	-	-	-	9	9	19	9	19
Superannuation	-	-	-	-	40	40	25	40	25
Fee for Service Medical Officers	-	-	-	-	-	-	1	-	1
Supplies and Consumables	-	-	-	-	398	398	394	398	394
Medical And Surgical	-	-	-	-	272	272	226	272	226
Food Supplies	-	-	-	-	126	126	168	126	168
Other Expenses	-	-	-	-	172	172	173	173	175
Domestic Services	-	-	-	-	3	3	14	3	14
Administrative Expenses	-	-	-	-	110	110	63	111	65
Repairs and Maintenance	-	-	-	-	37	37	33	37	33
Other	-	-	-	-	22	22	63	22	63
Sub Total	-	-	-	-	1,084	1,084	967	1,085	969
Total Expenses	6,062	167	1,781	272	1,084	9,366	8,737	9,367	8,739

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 5 : Capital Purpose Income

	Note	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
State Government Grants		378	65	378	65
Commonwealth Government Grants		71	19	71	19
Donation & Bequests		13	-	13	-
Other	5a	36	17	36	17
Total		498	101	498	101

Note 5a : Other Capital Purpose Income

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Revenue from disposal of Physical Assets				
Proceeds from Disposal	145	53	145	53
less Written Down Value of Assets Sold	109	36	109	36
Net Revenue from Disposal of Physical Assets	36	17	36	17

Note 6 : Depreciation and Amortisation

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Buildings	235	235	235	235
Plant & Equipment	210	193	210	193
Furniture & Fittings	57	30	57	30
Motor Vehicles	61	47	61	47
Total	563	505	563	505

Allocation of Depreciation/Amortisation

Services supported by Health Service Agreement	498	444	498	444
Services Supported by Hospital & Community Initiatives	65	61	65	61
Total	563	505	563	505

Note 7 : Special Purpose Reserve

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Funds held in Perpetuity	1	1	1	1

Note 8 : Payables

	Current S'000	Non Current S'000	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Trade Creditors	382	-	382	320	382	320
Finance Lease Liability	16	53	69	-	69	-
Accrued Expenses	224	-	224	176	224	176
Total Payables	622	53	675	496	675	496

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 9 : Employee Entitlements

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Current				
Annual Leave	462	434	462	434
Accrued Salaries & Wages	124	119	124	119
Accrued Days Off	15	14	15	14
Long Service Leave	145	152	145	152
Total Current	746	719	746	719
Non Current				
Long Service Leave	562	593	562	593
Total	1,308	1,312	1,308	1,312
Movement in Long Service Leave:				
Balance July 1, 1998	745	761	745	761
Provision made during the year	115	148	115	148
Settlement made during the year	(153)	(164)	(153)	(164)
Balance June 30, 1999	707	745	707	745

Note 10 : Monies Held in Trust

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Current				
Patient Monies held in Trust	-	8	-	8
Total	-	8	-	8
Represented by				
Cash at Bank	-	8	-	8
Total	-	8	-	8

Note 11 : Other Liabilities

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Department of Human Services Grants in Advance	-	168	-	168
Total	-	168	-	168

Note 12 : Inventory

	Total 1998/99 S'000	Total 1997/98 S'000	Consolidated 1998/99 S'000	Consolidated 1997/98 S'000
Pharmaceuticals	17	14	17	14
Catering Supplies	5	4	5	4
Housekeeping Supplies	3	5	3	5
Medical and Surgical Lines	19	16	19	16
Administration Stores	6	4	6	4
Other	2	1	2	1
Total	52	44	52	44

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 13 : Receivables

	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Inter Hospital Debtors	15	11	15	11
Trade Debtors	121	118	121	118
Patient Fees	86	90	86	90
Accrued Investment Income	2	9	18	23
Accrued Revenue			-	-
- Department of Human Services	239	106	239	106
- Other	3	91	3	91
Total	466	425	482	439
less Provision for Doubtful Debts				
Inter Hospital Debtors	-	-	-	-
Trade Debtors	-	-	-	-
Patient Fees	15	15	15	15
Total	15	15	15	15
Net Debtors and Accrued Revenue	451	410	467	424

Note 14 : Investments

	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Current				
Investments - Banks	1,750	2,237	2,149	2,607
Non Current				
Investments - Government Instrumentalities	1	1	1	1
Total	1,751	2,238	2,150	2,608
Analysed as follows:				
Current				
Aust. Dollar Term Deposits	1,750	2,237	2,149	2,607
Non Current				
Inscribed Stock	1	1	1	1
Total	1,751	2,238	2,150	2,608

Note 15 : Fixed Assets

	Gross Cost/ Valuation 1998/99 \$'000	Accumulated Depreciation 1998/99 \$'000	Written Down Value 1998/99 \$'000	Written Down Value 1997/98 \$'000	Additions 1999 \$'000	Disposals 1999 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
At Cost								
Buildings	-	-	-	1,729	-	-	-	1,729
Plant & Equipment	3,677	1,905	1,772	1,621	351	34	1,772	1,621
Furniture & Fittings	610	276	334	150	230	2	334	150
Motor Vehicles	306	61	245	200	197	167	245	200
Sub Total	4,593	2,242	2,351	3,700	778	203	2,351	3,700
At Valuation								
Land	635	-	635	481	311	-	635	481
Buildings	6,550	-	6,550	3,972	1	-	6,550	3,972
Total	11,778	2,242	9,536	8,153	1,090	203	9,536	8,153

Land and Buildings were valued at 30th June 1999 by the Department of Natural Resources and Environment, Valuation and Survey Services Office. Land has been valued at current market value. Buildings have been valued at written down replacement cost.

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 16 : Leased Assets

	Gross Cost/ Valuation 1998/99 \$'000	Accumulated Depreciation 1998/99 \$'000	Written Down Value 1998/99 \$'000	Written Down Value 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Furniture & Fittings	55	11	44	-	44	-
Motor Vehicles	25	6	19	-	19	-
					-	-
Total	80	17	63	-	63	-

Note 17 : Reconciliation of Net Cash Used in Operating Activities to Operating Result

	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Operating Surplus/(Deficit) for the Year	336	135	370	194
less income designated for capital purposes	462		462	
Operating Surplus/(Deficit) prior to capital items	(126)	135	(92)	194
NON CASH MOVEMENTS				
Depreciation	563	505	563	505
Provision for Doubtful Debts	-	15	-	15
Increase/(Decrease) in Payables	(58)	170	(58)	170
Increase/(Decrease) in Employee Entitlements	(4)	35	(4)	35
Net Revenue from Sale of Plant and Equipment	(36)	(17)	(36)	(17)
(Increase)/Decrease in Receivables	(41)	(143)	(43)	(129)
(Increase)/Decrease in Other Current Assets	(20)	30	(20)	15
Increase/(Decrease) in Monies held in Trust	-	(82)	-	(82)
NET CASH FROM OPERATING ACTIVITIES	278	648	310	706

Note 18 : Reconciliation of Cash

For the purposes of the Statement of Cash Flows, the Hospital considers cash to include cash on hand and in banks.

	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Cash at Bank and on hand	112	-	157	42
Bank Overdraft	-	(142)	-	(142)
Total	112	(142)	157	(100)

Note 19 : Commitments

As at June 30 1999 the Stawell District Hospital has no major outstanding commitments.

Note 20 : Lease Liabilities

Aggregate lease expenditure contracted for at balance date

Finance Leases

Commitments in relation to finance leases are payable as follows

	Total 1998/99 \$'000	Total 1997/98 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Not later than one year	16	-	16	-
Later than one but not later than 2 years	25	-	25	-
Later than two but not later than 5 years	36	-	36	-
Later than 5 years	-	-	-	-
Sub Total	77	-	77	-
Less future finance charges	8	-	8	-
Total	69	-	69	-

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 21 : Contingent Liabilities

As at June 30 1999 the Stawell District Hospital has no knowledge of any contingent liabilities.

Note 22 : Superannuation

- i) The Stawell District Hospital contributes to the Health Super Fund for all eligible employees.
- ii) During the 1998/99 financial year, Stawell District Hospital's contribution to the Health Super Fund totalled \$ 423,443 (1997/98 - \$ 364,088).
- iii) There are no contributions outstanding in respect of the 1998/99 financial year payable by the Stawell District Hospital to the Hospital's Superannuation Fund.
- iv) In accordance with Section 20(2)(a) of the Hospital's Superannuation Act 1988 and the State Superannuation Act 1988, contributions of the institution are calculated as a percentage of the employee's salary. Separate Contributions are determined for basic benefits and optional contributory benefits in accordance with Section 29(3).
- v) There have been no loans made to the Stawell District Hospital from employee superannuation funds.

As at 30th June 1999, based on advice from the Department of Treasury and Finance, the Hospitals Superannuation Fund will be fully funded.

Note 23 : Segment Reporting

Segment	Segment Revenue \$'000	Segment Expenditure \$'000	Surplus/ Deficit \$'000	Segment Assets \$'000	Segment Liabilities \$'000	Segment Equity \$'000
Hospital	8,903	8,707	196	10,122	1,864	8,258
Nursing Home	1,363	1,222	141	1,856	119	1,737
Sub - Total	10,266	9,929	337	11,978	1,983	9,995
Foundation	34	1	33	458	-	458
Total	10,300	9,930	370	12,436	1,983	10,453

Note 24 : Reconciliation of Changes in Equity

	Other Reserves		Retained Earnings		Total	Total
	1998/99 \$'000	1997/98 \$'000	1998/99 \$'000	1997/98 \$'000	1998/99 \$'000	1997/98 \$'000
Balance at Beginning of Reporting Period	1	1	8,726	8,591	8,727	8,592
Operating Surplus/(Deficit) for the Year	-	-	336	135	336	135
Increment in valuation of Land and Buildings	931	-	-	-	931	-
Transfers to Reserves	-	-	-	-	-	-
Transfers from Reserves	-	-	-	-	-	-
Transitional Adjustments	-	-	-	-	-	-
Balance at End of Reporting Period	932	1	9,062	8,726	9,994	8,727

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 25 : Responsible Person Related Disclosures

(a) Responsible Persons

Mr. R. Knowles MLC	Dr. A.H. Cunningham	Mr G.E. McDonough
Mrs. M.I. Blake	Mr. N.S. Dunn	Mr. G.J. Thomas
Mrs. J.M. Brilliant	Mr. G.B. Fuller	Mrs. J.H. Witham
Dr. R.N. Castle	Mrs K. Harris	Mr.G.S. Withers
Mr H.L. Cooper	Mr P.J. Martin	Mr. M.B. Delahunty C.E.O

(b) Remuneration of Responsible Persons

The numbers of Responsible persons are shown in their relevant income bands

Income	1998/99 No.	1997/98 No.
\$20,000 - \$29,999	-	1
\$30000- \$39,999	1	-
	1998/99 \$'000	1997/98 \$'000

Total remuneration received, or due and receivable, by Responsible Persons from the reporting entity amounted to -

31 28

(c) Retirement Benefits of Responsible Persons

No benefits were paid in connection with the retirement of Responsible Persons

(d) Other Transactions of Responsible Persons and their Related Entities

	1998/99 \$'000	1997/98 \$'000
Dr R.N. Castle and Dr A.H. Cunningham provide Visiting Medical Officer services.	116	159
Mr G Thomas is a Partner of Curtis & Thomas, Chartered Accountants which provides Computer Hardware	16	-
Mr G Fuller is the Principal of G.Fuller And Associates which provides Insurance Broking Services	5	6

(e) Other Receivables from and Payables to Responsible Persons and their Related Parties

	1998/99 \$'000	1997/98 \$'000
Aggregate amount payable at Balance Date	6	17

(f) Amounts attributable to other Transactions with Responsible Persons and their Related Parties

There are no amounts attributable to other Transactions with Responsible Persons and their Related Parties.

(g) Executive Officer Remuneration

The number of Executive Officers whose total remuneration exceeded \$100,000 are shown below in their relevant income band.

	1998/99 No.	1997/98 No.
\$110,000 - \$119,999	1	1
	1998/99 \$'000	1997/98 \$'000

Total remuneration for the reporting period for Executive Officers included above amounted to :

116 112

STAWELL DISTRICT HOSPITAL

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1999

Note 26 : Financial Instruments

a) Interest Rate Exposure

The Hospital's exposure to interest rate risk, which is the risk that a financial instruments value will fluctuate as a result of changes in market interest rates and the effective average interest rates on classes of financial assets and financial liabilities, is as follows :-

	Weighted Average Interest Rate	Floating Interest Rate \$'000	1 Year or Less \$'000	1 to 2 Years \$'000	Over 5 Years \$'000	Non Interest Bearing \$'000	Total 1998/99 \$'000	Consolidated 1998/99 \$'000	Consolidated 1997/98 \$'000
Financial Assets									
Cash	2.90%	112	-	-	-	-	112	157	42
Receivables	0.00%	-	-	-	-	451	451	467	424
Investments	5.76%	-	1,750	-	-	-	1,750	2,149	2,607
Total Financial Assets		112	1,750	-	-	451	2,313	2,773	3,073
Financial Liabilities									
Bank Overdraft	9.80%	-	-	-	-	-	-	-	142
Payables	0.00%	-	-	-	-	622	622	622	496
Total Financial Liabilities		-	-	-	-	622	622	622	638
Net Financial Assets/(Liabilities)		112	1,750	-	-	(171)	1,691	2,151	2,435

b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial statements.

The Hospital does not have any material credit risk exposure.

c) Market Value

	Total Book Value 1998/99 \$'000	Total Net Market Value 1998/99 \$'000	Consolidated Book Value 1998/99 \$'000	Consolidated Net Market Value 1998/99 \$'000
Financial Assets				
Cash	112	112	157	157
Receivables	451	451	467	467
Investments	1,750	1,750	2,149	2,149
Total Financial Assets	2,313	2,313	2,773	2,773
Financial Liabilities				
Bank Overdraft	-	-	-	-
Payables	622	622	622	622
Total Financial Liabilities	622	622	622	622
Net Financial Assets/(Liabilities)	1,691	1,691	2,151	2,151

Cash, deposit investments, cash equivalents, and non-interest bearing financial assets and liabilities (trade debtors, other receivables, trade creditors, and advances) are valued at cost which approximates net market value.

Note 27 : Transactions with Other Government Controlled Entities

	Intra Health Portfolio \$'000	Inter Health Portfolio \$'000
Assets	15	19
Liabilities	56	1
Revenue	6,834	48
Expenses	411	43

This data is required to enable consolidation across the Health Portfolio and to ensure proper elimination of intra and inter department portfolio transactions.



certificates over the last eighteen months, a number being awarded more than one. These certificates are displayed behind the glass display cabinet in the hospital reception corridor, and on the QI notice board in the cafeteria. In the future, the certificates will be presented to worthy recipients at Department Head meetings.

The VMO's, through the Medical Quality Improvement Programme, assess Clinical Indicator data that Stawell District Hospital collects. The doctors assess the data, reporting to the VMO committee, results found, and where applicable, recommendations or change. This approach will provide meaningful feedback to both the medical staff and the hospital regarding patient management outcomes.

We continue to work through our plan which we submitted to the Department of Human Services, responding to the three areas highlighted for review from the Victorian Statewide Satisfaction Survey.

On March 3 and 4 this year our Organisational Wide Survey took place under the lead of Mrs. Neroli Gosper. She was ably assisted by Dr. Ron Beasley, and Mr. Sidney Duckett.

On the morning of March 3, succinct and well prepared verbal presentations were made by a number of staff on each of the six EQUiP standards; Continuum of Care, Leadership and Management, Human Resources, Information Management, Safe Practice and Environment and Improving Performance. The key concepts of EQUiP, Customer Focus, Leadership, Improving Organisational Performance, Outcomes and Striving for Best Practice give strength to the standards.

An enormous amount of documentation supported the verbal presentations and the surveyors spent a lot of their time over the two days verifying this. The surveyors also spent time with Department Heads, as well as speaking to other staff, patients, clients and visitors.

At the end of the two day survey, the surveyors summation gave us (*the staff*), reason to be proud of what we had done and achieved, with advice and incentive to increase our scope and continue to strive toward Best practice. The result of the survey was the award of a three year Accreditation, with the following rating achievement for each standard.

- Continuum of Care EA (Extensive Achievement)
- Leadership & Management MA (Moderate Achievement)
- Human Resources MA
- Information Management MA
- Safe Practice & Environment MA

■ Improving Performance MA

At this point, we are forming a Quality Action Plan to address any recommendations made by the surveyors. Presently thirty-one hospital wards/ departments are working through their 1999 Yearly Quality Activities Planner.

Momentum is slowly increasing now the March Accreditation Survey is over. In the near future, new satisfaction surveys will be introduced by the Pre-Admission Clinic Co-Ordinator, the Stores Buying Officer, and the Hospital Psychologist. These questionnaires will assess customer satisfaction and provide the opportunity for customers to state what they think can be done to improve the quality of the hospital service. The Ante-Natal Focus Group is under review, looking forward to increasing the type and frequency of other groups. The 'Curbside Consult' will be run again, providing another avenue for Stawell residents to 'have a say'.

As you can see a very busy start to this year. I would like to thank all staff for their contributions in making the Accreditation Survey so successful and interesting, and to the Ladies Auxiliary Members for their assistance with the second 'Curbside Consult'.

A special thanks to Jane (*not a worry!*), and Camille, who still managed to smile when drowning in typing, prior to our Organisational Wide Survey.

Sarah Warren
Quality Manager

OCCUPATIONAL HEALTH AND SAFETY

The "No Life" system of patient handling has been introduced and is meeting its twin objectives of greater patient comfort, and increased staff safety.

The incidence of patient falls has decreased due to pro-active assessment.

Staff accidents have also decreased significantly.

Bruce Fowkes
OH&S Co-Ordinator

OCCUPATIONAL HEALTH & MEDICAL SCREENING SERVICE

In February 1998 the hospital was approached by the Stawell Industrial Forum (*a group of representatives of our local industries*), and requested to provide an Occupational Health Service. Until this time the industries had been utilising the



facilities or our local medical practitioners for services such as pre-placement and periodic medical surveillance for their employees. This at times proved quite difficult with the limited number of appointments available. Other complications were experienced when a hearing test, chest x-ray, or pathology tests were required in order to complete a medical examination. The applicant would be required to attend several appointments usually on different days at different locations.

Each industry has unique health surveillance requirements, which were difficult to meet with the facilities available. The hospital was approached to provide a service to meet the needs of each industry.

The hospital sought the expert advice of Dr. Barry Gilbert, Occupational Physician from Public Health Management. Dr. Gilbert has assisted the hospital in the implementation of the Occupational Health and Medical Screening Service, which has been operational since mid February 1999.

The employer usually schedules appointments by faxing a request to the hospital, outlining the name of the proposed employee and a detailed description of the position for which they have applied. The employer is also able to select which tests they would like performed. Once this information is received an appointment time is made which is convenient for the applicant.

An Occupational Health Nurse attends medical examinations and the results reviewed by two of our local medical practitioners using a computer-based health-monitoring programme. The doctor is able to view the employees position description and determine if the applicant is medically suitable to perform the tasks required. The doctor then prints a report that is sent to the employer with the applicant's suitability along with any recommendations or restrictions. This assists the employer in ensuring that their workers are not at an increased risk within the workplace, which in turn lowers the occurrence of work place accidents. At the doctors request a health feedback report can be sent to the applicant with details of any follow up required. This system achieves a time and cost effective service for both the employers and employees. All tests are performed during a single appointment at the hospital, and once all results are available, the medical is reviewed and reports sent out, usually within 24 to 48 hours. The employer receives a single account detailing the tests performed.

Other services provided by this service include audiometry, spirometry, on-site health promotions, pathology collections, immunisation programmes, and urine drug screening.

The service has been well accepted by the local industries, which is a direct result of the support that has been received. In just four months, there are twenty local companies utilising the service. Many of these are sub-contractors of the larger industries. Dr. Gilbert has returned to Stawell recently to evaluate the service, and was pleased with the progress made.

I would like to thank the practice managers and reception staff of both medical practices for their support and assistance during the commencement of this service. The time taken in referring consumers of Occupational Health to this service is greatly appreciated. Thanks are also extended to Dr. Peter Carter and Dr. David Lia for their patience and assistance in the development and delivery of this service.

Viv Cole
Occupational Health Nurse

HELEN SCHUTT NURSING HOME

The residents that are admitted to the nursing home today are in need of a higher level of nursing care than in the past, and this year has been no exception. This places greater demands on staff expertise and time.

Along with the hospital, we were again accredited for three years. Thank you to all staff who strive for quality improvement thus providing our residents with a very high standard of care.

We are now preparing to the Accreditation of Nursing Homes, which is compulsory, and which we have to attain by the year 2001 in order to continue to receive funding. To be accredited, we have to meet and be seen to be improving in all standards. For example:

- Management systems, and staffing and organisational development;
- Health and personal care;
- Resident lifestyle;
- Physical environment and safe systems.

Two of our RN Division 1 nurses are currently undertaking the Post Basic Course in Gerontology and will complete the course in October – we wish them well.



Ann Bibby has continued to provide tuition and guidance to the first year students from Ballarat University who visit the home for blocks of two weeks three times each year.

The "No Lift" policy was introduced in May, and has been of great benefit to all staff. As a direct result of this policy, seven new beds which are electrically operated, have been purchased for the home. This means the staff no longer have to manually lift residents using these beds as they have electrically operated back rest raisers and high/low function.

A lifting machine that is used to assist residents in and out of bed, and private cars, has also been purchased for the home, and is a great asset. Residents, who previously were unable to go out with their friends or relatives in private cars because of the difficulty in getting in and out of a vehicle, are now able to do so.

The staff have again been fundraising for the benefit of the residents and have purchased garden seating, and pots and plants, to enhance the garden area. We have also benefited by generous donations given to us by organisations and grateful relatives of residents we have cared for.

To all these, and the many others who assist us in various ways, we say a grateful thank you – your donations are appreciated and are spent in improving the facilities and lead to a higher level of care for our residents.

The bed occupancy for the past year has been 99%.

Thank you to all staff with whom I have worked for their dedication to, and care of the residents, who have come under our care.

Thanks also to all other departments for their co-operation, which has added to the smooth operation of the home and last but not least, the auxiliaries and volunteers, for their valuable support.

In conclusion, I would like to welcome Helen Hovey, who is to commence duty in September as the Nursing Home Supervisor, and I hope she gains as much enjoyment and satisfaction as I have during my years of service.

Lorna Carey
Nursing Home Supervisor

SUPPLY

The last three months has seen a change in the Supply Department, with the departure of Todd Dunne, who has left to take up a position at Depuy Australia in Melbourne, and the implementation of the new IBA computer system.

The transfer from the HCS programme to the IBA programme went pretty smoothly on the supply and inventory side, except with a couple problems with the SOS ordering to HAS through the modem, which hopefully will soon be rectified.

Todd did most of the hard work in the set up of the system by inputting all of the data contained on the HCS system onto the IBA system. I would have liked to do the set up, that way I would probably have had a quicker understanding of the system.

Finally, I would like to thank all the Departments for their patience and support over the last three months, since I have taken over the responsibilities of the Supply Department, and will endeavour to keep up the excellent service it has provided to the Stawell District Hospital in the past.

Jim Cunliffe
Buying Officer

MEDICAL RECORDS

The past year has been both very challenging and rewarding. Firstly the ACHS Accreditation Survey was conducted in March, followed by the introduction of the IBA computer system in April. Both areas required much pre-planning and work by the staff. However, their ongoing commitment and dedication was acknowledged by the Surveyors written comments that 'the staff of the department are to be commended'.

Again inpatient activity has continued to rise with 2,651 admissions during 1998/1999, an increase of nearly 7% from the previous year. The introduction of the Pre-Admission Clinic has assisted in streamlining the elective admission process, both for the patients, admission staff and the medical clinics.

The morbidity disease and operation classification changed from ICD 9 to ICD 10 AM (*Australian modification*). The disease component has been Australianised somewhat, to reflect our medical terminology. However, the operation classification is uniquely Australian, being based on the Australian



Medical Benefits Schedule. Coding of diseases and operations forms a part of the Statewide and Australian Bureau of Statistics morbidity collection and is also the basis of our inpatient casemix funding.

The collection of clinical indicators by medical staff was formalised this year. All medical staff are responsible for reviewing a medical clinical indicator in their area of interest or speciality as a part of the Hospital Quality Improvement Programme. These results form part of the ACHS national database for comparison and trend analysis.

Staff changes this year welcomed Michelle Freeman to the weekend ward clerk/clerical reliever position and Tania Ross returning from maternity leave.

The installation of the telephones by all patient beds has seen an improvement in patient service. Ease of phone access, clarity of calls, and the direct dial facility allows relatives/friends to call patients directly without being transferred via the switchboard, have been noted as positive outcomes by both patients and staff.

Thanks to the staff and all other Departments for their support given during the year.

Carolyn Gellert
Health Information Manager

CATERING/HYGIENE

Catering Services

Although our input to Pleasant Creek fell by approximately 50% during the past financial year, all other area'' increased; noticeably Meals on Wheels increased by 25%.

This is pleasing, considering the Northern Grampians Meals on Wheels service has a long term future whereas Pleasant Creek is marked for closure in December 1999. We were successful in tendering for Meals on Wheels for the period December 1998 to end of November 2000.

All senior and junior catering staff attained Level One Safe Food Handling from Ballarat University College in preparation for new food safety requirements. It is now hospital policy to employ staff who have attained this level.

Lorraine Boak decided to take a well earned break after 18 years of dedicated service. Lorraine was a valued kitchen member who worked tirelessly to ensure the patients needs were attended to.

Junior staff who have moved on include : Wes Grellet, Dave Brisbane-Webb, Cara Freeland, Elise Thomas, Kate McMillan, and Chris Hosking.

New staff include : Joe Boisen, Sylvia Sweeny, Crystal Wilson, Kate Martin, Trudi Hodder, Shae Folkes. The junior staff have continued to provide excellent service, both in the wards and at various functions conducted at the hospital.

The second half of the current financial year will provide variety for the catering team due to the demise of our Pleasant Creek commitments and the move to a more commercial outlook.

Thank you to all departments for their assistance throughout the past year and especially to the Maintenance Department for their prompt and invaluable service over the length of the Pleasant Creek contract.

Hygiene Services

Hygiene staff have continued to maintain a clean and hygienic hospital throughout 1998/1999 financial year. Multi-skilling across the Catering/Hygiene Departments has continued to the benefit of both the staff and the hospital. This provides a flexible and experienced workforce to ensure standards are maintained.

New equipment to be purchased this financial year include vacuum cleaners to replace the current aged and tired units.

Hygiene staff also attended Level One Safe Food Handling from Ballarat University College.

Thanks to all hospital staff who have assisted the Hygiene Department in attaining the excellent standard.

Glenn Pulley
Catering/Hygiene Supervisor

OCCUPATIONAL THERAPY

The Occupational Therapy service provides assessment and treatment to assist people to overcome limitations caused by injury or illness, psychological or emotional difficulties, developmental delay or the effects of aging. Occupational Therapy aims to assist individuals to achieve and maintain optimum functioning within their own physical and social environment. Inpatients, outpatients and community clients in the Stawell and Ararat districts continue to access the



Occupational Therapy Department for a range of assessments and interventions, including : home assessments, home modifications, splinting, hand therapy, equipment prescription, workplace assessments, support, education and training for carers, activities of daily living, sensory intervention, relaxation and stress management, neurological rehabilitation, arthritis management, and cardiac rehabilitation.

1998 saw the establishment of a Movement Disorder Clinic conducted by the Kingston Centre. The clinics are conducted via the video conferencing facility at Stawell District Hospital. They are accessed by clients with Parkinson's Disease who live in regional areas such as Stawell, Ararat, Horsham, Terang, and Coleraine. The service provides an alternative for clients who would otherwise need to travel to Melbourne for consultation. The Stawell District Hospital Occupational Therapist and Physiotherapists attend the clinics to provide local support and follow up for clients as required. The clinics have also provided an excellent opportunity for our therapists to obtain support and education from specialist practitioners.

Another new service for the Occupational Therapy Department is the provision of Home Front Assessments for clients who are eligible through the Department of Veteran's Affairs. The Home Front Scheme provides veterans and their spouses with a comprehensive home safety assessment, with the provision of minor home modifications and home safety equipment as recommended. The benefit of this service is that it focuses purely on the primary prevention of falls and accidents in the home. It is hoped that the scheme will reduce the incidence of clinical conditions such as burns, head injuries, and hip fractures.

The Occupational Therapy Department has seen a change of staff over the past year. Kylie Nolan left the position of Occupational Therapist in July 1998, and I commenced on August 17, 1998. Many thanks to Jo Fuller who provided the Occupational Therapy service in the interim. It was pleasing to be able to provide two student placements throughout the year to Kerryn Mathews (*3rd year Occupational Therapy student*), and Jane Brennan (*Year 10 work experience*). The Day Centre has also provided placements for Secondary College work experience students, and students studying the Certificate in Occupational Studies (*Social and Community Services*). One of these students, Sandra Marshall, has become a regular and valuable volunteer for the Day Centre. Carol Knight has also recently begun working as a Day Centre Volunteer.

All staff have been involved in continuing education. The Occupational Therapist has attended seminars and workshops on splinting, cognitive and perceptual intervention, and continuum of core models.

In October 1998, I attended the Victorian Occupational Therapy Convention and presented a paper on the 'Wellness of Older Adults in a Rural Community'. I was also fortunate to attend the Rural Health Conference in Adelaide. This conference provided an excellent opportunity to meet with delegates from all areas of rural and remote Australia to discuss a range of issues pertinent to rural practice.

Day Centre staff have attended a variety of workshops, focussing on activity planning as well as training in CPR and Wound management. The Adult Day Activity and Support Service is competently staffed by Moira Hately, Norma Barton, and Elizabeth McKenzie. We have also been pleased to have Di Wilson, Jacinta Lambert and Libby Thompson relieving for full time staff who have taken long service leave throughout the year.

Day Centre attendances continue to rise; meeting an important need for clients who are frail aged or disabled. The service provides personal care, respite for carers, and a range of activities and outings designed to provide a stimulating and social environment for clients. As part of the Quality Improvement Programme, this year has also seen the Day Centre focus on developing care plans to assist the service to meet individual client needs.

Many thanks to all the departments and community agencies who have worked closely with Occupational Therapy and Day Centre throughout the year. We simply could not function effectively without this continued support.

Heather Inglis
Occupational Therapist

PHYSIOTHERAPY

The Physiotherapy Department once again, has had a busy year, which has brought about a few changes to staffing and services.

Caroline Hamilton has extended her maternity leave for another twelve months, leaving two full time physiotherapists for most of the year. The appointment of Samantha Arnot for six months was



of great assistance, especially when Stuart Millar took three months leave to gain experience overseas, as well as doing the odd bit of sightseeing.

The department has endeavoured to continue providing a quality service. The inpatient and outpatient service has been well utilised and kept very busy during this year.

Patronage to our other programmes, such as Hydrotherapy, Cardiac Rehabilitation, and Ante-Natal Classes, have also increased.

We have tried to continue our close relationship with other allied health professions, conducting some combined assessments with podiatry, occupational therapy, and sharing with visiting therapists from Horsham and Ballarat.

The department has maintained its active role in discharge planning and strong involvement with ACAS team and Occupational Health and Safety committee.

New initiatives include, involvement with pre-admission clinic for orthopaedic patients, and also a major involvement with Parkinson Disease Clinics, run by Kingston Centre, every three months, utilising the new teleconferencing facility. This has proved to be a very educational experience for us as well as a major convenience and cost saver for our local patients, saving them the long trip to Melbourne.

Quality activities are ongoing, resulting in several improvements to our department, especially in administration.

Both physiotherapists are active APA members and attend bi-monthly meetings of Wimmera Regional Group, where Stuart is PR representative. Sharon has also attended courses, including a Falls risk and Assessment course in Warrnambool.

Our clinical team, Carol Muffane, Jane Kibble, and regular reliever Tania Ross, endeavour to provide a cheerful and efficient service in what is becoming an increasingly demanding position.

Stuart Millar
Chief Physiotherapist

PODIATRY

The Podiatry Department has continued to expand through the past twelve months. Services are being

provided in all aspects of podiatric care. Podiatry provides a service over an ever increasing area.

Each month's services are provided to Pleasant Creek, Eventide Hostel, Kingston Lodge, Helen Schutt Nursing Home, and home visits are made to those who are unable to access the hospital podiatry service.

Paediatric services are the fastest growing area in this department, with many children presenting with school referrals for gait analysis, footwear advice and treatment.

Continuing education has been made a little easier this year with the purchase of a video camera by The Australian Podiatry Association, which has enabled Rural Practitioners to complete their course at home. Some trips to Melbourne for lectures are still necessary, but it is a lot easier.

Physiotherapy, Occupational Therapy, and Podiatry, make an excellent Allied Health Team, which provides an integrated approach to problem solving and provides a unique service to our clients.

Helen Davidson
Podiatrist

ST. JOHN OF GOD PATHOLOGY

This year again saw a substantial increase in patient numbers for the department with a little over eleven thousand patients for the year, almost double what we were seeing five years ago. Unfortunately due to government rules, particularly the coning rule, this does not translate to a dramatic increase in our bottom line. This rule that only allows for payment of the three most expensive tests ordered by general practitioners is extremely discriminatory against rural laboratories. Due mainly to the lack of rural specialists, general practitioners in rural areas are frequently called upon to order more specialist pathology than they would in a city practice. This may be prior to referring a patient to a specialist or at the behest of a specialist. In reality it means that the laboratory may have to refer of to a specialist lab the most expensive test, the only ones Medicare will pay for, those tests done in house will in fact attract no fee resulting in a considerable loss to the laboratory on occasions. If rural centers are to retain pathology services then this discriminatory practice must cease, at least outside a certain radius of a major tertiary referral Centre.

The year saw additional tests being added to our repertoire with drug of abuse screening being



introduced. These are done on behalf of the whole St John of God system and have seen a worthwhile increase in patient numbers. It is interesting to note that over 60% of these drug screens are positive.

We saw the departure of one member of staff this year when Maree Parkin and her family moved from the district, however we saw a new staff member arrive to take her place. Mrs Cheryl Armstrong is a Medical scientist and joins us in a relieving capacity and has already settled in as part of an efficient and dedicated team without whom our high standard could not be maintained.

*Rev Doug Hutchinson B.App.Sc., Cert.Theol., MAIMS.
Laboratory Supervisor*

ADMINISTRATION

Staff were challenged during the year with the complete replacement of the hospital's computer hardware and software systems. New Patient Management, Finance, and Stores systems were put in place, effective from April 1, 1999, with staff being heavily involved in the planning and implementation process. Considerable time and resources were devoted to training on these new systems.

A major task of the information technology area over the last twelve months, has been preparation for the Millennium Bug and ensuring year 2000 compliance of hospital equipment. This has involved evaluation and risk management in conjunction with other departments in the areas of building, plant, engineering and telecommunications, information technology, medical equipment, and the supply chain.

A Critical Hospital Operating Contingency Plan, in line with departmental requirements, has been developed to allow the hospital to cope with local critical resource failures due to any cause and to provide an initial response to assure continuing patient care and safety.

As a response to the Year 2000, there has been a major upgrade of the information systems of the hospital. This has occurred mainly during the second half of this financial year, with the installation of a 100Mb local area network across the hospital, a new fileserver and twenty new computers, plus networked printers.

The hospital also upgraded its PABX telephone system this year, both expanding its inhouse capacity and enhancing the system functionality,

with the addition of a voicemail system, mobile telephone handsets, and the integration of the Helen Schutt Nursing Home into the communications system. Telephone services to patient's beds were also upgraded.

The hospital was successfully re-accredited in March 1999, and all administration staff contributed to the good results achieved.

The hospital invested heavily this year in the key areas of medical equipment, information technology, and in Year 2000 remediation. As indicated the financial statements, significant funding was received to finance these acquisitions.

*Robert Parker
Finance Manager*

RADIOLOGY DEPARTMENT

A number of changes have taken effect in the past year. Dr. Paul Walker and Dr. Rohan White, who are contracted to provide Radiology services have merged with the larger Melbourne Diagnostic Imaging Group. This has the benefit of providing a wider range of expertise within their organisation but little has changed in day to day activities. Attendance sessions for Computerised Tomography (C.T.) and reporting of Ultrasounds and X-rays are still conducted twice per week. Film reporting at other times is now achieved by teleradiology via the group's Epping consulting rooms. This allows faster return of reports than was available prior to this year.

In the twelve month period of this report a total of 5,631 examinations have been carried out within the Radiology department. This includes 3,807 X-rays, 1,278 Ultrasounds, 395 C.T. scans and 151 echocardiograms. This is an overall increase in patient throughput of 4.5% over the previous year. There has also been an increase in the complexity and time requirements involved with the C.T. examinations.

Over the past twelve months the Radiology staff were involved in preparations for the Australian Council on Healthcare Standards (A.C.H.S.) accreditation process. This participation included a presentation to the accreditation surveyors explaining the Radiology department's elimination of the use of toxic Glutaraldehyde in the film processing system. Best practice has now been achieved with regard to this product and the Stawell District Hospital is the first in Victoria to achieve this.

The Radiology department will be included in the long awaited major upgrade of the hospital announced this year. Detailed planning will be undertaken in the next twelve months. Technological advances within the field of medical imaging and related information technology will be incorporated into the design to allow for future developments. We expect a busy but interesting time for Radiology staff in the year ahead.

Peter Schenk
Medical Imaging Technologist

ENGINEERING AND MAINTENANCE

The Engineering Department is staffed by three full time staff – Garrie Martin (*Supervisor*), Simon Healy (*carpentry, painting, building, plant and equipment maintenance*), and Paul Tangey (*building and plant preventative maintenance, and vehicle maintenance*).

The Engineering Department is also responsible for the supervision of individuals and companies under contract, to perform specialised services to equipment, plant, building, gardens and grounds.

Major projects completed in 1998/1999 were:

- New medical records secondary storage
- Fitting new pre-vac steriliser to theatre
- Fitting two new steri-systems to theatre
- Fitting security doors to Helen Schutt Nursing Home bed rooms
- Cat 5 network cabling to hospital and nursing home
- Redecorating of mortuary
- Installation of new telephone PABX to hospital and nursing home
- Installation of portable phone system to hospital and nursing home

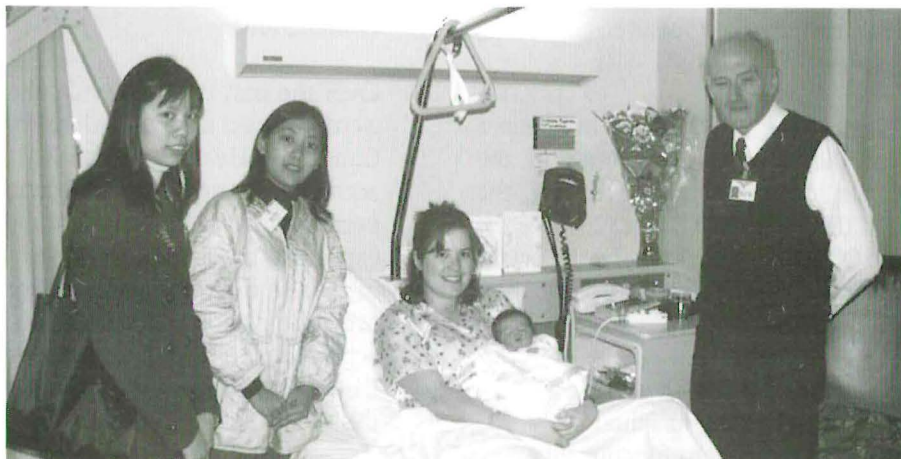
The engineering staff completed in excess of 850 requisitions for service to equipment, buildings, plant, and vehicles.

I would like to take this opportunity to thank Simon, Paul, all staff, contractors, and individuals, for their support during 1998/1999.

Garrie Martin
Maintenance Supervisor



Rotarian Mick Rutter, with Jenny Farrer and Garrie Martin, Stawell District Hospital, loading goods and equipment to be sent to PNG



Liza Lan and Mei Chi, medical students on placement at Stawell District Hospital, with Kylie Mooney and baby Dahlia, and Bruce Fowkes, Clinical Services Manager



PUBLIC RELATIONS/FUND RAISING

Public Relations

The hospital has enjoyed yet another year of loyal support from business houses, contributors, sponsors and volunteers.

Practically every day of the week, many people are involved serving our hospital, keeping it a vibrant and happening place.

The Ladies Auxiliary and Y-Zetts have maintained their prominent position in the community, undertaking fundraising and assisting this office with special events. Along with the Red Garters, both groups man the "lolly trolley", to the wards on a regular basis. Friends of our hospital assist with delivery of meals on wheels (*prepared at the hospital*), and assist staff in the Day Centre, and Helen Schutt Nursing Home; also with pastoral visitations to patients. Members of the community also sit on advisory committees to the Pro-Am and Race Day.

This department has worked with service organisations, hosting dinners, and telemedicine demonstration broadcasts, and welcomes contact from additional organisations who maintain an interest in our hospital.

For the first time, the Ladies Auxiliary provided the manpower to conduct a survey in the Gold Reef Mall over four days – feedback on the availability of hospital services came back to the Quality Manager as part of the EQUIP process. This vital information of people's perception of local hospital services is essential for future planning.

Appreciation is extended to the media, particularly Stawell Times News, and Radio 3WM, who have assisted with promotion of events and news.

Fundraising

Race Day in December 1999 under the banner of Boronia Peak Holiday Villas, was again a successful day. For the first time hospital catering staff were supported by Ballarat University Stawell Campus. Mr. Bruce McIlvride, along with his students, worked well to present a wonderful hot luncheon to 300 racegoers.

Wimmera Mallee Radio Appeal in February was well supported by the community with the well established phone-a-thon manned by volunteers. With the unique opportunity to raffle a car provided by the 3WM Radio Appeal Central Committee, \$22,000 was raised.

Again this hospital acknowledges the major sponsorship received by the Traffic Accident Commission for the TAC Stawell District Hospital Charity Pro-Am, supported by the Brix Hotel Sports and Social Club.

In April, the 'Kingstons Sprockets' participated in the Murray to Moyne Cycle Relay, raising \$2,300 in sponsorships. The team have over many years, worked by selling of fast foods at Race Day and the Pro-Am.

For the second year running, the hospital has conducted a function in the main marquee on Saturday evening of the Gourmet Weekend. This year the performance was by the Victorian Police Band. It is hoped with the ongoing support of Grampians Gourmet Committee, this will build to be a significant event in the future.

In conclusion, I acknowledge fellow staff who frequently give freely of their time to act in a voluntary capacity for many fundraising events.

Thank you to all who assist in anyway to this department, and especially to our local and district citizens for your belief in our hospital.

Meg Blake

Public Relations/Fundraising Officer

LADIES AUXILIARY

Having reached the seventieth year of its service to the hospital and, consequently, the community of Stawell and district last year, the Stawell District Hospital Ladies Auxiliary was justly proud of this unbroken record and celebrated the event with a luncheon at the Brix Hotel. During this function Kaye Teasdale was presented with a Certificate of Appreciation for 39 years of unbroken service to the auxiliary.

With the passing of another twelve months, it can again be said, the year was well spent in the arrangement of worthwhile and pleasant fundraising affairs.

During the year members were saddened by the death of a member, Mrs. Brenda Cousins, whilst two other members resigned. At present our membership totals seventeen. Attendance at meetings has generally been good with members working co-operatively for projects.

A large proportion of fundraising is organised around presentation of food, cake, and produce



stalls, catering for Shire meals, Stawell charity race day, a farm sheep evaluation day, a gourmet weekend supper, and a trading table for the radio appeal day. In connection with most of these, raffles are run.

The Auxiliary was delighted to receive gifts to raffle from members of the community. These included a hand knitted bed jacket. As a special Christmas project, a monster hamper was raffled. The Auxiliary was especially grateful for the valuable items given by the business houses of Stawell for this very lucrative venture. Several ladies spent some days in the mall selling tickets.

A luncheon of a different kind was presented by Safeway Food Stores. Besides this, a fashion parade was organised, when local fashion houses showed their gowns and accessories.

The Stawell Golf Bowls and the Stawell Bowling Club hold events annually and generously donate the proceeds of their events.

A monetary gift was presented by the grateful family of a patient, to provide the hospital with a memento of thanks for its care of that patient. A special quilt for the labour ward was purchased.

The community of Stawell is very supportive of the hospital and its auxiliaries bringing gifts in kind as well as making purchases and attending functions. The Ladies Auxiliary is very appreciative of this and expresses its grateful thanks to its many friends and helpers. Without their help, the work would be difficult indeed.

In order to gauge the community's knowledge and understanding of the hospital's many services, the hospital compiled a questionnaire which the Auxiliary ladies took to the mall to gain the public's response. At a later meeting, Ms. Sarah Warren presented the findings and results of this programme.

A regular undertaking by Auxiliary members is trolley duty – when patients are visited for any kind of need, even if only for a talk.

Donations from the Auxiliary include \$1,000 for a urine analyser and \$4,000 towards an Image Intensifier.

The Auxiliary appreciates the support of hospital staff for various forms of practical support. Eg. Photocopying, ticket production, etc. the cup of tea and biscuits after meetings, and the brief visits to some meetings by Mrs. Meg Blake and Mr. Bruce

Fowkes when possible purchases are discussed or demonstrated.

The Publicity Officer has done her work well, furnishing the Stawell Times News with news items and ads, which have been regularly printed. Many thanks to these media people – and to Fuller Insurances, who pick up the advertising bills, paying them without question.

To members of the Executive, the Secretary, Treasurer, and the Assistants, many thanks indeed. We work in a fast changing world, where many things are being questioned, values are being eroded – money seems to be losing its value and there seems to be less of it. It is sometimes difficult to keep the spirit of optimism, yet there is joy and satisfaction in each achievement however small.

As the second year of my recycled Presidency ends, I hand the job over to the new President who has been waiting in the wings – with my very best wishes for a happy period of service. My best wishes to all of the team and my sincere thanks to all the members of the Auxiliary who have cheerfully and generously given their time to support the work of the Auxiliary.

Edna Kuehne
President

Y-ZETTS

My first year as President of the Y-Zetts has shown me just how important it is that we continue to work hard to support our hospital.

Having seen at first hand some Melbourne public hospitals, we, as a community, should be very proud of our wonderful and modern hospital, with many Specialists now prepared to visit, consult, and operate, because of the up-to-date and modern equipment, saving many patients the need to travel elsewhere.

The facilities are a credit to the hard work of all involved, from the Chief Executive, right through to the nursing, hygiene, maintenance, and office staff. The hospital itself is always clean and bright, with wards that are light and comfortable. The gardens are well kept and present an impressive entrance.

During the year, the committee and members of the Y-Zetts have held many functions to raise money for equipment for the hospital.



In October, we held another film night “Six Days, Seven Nights”, not the outstanding success of “The Full Monty”, but still an enjoyable night for all those that attended.

Our thanks go to all the people who in November last year, opened their gardens to allow us to run our “Garden Day”, which was once again an enormous success. Many who visited the gardens could only be inspired and amazed by the amount of work put into the gardens – from the very large to “your normal size house block” – they were all a delight and gave many people some wonderful ideas for their own.

In February this year, we held a “Valentine’s Day” Cabaret, which, from a community point of view was a great success. The Melbourne band, “The Tree Amigo’s” kept everyone entertained with their music and little “floor shows”, while the decorations befitted the occasion.

In May we assisted in the Hospital Marquee at the Gourmet Weekend on the Saturday night, where the Victorian Police Band were playing, and we, and all those that ventured out on a cold night, were treated to some wonderful toe-tapping entertainment.

In July, we had a bus trip to Melbourne to see the stage show “The Boy from Oz”, which was enjoyed by one and all. Our thanks to Kingston’s Coaches who provided the bus and who never fail to support us whenever we ask.

All of the above fundraising have enabled the hospital to purchase a Baxter Pump (\$2,650) and a Commode Chair (\$950), and we have recently decided to purchase a Testing Station for Blood Coagulator machine at a cost of \$850.

We see our role as providing equipment for the hospital for the benefit for our community.

The Y-Zetts were originally formed 25 years ago and it is a credit to current members, that as a fundraising group, the dedication is still there. We are always looking for new members and that is something we need to work a little bit harder at because everyone agrees, it is a wonderful cause.

I would like to thank all the Executive Committee and members who have worked hard this past year, and I thank them for all the help that they have given me.

*Helena Nicholson
President*



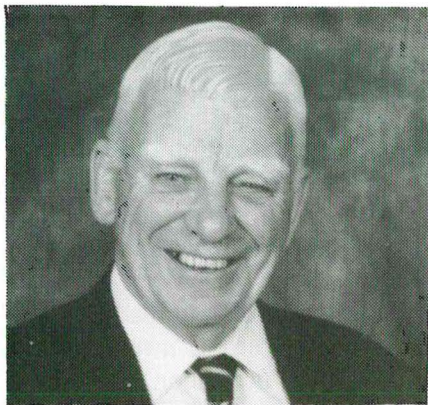
Ken Atchison (*left*) from Boronia Peak Holiday Villas, who were awarded naming rights for the 1998 Hospital Race Day, and Meg Blake, Hospital Public Relations/Fundraising Officer



Hospital benefits from Easter Sunday at Best’s
L-R: Pam Pianta, UNM, Chris Thomson, Best’s Winery, and Meg Blake, Public Relations/Fundraising



Janet Witham (*Right*), Board Member, with Joy Molan, Brix Hotel, supporting sponsor of the 1999 TAC Charity Pro-Am



Bruce Ruxton AM, OBE

Bruce Ruxton has been President of the Victorian Branch of the Returned & Services League since 1979. He is well known in Australia and around the world for his outspoken comments on many matters, all of which are part of the RSL's policies.

Mr. Ruxton is a returned serviceman – he served in the 2/25th Australian Infantry Battalion of the 7th Division as a rifleman. He served in the South West Pacific Area, the Netherlands – East Indies and was at the landing at Balikpapan in Borneo. He went to Japan from Borneo with the British Commonwealth Occupation Force and served there for three years.

Each morning at this Albert Park office, he sees veterans, widows and families to assist them with their repatriation, pension and related matters.

Afternoons usually see him at ANZAC House, where he handles the day to day issues of the RSL. He is always prepared to see anyone. He works a 12 hour day, 7 days each week and is unpaid.

Bruce Ruxton has represented the RSL in many countries, including Russia four times; Gallipoli four times; the United Kingdom, Belgium and France six times, and South Africa twice. He has made many trips to South-East Asia, including China twice, the Philippines, Thailand, Hong Kong, Indonesia and Malaysia, including Borneo.

He has been awarded Life Membership of the RSL and the RSL's highest award – the Meritorious Medal.

He received an MBE in 1975, the OBE in 1981, the AM in 1996, and in 1997, President Chirac of France awarded Mr. Ruxton the Chevalier of the Order of Merit of France. Most recently, Bruce was awarded France's highest award – the Legion d'Honneur.

Mr. Ruxton will speak about Australia and its rich heritage, together with present problems facing Australia. Bruce Ruxton is much in demand throughout Australia as a vital, interesting and witty speaker who is also a wonderful motivator. We are delighted to welcome Mr. Ruxton to Stawell.



Pam Pianta, UNM, Darrelyn Gray, Receptionist, receiving proceeds of fundraising from Ladies Auxiliary Members, Betty Gross and Edna Kuehne



Hospital Radio Appeal
Meg Blake, Public Relations/Fundraising Officer, with Erica Dellar, representing Barbecues Galore of Horsham, who donated the barbecue



STAFF LONG SERVICE AWARDS

In recognition of long and valued service to the hospital, the Board of Management is pleased to present long service awards to the following staff members:

25 Years

Gold Watch

Mrs. M. Perry
Mrs. N. Prydderch

20 Years Service

Mrs. D. Barry
Mrs. P. Humphrey
Mrs. C. Mullane

10 Years Service

Ms. M. Hateley
Mr. M. Hosking
Ms. E. McKenzie

10 Years Service

1998

Mrs. N. Barton
Mrs. P. Dunn
Mrs. J. McSparron
Ms. D. Trengove

1997

Ms. F. Baker
Ms. C. Dufty
Mrs. S. Grainger
Mrs. C. Kreunen
Ms. T. Pianta
Mr. P. Tangey
Mrs. L. Waller

1996

Mrs. C. Christian
Ms. V. Cockburn
Mrs. S. Fontana
Ms. J. Gunn
Mrs. Y. Harding
Mrs. M. Henderson
Mrs. R. Kalms
Mrs. J. Marrow
Mrs. L. McLaughlin
Mrs. K. Moncrieff
Ms. D. Noble
Ms. R. Slorach
Mrs. S. Warren

1995

Mrs. H. Buckingham
Mrs. C. Burke
Ms. L. Douglas
Mrs. S. Douglas
Mrs. S. Dunn
Mrs. J. Fiscalini
Mrs. K. Gibson
Mrs. L. Heslop
Mrs. J. Maddocks
Mrs. E. Meumann

Mrs. M. Middleton

Mrs. N. Nicholson

Ms. D. Perry

Mrs. J. Ryan

Mrs. J. Sherwell

1994

Mrs. S. Dalziel

Mrs. P. Fowkes

Mrs. D. Gray

Mr. S. Healy

Ms. B. King

Mr. G. Martin

Ms. J. Meek

Ms. C. Smith

Mrs. R. Zanker

1993

Mr. B. Fowkes

Mrs. J. Healy

Mrs. H. Thomas

1992

Mrs. E. Baulch

Mrs. L. Bond

Mrs. N. Crawford

Mr. M. Delahunty

Mrs. S. Jones

Mrs. P. Pianta

Mrs. S. Veroude

1991

Mrs. D. Blackman

Mrs. C. Brightwell

Mrs. M. Cray

Mrs. A. Davis

Mr. R. Hemley

Mrs. G. Owen

Mrs. K. Petch

Mrs. E. Peters

Mrs. B. Redford

Mrs. B. Savage

Ms. S. Summerhayes

Mrs. M. Teasdale

Miss J. Upson

1990

Mrs. A. Baulch

Mrs. L. Boak

Mrs. H. Delley

Mrs. K. Holmes

Mr. G. Pulley

1989

Mrs. D. Barry

Mrs. P. Humphrey

Mrs. C. Mullane

1988

Mrs. M. Binger

Ms. A. Cooper

Mrs. J. Gavin

Mrs. M. McGaffin

Mrs. B. McLeod

Mrs. B. Naylor

Mrs. K. Olerhead

Ms. N. Sidebottom

Mrs. D. Wilson

1987

Mrs. P. Cook

Mr. D. Guy

Mrs. C. Murphy

1986

Mrs. A. Bibby

Mrs. R. D'Arcy

Mrs. P. MacKay

Mrs. P. Potter

Mrs. Y. Richards

Mrs. R. Smith

Mrs. E. Wilson

1985

Mrs. L. Clayton

Mr. K. Collins

Mrs. S. Fletcher

Mr. L. Kent

Mrs. N. Prydderch

Mrs. S. Rowe

1984

Mrs. J. Boothman

Mrs. L. (Sally) Howell

Mrs. M. Perry

1983

Mrs. L. Carey

Mrs. R. Dunn

Ms. L. Ellen

Mrs. M. Forster

Mrs. F. Goodinge

Mrs. M. Graham

Mrs. K. Holloway

Mrs. V. Kennedy

Mrs. M. Kindred

Ms. J. Mortyn

Mrs. G. Rickard

Mrs. D. Simmons

Mrs. J. Skurrie

Mrs. F. Stewart

Mrs. L. Willcock

1982

Mrs. M. Allan

Mrs. H. Jerram

Mrs. N. Trask

20 Years Service

1998

Mrs. S. Fletcher

Mrs. J. Gavin

Mrs. M. McGaffin

Mrs. L. Willcock

1997

Mrs. L. Clayton

Mrs. C. Murphy

Mrs. L. Willcock

1996

Mrs. M. Binger

Ms. P. MacKay

Mrs. P. Potter

Mrs. N. Prydderch

Mrs. Y. Richards

Ms. S. Rowe

1994

Mrs. M. Perry

1993

Mrs. L. Carey

Ms. L. Ellen

Mrs. G. Rickard

Mrs. D. Simmons

1992

Mrs. K. Holloway

Mrs. M. Graham

Mrs. V. Kennedy

1990

Mrs. R. Dunn

1982

Mrs. D. Evans

Mrs. B. Smith

25 Years

Gold Watch

1998

Mrs. L. Carey

1997

Mrs. M. Graham

Mrs. K. Holloway

Mrs. V. Kennedy

1996

Mrs. G. Rickard

1984

Mrs. Betty (Isobel) Smith

LIFE GOVERNORS

BENNETT, Mr. J.M.
BLAKE, Mrs. M.
BLAKE, Mr. R.
BOATMAN, Mrs. C.
BREIER, Mrs. E.
BRILLIANT, Mrs. J.M.
CASTLE, Dr. R.N.OBE
COOTE, Mrs. J.C.
CROUCH, Mrs. J.
CROUCH, Mrs. N.
DADSWELL, Mr. K.
DAVIDSON, Mrs. H.
EIME, Mrs. A.

EARLE, Mr. G.
EARLE, Mrs. J.D.
EVANS, Mrs. D.M.
EVANS, Mrs. M.
FRASER, Mr. W.G.
FRY, Mrs. D.
GAVAN, Mrs. I.
GAYLARD, Mr. R.
GLOVER, Mr. J.
GRAY, Mrs. P.
GROSS, Mrs. B.
GYLES, Mrs. J.
HOWDEN, Mrs. B.

HUTCHINGS, Mr. C.J.MBE
JERRAM, Mrs. H.C.
KENNEDY, Mrs. V.
KINGSTON, Mr. F.
KUEHNE, Mrs. E.
McCRACKEN, Mr. J.D.
McDONALD, Mrs. N.
McMULLIN, Mr. R.K.
MILLER, Mrs. K.
MIRANDA, Mr. C.
NEILSEN, Mrs. B.
NEILSEN, Mr. V.C.
NORTON, Mrs. R.

PERRY, Mrs. R.
POTTER, Mrs. V.
ROBSON, Mr. M.
ROBSON, Mrs. M.
SMITH, Mrs. B.I.
STONE, Mr. R.C.
SCHWARTZ, Mrs. W.L.
TEASDALE, Mrs. K.
WARD, Mr. F.C.
WEST, Mrs. J.
YOUNG, Mrs. K.



HELEN SCHUTT NURSING HOME

\$11- \$50

CWA Halls Gap
Fotheringham Rev&MrsD&A
Mason Mrs. C.

\$51 - \$100

Francis L.&K.

RADIO APPEAL

1999

\$1 - \$10

Ackers Mrs. M.
Ackroyd Mr R.
Aitken Miss J.
Allan A. & J.
Allen Mrs D.
Allen S. & K.
Altmann G.R. & W.J.
Andrews Mrs. J.
Anson Mr V.
Anyon Mrs J.
Arnel L. & F.
Bach A. & D.
Bader Mr J.
Baggs R. & D.
Baird Mrs. R.M.
Barber A. & B.
Barber T. & W.
Barnes Mr F.
Bassett J. & B.
Baxendale Mr & Mrs J.
Beattie G.W. & G.L.
Bekker Mr. B.
Belot Mrs J.
Bennett Mrs M.
Bennett Ms L.
Bibby Mr & Mrs R.
Bibby Mr J.
Bigmore J. & B.
Blachford Mr. I.
Blachford S. & L.
Blackman Ms. B.
Blake Miss S.
Blake R. & M.
Blake Mr. A.
Blake Mrs. B.
Blake Mrs. J.
Blakey Mrs R.
Blight Mr J.
Boag Mrs S.
Boag Mrs. I.
Boag-Dempsey B. & S.
Boisen Mrs. G.
Bolitho K. & G.
Bonney L. & F.
Boothman Mr. A.
Bornikoff Miss L.
Brazier P. & C.
Brehaut Mrs. A.
Brennan A. & D.
Brown M. & D.
Brown Mr I.
Brown Mr. D.
Brown Ms J.
Browne B.G. & W.J.
Browne Mrs A.
Bruechert Mrs I.
Burke Mrs. J.
Burkhill M. & W.
Burton Mrs. D.J.
Butler Mrs A.
Byron Mrs M.
Cahill W. & J.
Cameron Mr. & Mrs. K.

Campbell Miss R.
Carr G. & J.
Carter Mr. & Mrs. D.B.
Carter Mrs. E.
Cashin Mrs. G.
Cator Ms. M.
Cawthorn Mr. G.C.
Chalmers Mrs R.
Chapman Mrs. D.
Chatfield P. & J.
Cheesman Mr. G.
Chester Ms J.
Christian R. & I.
Clark Mr D.
Clark Mrs.
Clayton W. & L.
Coates Mr N.
Collins Mrs O.
Colyer Mrs B.
Colyer N. & K.
Comitti J. & G.
Cook Mr. K.
Cooke Mr. A.
Cooper F. & M.
Cooper Mr. A.H.
Cooper Mrs E.
Cooper Mrs. E.
Coppin R. & P.
Cousins R.B. & M.P.
Cowen Mrs. B.
Cox Mrs L.
Cox Mrs. J.
Craig Mrs. E.
Cray Mrs E.
Cray Mrs M.
Cross D. & J.
Cross Mr M.
Cross Mr. & Mrs. D.
Dalziel S. & J.
Davidson Mrs. M.
Davies Mr K.
Davies Mr. I.
Dean G. & H.
Dean C. & E.
Dean Mrs. B.
Delley P. & J.
Delley Mr. & Mrs. P.
Devery Mrs. E.A.
Devitt Mr H.T.
Dillon Mrs M.
Dingley Miss B.
Dowker Mrs. E.
Driscoll D. & L.
Driscoll Mr B.
Driscoll Ms. A.M.
Dryburgh W.G. & H.M.
Dryburgh Mrs. D.
Dunn B. & J.
Dunn Miss C.
Dunn Mr & Mrs H.
Dunn Mr S.
Dunn Mr. A.
Dunn Mr. T.
Dunn Mrs E.
Dyer Ms M.
Edwards Mr & Mrs
Edwards Mrs F.
Ekman Mrs J.
Elgood K. & D.
Ellen B. & T.
Ellen Mrs U.
Elliott Mr. J.
Erwin J. & K.
Erwin Mrs. U.
Evans E.J. & L.J.
Evans Mrs.

Farrer Mr. A.
Fearon Mr. M.
Feilding B. & C.
Feilding Mrs D.
Fielding Mrs J.
Fielding Mrs. E.
Fisher Mr A.
Fisher Mrs J.
Fitzgerald P. & M.
Fleming Mr P.
Floyd Mr J.T.
Fontana Mrs. W.
Fowler Mrs M.
Fox R. & V.
Frampton H. & A.
Francis Ms A.
Freeland M. & R.
Freeland M. & S.
Freeland Mr. A.N.
Freeland Mrs. V.
Fry Mr B.
Fudge Mrs J.
Gane Mr. M.
Gardner Mr M.
Gehan Mrs. G.
Gibson L.R. & P.M.
Gibson Mrs. N.
Giles Mrs T.
Gilliland Mrs. P.
Gillmartin C. & P.
Goodinge D. & S.
Goodson Mr. R.
Graham Mrs L.
Grainger Mr D.
Grant Mr. W.
Gray K.L. & D.R.
Gray Miss M.
Gray Mrs. M.
Great Western Plumbing
Green Mrs R.
Greenberger H. & K.
Griffin B. & M.
Griffin S. & K.
Griffiths Mr. & Mrs. J.
Grinham A. & J.
Gronert Mrs L.
Guest A. & S.
Guest Mr J.
Gunning Ms. L.
Hall Mr. G.
Hall Mrs. B.
Hall Mrs. E.W.
Hall T.R. & M.
Hamilton J. & L.
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VALE

The Board of Management and staff of this hospital were deeply saddened during the past year with the passing of the following persons.

These individuals were highly respected in the Stawell community, and for the support they provided this hospital over an extended period of time.

We wish to extend our deepest sympathy to the families of:

Mr. Jack Tangey

September 11, 1998 : Life Governor

Mrs. Elizabeth Castle

January 22, 1999 : Life Governor

Sister Adrian Murphy

May 11, 1999 : Visiting Chaplain

Mr. Arch Frew

May 14, 1999 : Race Day Sponsor

Miss Jean Langsford

June 8, 1999 : Board Member (1966-1984) & Life Governor